



**World Health  
Organization**

**EXECUTIVE BOARD  
140th session  
Provisional agenda item 12.2**

**EB140/36  
16 January 2017**

---

# **Draft Proposed programme budget 2018–2019**

**Executive Board version**

## TABLE OF CONTENTS

---

INTRODUCTION .....	3
<b>CATEGORY 1 – COMMUNICABLE DISEASES .....</b>	<b>14</b>
<b>CATEGORY 2 – NONCOMMUNICABLE DISEASES .....</b>	<b>43</b>
<b>CATEGORY 3 – PROMOTING HEALTH THROUGH THE LIFE COURSE.....</b>	<b>73</b>
<b>CATEGORY 4 – HEALTH SYSTEMS .....</b>	<b>97</b>
<b>WHO HEALTH EMERGENCIES PROGRAMME.....</b>	<b>121</b>
<b>CATEGORY 6 – CORPORATE SERVICES/ENABLING FUNCTIONS .....</b>	<b>133</b>
<b>POLIO ERADICATION.....</b>	<b>147</b>
ANNEX. DRAFT PROPOSED PROGRAMME BUDGET 2018–2019: BREAKDOWN BY MAJOR OFFICE AND CATEGORY.....	151

## INTRODUCTION

---

1. The draft Proposed programme budget 2018–2019 is the last biennial budget of the Twelfth General Programme of Work, 2014–2019. The proposed programme budget continues the work carried out in previous bienniums, which has been guided in part by the Millennium Development Goals; however, it also takes advantage of new opportunities presented by the goals of the 2030 Agenda for Sustainable Development.<sup>1</sup>

2. During the era of the Millennium Development Goals, health improved against nearly all benchmarks, and remarkable gains were made in maternal and child survival, in the provision of safe drinking water, in alleviating poverty and hunger, and in preventing deaths from HIV/AIDS, malaria and tuberculosis. In supporting these advances, WHO's leadership was indispensable.

3. In 2016, WHO faced and rose to emerging challenges while continuing to make gains in areas with a significant impact on the world's health. On 29 March, WHO used its voice and authority to declare over the outbreak of Ebola virus disease in West Africa, and on 1 February the Director-General declared a Public Health Emergency of International Concern in response to the association of Zika virus infection with clusters of microcephaly and other neurological disorders. In declaring over the Public Health Emergency of International Concern on 18 November 2016, the Director-General alerted the world to the fact that Zika virus disease is here to stay and that it requires effective management by Member States, the Secretariat and other partners. WHO played a major role in the successful control of Africa's explosive outbreaks of urban yellow fever, in achieving the elimination of measles in the Region of the Americas, in achievement of malaria-free status in the European Region, and in beating maternal and neonatal tetanus in the South-East Asia Region. More countries have passed laws mandating plain packaging for tobacco products. With support from WHO, more countries are eliminating lymphatic filariasis, blinding trachoma, visceral leishmaniasis, schistosomiasis and other neglected tropical diseases, and mother-to-child transmission of HIV and syphilis. The gains made are substantial and WHO has played an indispensable leadership role in bringing them about.

4. While the draft Proposed programme budget 2018–2019 consolidates the progress made, it also looks further ahead and takes advantage of the new opportunities presented by the Sustainable Development Goals, exploiting social, economic and environmental determinants in order to achieve better health and well-being.

5. The draft Proposed programme budget sets out priorities in line with the Sustainable Development Goals, and reflects the way in which synergies will be strengthened between the principal health-related Sustainable Development Goal (Goal 3, Ensure healthy lives and promote well-being for all at all ages) and other Sustainable Development Goals that have an impact on health outcomes. Success in respect of these priorities will call for changes in working practices. The goal of ensuring healthy lives and promoting well-being for all at all ages cannot be achieved by individual successes in the WHO programmes. The challenges faced by programme areas, either in making the final push to eliminate diseases or in advancing towards universal health coverage, make a compelling case for bringing about changes in working practices, in line with the Sustainable Development Goals. This means applying a broad-based approach and focusing on instruments of change and enabling factors, such as: intersectoral action involving multiple stakeholders; strengthening health systems for universal health coverage; respect for equity and human rights; sustainable finance; scientific research and innovation; and monitoring and evaluation.

---

<sup>1</sup> See United Nations General Assembly resolution 70/1 (2015).

6. The Programme budget for the biennium 2018–2019 will create incentives for programmes to make these action themes central to the implementation of their strategies; it will also use the themes to create synergies across programmes.

7. Within the framework of the Sustainable Development Goals, there are six main considerations that shape the draft Proposed programme budget 2018–2019.

8. First, the draft Proposed programme budget provides the rationale for further critical investments in the new WHO Health Emergencies Programme. The present draft takes into account the full scope of the Programme, ensuring that the Organization has the operational capabilities at its disposal to deal with outbreaks and humanitarian emergencies on any scale and in a timely manner. The Organization will also ensure in the biennium 2018–2019 that the WHO Health Emergencies Programme is building synergies with other programmes to capitalize on the strengths and assets of the entire Organization in preparedness for and response to all health emergencies.

9. Secondly, the draft Proposed programme budget 2018–2019 presents a coherent and comprehensive programme for combating antimicