

Proposed programme budget 2014–2015

Report by the Secretariat

1. The draft proposed programme budget 2014–2015 is the first to be developed in line with decisions on WHO reform, and the first of three biennial budgets to be formulated within the twelfth general programme of work for 2014–2019.¹
2. The draft has been influenced by the views of Member States expressed by the regional committees in 2012, as well as by further work on the part of the Secretariat, particularly in relation to greater prioritization, a clearer results chain and the development of the proposed budget.
3. Work is still ongoing in relation to bottom-up planning with greater engagement of countries. A full costing of the budget based on a bottom-up costing of outputs across country and regional offices and headquarters is in progress.
4. The final draft of the proposed programme budget 2014–2015, incorporating these changes and additional guidance from the Programme, Budget and Administration Committee and the Executive Board, will be submitted to the Sixty-sixth World Health Assembly in May 2013.

ACTION BY THE EXECUTIVE BOARD

5. The draft proposed programme budget 2014–2015 is submitted to the Executive Board for discussion and comment.

¹ See document EB132/26.

ANNEX

DRAFT PROPOSED PROGRAMME BUDGET 2014–2015

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INTRODUCTION

THE PROPOSED PROGRAMME BUDGET 2014–2015 IN THE CONTEXT OF WHO REFORM

1. WHO's proposed programme budget 2014–2015 is the first to be developed in line with decisions on WHO reform, and the first of three biennial budgets to be formulated within WHO's twelfth general programme of work for the period 2014–2019. The development and the subsequent execution of the twelfth general programme of work and its associated programme budgets are thus an essential means of advancing the WHO reform process.
2. Representing a major departure from previous programme budgets, the proposed programme budget 2014–2015 is expected to fulfil multiple roles. In addition to being the primary tool for technical programming, it is anticipated that it will act as the main instrument for accountability and transparency, as well as for financing and resource mobilization. To achieve these objectives will require ongoing work to achieve much greater precision in defining the chain of expected results, reliable indicators and means of verification.
3. The following paragraphs describe the endeavour to internalize key elements of WHO reform in the development process: programmes and priority setting; a results-based framework for programming and budgeting; budgeting; strategic resource allocation; financing, resource mobilization, and resource management; and monitoring and reporting, evaluation, accountability and transparency.

Programmes and priority setting

4. Initial discussions on priority setting for WHO highlighted the need for clear and explicit criteria. In early 2012, a meeting of Member States established a process of priority setting, and agreed on a set of criteria for that process, and five categories (plus an additional category for corporate services and enabling functions), as an organizing structure for successive programme budgets. Thereafter, the priority-setting process has followed a sequence of steps:
 - i. **The first step** was to define areas of work that should be included in each of the six categories.
 - ii. **The second step** was to apply the agreed criteria to each of the categories. This exercise resulted in the provisional list of priorities presented to the Sixty-fifth World Health Assembly and subsequently elaborated in the first drafts of the general programme of work and proposed programme budget that were presented to the regional committees in 2012. The feedback was that the resulting list was more representative of the scope of the work of the Organization than of specific priorities.
 - iii. **A third step** was required in order to derive a more selective set of high-level strategic priorities. In practice this meant not being constrained by the category structure, reviewing the longer list as a whole, and applying the criteria as rigorously as possible, particularly in relation to WHO's comparative advantage.
5. Six strategic programmatic priorities emerged from this exercise:

Health-related Millennium Development Goals – addressing unfinished and future challenges: accelerating the achievement of the current health-related Goals up to and beyond 2015. This priority includes completing the eradication of polio and selected neglected tropical diseases.

Advancing universal health coverage: enabling countries to sustain or expand access to essential health services and financial protection and promoting universal health coverage as a unifying concept in global health.

Addressing the challenge of noncommunicable diseases and mental health.

Implementing the provisions of the International Health Regulations (2005): ensuring that all countries can meet the capacity requirements specified in the International Health Regulations (2005).

Increasing access to essential, high-quality and affordable medical products (medicines, vaccines, diagnostics and other health technologies).

Addressing the social, economic and environmental determinants of health as a means of reducing health inequities within and between countries.

These six priorities collectively contribute to the programmatic objective of WHO's reform: *"Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus".*¹

The other two reform objectives are strategic priorities in their own right:

Strengthening WHO's governance role: greater coherence in global health, with WHO playing a coordinating and directing role that enables a range of different actors to contribute more effectively to the health of all peoples.

Reforming management systems, policies and practices: an organization that pursues excellence; one that is effective, efficient, responsive, objective, transparent and accountable.

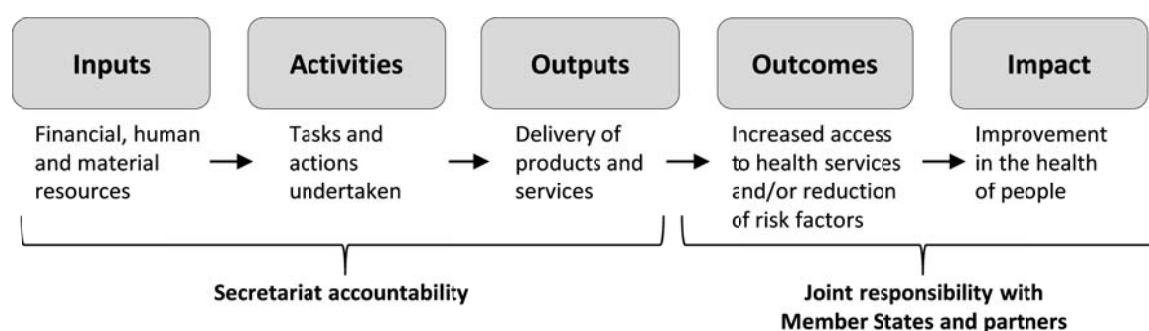
6. The strategic priorities do not attempt to represent the totality of WHO's work, but rather form the most important contribution that WHO will make to global health over the period of the twelfth general programme of work.

A results-based framework for programming and budgeting

7. The implementation of a new results chain is the second key element of reform that has been integrated into the proposed programme budget. The results framework used in this programme budget is based on a clear results chain. That chain links the work of the Secretariat (outputs) to the health and development changes in the countries/globally to which it contributes (outcomes and impact).
8. The programme budget outlines a finite number of outputs, which define what the Secretariat intends to deliver, and for which it will be held accountable. These outputs are measured through assessing the delivery of a set of key products and services at each level of the Organization.
9. At the next level in the results chain, outputs combine to contribute to an *outcome*, which is the change in countries to which the work of the Secretariat is expected to contribute. Progress towards each outcome is measured in terms of changes in policies, practices, institutional capacities, service coverage or access in countries.

¹ See document EBSS/2/2, paragraph 3.

10. At the highest level of the results chain, the outcomes contribute to the overall *impact* of the Organization, namely the sustainable changes in the health of populations to which the Secretariat and countries contribute. The relationship between outcomes and impacts is not strictly one-to-one: an outcome may contribute to more than one impact and similarly an impact is the result of more than one outcome. For example, the achievement of a reduction in child mortality does not relate only to outcomes under child health. It depends equally on work in health systems, nutrition and access to medical products.
11. The diagram below provides a summary of the revised results chain under the draft twelfth general programme of work 2014–2019:



12. Based on feedback received from the governing bodies, the number of outputs have been reduced and revised to better reflect the contributions of the three levels of WHO. There is also a clearer articulation of the results chain with proposed outcomes and outputs.

Budgeting

13. Based on previous income and expenditure patterns, it is envisaged that there will be a broadly constant financial envelope over the period of the general programme of work as a whole, in the order of US\$ 12 billion. This will be distributed more or less equally over each of the three bienniums. Thus roughly US\$ 4 billion will be budgeted each biennium to support WHO's work. The budget level reflected in the current proposed programme budget is therefore realistic for the expected scope of WHO's work and delivery of outputs. The total proposed budget for 2014–2015 amounts to US\$ 3977 million, as summarized in Table 1. Tables 2 and 3 provide a breakdown of the proposed programme budget by programme area and by major office, respectively (see the Appendix for a consolidated view).
14. In view of the expected stability of the budget envelope, increases in some parts of the budget will have to be matched by decreases elsewhere. For example, WHO's work in 2014–2015 to support countries in combatting the emerging epidemic of noncommunicable diseases will require an increase in emphasis and resources for this category, as well as over the course of the whole six-year programme of work. Similarly, WHO's work in supporting countries to strengthen health systems, moving towards universal access to people-centred services and equitable financial risk protection, will also require increased resources. These, and other areas of strategic emphasis and de-emphasis in relation to the approved budget for 2012–2013, are signalled in the proposed programme budget estimates presented in Table 1.
15. At the same time, WHO will scale back some activities in HIV/AIDS and tuberculosis by working more effectively with international health partners to support implementation of activities, focusing on innovations such as rapid, high-quality diagnostics, and continuing the development of global norms and standards, for example, of simplified treatment guidelines.

16. In relation to governance and management, WHO will focus on implementing the reform-related initiatives which, although initially requiring some increases in resources, particularly around accountability and risk management, will result in efficiency savings, and thus a reduced resource requirement during the six-year period of the general programme of work.

Table 1. Proposed programme budget 2014–2015 by category (US\$ million)

Category	2012–2013 ¹	Percentage of total	Proposed budget 2014–2015	Percentage of total
1 - Communicable diseases	913	23.1	842	21.2
2 - Noncommunicable diseases	264	6.7	318	8.0
3 - Promoting health throughout the life-course	353	8.9	389	9.8
4 - Health systems	495	12.5	543	13.7
5 - Preparedness, surveillance and response	218	5.5	287	7.2
6 - Corporate services and enabling functions	622	15.7	670 ³	16.8
Emergencies				
Polio eradication	596	15.1	700	17.6
Outbreak and crisis response	469	11.8	228	5.7
Total	3 959²	100	3 977	100

¹ Programme budget approved by the Health Assembly in resolution WHA64.3.

² Total for the approved programme budget includes US\$ 28.8 million for the Stop TB Partnership. For the purpose of comparison it has been removed from Category 1.

³ Category 6 represents the costs of the Organization for corporate services and enabling functions within the programme budget. In addition, US\$ 139 million is charged directly to all categories to recover the costs of administrative services directly attributable to these programmes through a post occupancy charge as an integral component of standard staff costs. The full cost of Category 6 is therefore US\$ 809 million.

Table 2. Proposed programme budget 2014–2015 by category and programme area (US\$ million)

Category and programme area	2012–2013 ¹	Proposed programme budget 2014–2015
Category 1 – Communicable diseases		
HIV/AIDS	138	132
Malaria	89	89
Tuberculosis	147	135
Neglected tropical diseases	186	140
Vaccine-preventable diseases	353	346
Subtotal	913	842
Category 2 – Noncommunicable diseases		
Noncommunicable diseases	162	192
Mental health	32	39
Violence and injuries	27	33
Disabilities and rehabilitation	10	13
Nutrition	33	40
Subtotal	264	318
Category 3 – Promoting health throughout the life-course		
Reproductive, maternal, newborn, child and adolescent health	218	233
Healthy ageing	4	9
Gender, equity and human rights mainstreaming	12	13
Health and the environment	91	102
Social determinants of health	28	31
Subtotal	353	389

Category and programme area	2012–2013 ¹	Proposed programme budget 2014–2015
Category 4 – Health systems		
National health policies, strategies and plans	135	140
Integrated people-centred health services	132	135
Access to medical products and strengthening regulatory capacity	146	167
Health system information and evidence	82	101
Subtotal	495	543
Category 5 – Preparedness, surveillance and response		
Alert and response capacities	66	98
Epidemic- and pandemic-prone diseases	59	69
Emergency risk and crisis management	66	88
Food safety	27	33
Subtotal	218	287
Category 6 – Corporate services and enabling functions		
Leadership and governance	208	230
Strategic planning, resource coordination and reporting	24	29
Strategic communications	36	40
Transparency, accountability and risk management	19	36
Management and administration	335	335
Subtotal	622	670
Emergencies		
Polio eradication	596	700
Outbreak and crisis response	469	228
Subtotal	1 065	928
Total	3 959²	3 977

¹ Programme budget approved by the Sixty-fourth World Health Assembly.

² Total for the approved programme budget includes US\$ 28.8 million for the Stop TB Partnership. For the purpose of comparison it has been removed from Category 1.

Table 3. Proposed programme budget 2014–2015 by major office (US\$ million)

Major office	2012–2013 ¹	Percentage of total	Proposed programme budget 2014–2015	Percentage of total
Africa	1 093	27.8	1 120	28.2
The Americas	173	4.4	176	4.4
South-East Asia	384	9.8	340	8.5
Europe	213	5.4	230	5.8
Eastern Mediterranean	554	14.1	560	14.1
Western Pacific	246	6.3	270	6.8
Headquarters	1 267	32.2	1 281	32.2
Total	3 959²	100	3 977	100

¹ Programme budget approved by the Sixty-fourth World Health Assembly.

² Total for the approved programme budget includes US\$ 28.8 million for the Stop TB Partnership. For the purpose of comparison it has been removed from the headquarters figure.

Strategic resource allocation

17. One of the expected offshoots of a priority-driven, results-based budgeting process is a more strategic allocation of resources. In pursuit of this objective, the Executive Board in 2006 endorsed a results-based budget framework based on the following principles: results determined after an Organization-wide planning process; a bottom up budgeting process;

allocations rooted in the principles of equity and in support of countries in greatest need, in particular the least developed countries, due consideration being given to performance, definition of resource needs to reflect Organizational priorities, the core functions of the Organization and where in the Organization work is best and most effectively performed. It also proposed that the outcome of the planning process should be appraised and justified against a validation mechanism that would provide indicative resource ranges for headquarters and each region. These allocations were for the six-year period 2008–2013, to be reviewed periodically.

18. Implementing the proposed framework has been a source of frustration for all offices. Priorities have been largely driven by available resources, outputs have not always reflected a clearly defined division of labour among the major levels and offices, and performance has not been an explicit criteria in resource allocation. The allocations in the last three programme budgets have not followed the validation ranges. This, coupled with the significant changes in the economic fortunes of many countries, and the progress in capacities and health needs in many low- and middle-income countries, indicates the need for a review of the validation. In order to respond to the overwhelming consensus that a new approach is required, the proposed programme budget 2014-2015 does not employ the strategic resource allocation validation mechanism.
19. Work towards a new approach is currently under way, based on performance of work, and linked to costed outputs and to division of labour across the three levels of the Organization. The outcome of this work will help in the adjustment of budget allocations among the different levels and major offices and will form the basis for the proposals that will be presented to the Sixty-sixth World Health Assembly in May 2013.

Financing, resource mobilization, and resource management

20. The overarching goal is to ensure the full funding of an approved programme budget that is costed, realistic, and driven by the priorities and expected outputs agreed by Member States.
21. In December 2012, the Programme, Budget and Administration Committee of the Executive Board, at its second extraordinary session, decided to recommend to the Board a number of proposals to better align contributions across the programme budget as a way to increase the predictability of funding and enhance the matching of resources with expected outputs.¹
22. Among the recommendations of the Committee, the approval of the programme budget 2014-2015, in its entirety, by the Sixty-sixth World Health Assembly is one that would facilitate the matching of funding to a realistic and credible programme budget.
23. The approved programme budget 2014–2015 would also serve as the central instrument for a structured and transparent financial dialogue in 2013 with potential contributors with a view to financing the programme budget.
24. Following the financial dialogue, and proceeding under the assumption that a large portion of the programme budget would be assured before the start of the biennium, any remaining financing gaps would then become targets for coordinated, Organization-wide resource mobilization to be conducted in 2014–2015 at all levels of the Organization. The resource mobilization plan of action that will be developed following the financing dialogue will unite all three levels of the Organization around a common resource mobilization agenda that is grounded in the aim of funding the remaining gaps in the programme budget for 2014–2015. Regular reports on progress will be submitted to the governing bodies for their review of the available resources and budget implementation, so that reallocation of resources and reprogramming can be discussed if necessary.

¹ See document EB132/3.

Monitoring and reporting, evaluation, accountability and transparency

25. Performance monitoring and assessment are essential for the proper management of the programme budget and in order to inform the revision of policies and strategies. Monitoring of the implementation of the programme budget will be conducted at the end of the 12-month period (the mid-term review) and an assessment will be made upon completion of the biennium (the programme budget performance assessment).
26. The mid-term review provides a means to track and appraise progress towards the achievement of the results, in particular progress made in the delivery of outputs. It facilitates corrective action, and the reprogramming and reallocation of resources during implementation. It is a process that allows the Secretariat to identify and analyse the impediments and risks encountered, together with the actions required to ensure achievement of the results. The end-of-biennium programme budget performance assessment is a comprehensive appraisal of the performance of the Organization. It will include an assessment of the delivery of the outputs agreed in the programme budget as well as an assessment of the progress towards the achievement of the stated outcomes. Work will continue on defining the framework and process of evaluation of the proposed programme budget.

FURTHER WORK TO BE COMPLETED

27. The development of the proposed programme budget 2014–2015 is still work in progress. Several elements will continue to be strengthened for presentation to the Sixty-sixth World Health Assembly: the results chain; differentiation of labour; costing of outputs; country level engagement; and the evaluation framework.
28. More work is required to achieve a clearer linkage and articulation of the results chain with the proposed impacts and outcomes described in the general programme of work, and the outcomes and outputs described in the programme budget. Additionally, although much has been done already to reduce and refine the outputs, still more work is required to better define the impact goals, outcome statements and associated indicators, baselines, targets, and the means of verification.
29. The outputs must be differentiated by Organizational level, reflecting the respective contributions of country offices, regional offices and headquarters. This will also form the basis of resource allocation.
30. Analysis is still ongoing in relation to the cost of outputs. An exercise is underway, based on a bottom-up costing of outputs across country and regional offices and headquarters. This will form the basis of the proposed programme budget to be presented to the Sixty-sixth World Health Assembly in May 2013.
31. The engagement at country level in programme budget development continues in this regard. The figures presented in this document will be adjusted on the basis of ongoing detailed costing.
32. Work is also ongoing to develop a robust evaluation framework for the current proposed programme budget as well as for future programme budgets. There needs to be an assessment of the delivery of outputs as well as of the way in which outputs contribute to outcomes. The programme budget performance assessment will need to answer two key questions: did the Secretariat use the resources allocated to deliver the outputs defined in the programme budget and, as a result, has there been measurable progress in relation to the outcomes?

GOVERNING BODY INPUT

33. The revised draft of the proposed programme budget 2014–2015 to be submitted to the Sixty-sixth World Health Assembly in May 2013 will reflect the guidance provided by the Programme, Budget and Administration Committee, and by the Executive Board in January 2013, in addition to drawing on the work outlined above.

DETAILED OUTCOMES AND OUTPUTS

34. The next section of this document provides the detailed outcomes and outputs to be achieved across the three levels of the Organization, among the programme areas housed within the categories of work.

CATEGORY 1: COMMUNICABLE DISEASES

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

This category specifically covers HIV, tuberculosis, malaria and vaccine-preventable diseases. Cancers and other chronic diseases caused by or associated with viruses are included in category 2; sexually transmitted infections are included in category 3; poliomyelitis and epidemic-prone communicable diseases are included in category 5.

HIV/AIDS

The world has made significant progress towards attaining key targets set by the United Nations in its Political Declaration on HIV and AIDS in 2011: new infections with HIV decreased by 20% in the past 10 years, antiretroviral therapy expanded to reach more than eight million people in 2011, and new HIV infections in children dropped by more than 40% since 2003. Yet, despite global progress, major concerns persist: some regions – in particular the European and the Eastern Mediterranean Regions – report increasing rates of HIV transmission, and in most regions certain population groups continue to be vulnerable and/or marginalized.

Building on advances in the biennium 2012-2013, new opportunities exist for: using antiretroviral medicines more strategically with the aim of maximizing their benefits for prevention of HIV transmission; accelerating technological innovation in medicines and diagnostics to allow for simpler, cheaper therapeutic regimens and decentralized service delivery; reinforcing quality and patient retention across the continuum of diagnosis, care and treatment; linking and integrating HIV services with those for tuberculosis, maternal and child health, drug dependence and other programmes; and monitoring the impact of expansion of treatment on HIV incidence and drug resistance.

In the biennium 2014–2015, WHO will focus its efforts on supporting countries to implement and monitor the global health sector strategy on HIV/AIDS 2011-2015, as well as preparing a post-2015 strategy and strengthening capacity for HIV policy and programme implementation. Moreover, WHO will consolidate and update policy guidance on the prevention and treatment of HIV infection, for both children and adults, especially on emerging approaches to treatment and prevention, removing barriers to access, and integrating HIV and other health programmes.

TUBERCULOSIS

Major progress has been made in expanding access to treatment of tuberculosis, and incidence and deaths are now declining - but still too slowly. Poverty, migration and other social vulnerability exacerbate the epidemic. The rise of noncommunicable diseases, including diabetes and tobacco-associated disease, means that more immune-compromised individuals are at risk of falling ill with tuberculosis. Basic programmes and integrated services, and increasing community, civil society and private sector engagement provide a good platform for ensuring more rapid access and effective use of new diagnostics and medicines now available or in the pipeline for prevention and treatment of tuberculosis, HIV-associated tuberculosis and drug-resistant tuberculosis.

Work on the post-2015 global strategy for the prevention and control of tuberculosis and associated targets will continue focusing on innovative care, bold policies, supportive systems and intensified research. Challenges for countries, the Secretariat and partners include closing major gaps in financing, especially for low-income and lower-middle-income countries, overcoming constraints in

health services, human resources and supply changes, and eliminating the catastrophic impacts on those affected by the disease.

In the biennium 2014–2015, WHO's normative, surveillance, technical support and partnership roles will be crucial in controlling the epidemic. The Secretariat will focus on building capacity to implement the Stop TB Strategy at national and regional levels in order to reach vulnerable populations, ensure adequate access to first-line treatment, and strengthen surveillance systems and use of data. Furthermore, it will update and consolidate policy and technical guidance, for instance, on rapid diagnostic tools and laboratory practices, delivery of care for patients with multidrug-resistant tuberculosis and integrated community-based management of tuberculosis, and work with countries to adapt policies and guidance to national and regional contexts.

MALARIA

Mortality rates for malaria have fallen by more than 25% globally since 2000. However, to reach the goals set for 2015, a massive extension of access to malaria prevention, especially through sustainable vector control, and to quality-assured diagnostic testing and effective antimalarial treatment is required. The risk of malaria resurgence due to decreasing international funding for prevention and control, as well as to resistance to artemisinin and insecticides, demands sustained strategic investments from both donors and countries in which malaria is endemic. In addition, strengthened surveillance systems are needed to target limited resources appropriately and to evaluate the progress and impact of control measures.

In the biennium 2014–2015, the Secretariat will support countries in which malaria is endemic by developing approaches to capacity-building for malaria prevention, control and elimination and for strengthening surveillance and identifying both threats to malaria control and elimination and new opportunities for action. A global technical strategy for malaria control and elimination for the period 2016–2025 will be elaborated with the aim of helping to guide countries and implementing partners in sustaining the successes of the past decade. Furthermore, the Secretariat will update policy and technical guidance on vector control, diagnostic testing and antimalarial treatment, as well as on malaria control and elimination.

NEGLECTED TROPICAL DISEASES

Neglected tropical diseases are a major cause of disability and loss of productivity among some of the world's most disadvantaged people. In this regard, neglected tropical diseases cannot be seen as a health issue alone. They are inextricably linked with health as a human right, with poverty reduction and with effective governance. Although their impact is felt more strongly in some regions than others and their contribution to overall mortality rates is not as high as that due to other diseases, reducing their health and economic impact is a global priority, because: new and more effective interventions are available; their reduction can help to accelerate economic development; and 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 2014–2015 WHO will focus on increasing access to essential medicines for neglected tropical diseases, expanding preventive chemotherapy and innovative and intensified disease management. Additionally, strengthening national capacity for disease surveillance and certification/verification of the elimination of selected neglected tropical diseases will remain a central concern.

The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, in the context of the current fast-changing environment of global health, will focus on strengthening local research capacity and ensuring that countries play a leading role in establishing priorities, conducting research and using evidence to inform decision-making and public health practice. Furthermore, results of clinical trials for effective and safer treatments will be published, and rapid and simple diagnostic tests for neglected tropical diseases – such as Buruli ulcer, human African trypanosomiasis, leishmaniasis, Chagas disease, yaws and dengue – will be developed.

VACCINE-PREVENTABLE DISEASES

Immunization is one of the most cost-effective public health interventions. The protection afforded by vaccines prevents more than two million 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 becoming available and routine immunization is being extended from focusing on infants and pregnant women as the sole target groups to include adolescents and adults. At the same time, up to one fifth of children born each year are hard to reach and are thus at risk of being excluded from immunization programmes. 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 improve the prevention of mortality and morbidity.

In the biennium 2014–2015, the focus will be on implementing and monitoring the Global vaccine action plan by supporting the development of national immunization plans, strengthening national capacity for monitoring immunization programmes and ensuring adequate supplies and financing for immunization programmes. Additionally, efforts will be intensified towards both the elimination of measles and rubella and the control of 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. In HIV, work related to the prevention of mother-to-child transmission of HIV means expanding HIV services for women, pregnant women, mothers, children and families to ensure that the goal of elimination of new HIV infections in children is achieved by 2015. 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. Expanding the use of quality-assured rapid diagnostic tests for malaria will provide an entry point for improving the management of all causes of fever, notably pneumonia and diarrhoeal diseases, and ensure their proper treatment. 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 food-borne diseases.

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 United States of America's President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Stop TB Partnership, the Roll Back Malaria Partnership, the GAVI Alliance, the Foundation for Innovative New Diagnostics, the International Drug Purchase Facility, the Medicines for Malaria Venture, the African Programme for Onchocerciasis Control, the Global Alliance for the Elimination of Lymphatic Filariasis, as well as bilateral agencies and major foundations.

HIV/AIDS

Outcome 1: Increase the number of people living with HIV on antiretroviral treatment

Outcome indicators	Baseline	Target
Number of people living with HIV on antiretroviral treatment	8 million (2011)	15 million (2015)

Outcome 2: Reduce the number of new paediatric infections

Outcome indicators	Baseline	Target
Number of new paediatric HIV infections	330 000 (2011)	<43 000 (2015)

Outputs

Policy dialogue, advice and technical support provided for the implementation and monitoring of the global health sector strategy on HIV/AIDS 2011–2015

Key deliverables:

- Progress reports on health sector response to HIV prevention, treatment and care, ending mother-to-child transmission of HIV, and HIV drug resistance, and post-2015 strategy
- Strengthened regional and national capacity for HIV policy and programme development, implementation, and tracking and optimization
- National policies and plans for equitable prevention and treatment expansion, in accordance with global and regional frameworks and 2015 targets

Consolidated guidelines and policy guidance on the prevention and treatment of paediatric and adult HIV infection, integrating HIV and other health programmes, and reducing inequities

Key deliverables:

- Consolidated, updated guidelines to prevent and treat paediatric and adult HIV infections and technical and programmatic updates/tools on emerging approaches to treatment and prevention
- Policy options developed and adapted by countries on: prioritization in the health sector response; reaching key populations and removing access barriers; integrating HIV and other health programmes; and strengthening health systems
- Regional adaptations and updated national guidelines on HIV prevention and treatment

TUBERCULOSIS

Outcome: Increase the number of tuberculosis patients successfully treated

Outcome indicators	Baseline	Target
Cumulative number of tuberculosis patients successfully treated in programmes that have adopted the WHO-recommended strategy since 1995	48 million (2011)	70 million (2015)

Outputs

Policy dialogue and advice provided to countries and partners for the implementation of the Stop TB Strategy including strengthening surveillance of tuberculosis cases and deaths

Key deliverables:

- Regional and national policy dialogue and capacity-building to strengthen the implementation of the Stop TB strategy, including strategies to reach vulnerable populations and ensure adequate access to first-line treatment

- Support provided to strengthen the capacity of national tuberculosis programmes to collect, analyse and use tuberculosis data and systematically assess results from tuberculosis surveillance and prevalence surveys as documented in published reports
- Annual WHO global tuberculosis control report

Updated policy guidance and technical guidelines on HIV-related tuberculosis, delivery of care for patients with multidrug-resistant tuberculosis, tuberculosis diagnostic approaches, multidrug-resistant tuberculosis, tuberculosis screening in risk groups and integrated community-based management of tuberculosis

Key deliverables:

- Policy options and guidance on tuberculosis laboratory practices including biosafety, accreditation and introduction of rapid diagnostic methods
- Policy guidance and technical guidelines on: the use of new tuberculosis medicines and regimens for drug-sensitive and drug-resistant disease; preventive therapy; and multidrug-resistant tuberculosis and tuberculosis/HIV coinfections
- Regional adaptations and updated national guidelines on tuberculosis prevention and treatment

MALARIA

Outcome: Increase the number of confirmed malaria cases receiving first-line antimalarial treatment

Outcome indicators	Baseline	Target
Percentage of confirmed malaria cases receiving first-line antimalarial treatment according to national policy	TBD ¹	100%

Outputs

Policy dialogue and advice provided to countries to strengthen malaria prevention, control and elimination with a focus on improved diagnostics

Key deliverables:

- Regional adaptation and support provided for the development of country-specific policy options for different epidemiological settings based on new global malaria policies and guidelines
- Technical support and capacity building for national health authorities on malaria prevention, control and elimination
- Support to the strengthening of national surveillance capacity for developing regional and country malaria reports to guide programmatic decisions
- Annual *World malaria report* to guide global malaria control and elimination efforts
- Launch of a global technical strategy for malaria control and elimination 2016–2025 and monitoring of global and regional progress

Updated policy recommendations and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection and response

Key deliverables:

- Updated technical guidelines on vector control, diagnostic testing and treatment
- Technical guidelines for malaria control and elimination among special populations, including migrants and urban settings

¹ TBD – To be developed.

NEGLECTED TROPICAL DISEASES**Outcome 1: All countries certified for the eradication of dracunculiasis**

Outcome indicators	Baseline	Target
Number of countries certified for eradication of dracunculiasis	183	194

Outcome 2: Increase access to appropriate medicines for neglected tropical diseases

Outcome indicators	Baseline	Target
Number of 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	100

Outputs**Policy dialogue with, and advice provided to, countries and partners on the implementation and monitoring of the WHO roadmap on neglected tropical diseases in order to increase and sustain access to essential medicines for neglected tropical diseases***Key deliverables:*

- Country-level integrated plan of action for neglected tropical diseases to increase access to essential medicines, including scaling up of preventive chemotherapy, innovative and intensified disease management, and integrated vector control interventions
- Strengthened national capacity for monitoring, evaluation, surveillance and operational research and certification/verification of the elimination of selected neglected tropical diseases
- Progress report on the implementation of the WHO roadmap on neglected tropical diseases

Technical guidelines and clinical trials for effective and safer treatments and development of rapid and simple diagnostic tests for selected neglected tropical diseases*Key deliverables:*

- Clinical trials of effective and safer neglected tropical disease treatments and publication of results
- Rapid and simple diagnostic tests for neglected tropical diseases (such as Buruli ulcer, human African trypanosomiasis, leishmaniasis, Chagas disease, yaws and dengue)

New knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries developed in consultation with decision makers*Key deliverables:*

- Agreement by stakeholders on research-related policies and practices
- Tools, strategies and evidence for policy to prevent, treat and control infectious diseases of poverty
- Support to strengthen research capacity at institutional and individual levels in countries in which neglected tropical disease are endemic in order to respond to countries' needs
- Strategic prioritization for research on malaria prevention, control and elimination

VACCINE-PREVENTABLE DISEASES**Outcome 1: Increase and sustain the global average coverage with three doses of diphtheria, tetanus and pertussis vaccines**

Outcome indicators	Baseline	Target
Global average coverage with three doses of diphtheria, tetanus and pertussis vaccines	85%	>90%

Outcome 2: Measles elimination

Outcome indicators	Baseline	Target
WHO regions that have achieved measles elimination	0	5 (2020)

Outcome 3: New pneumococcal vaccines introduced

Outcome indicators	Baseline	Target
All low-income and middle-income countries have introduced one or more new or underutilized vaccines	TBD	TBD

Outputs**Policy dialogue and advice provided to countries and partners for the implementation and monitoring of the Global vaccine action plan as part of the Decade of Vaccines Collaboration, focusing on hard-to-reach populations***Key deliverables:*

- National multiyear and annual plans for immunization, including a monitoring framework and annual progress reports produced
- Support provided to strengthen national capacity for monitoring immunization programmes through monitoring immunization coverage and surveillance for vaccine-preventable diseases
- Support provided to countries to ensure adequate vaccine supply and immunization financing to maximize the impact of immunization

Intensified coordination of measles and rubella elimination, and of hepatitis B control*Key deliverables:*

- National plans and strategies in order to achieve and sustain measles and rubella elimination and/or hepatitis B control (as relevant to region)

Target product profiles for new vaccines and immunization-related equipment and agreed research priorities to develop vaccines of public health importance and overcome barriers to immunization*Key deliverables:*

- Development of target product profiles for new vaccines and immunization-related equipment and definition of essential data needs for future vaccination recommendations
- Agreed research priorities for overcoming barriers to immunization, for vaccine-preventable disease control and elimination, and for future immunization system characteristics

Budget by major office (US\$ thousand)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
HIV/AIDS	44 521	4 081	14 570	6 978	10 092	9 992	41 955	132 189
Malaria	17 527	489	14 064	1 767	13 432	12 858	29 206	89 343
Tuberculosis	22 069	1 001	29 315	11 700	20 651	14 377	35 890	135 003
Neglected tropical diseases ¹	19 477	4 568	8 614	487	6 285	8 304	92 368	140 103
Vaccine-preventable diseases	163 130	9 294	40 750	11 473	39 326	26 061	55 767	345 801
Subtotal	266 724	19 433	107 313	32 405	89 786	71 592	255 186	842 439

¹ Includes tropical disease research within headquarters.

CATEGORY 2: NONCOMMUNICABLE DISEASES

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 disease, cancers, chronic lung disease and diabetes) and their major risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol). A range of other noncommunicable conditions also fall within the scope of this category, including mental disorders, the consequences of violence, injuries including road traffic injuries, disabilities, poor nutrition, oral and eye health, and genetic disorders.

NONCOMMUNICABLE DISEASES

Noncommunicable diseases have recently become a prominent part of the global health agenda. Success will require coordinated, multisectoral action at global, regional, national and local levels. Member States articulated WHO's leadership role in this task in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in September 2011 where WHO was requested to: develop a comprehensive global monitoring framework and recommendations for a set of voluntary global targets; articulate policy options for strengthening and facilitating multisectoral action, including through effective partnership; and exercise leadership and a coordinating role in promoting global action in relation to the work of United Nations funds, programmes and agencies.

WHO will build the capacity of national surveillance systems and standardized data collection tools to monitor exposure to noncommunicable disease risk factors, noncommunicable disease-specific mortality and morbidity, and the health system response to these diseases. Building on the Framework Convention on Tobacco Control, WHO will support countries where effective public health measures are being attacked through legal actions brought by the tobacco industry, and will promote tobacco taxation as a measure to decrease consumption. In the biennium 2014–2015, WHO will ensure that provision of health care for chronic diseases is dealt with in the context of overall health system strengthening, and with the inclusion of elements such as appropriate policies, trained human resources, adequate access to essential medicines and basic technologies, standards for primary health care, and well-functioning referral mechanisms. More specifically, WHO will focus on working with countries to implement the noncommunicable diseases 'best buy' interventions, to adapt policy recommendations for early detection, diagnosis and disease management to national contexts and to develop the global monitoring framework on noncommunicable diseases, including a set of agreed global indicators. Moreover country capacity on surveillance and monitoring of noncommunicable diseases will be strengthened to support this effort. Steps will also be taken to promote the growing potential of vaccines in the prevention of cancers.

MENTAL HEALTH

Current evidence indicates that eight priority mental health conditions make the largest contribution to 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. Mental health conditions can be tackled through the provision of good-quality treatment and care; however, relatively little attention has been devoted to the provision of care and treatment in low-income settings.

In the biennium 2014–2015, work will focus on the major determinants and causes of morbidity, particularly dementia, autism, bipolar disorders and mental health conditions of children, including strategies for preventing suicide in young people. Work will strengthen country capacity to provide responsive mental care and social welfare in community-based services. Protecting and promoting the human rights of people with mental health conditions from human rights violations is equally critical. Technology can change the way that health care is provided for all noncommunicable diseases; however, it is particularly relevant for people with mental disorders, especially elderly people with dementia (see also healthy ageing).

VIOLENCE AND INJURIES

The leading cause of injury deaths is road traffic injury, with nearly 3500 people dying on the world's roads every day. Tens of millions of people are injured or disabled every year. Children, pedestrians, cyclists and the elderly are among the most vulnerable of road users. In May 2011, in resolution 64/255, 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 5 million lives. In addition, each year, more than 1.6 million people worldwide lose their lives to violence. For every person who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems.

In the biennium 2014–2015, WHO will continue to raise the profile of the preventability of injuries and promote good practices and to work towards the prevention of violence against women, children and youth based on strategies that engage all levels of the society. Finally, given the millions of lives impacted through violence and injury every year, the provision of trauma care is of central importance to any health system. WHO will work towards the achievement of sustainable improvements to the care of the injured through the WHO Global Alliance for the Care of the Injured.

DISABILITIES AND REHABILITATION

The first-ever *World report on disability* reveals that of the more than one billion people in the world who are disabled,¹ 110–190 million encounter significant difficulties in their daily lives. A lack of attention to their needs means that they are confronted with barriers at every turn. These include stigma and discrimination; lack of adequate health care and rehabilitation services; and inaccessible transport, buildings and information.

In 2014–2015, WHO will work with governments and their partners to: provide access for people with disabilities to all key services; invest in specific programmes for those people with disabilities who are in need; and adopt a national disability strategy and plan of action. Importantly, people with disabilities should be consulted and involved in the design and implementation of these initiatives. Particular attention will 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

Nutrition is an important determinant of health outcomes in relation to communicable and noncommunicable diseases. Preventing undernutrition and overweight is central to the achievement of global development goals. Essential nutrition interventions need to be integrated into primary care services. Global nutrition targets have been agreed for the reduction of childhood stunting, wasting, low birth weight and overweight and women's anaemia and for the improvement of exclusive breastfeeding rates.

¹ World Health Organization and World Bank. *World report on disability*. Geneva, World Health Organization, 2011.

In the biennium 2014–2015, WHO will provide support to countries by developing and updating the evidence base for effective nutrition interventions; by monitoring progress towards the achievement of the targets and the implementation of programmes; and by providing the necessary practical knowledge and capacities required to scale up actions.

LINKAGES WITH OTHER PROGRAMMES AND PARTNERS

The five priority areas within the noncommunicable diseases category have linkages with all other categories in the Proposed programme budget 2014–2015. Communicable diseases, including vaccine-preventable diseases are, for example, an important cause of cancer and there are strong linkages between tuberculosis, HIV/AIDS and mental health. Unhealthy environments and behaviours in the newborn, child and adolescent stages of life impact on all the priority areas of this category. These include 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. Promoting healthy living and working environments is important, for example, in improving road safety, 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. 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 are increased in emergency settings and undernutrition is a common consequence of humanitarian disasters.

The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the resolutions adopted by the United Nations General Assembly on improving global road safety in 2005 and 2010,¹ and the comprehensive implementation plan on maternal, infant and young child nutrition endorsed by the Health Assembly in 2012,² all highlight the importance of WHO working with the United Nations, civil society and private sector partners. WHO is collaborating with ITU, UNICEF, UNDP, UNFPA, UNAIDS, and other United Nations agencies to scale up joint programming for noncommunicable diseases at global, regional and national levels in order to support national policy and planning, stronger and more integrated health systems, and access to new technologies. United Nations country teams will be encouraged to include noncommunicable diseases in the United Nations Development Assistance Framework in order to support this effort. Initial steps will also be taken to explore the growing potential of vaccines in the prevention of cancers. WHO will continue to chair the United Nations Ad Hoc Interagency Task Force on Tobacco Control and host the global coordinating mechanism for nutrition (the United Nations Standing Committee on Nutrition) which promotes cooperation among United Nations agencies and partner organizations in support of global efforts to end malnutrition.

The United Nations Road Safety Collaboration supports a number of global networks, including a network of young road safety advocates, a network of nongovernmental organizations and a network of private companies. WHO's Mental Health Gap Action Programme (mhGAP) brings partners together to scale up services for mental, neurological and substance use disorders, with an emphasis on low- and middle-income countries. Through the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, WHO is working closely with various partners. The Organization is working with the Bloomberg Philanthropies and the Bill & Melinda Gates Foundation

¹ United Nations General Assembly resolutions 60/5 and 64/255.

² Resolution WHA65.6.

to support Member States in reducing tobacco use among their populations. WHO is an active member of the Scaling Up Nutrition movement, bringing together high-level representatives from Member States, donors, the United Nations and the civil society. WHO also works with a number of nongovernmental organizations to improve eye health. WHO collaborating centres also enable the Organization to respond to the challenge of reducing the disease burden in all priority areas of this category and meeting the outputs described below.

NONCOMMUNICABLE DISEASES

Outcome: Increase the number of people with access to interventions to prevent and manage the four major noncommunicable diseases and their risk factors

Outcome indicators	Baseline	Target
Age standardized prevalence of current tobacco use among persons aged 18+ years	22% (2010)	15% (2025)
Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent).	31% (2010)	28% (2025)
Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol	6L (2010)	5L (2025)
Age-standardized mean population intake of salt (sodium chloride) per day in persons aged 18+ years	10 grams (2010)	7 grams (2025)

Outputs

Support provided to countries to engage in multisectoral policy dialogue, establish policies and plans and implement the ‘best buy’ interventions to prevent and manage the major noncommunicable diseases, including measures to reduce exposure to their risk factors

Key deliverables:

- Support to countries in implementing the noncommunicable diseases “best buy” interventions
- Development of integrated toolkits to support countries in the implementation of the noncommunicable diseases “best buy” interventions
- Support to countries in integrating noncommunicable diseases into the design processes and implementation activities of the United Nations Development Assistance Framework

Support provided to strengthen national capacity for operational research for early detection, diagnosis and use of cost-effective treatment interventions for noncommunicable diseases and for the promotion of health-in-all-policies and whole-of-government approaches and multisectoral action

Key deliverables:

- Development of technical guidelines for appropriate health-care infrastructure, diagnostics for early detection, access to essential medicines and cost-effective treatment interventions for management of noncommunicable diseases
- National research agenda to operationalize the implementation of “best buy/good buy” interventions through adaptation of regional research agenda and initiation of research
- National adaptation of technical guidelines and policy recommendations for early detection, diagnosis and disease management with a special focus on noncommunicable disease “best buy/good buy” interventions and the primary health care approach
- Countries supported to implement a health-in-all-policy framework for country action

Global targets set and monitoring framework established to report on progress in realizing the commitments made in the Political Declaration of the High-level Meeting of the General Assembly and the action plan for the global strategy for the prevention and control of noncommunicable diseases 2013–2020, including the progress towards achieving the voluntary global targets

Key deliverables:

- Development of, and agreement on, a global monitoring framework on noncommunicable diseases, establishment of global indicators
- Technical guidelines to strengthen country capacity on surveillance and monitoring of noncommunicable diseases
- Technical guidance to support countries to develop national targets and indicators for the prevention and control of noncommunicable diseases
- Publication of a progress report on realizing the commitments made in the Political Declaration (including the preparation of WHO's inputs into the United Nations Secretary-General's report)

MENTAL HEALTH

Outcome: Reduce the treatment and services gap for mental disorders

Outcome indicators	Baseline	Target
Treatment and services gap for mental disorders	TBD	20% reduction (by 2020)
Number of countries that have reported a reduction in suicide rate	10	30

Outputs

Support provided to strengthen country capacity to implement strategies for early detection and prevention of mental disorders and suicides within the WHO's Mental Health Gap Action Programme

Key deliverables:

- Regional mental health strategies based on the adaptation of the 2013–2020 global mental health action plan
- Publication of a biennial assessment on progress towards implementation of the 2013–2020 global mental health action plan
- Development of policy options and toolkits on use of innovative technologies to tackle mental health conditions

Support provided to strengthen country capacity to develop, maintain information systems and research for mental health

Key deliverables:

- Support to countries in strengthening information systems, evidence and research for mental health
- Publication of norms and standards for mental and neurological disorders in the International Classification of Diseases, 11th edition (ICD-11)

VIOLENCE AND INJURIES

Outcome: Reduction in mortality and morbidity due to violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth

Outcome indicators	Baseline	Target
Proportion of countries with comprehensive laws tackling five key risk factors for road safety	15%	50%

Outputs

Policy dialogue and advice provided to countries and partners to develop plans and programmes to prevent injuries with a focus on achieving the targets set under the Decade of Action for Road Safety (2011–2020)

Key deliverables:

- Strengthening of country capacity for the development of national model programmes for prevention, trauma care, and data collection with a focus on road safety
- Convening of the Second Global Ministerial Conference on Road Safety in order to review progress made at the mid-term towards targets for the Decade of Action for Road Safety
- Coordination of the United Nations Road Safety Collaboration and the Decade of Action for Road Safety

Policy dialogue and advice provided to countries and partners to develop plans and programmes to prevent child injuries

Key deliverables:

- Strengthening of country capacity for the development of national model prevention programmes with a focus on drowning prevention and burn prevention
- Establishment and operation of an International network to increase global visibility of child injury and coordination among actors involved in child injury

Policy dialogue and advice provided to countries and partners to develop plans and programmes to address violence against children, women and youth

Key deliverables:

- Strengthening of country capacity to develop plans and strategies with a focus on violence against children, women and youth
- Agreement on global plan on the prevention of violence against women, and services for victims
- Completion of global status report on violence prevention

DISABILITIES AND REHABILITATION

Outcome: Increase access to social and health services for people with disabilities

Outcome indicators	Baseline	Target
Number of countries that have comprehensive policies on health and rehabilitation (based on national reports to the Committee on the Rights of Persons with Disabilities)	7	31

Outputs

Policy dialogue and advice provided to countries for the implementation and monitoring of the recommendations of the *World report on disability* and the United Nations General Assembly High-level Meeting on Disability and Development

Key deliverables:

- Development of, and agreement on, global plan of action to implement the recommendations of the High-Level Meeting on Disability
- Inclusion of disability data in the global health observatory
- Publication of technical guidelines and indicators for monitoring the effectiveness of community-based rehabilitation

Policy dialogue and advice provided to countries for management of chronic eye conditions and on hearing aid provision*Key deliverables:*

- Provision to countries of tools and technical support for epidemiological and public health surveys on visual and hearing
- Provision to countries of tools and technical support for integrating eye and hearing services into existing health systems
- Stronger partnerships and alliances that support, Member State priorities in eye and hearing and that are harmonized and aligned with them

NUTRITION**Outcome: Reduce early childhood nutritional risk factors**

Outcome indicators	Baseline	Target
Proportion of stunted children below five years of age	24%	19%
Proportion of overweight children below five years of age	6.7%	6.7%
Proportion of women of reproductive age (15–49 years) with anaemia	27%	19%

Outputs**Policy dialogue and advice provided to countries to develop strategies and action plans based on the comprehensive implementation plan on maternal, infant and young child nutrition and the post-2015 nutrition agenda***Key deliverables:*

- Development of regional strategies and action plans on maternal, infant and young child nutrition within the framework of the comprehensive plan
- Support to countries in implementing programmes within the framework of the comprehensive implementation plan on maternal, infant and young child nutrition

Norms and standards on population dietary goals, nutritional status and breastfeeding updated and policy options for effective nutrition actions for stunting, wasting and anaemia published*Key deliverables:*

- Publication of updated norms and standards on population dietary goals
- Provision of technical guidance and scientific advice on nutrition and food labelling to contribute to the Codex Alimentarius
- Publication of policy options on effective nutrition actions for stunting, wasting and anaemia

Support provided to strengthen the capacity of countries and partners to address the double burden of malnutrition included in global food and nutrition security initiatives*Key deliverables:*

- Policy options to address the double burden of malnutrition included in global food and nutrition security initiatives
- Strengthening of national nutritional surveillance and production of a report on the implementation of the global nutrition targets

Budget by major office (US\$ thousand)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Noncommunicable diseases	48 079	13 231	15 844	16 390	16 415	28 165	53 981	192 105
Mental health	2 301	2 576	1 416	7 140	2 738	4 301	18 600	39 072
Violence and injuries	1 402	2 221	882	6 734	1 007	4 136	16 927	33 309
Disabilities and rehabilitation	888	883	618	518	494	2 262	7 726	13 389
Nutrition	3 866	2 790	3 010	2 014	2 919	3 117	22 245	39 961
Subtotal	56 536	21 701	21 770	32 796	23 573	41 981	119 479	317 836

CATEGORY 3: PROMOTING HEALTH THROUGHOUT THE LIFE-COURSE

Promoting good health at key stages of life, taking into account the need to address social determinants of health (the societal conditions in which people are born, grow, live, work and age) and gender, equity and human rights.

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 mainstreaming and capacity building on the social determinants of health, gender and human rights.

The category is by its nature cross-cutting. 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 widening health inequities or equity gaps. The life-course approach considers how multiple determinants interact and affect health throughout life and across generations. 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 the achievement internationally agreed goals such as the Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health).

REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Effective interventions exist for improving health and reducing maternal, neonatal and child mortality. The challenges are to implement and expand those interventions, making them accessible for all during pregnancy, childbirth and the early years of life and ensuring the quality of care. WHO's particular priority at this stage in the life-course acknowledges that, for mothers and newborn infants, the first 24 hours are critical because half of maternal deaths, one third of neonatal deaths and one third of stillbirths, as well as most of the complications that can lead to death of the mother or the newborn infant, occur in the 24 hours around delivery. It is also only within this same period that the most effective interventions to save the lives of mothers and babies can be delivered: management of labour, administration of oxytocin after delivery, resuscitation of the neonate and early initiation of breastfeeding. Moreover, work in this area receives high-level commitment through its inclusion in Millennium Development Goals 4 and 5, and its being a focus of the Commission on Information and Accountability for Women's and Children's Health.

In the biennium 2014–2015, the Secretariat will continue to work on promoting effective interventions that already exist to decrease under-five mortality rates in developing countries to levels approaching those in wealthier countries, and to reduce disparities between the poorest and wealthiest children within nations, with particular attention being given to treatment of pneumonia and diarrhoea and effective coordination with related programmes for vaccine-preventable diseases.

For adolescents, the work will focus both on their sexual and reproductive health needs and risk behaviours, given that many behaviours that start in adolescence affect health in later life. Family planning can prevent up to one third of maternal deaths, but in 2012 more than 200 million women had unmet needs for contraception. Within this number, adolescents' unmet needs are particularly significant. Adolescent sexual and reproductive health will also be a focus for research. A consultative exercise is currently under way to determine priorities in this regard.

HEALTHY AGEING

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 across this category. In the biennium 2014–2015, 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, mental health as well as health systems and technical innovation will reduce costs, simplify care, maintain independence and support disability.

GENDER, EQUITY AND HUMAN RIGHTS MAINSTREAMING

A synergistic approach has been chosen as the basis for institutional mainstreaming of gender, equity and human rights at all levels of the Organization, with the objective of creating structural mechanisms that enable programmatic mainstreaming to succeed, and that support countries in their realization of gender equality, health equity and the right to health.

SOCIAL DETERMINANTS OF HEALTH

Work on the social determinants of health affects all WHO areas of work. In the biennium 2014–2015, the Secretariat will continue its work on health determinants and promote equity in each of the five categories. In addition, capacity building for mainstreaming the social determinants of health approach in the Secretariat and in Member States will continue. A set of activities is needed to develop tools such as guidelines to implement health-in-all-policies and to build greater awareness of the value added through the social determinants approach, to develop a standard set of indicators to monitor action on social determinants of health, and to implement and monitor the joint workplan with other organizations in the United Nations system on this subject.

Finally, as articulated in the Rio Political Declaration on Social Determinants of Health, work 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”. The social determinants approach to health promotes governance in other sectors in ways that positively impact on human health. 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 who are at risk from diverse factors such as chemicals, radiation, lack of safe water and sanitation, air pollution and climate change.

In the biennium 2014–2015, a sharp focus will be on public health as an outcome of policies in sectors such as transport, energy, urban planning and employment (through occupational health). The Secretariat will also continue to work on a broad range of environmental risks to health, including the longer-term threats posed by climate change, loss of biodiversity, scarcity of water and other natural resources.

LINKAGES WITH OTHER PROGRAMMES AND PARTNERS

The category has many linkages with other WHO programmes. For example, there is a special working relation with programmes involved with communicable diseases and vaccines, nutrition and health service provision for reducing maternal and child mortality and morbidity; and well as links between programmes dealing with risk behaviours in adolescence and those against 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 the Organization-wide mainstreaming of gender, equity and human rights – contributes to, and benefits from, work on all the other categories. The category will serve as the hub to ensure that technical work in these cross-cutting areas is mainstreamed in all WHO's programmes.

The work will be undertaken in the context of the Secretary-General's Global Strategy for Women's and Children's Health, under the framework of Every Woman Every Child with partners such as H4+ (UNICEF, UNFPA, the World Bank, UNAIDS, UNWomen) and the Partnership of Maternal, Newborn and Child Health, with other United Nations partners such as UNDP, and United Nations Population Division, academic and research institutions, civil society and development partners, with the UNDP/UNICEF/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, as well as with the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance in order to ensure complementarity and accelerate action in the final push towards achieving Millennium Development Goals 4 and 5.

With the experience it has gained on the work of the United Nations platform on social determinants of health in 2012–2013 (ILO, UNAIDS, UNDP, UNFPA, UNICEF and WHO), the Organization is well placed to advocate for action on 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. Moreover, a network of institutions will be established to strengthen capacities of Member States in implementing the five action areas enshrined in the Rio Political Declaration on Social Determinants of Health.

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 provide 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 Organization 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: Increase access to interventions for improving health of women, newborns, children and adolescents**

Outcome indicators	Baseline	Target
Percentage of babies exclusively breastfed for six months	39%	40% (2015)
Percentage of mothers and babies receiving postnatal care within two days of childbirth	50%	60% (2015)
Percentage of pregnant women receiving skilled attendance at birth	55%	60% (2015)
Adolescent birth rates (per 1000 girls aged 15–19 years)	52 per 1000 girls	51 per 1000 girls (2015)
Percentage of children with suspected pneumonia receiving antibiotics	29%	35% (2015)
Unmet need for modern family planning methods in targeted countries	19% (2012)	TBD

Outputs**Policy dialogue with, and advice provided to, countries to expand access to and quality of effective interventions, focusing on the 24-hour period around childbirth***Key deliverables:*

- Policy dialogue with, and evidence-based advice to, countries in implementing policies and strategies and use of guidelines and tools for care before, during and immediately after birth, for instance covering preterm birth, sepsis and quality of care, especially around the critical 24-hour period around childbirth
- Provision of support to strengthen the collection, analysis, monitoring, evaluation and use of data in line with the recommendations of the Commission on Information and Accountability for Women's and Children's Health, including maternal and perinatal death surveillance and response

Policy dialogue and advice provided to countries to expand effective interventions to improve early childhood development and ending preventable child deaths from pneumonia and diarrhoea*Key deliverables:*

- Policy dialogue and evidence-based advice provided to countries to implement policies and strategies on innovative approaches for early childhood development and use of guidelines and tools for preventing child deaths from pneumonia and diarrhoea
- Provision of support to strengthen the collection, analysis, monitoring, evaluation and use of data, including estimates of child mortality and causes of child deaths, and capacity building for research in child health

Support provided to strengthen countries' capacities to implement effective interventions to cover the unmet needs in sexual and reproductive health and to reduce adolescent risk behaviour*Key deliverables:*

- Provision of support to countries for implementing interventions on family planning, prevention of unsafe abortions, reproductive tract infections and gynaecological cancers
- Technical and clinical guidelines on sexual and reproductive health
- Evidence base and technical guidance on tackling adolescent risk behaviours

New and updated research studies focused on innovative interventions for care before, during and immediately after birth and increased capacity for countries to put research findings into practice

Key deliverables:

- New and updated systematic reviews and studies on innovative interventions for care before, during and immediately after birth, for instance covering preterm birth and sepsis and quality of care
- Regional consultations for systematic introduction of policy options
- National action plans to implement recommended interventions supported or developed

Research undertaken, evidence generated and synthesized to design key interventions in family planning, maternal and perinatal health, preventing unsafe abortion, sexually transmitted infections, respiratory tract infections, gender and violence, unmet needs of adolescents and other at-risk populations, and support provided to strengthen regional and national research capacity in this area

Key deliverables:

- Comprehensive research agendas
- Scientific papers and reviews on implementation research and clinical trials on sexual and reproductive health
- Global and regional estimates of reproductive, maternal and perinatal conditions
- Strengthened national research centres
- Interventions developed, tested and implemented to meet unmet needs in sexual and reproductive health

HEALTHY AGEING

Outcome: Increase the proportion of older people who can maintain an independent life

Outcome indicators	Baseline	Target
Number of national plans that have been developed and implemented by countries to promote active and healthy ageing and access to chronic, long-term and palliative care	TBD	TBD

Outputs

Policy dialogue and advice provided to countries and partners for developing policies and strategies to foster healthy and active ageing, and improve access to, and coordination of, chronic, long-term and palliative care

Key deliverables:

- Country capacity strengthened to support healthy ageing and the development of age-friendly primary health care, health promotion programmes and/or age-friendly environments
- World report on ageing and health published leading to a global strategy on ageing and health
- Policy options on long-term care developed

Technical guidelines and innovations that can be translated into improved care

Key deliverables:

- Technical guidelines on management of frailty, with a focus on low-income and middle-income countries
- Policy options on workforce development
- Measures and models for monitoring and quantifying the diverse health needs of older people and their access to care

Policy dialogue and technical guidance provided to countries for health of women, including those beyond the reproductive age

Key deliverables:

- Policy options on the health of women beyond the reproductive age
- Support to countries for implementing, monitoring and evaluating the expansion of interventions for women's health including beyond the reproductive age

SOCIAL DETERMINANTS OF HEALTH

Outcome: Increase intersectoral policy coordination to address the social determinants of health

Outcome indicators	Baseline	Target
Number of countries implementing technical guidance on a health-in-all-policies approach and intersectoral action	TBD	TBD
Number of countries reporting data based on the set of indicators for monitoring social determinants of health	TBD	TBD
Number of countries with improved capacity to address social determinants of health within the health sector	TBD	TBD

Outputs

Policy dialogue and advice provided to countries and partners, including the United Nations platform on social determinants of health to implement a health-in-all-policies approach, intersectoral action and social participation

Key deliverables:

- Technical guidelines to implement a health-in-all-policies approach in countries
- Standard set of indicators to monitor action on social determinants of health
- Implementation and monitoring of a joint workplan on social determinants of health with other organizations in the United Nations system

Guidance to support inclusion of social determinants of health in WHO's programmes

Key deliverables:

- Cross-organizational work to ensure incorporation of social determinants of health into WHO's programmes

GENDER, EQUITY AND HUMAN RIGHTS MAINSTREAMING

Outcome: Gender, equity and human rights integrated into WHO's and countries' policies and programmes

Outcome indicators	Baseline	Target
Number of Member States with health-related policies and laws that explicitly address and incorporate gender equality, human rights or equity in their design and implementation	TBD	TBD

Outputs

Implement and monitor WHO's strategy for mainstreaming gender, equity and human rights in all programmes and offices
Key deliverables:

- Effective integration of gender, equity and human rights in the analysis and actions of WHO's programmes
- Institutional and accountability mechanisms in place to ensure sustainable mainstreaming

Policy dialogue and advice provided to countries and partners for formulation and monitoring of health-related policies, legislation and plans on gender, equity and human rights
Key deliverables:

- Technical guidance to countries for implementing the minimum standards for effective mainstreaming of gender, equity and human rights in national plans, policies and laws

HEALTH AND THE ENVIRONMENT
Outcome: Reduce environmental threats to health

Outcome indicators	Baseline	Target
Number of national monitoring systems established by Member States to assess health risks from water and sanitation and/or outdoor air quality and/or solid fuel use	153	254
Number of national plans of action that have been developed and implemented by countries for workers' health and/or public health adaptation to climate change	71	118

Outputs

Policy dialogue and advice provided to countries to develop policies, strategies and regulations for prevention, mitigation and management of environmental and occupational risks
Key deliverables:

- Provision of support for strengthening national capacity to assess and manage environment and occupational health risks and benefits, in specific settings and sectors of the economy, including national policies and plans on environment and health and the use of health impact assessment
- Support for strengthening national and health systems capacity to develop policies, strategies, regulations and national action plans to prevent, mitigate and manage environmental and occupational risks
- Support for strengthening national capacity for preparedness and response to environmental emergencies related to climate, water, sanitation, chemicals, air pollution and radiation, and for building resilient health systems to cope with climate change.

Norms, standards and guidelines to define environmental and occupational health risks and benefits associated with air quality, chemicals, water and sanitation, radiation, and nanotechnologies
Key deliverables:

- Policy options for effective environmental and occupational interventions that prevent conditions associated with disease and promote health

Public health issues incorporated in multilateral agreements and conventions on environmental and sustainable development

Key deliverables:

- Public health represented and promoted in multilateral agreements and conventions on environmental and sustainable development, including those to combat climate change, to improve management of chemicals, and to follow-up the decisions taken at the Rio+20 United Nations Conference on Sustainable Development

Budget by major office (US\$ thousand)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Reproductive, maternal, newborn, child and adolescent health ¹	68 817	12 139	14 287	7 007	14 517	12 166	103 937	232 871
Healthy ageing	703	1 039	266	1 419	1 048	140	4 862	9 477
Gender, equity and human rights mainstreaming	2 338	2 014	532	322	1 178	166	6 253	12 802
Health and the environment	12 865	12 775	6 986	22 791	5 042	7 682	33 947	102 089
Social determinants of health	7 263	4 188	1 521	8 650	1 249	1 409	7 074	31 355
Subtotal	91 986	32 156	23 593	40 189	23 034	21 563	156 073	388 594

¹ Includes research in human reproduction within headquarters.

CATEGORY 4: HEALTH SYSTEMS

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

The overarching theme for work in health system strengthening is the access to, and affordability of, services based on the principles of primary health care. Work in this category is integral to extending and safeguarding universal health coverage, with its dual elements of access to high-quality essential services, medical products and technologies, combined with financial protection.

NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

More than one billion people cannot obtain the health services they need, because those services are either unavailable, unaffordable or of low quality. Every year 100 million people are pushed into poverty because they must pay for necessary health services at the time of treatment. Insufficient and inefficient allocation of public expenditures for health results in inadequate staffing, lack of essential medicines, poorly enforced regulation of providers, and a lack of evidence-based priority setting.

In the biennium 2014–2015, WHO will work facilitate a policy dialogue that involves all the main players in health system strengthening at national level. The dialogue increasingly will involve actors from civil society, nongovernmental organizations and the private sector, and must also extend to other sectors in order to ensure that the most important social determinants of health are tackled. Given the economic and institutional uncertainty facing many countries' health systems and the need for reform to be based on a better understanding of future circumstances, WHO will work with countries to ensure that strategies developed for achieving universal health coverage are based on the principles of primary health care and health equity.

INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

WHO is not an implementing agency, but the Organization has an important normative role in the development of health services at country level. With a view to progressing towards the overall goal of universal coverage, WHO is working in several thematic areas, adapting advice and guidance to the circumstances of different countries and regions.

The growing prominence of chronic noncommunicable disease creates a demand for affordable long-term care, high-quality palliative treatment, and better links between medical and social services (as well as between health and other forms of social protection). Advances in informatics and information technology have the potential to transform health care management and promote more people-centred care. However, authoritative guidance on the use of electronic medical records and other technologies is needed.

Critical shortages, inadequate skill mix and uneven geographical distribution of the health workforce pose major barriers to achieving better health outcomes. A well-trained and motivated health workforce is essential for people-centred services. Also, strategies are needed for reaching populations such as unimmunized children and populations at risk of infection by HIV or tuberculosis, or groups whose health care needs have been relatively overlooked, such as adolescents and the elderly.

Many countries are receiving development support to build new health care infrastructure for both primary care and hospital services. Currently there are few sources of advice on capital planning and service standards for health care facilities, particularly in low-income settings. Improvements in service quality and patient safety (including reducing rates of hospital infection) are as vital as improvements in the quantity of services. Indeed, empowering patients and communities as well as

engaging staff to improve health care will be vital in the context of expanding systems for community-based financing and performance incentives.

In the biennium 2014–2015, WHO will work to develop new approaches which will require norms and standards for the accreditation and regulation of health facilities. Regulation is of growing importance in relation to the development of standards for training and licensing health workers, accreditation of health facilities, and the regulation of private providers and insurers.

ACCESS TO MEDICAL PRODUCTS AND STRENGTHENING REGULATORY CAPACITY

Equity in public health depends on access to essential, high-quality and affordable medicines, vaccines, diagnostics and other health technologies. Affordable prices ease health budgets everywhere, but are especially important in developing countries where too many people still have to meet medical expenses out of pocket. Access to affordable medicines becomes all the more critical in the face of the growing burden of noncommunicable diseases. This is so because individuals may require life-long treatment, and also because access to essential medicines early in the course of a disease can prevent more serious consequences later. Improving access to medical products is central to the achievement of universal coverage, and improving efficiency and reducing wastage is an important component of health financing policy.

There are several elements to this programme area, including rational procurement and prescribing that favours greater use of generic over originator brands; promoting research and development for the medical products needed by low-income countries; and prequalification that aims to make good-quality priority medicines available for the benefit of those in need.

In the biennium 2014–2015, WHO will build on all these elements but will increasingly focus on countries where local production offers real prospects for increasing access and affordability, with the aim of supporting technology transfer particularly in countries with significant needs. Regional networks for research, development and innovation are already in place. The missing link in many countries therefore is adequate national regulatory capacity. Thus the development of, and support for, regional or national regulatory authorities will become a major priority for WHO's future work in this area, gradually reducing reliance on global prequalification programmes.

HEALTH SYSTEM INFORMATION AND EVIDENCE

Reliable and timely health information and evidence are essential for public health decision-making, resource allocation, monitoring and evaluation. Regular monitoring of health system progress and performance needs to be part of every country's efforts to implement national health strategies in order to achieve universal health coverage. This requires a well-functioning health information system, including birth and death registration with a reliable cause of death, and with special attention to equity. WHO aims to monitor the health situation and trends at global and regional levels through observatories, and supports countries in strengthening their own health information systems.

In the biennium 2014–2015, WHO as a knowledge-based organization will work towards strengthening health systems in countries through the generation, sharing and utilization of high-quality, evidence-based and timely knowledge resources. Moreover, WHO will maintain its work on the following activities: developing guidelines, producing multilingual and multi-format information products, enabling sustainable access to up-to-date scientific and technical knowledge by WHO staff and national healthcare professionals, empowering patients through reliable information, managing and supporting knowledge networks, translating evidence into policies and practices and promoting the appropriate use of information and communication technologies.

WHO has a special role to play in the promotion of health research. Ethical considerations and the public perception of how WHO promotes ethical conduct of research, bioethics or public health interventions are likely to become more prominent in the coming years. The ethical conduct of research and adherence to proper ethical governance of public health practice will be critical for dealing with this matter. In the biennium 2014–2015, WHO will focus on (i) working with countries to establish national health research governance systems and (ii) developing norms and standards for priority ethical issues of global concern.

LINKAGES WITH OTHER PROGRAMMES AND PARTNERS

WHO will work with countries to strengthen their capacity for inclusive and ethical governance and policy dialogue, facilitating analysis, reviews and engagement with key stakeholders (including external partners and civil society in line with the Paris Declaration on Aid Effectiveness). The engagement of country governments and donor agencies through the International Health Partnership (IHP+) will reinforce mutual accountability for resources and results. The transparent engagement of the private sector to promote universal health coverage will be sought while minimizing the risk for conflicts of interest. Support and guidance will be provided for building national capacity to develop evidence through research; for information systems and monitoring and evaluation; and then for evidence-based, effective and financially sustainable policies, strategies and plans, including the macroeconomic and fiscal dimensions of financing health systems for achieving universal health coverage, and for the transformation and scaling up of the education and performance of the health workforce.

This category contributes to all categories by promoting effective health systems and equitable and affordable access to health services, and good-quality medicines, medical products and technologies as a cornerstone of integrated people-centred health services.

This work will develop tools and policies to remove pivotal health system barriers that have hindered universal health coverage, and will promote core services for noncommunicable diseases (category 2) infant, child, adolescent, adult and older people's health (category 3), and HIV/AIDS, tuberculosis, malaria and other infectious diseases (category 1). As health systems are essential in the preparation for and response to health emergencies of all types, there is an integral link with category 5. This category also has linkages with WHO's cross-cutting work on gender, human rights, equity and the social determinants of health, as it relates both to health in all policies and to ensuring that WHO's programmes are sensitive to the social determinants of health.

NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

Outcome: All countries have comprehensive national health policies, strategies and plans

Outcome indicators	Baseline	Target
Number of countries that have a national health sector strategy with goals and targets	115	135
Proportion of countries that have a national health sector strategy that conduct a regular review and evaluation of its implementation, based on a commonly agreed performance assessment of their health system	65%	90%
Proportion of countries in which the share of out-of-pocket payments in total health expenditure is less than 15%	19%	25%

Outputs

Advocacy, policy guidance and support to countries to achieve universal health coverage

Key deliverables:

- Alignment of partners in countries in support of the national health strategy to achieve sustainable universal health coverage
- Provision of technical support to countries in improving the conduct of joint annual sector reviews

Policy dialogue and advice to countries to plan, develop and implement an eHealth strategy

Key deliverables:

- Production of technical briefs on country experiences of eHealth and translation of evidence to policy
- Provision of technical support provided to countries in developing interoperability standards and norms for eHealth

Evidence generation, design of financing systems, monitoring and evaluation, and capacity building for universal health coverage

Key deliverables:

- Evidence-based policy and technical support to countries in developing national health financing systems, policies, and strategies in alignment with other development partners
- Provision of technical support to countries in strengthening capacity to monitor and evaluate the progress towards access to services and financial risk protection in countries, in order to revise or develop plans for moving more rapidly towards universal health coverage

INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

Outcome: Policies, financing and human resources are in place to increase access to integrated health services

Outcome indicators	Baseline	Target
Proportion of countries that are implementing integrated service strategies	TBD	TBD
Proportion of countries facing critical health workforce shortages	30%	20%

Outputs

Policy dialogue and advice to countries and partners for integrated and equitable service delivery, including public and private health services, financing analysis, and promotion of multisectoral action to support universal health coverage

Key deliverables:

- Global and region-specific technical guidelines on the provision of people-centred integrated care, from family- and community-based services to tertiary and palliative health services
- Good practice guidelines targeting different stakeholders (health sector, media, non-health sector and private sector) to promote multisectoral action for health at local and national levels and continued evaluation and/or assessment of impact

Policy dialogue and advice to countries and partners to improve health workforce capacities in countries, including monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel

Key deliverables:

- Technical support and tools for countries for implementation of the WHO global code of practice, including the monitoring and evaluation of progress at country level

- Consensus on indicators for monitoring health workforce migration flows, and improvement and maintenance of global (health workforce atlas), regional and national databases and observatories on the health workforce

Policy dialogue and advice to countries and partners for improved patient safety and quality of care, including hospital policies and patient empowerment both in public and private facilities

Key deliverables:

- Guidelines, best practices and innovative tools, including checklists to increase quality and safety of care throughout a continuum of care

ACCESS TO MEDICAL PRODUCTS AND STRENGTHENING REGULATORY CAPACITY

Outcome: Improved access to and rational use of safe, efficacious and quality medicines, medical products and technologies

Outcome indicators	Baseline	Target
Proportion of countries with official national policies on access, quality and use of medicines and health products updated within past five years	80%	82%
Availability of generic medicines in the public and private sectors	TBD	80%
Proportion of countries with functioning regulatory systems for medicines and health products	87%	90%

Outputs

Policy dialogue and advice to countries and partners for monitoring and evaluating national policies on better access to and use of quality-assured medicines and health products

Key deliverables:

- Provision of technical support to countries for the development of reimbursement and pricing policies
- Report on the implementation of medicines policies and the pharmaceutical sector in countries
- Provision of technical support to countries for implementation of specific interventions to close gaps in access and use, and to resolve problems identified in reports on the situation and profile of national pharmaceutical sectors

Facilitation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property

Key deliverables:

- Development of observatory on global health research and development
- Promotion of policy coherence and provision of technical support to countries on local production of medical products for improving access

Development of norms, standards and guidelines for the quality, efficacy and safety of medical products

Key deliverables:

- Provision of technical support for development of country capacities to adopt and implement WHO technical guidelines for quality assurance and safety of medical products and technologies
- Provision of technical support for development of country capacities to adopt and implement regional strategies and WHO guidelines for good-quality and safe traditional medicine products and practices

Improving the regulation of medical products through the strengthening of national regulatory authorities and prequalification of medicines*Key deliverables:*

- Provision of support to develop capacity of national regulatory authorities
- Prequalification of good-quality medicines, medical products and technologies with appropriate technical assistance

Policy dialogue and advice to countries to strengthen national processes for evidence-based selection and appropriate use of medicines and medical products and technologies*Key deliverables:*

- Technical guidelines for evidence-based selection of essential medicines and medical products (building on WHO Model Essential Medicines list), including health technology assessment
- Provision of support to countries for the development of the health technology assessment process in countries in order to increase access to innovative medicines with affordable prices and regulated conditions

HEALTH SYSTEMS INFORMATION AND EVIDENCE**Outcome: All countries have properly functioning civil registration and vital statistics systems**

Outcome indicators	Baseline	Target
Proportion of countries with properly functioning civil registration and vital statistics system	42%	62%
Proportion of countries that have good-quality public analytical reports for informing regular reviews of the health sector strategic plan	12%	100%

Outputs**Comprehensive monitoring of the global, regional and country health situation trends and determinants, using global standards, and leadership in new data generation and analyses of health priorities***Key deliverables:*

- Maintenance of global and regional health observatories with databases, analyses (including comparable estimates) and dissemination platforms such as reports
- Provision of technical support to countries in improving monitoring and evaluation of national health strategies in support of universal health coverage

Knowledge management policies, methods, tools, networks, assets and resources developed and fully utilized by WHO and its countries to strengthen their capacity to generate, share and apply knowledge*Key deliverables:*

- Production of key scientific and technical publications including guidelines, training material, serial and flagship information products and reports
- Global network of WHO collaborating centres, expert panels and committees

Policy options, tools and support to define and promote research priorities, and to address priority ethical issues related to public health and research for health

Key deliverables:

- National health research governance systems for ensuring accessible, efficient, high-quality and ethical health research
- Maintenance of global registry on clinical trials updated by regular contribution of data from national clinical registry
- Development and dissemination of ethical norms and standards for priority ethical issues of global concern

Budget by major office (US\$ thousand)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
National health policies, strategies and plans	15 237	14 570	12 551	21 018	10 998	15 398	50 480	140 252
Integrated people-centred health services	33 373	6 006	22 266	5 520	15 379	23 963	28 165	134 672
Access to medical products and strengthening regulatory capacity ¹	11 581	5 744	4 715	5 463	7 308	8 816	123 521	167 148
Health system information and evidence	11 319	4 455	5 342	23 973	7 983	8 000	39 985	101 057
Subtotal	71 510	30 775	44 874	55 974	41 668	56 177	242 151	543 129

¹ Includes WHO/UN Programme on Prequalification of Medicines.

CATEGORY 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE

Reducing mortality, morbidity and societal disruption resulting from epidemics, natural disasters, conflicts and environmental and food-related emergencies, through prevention, preparedness, response and recovery activities that build resilience and use a multisectoral approach.

All countries need to be prepared to deal with disasters and emergencies, but there are currently wide disparities between countries in their preparedness and response capacity. Shocks, ranging from the emergence of severe acute respiratory syndrome and avian influenza to the devastating effects of tsunamis, earthquakes, severe droughts, self-inflicted disasters, famines and conflicts with their massive public health consequences, have shown that countries and communities that invest in emergency risk management are more resilient to disasters and respond more effectively, irrespective of the cause. Climate change, globalization and rapid urbanization are likely to expose populations to more frequent and complex disasters; noncommunicable diseases and ageing populations pose new challenges in emergencies.

Previous approaches to emergency risk management have generally been fragmented and inefficient, often with limited effectiveness. Essential elements for building resilience and better protecting populations are enhanced prevention, emergency risk reduction, preparedness, surveillance, response and early recovery, reflecting a more holistic perspective and coordinated multi-hazard approach, within the Secretariat and across Member States and the international health community. For optimal impact, this approach must be integrated into comprehensive national plans for emergency risk management that involve all sectors and contribute to improved health outcomes. New tools can substantially reduce the impact of many disasters.

This category focuses on providing support to countries for building capacities in prevention, preparedness and response that are relevant to all types of hazards to human health, including those specific to the requirements of the International Health Regulations (2005). This category also aims to provide hazard-specific support and capacity-building in relation to a range of diseases with the potential to cause outbreaks, epidemics or pandemics, food-safety-related events and zoonoses, antimicrobial resistance, natural hazards and conflict. This category includes support to countries for completing the eradication of poliomyelitis.

ALERT AND RESPONSE CAPACITIES

The top priority is to ensure that all countries have the core capacities needed to fulfil their responsibilities under the International Health Regulations (2005) before the deadline in 2016. 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 support to countries for their national efforts and report on progress. In addition, WHO's role will be to continue to develop further and maintain the integrity of the policy guidance, information management and communication systems at global, regional and country level needed to detect, verify, assess and coordinate the response to acute public health events as and when they arise.

EMERGENCY RISK AND CRISIS MANAGEMENT

Good health outcomes are at the heart of emergency risk management. The Secretariat will provide support to countries for implementing multi-hazard emergency risk management, using a multisectoral approach, in accordance with a new emergency and disaster risk management framework for health. Although national authorities, not outside bodies, are responsible for emergency risk management including emergency response, it is the role of WHO and other parts of the United Nations system to help them to build the required capacities.

In responding to crises, the Secretariat's support to countries will continue to be defined by WHO's Emergency Response Framework. Accordingly, the Secretariat will implement a rigorous programme of institutional readiness. Its work in this area is in line with the Inter-Agency Standing Committee's Transformative Agenda and the Global Platform for Disaster Risk Reduction.

EPIDEMIC- AND PANDEMIC-PRONE DISEASES

The focus will be on supporting the implementation of relevant international frameworks and agreements, such as the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits and the Global Action Plan for Influenza Vaccines, as well as established mechanisms for other epidemic-prone conditions such as the International Coordinating Group mechanism for the operation of global vaccine stockpiles in crises. Other actions will include the dissemination of core documents and reports through the Internet, and publication of the *Bulletin of the World Health Organization* and *Weekly epidemiological record*. Provision of support to countries will focus on preparedness, in particular for those epidemics that carry the highest risk, including building essential diagnostic capacities and securing selected supplies through networks and stockpile mechanisms.

Major knowledge gaps need to be filled in order to strengthen the world's response to epidemics, by means that include predictive modelling of disease patterns; translational and operational research (including promoting a range of strategies to combat the threat of antimicrobial resistance); and ensuring the availability of important products. Work will include the development and dissemination of international standards and recommendations for the selection of vaccine virus strains for influenza vaccine, and for the use of vaccines in the control of other epidemic-prone diseases (including cholera, hepatitis and meningitis).

FOOD SAFETY

The principles of detection, assessment, prevention and management apply equally to food-borne public health risks. Similarly, preparedness is based on evidence-based risk management options to control major hazards throughout the food chain. Future work will pay particular attention to the links between agriculture and veterinary and public health, and those between food and drug regulation.

POLIO ERADICATION

The completion of the eradication of polio has been declared as a programmatic emergency for global public health. The immediate objective is the complete eradication of wild poliovirus. Thereafter, internationally agreed surveillance, containment and outbreak response protocols are needed for the endgame period of polio eradication; regional consensus on the phased cessation of the use of oral poliovaccine from routine immunization programmes; and international consensus on the goal and process for securing the public health legacy of polio eradication.

LINKAGES WITH OTHER PROGRAMMES AND PARTNERS

This category is strongly linked to all the other categories of work. The capacities required for risk reduction, the International Health Regulations (2005), and disaster preparedness, response and recovery are fundamental components of health systems and services. In particular, 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 management of noncommunicable diseases, injuries, mental health, environmental health, nutrition, and maternal and reproductive health is central to WHO's work in this category. The principles of human rights, ethics, equity, gender mainstreaming, sustainable development and accountability inform all of the Organization's emergency work.

The Secretariat will take a multifaceted approach. Current activities that are part of 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 Hyogo Framework for Action 2005–2015, 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. Major networks, such as the Global Outbreak Alert and Response Network, the Global Influenza Surveillance and Response System, the Inter-Agency Standing Committee's Global Health Cluster and regional response teams will be maintained and strengthened.

The Secretariat will use partnerships to provide support to countries in enhancing their emergency risk management capacities. 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 strategy are achieved and that the polio endgame is initiated.

ALERT AND RESPONSE CAPACITIES

Outcome: All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response

Outcome indicators	Baseline	Target
Number of countries meeting and sustaining International Health Regulations (2005) core capacities	80	190

Outputs

Support provided to strengthen national capacities to develop and maintain core capacities required under International Health Regulations (2005)

Key deliverables:

- Policy and technical guidelines, and training programmes to accelerate the building of core capacities required under the International Health Regulations (2005) in countries that have requested an extension of the deadline for their introduction
- Annual report to the Health Assembly on the status of implementation of the International Health Regulations (2005)

- Adapted policy and technical guidelines that ensure the maintenance of the core capacities required under the International Health Regulations (2005) in countries that have not requested an extension of the deadline for their introduction

WHO has the capacity to provide evidence-based and timely policy guidance, risk assessment, information management and communications for all acute public health emergencies

Key deliverables:

- A common WHO event-based surveillance and risk-assessment system and procedures for all identified events
- Information management, risk assessment and risk communication for events of potential international concern
- Capacities in place in the Secretariat to coordinate international response and provide rapid support to countries
- Maintenance of the Global Outbreak Alert and Response Network and further development of its regional components to ensure that countries have access to comprehensive international capacities and support

EMERGENCY RISK AND CRISIS MANAGEMENT

Outcome: Countries have an all-hazards health-emergency risk-management programme integrated into their national health plan and national disaster management plan

Outcome indicators	Baseline	Target
Number of countries conducting or updating a multi-hazard risk assessment at least every two years	127	180

Outputs

Global and country health clusters reformed in line with the Inter-Agency Standing Committee's Transformative Agenda, and health established as a central component of the -Hyogo Framework for Action 2005–2015

Key deliverables:

- Health cluster partnerships, structure, systems and capacities re-established in line with the Inter-Agency Standing Committee's Transformative Agenda, supported by similar WHO-led regional bodies
- Methodology for measuring health impact during emergencies
- Regular global summary and country reports on the health situation and implications in acute and protracted emergencies

Support provided to strengthen national capacities for all-hazard emergency risk management in accordance with the new emergency and disaster risk management framework for health

Key deliverables:

- Development and adaptation of policy and technical guidelines to guide country health-emergency risk-management implementation
- Technical support for strengthening national capacity for emergency risk and capacity assessments to describe hazards, vulnerabilities and priority risks
- Biennial report on status of regional emergency risk management, in accordance with essential components of the Health Emergency Risk Management Framework

Institutional readiness to fully implement WHO’s Emergency Response Framework

Key deliverables:

- WHO’s readiness procedures and checklist
- Fully functional surge mechanism with regional components and global health partner agreements
- Regular reports on the health and implications emergencies
- In-country evaluations of WHO’s and health sector’s performance

Health sector strategy and plan developed, implemented and reported on in all protracted emergency countries by an in-country network of qualified and trained emergency staff

Key deliverables:

- Recruitment, training and retention of a high-level cadre of in-country emergency staff, responsible for supporting strategic plan development, implementation and reporting
- Quarterly reports with trend analysis on the health situation and implications in protracted emergencies

EPIDEMIC- AND PANDEMIC-PRONE DISEASES

Outcome: All countries are able to mount a rapid, predictable and effective response to major epidemics and pandemics and have the capacity to mitigate risks to food safety and respond to outbreaks

Outcome indicators	Baseline	Target
Number of countries implementing the Pandemic Influenza Preparedness Framework	6	36

Outputs

Policy dialogue and advice provided to countries and partners for developing and implementing operational plans to strengthen national resilience and preparedness for pandemic influenza and epidemic and emerging diseases

Key deliverables:

- Implementation of the Pandemic Influenza Preparedness Framework
- Implementation of the Global action plan for influenza vaccines, including transfer of vaccine technology and knowledge to developing countries
- Awareness and engagement with multiple sectors in relationship to antimicrobial resistance
- Standard operating procedures on epidemic prevention, mitigation, control, critical diagnostic capacities, supplies, treatments and stockpiles

Expert guidance and systems for disease control, prevention, treatment, surveillance, risk assessment and risk communications

Key deliverables:

- Report that identifies and prioritizes major global gaps in disease-specific knowledge needed to counter epidemic and pandemic disease risks and hazards
- Guidance and promotion of rational use of medicines to limit antimicrobial drug resistance and provision of real-time surveillance data
- International standards and recommendations for risk assessment and surveillance of epidemic- and pandemic-prone diseases

Up-to-date epidemiological or laboratory-based surveillance information and risk assessments on epidemic and pandemic disease risks and hazards and emergencies

Key deliverables:

- Adequate laboratory- and epidemiologically-based surveillance for epidemic or pandemic disease assessments of risks and hazards
- Development and promotion of systems and standards for global integrated surveillance for antimicrobial resistance

FOOD SAFETY

Outcome: All countries are able to mount a rapid, predictable and effective response to major epidemics and pandemics and have the capacity to mitigate risks to food safety and respond to outbreaks

Outcome indicator	Baseline	Target
Number of countries with a food safety programme that has a legal framework and enforcement structure	156	165

Outputs

Support the work of the Codex Alimentarius Commission to develop and implement food safety standards, guidelines and recommendations

Key deliverables:

- Evidence-based food safety norms, standards and recommendations
- Risk assessments for priority food hazards

Multisectoral collaboration to reduce food-borne public health risks including those arising at the animal-human interface

Key deliverables:

- Leadership in collaboration across the animal, agricultural and health sectors to prevent, detect and manage foodborne and zoonotic public health risks
- Mechanism provided through the International Food Safety Authorities Network for the rapid exchange of food safety information and technical support provided during food-safety emergencies

Support provided to strengthen national capacity to develop risk-based regulatory frameworks to prevent, monitor, assess and manage foodborne and zoonotic diseases and hazards

Key deliverables:

- New methods and tools for collecting, analysing and interpreting data related to specific hazards along the food chain
- Biennial report of global estimates of the burden of food-borne and zoonotic diseases caused by agents of microbial, parasitic and chemical origin
- Technical support and capacity building in countries for food safety and zoonosis management, particularly for food-safety emergencies

POLIO ERADICATION

Outcome: All countries sustain vaccine coverage levels needed to maintain the interruption of poliovirus transmission

Outcome indicator	Baseline	Target
Percentage of final country reports demonstrating interruption of wild poliovirus transmission and containment of wild poliovirus stocks accepted by the relevant regional commission for the certification of poliomyelitis eradication	85%	100%

Outputs

Direct assistance provided to raise population immunity against polio to the required threshold levels in affected and high-risk areas in order to interrupt transmission

Key deliverables:

- Six-monthly revised operational plans of action for the Global Polio Eradication Initiative negotiated across Member States and stakeholder partnership
- Direct in-country support for oral polio vaccination campaigns and planning and monitoring of acute flaccid paralysis surveillance, by a cadre of qualified and experienced staff, and through a surge of national and international technical assistance for implementation of emergency polio eradication activities
- Financial resources for oral polio vaccine campaigns and acute flaccid paralysis surveillance planning, implementation and monitoring provided to countries and WHO country offices
- Weekly reports of case-based data on acute flaccid paralysis, polio cases, and supplementary oral poliovirus vaccination activities

International consensus established on the cessation of the use of oral polio vaccine type 2 from routine immunization programmes globally

Key deliverables:

- Regional strategies for the introduction and use of inactivated poliovirus vaccine in the switch from trivalent to bivalent oral polio vaccine in all immunization programmes
- Six-monthly research agenda for long-term poliovirus risk management defined by the Polio Research Committee
- At least two low-cost (<US\$ 1/dose) inactivated poliovirus vaccines options developed and licensed
- Development of, and initiation of transfer of production technology for, Sabin inactivated polio vaccine to four recipient countries completed

Processes established for long-term polio risk management including containment of all residual polioviruses, and the certification of polio eradication globally

Key deliverables:

- Full polio eradication certification data submitted to the South-East Asia Regional Certification Commission for Polio Eradication
- International code established and adapted regionally for managing residual poliovirus risks following eradication (i.e. cessation of oral polio vaccine use, containment and post-eradication outbreak response), including introduction and use of inactivated poliovirus vaccine
- Development and implementation of technical guidelines and standards for surveillance, containment and outbreak response for the polio end-game period
- Quarterly risk assessments to detect and mitigate the risk of polio outbreaks

Polio legacy plan established*Key deliverables:*

- Plan for mainstreaming the long-term polio immunization, surveillance, response and containment functions in order to protect a polio-free world
- Plan for ensuring that the knowledge, capacities, processes and assets that the programme has created are used for other health initiatives

OUTBREAK AND CRISIS RESPONSE

Outcome: All countries have access to international assistance to respond to threats and emergencies when required

Outcome indicator	Baseline	Target
Number of countries assisted to respond to an emergency with a coordinated initial assessment and a health sector response plan within five days of onset	TBD	TBD

Outputs

Implementation of the WHO's Emergency Response Framework in acute emergencies with public health consequences

Key deliverables:

- Full implementation of WHO's Emergency Response Framework
- Increased human, material and financial support for implementing the Emergency Response Framework
- Health cluster leadership and support during humanitarian emergencies, in line with the WHO's Emergency Response Framework

Budget by major office (US\$ thousand)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Preparedness, surveillance and response								
Alert and response capacities	8 269	6 269	6 046	7 541	4 549	15 149	49 728	97 552
Epidemic- and pandemic-prone diseases	4 926	3 796	3 803	1 330	3 846	8 047	43 188	68 936
Emergency risk and crisis management	37 285	3 160	6 199	3 393	7 036	4 014	26 444	87 531
Food safety	4 542	2 964	875	1 390	1 409	2 280	19 122	32 582
Subtotal	55 023	16 189	16 922	13 654	16 839	29 491	138 482	286 600

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Emergencies								
Polio eradication	408 257	3 559	69 585	3 978	140 126	1 901	73 042	700 449
Outbreak and crisis response	39 630	7 575	5 000	5 000	151 613	5 000	14 216	228 034
Subtotal	447 887	11 134	74 585	8 978	291 739	6 901	87 258	928 483

CATEGORY 6: CORPORATE SERVICES AND ENABLING FUNCTIONS

This category includes functions and services that contribute to the achievement of the outcomes of WHO's reform of governance and management; and that ensure "greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples", with "an Organization that pursues excellence; one that is effective, efficient, responsive, objective, transparent and accountable".¹

For the biennium 2014–2015, the focus will be on implementation of the WHO reform process. The Organization's governance will be strengthened to make it more efficient and effective; the implementation of a control and accountability framework will be a priority for all offices, with risk management and accountability reinforced by the establishment of a dedicated unit at headquarters; and the management and administration of country offices will be strengthened. Bearing this in mind, careful consideration will be given to ensure that service levels do not decline and that reform activities are implemented as a priority.

LEADERSHIP AND GOVERNANCE

WHO plays a leadership role in health governance and in influencing governance in other sectors in the interests of health through its interactions with a wide range of stakeholders at global, regional and country levels. These include United Nations funds, programmes and specialized agencies; other intergovernmental and parliamentary bodies; regional political and economic integration organizations; development banks and other providers of official development assistance; philanthropic foundations; a wide range of partnerships, with interests in global health, including those hosted by WHO; as well as civil society organizations and nongovernmental organizations, and selected private commercial organizations.

In support of 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 the Region as a whole, and at headquarters in relation to the increasing number of global issues requiring intergovernmental negotiations. In addition, Member States meet and act in their role as the governors of WHO itself. This activity requires the support of the Secretariat, including its language services. Secretariat support is provided to all WHO's governance processes, namely: statutory meetings, both at headquarters (World Health Assembly and Executive Board) and in the regions (regional committees), as well as meetings of ad-hoc intergovernmental committees and working groups.

In addition, work in this area is concerned with internal coordination, across all levels of the Organization, so that WHO can present consistent and cogent positions in support of global health. WHO's leadership at country level is a particularly important especially with regard to developing country cooperation strategies that are (i) closely aligned with national health policies, strategies and plans, and (ii) where appropriate, whose core components are reflected in the United Nations Development Assistance Framework. A key priority is to strengthen WHO's in-country leadership capacity through staff development services.

¹ See document EBSS/2/2.

STRATEGIC PLANNING, RESOURCE COORDINATION AND REPORTING

This component concerns the leadership of the Secretariat. It covers the role of the senior managers in policy formation – through mechanisms such as the Global Policy Group – ensuring coherence, synergy and alignment between the different parts of the Secretariat, including the oversight and direction of WHO reform. It also encompasses policy development, strategic planning, budget management, performance assessment, resource mobilization, and reporting at all three levels. Of particular importance are the development, negotiation and implementation of new approaches to financing, designed to increase the predictability, flexibility and sustainability of WHO's financing.

STRATEGIC COMMUNICATIONS

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 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 communications are essential. Key elements of the communications strategy are the maintenance of a service that has the surge capacity needed to handle increased demands in the face of emergencies; a more proactive approach to working with staff and the media in order to explain WHO's role and its impact; and regular measurement of public and stakeholder perceptions of WHO.

TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT

More effective and more comprehensive management of risk is at the heart of management reform in WHO. This component therefore encompasses a range of services that are essential for achieving that objective. Underpinning these services is a framework that covers all aspects of risk management in the form of a risk register, with established processes in place for ensuring that it is regularly updated and that reports on compliance and risk mitigation are presented to and considered by WHO's senior management.

To ensure the effective working of the risk management system, internal audit and oversight services will be strengthened; a new ethics function will also be established to focus on standards of ethical behaviour by staff and ensure the highest standards of business practice (particularly in relation to conflict of interest and financial disclosure). The office performing the ethics function will also work closely with a strengthened internal justice system and will oversee the implementation of a new information disclosure policy. Corporate risk management is another new function in the Secretariat. It is supported by the Independent Expert Advisory Committee which, in addition, provides the link between internal oversight services and WHO's governing bodies, through the Executive Board, and its subcommittee, the Programme, Budget and Administration Committee. Lastly, this theme includes an oversight function in relation to evaluation, promoting evaluation as an integral function at all levels of WHO and facilitating independent evaluation studies.

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. The adequacy of the financial control framework (as a specific aspect of risk management) is a particular priority. The framework must ensure that expenditure is properly authorized and recorded; that account record keeping is accurate; that assets are safeguarded and liabilities correctly quantified; and that financial reporting is accurate and timely. In a context of austerity in many donor countries, WHO needs to have systems in place that allow it to state, with confidence and on time, how all resources that have been invested in the Organization have been used and what their use has achieved.

The focus in relation to human resources is also in line with the overall management reform, which seeks to ensure that WHO is able to recruit right staff and deploy them where they are needed; to manage staff contracts in line with existing rules and in ways that encourage mobility and career development; to use modern workforce planning to promote the continuity of essential functions; and to ensure that WHO has human resources policies and systems in place that allow the Organization to respond rapidly to changing circumstances and public health needs.

LEADERSHIP AND GOVERNANCE

Outcome: Effective leadership to enhance governance, organizational alignment and partnerships, and collaboration with countries

Outcome indicators	Baseline	Target
Evaluation of implementation of WHO reform agenda	–	–
WHO's ability to coordinate and manage international public health threats	TBD	TBD
WHO's effectiveness in influencing policy for improving people's health at the global level ¹	TBD	TBD

Outputs

Effective WHO leadership and management in place in countries, territories and areas

Key deliverables:

- Effective core presence of WHO, including core competency of Heads of WHO offices in countries, territories and areas
- Effective and coordinated backstopping of field offices through fully operationalization of country support units and functions with enhanced capacity, including support for South–South and triangular cooperation
- Competitive selection of Heads of WHO offices in countries, territories and areas, training and continuing education on policy dialogue, global health diplomacy and convening partners and regional and global meetings
- Scaling up of implementation of renewed corporate framework for country cooperation strategies, and effective use of these strategies in planning, monitoring and evaluation
- Harmonization of priorities of country cooperation strategies with the United Nations Development Assistance Framework

Coherence and synergy in the work of different parts of the Organization in place, including strategic direction and organizational effectiveness, reform, mainstreaming and renewal initiatives in WHO

Key deliverables:

- Effective leadership, management of the Office of the Director-General and the offices of the Regional Directors
- Effective management and coordination between the three levels of the Organization (i.e. meetings of the Global Policy Group and other senior management meetings)
- World Health Day and *The world health report*
- Oversight on integrating gender, human rights and social determinants of health into the mainstream of the Organization's work

¹ Means of verification or measurement: Stakeholder Perception Survey (Baseline - November 2012 study).

WHO leadership and active engagement with the United Nations system as well as health and development partnerships (formal and informal) in order to build a common health agenda that responds to Member States' priorities

Key deliverables:

- Partnerships with the United Nations system agencies and the European Union (including WHO offices in other United Nations agencies and the European Union), collaboration with development partners including WTO, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance
- Coordination of contribution to United Nations reform, United Nations summits, United Nations governing bodies and United Nations Regional Directors' Teams and Peer Support Groups
- Interaction and relations with civil society and the private sector
- Management of WHO-hosted partnerships

WHO governance strengthened through efficient organization and conduct of statutory and ad hoc governing bodies meetings in all relevant official languages (i.e. the Health Assembly, the Executive Board, the Regional Committees and intergovernmental committees and working groups established by them)

Key deliverables:

- Planning, administration and conduct of the Health Assembly, the Executive Board and Regional Committees and sub-committees, with timely provision of documentation in all relevant official languages
- Timely and accurate legal services to protect and promote legal status and interests of the Organization

WHO reform integrated into the work of the Organization

Key deliverables:

- Monitoring implementation of the reform agenda, including change management
- Specific time-limited reform projects in relation to areas still under discussion

TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT

Outcome: WHO operates in an accountable and transparent manner based on a well-functioning risk-management framework

Outcome indicators	Baseline	Target
Report of the corporate risk register discussed by the governing bodies meetings and acted upon	TBD	TBD
Systems in place to ensure full accountability at all levels of the Organization for resources and results, and which ensure transparency and facilitate the assessment and mitigation of all organizational risks	TBD	TBD

Outputs

Evaluate and improve processes for risk management and establish a framework for corporate risk management and a risk register to maintain institutional integrity and promote evaluation as an integral function at all levels of the Organization

Key deliverables:

- Compliance mechanisms including risk register, managerial and administrative reviews in the regions and countries. Effective and efficient functioning of the ethics office, external audit services, Independent Expert Oversight Advisory Committee and good cooperation with the United Nations Joint Inspection Unit

Internal justice system streamlined

Key deliverables:

- Effective and efficient functioning of the Boards of Appeal, Ombudsmen and Staff Associations

STRATEGIC COMMUNICATIONS

Outcome: WHO's work communicated effectively to the world

Outcome indicators	Baseline	Target
WHO's effectiveness in communicating public health information	TBD	TBD
Perception on WHO as the global agency for independent norms and standards setting in public health ¹	TBD	TBD

Outputs

Improved public and stakeholders understanding of the work of WHO in all technical areas of work including during emergencies

Key deliverables:

- Implementation of global communication strategy including internal communication
- Emergency communications and surge capacity for countries, regions and headquarters, with standard operating procedures for communicating in emergencies
- Measurement of stakeholder perceptions

Development and maintenance of communication platforms to increase visibility and improve WHO image

Key deliverables:

- Establishment of a global social media strategy, including all regions
- Internal online platform for three levels of the Organization
- Early warning system, including daily monitoring of social and traditional media for reputation issues
- Education of the media about WHO's work
- Access to information for all staff including tools, particularly during major events

STRATEGIC PLANNING, RESOURCE COORDINATION AND REPORTING

Outcome: Financing and resource allocation aligned with priorities

Outcome indicators	Baseline	Target
WHO has a financing model that ensures that a programme budget agreed by Member States is fully financed with predictable and transparent resources	TBD	TBD
WHO has a financing model that allows sufficient flexibility to meet changing needs, and that diversifies funding sources to reduce vulnerability	TBD	TBD

Outputs

Results-based management framework in place including an accountability system for WHO's corporate performance assessment

Key deliverables:

- Programme budget: planning, development and performance assessment, including in the regions
- Training and capacity development for results-based management, business tools, planning and performance assessment
- Coordination and support for workplan monitoring in the three levels of the Organization

¹ Means of verification/measurement: Stakeholder Perception Survey (Baseline – November 2012 study).

Results-based budgeting and alignment of WHO financing with agreed priorities through strengthened resource coordination and management

Key deliverables:

- Implementation of results-based budgeting and resource allocations including timely reporting, implementation of best practices and early warning systems
- Global resource mobilization, maintaining networks and management of global donor partner agreements

Strengthened linkages between financing and sustainable staffing in place through strategic workforce planning that matches the needs of the Organization and the availability of funding

Key deliverables:

- Workforce planning and organizational development

MANAGEMENT AND ADMINISTRATION

Outcome: WHO successfully carries out its mandate in an accountable and transparent manner across the three levels of the Organization

Outcome indicators	Baseline	Target
Report to governing bodies meetings on optimal delivery of services based on key benchmarks in the industry for service-level agreements	TBD	TBD

Outputs

Coherence and synergy in general management in three levels of the Organization to ensure efficiency and resilience

Key deliverables:

- Effective leadership and management of general management at headquarters and in the regions, including the Global Service Centre and country office administrations

Accurate and timely financial reporting through an adequate control framework, accurate accounting, expenditure tracking and the timely recording of income

Key deliverables:

- Fully functional central accounting and income management

Safe custody of financial assets ensured, achieving returns on invested funds, providing banking and cash flow management services and identifying and mitigating foreign exchange risk through the treasury function

Key deliverables:

- Fully functional corporate treasury

Timely and accurate payment of suppliers and staff ensuring the application of an adequate control framework and through the management of suppliers, payment processing of invoices, staff payroll, entitlements, advances, travel requests and claims

Key deliverables:

- Fully functional payroll service, pension services and other activities, including staff health insurance

Effective and efficient human resources management in place to recruit and support a motivated, experienced and competent workforce in an environment conducive to learning and excellence*Key deliverables:*

- Development and implementation of policies and services for recruitment, diversity and inclusion, performance management, development and learning, good human resources governance and staff health and well-being

Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training service provided*Key deliverables:*

- Development and implementation of policies and services for information technology to ensure fully functional infrastructure, applications, networks and communications, and end-user support

Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO's staff and property (in compliance with United Nations Minimum Operating Security Standards and Minimum Operating Residential Security Standards)*Key deliverables:*

- Development and implementation of policies and services for the following: travel ; conference services; printing; archive management; transportation; procurement services, including contracts for goods and services; building infrastructure and facilities; and security services

Budget by major office (US\$ thousand)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Leadership and governance	45 797	15 002	16 618	19 111	21 328	18 331	93 463	229 650
Strategic planning, resource coordination and reporting	6 771	1 726	2 586	3 143	2 520	1 580	10 371	28 697
Strategic communications	7 163	3 039	380	2 781	5 971	1 901	19 260	40 495
Transparency, accountability and risk management	5 203	4 582	252	1 095	776	421	24 010	36 339
Management and administration	65 400	20 263	31 107	19 874	42 765	20 062	135 267	334 738
Subtotal	130 334	44 612	50 943	46 004	73 360	42 294	282 371	669 919

APPENDIX

Proposed programme budget 2014–2015 by category, programme area and major office (US\$ thousand)

Category and programme area	Major office							Total
	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	
Category 1 – Communicable diseases								
HIV/AIDS	44 521	4 081	14 570	6 978	10 092	9 992	41 955	132 189
Malaria	17 527	489	14 064	1 767	13 432	12 858	29 206	89 343
Tuberculosis	22 069	1 001	29 315	11 700	20 651	14 377	35 890	135 003
Neglected tropical diseases ¹	19 477	4 568	8 614	487	6 285	8 304	92 368	140 103
Vaccine-preventable diseases	163 130	9 294	40 750	11 473	39 326	26 061	55 767	345 801
Subtotal	266 724	19 433	107 313	32 405	89 786	71 592	255 186	842 439
Category 2 – Noncommunicable diseases								
Noncommunicable diseases	48 079	13 231	15 844	16 390	16 415	28 165	53 981	192 105
Mental health	2 301	2 576	1 416	7 140	2 738	4 301	18 600	39 072
Violence and injuries	1 402	2 221	882	6 734	1 007	4 136	16 927	33 309
Disabilities and rehabilitation	888	883	618	518	494	2 262	7 726	13 389
Nutrition	3 866	2 790	3 010	2 014	2 919	3 117	22 245	39 961
Subtotal	56 536	21 701	21 770	32 796	23 573	41 981	119 479	317 836
Category 3 – Promoting health through the life-course								
Reproductive, maternal, newborn, child and adolescent health ²	68 817	12 139	14 287	7 007	14 517	12 166	103 937	232 871
Healthy ageing	703	1 039	266	1 419	1 048	140	4 862	9 477
Gender, equity and human rights mainstreaming	2 338	2 014	532	322	1 178	166	6 253	12 802
Health and the environment	12 865	12 775	6 986	22 791	5 042	7 682	33 947	102 089
Social determinants of health	7 263	4 188	1 521	8 650	1 249	1 409	7 074	31 355
Subtotal	91 986	32 156	23 593	40 189	23 034	21 563	156 073	388 594

Category and programme area	Major office							Total
	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	
Category 4 – Health systems								
National health policies, strategies and plans	15 237	14 570	12 551	21 018	10 998	15 398	50 480	140 252
Integrated people-centred health services	33 373	6 006	22 266	5 520	15 379	23 963	28 165	134 672
Access to medical products and strengthening regulatory capacity ³	11 581	5 744	4 715	5 463	7 308	8 816	123 521	167 148
Health system information and evidence	11 319	4 455	5 342	23 973	7 983	8 000	39 985	101 057
Subtotal	71 510	30 775	44 874	55 974	41 668	56 177	242 151	543 129
Category 5 – Preparedness, surveillance and response								
Alert and response capacities	8 269	6 269	6 046	7 541	4 549	15 149	49 728	97 552
Epidemic- and pandemic-prone diseases	4 926	3 796	3 803	1 330	3 846	8 047	43 188	68 936
Emergency risk and crisis management	37 285	3 160	6 199	3 393	7 036	4 014	26 444	87 531
Food safety	4 542	2 964	875	1 390	1 409	2 280	19 122	32 582
Subtotal	55 023	16 189	16 922	13 654	16 839	29 491	138 482	286 600
Category 6 – Corporate services and enabling functions								
Leadership and governance	45 797	15 002	16 618	19 111	21 328	18 331	93 463	229 650
Strategic planning, resource coordination and reporting	6 771	1 726	2 586	3 143	2 520	1 580	10 371	28 697
Strategic communications	7 163	3 039	380	2 781	5 971	1 901	19 260	40 495
Transparency, accountability and risk management	5 203	4 582	252	1 095	776	421	24 010	36 339
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Polio eradication	408 257	3 559	69 585	3 978	140 126	1 901	73 042	700 449
Outbreak and crisis response	39 630	7 575	5 000	5 000	151 613	5 000	14 216	228 034
Subtotal	447 887	11 134	74 585	8 978	291 739	6 901	87 258	928 483
Total	1 120 000	176 000	340 000	230 000	560 000	270 000	1 281 000	3 977 000

¹ Includes tropical disease research within headquarters.

² Includes research in human reproduction within headquarters.

³ Includes WHO/UN Programme on Prequalification of Medicines.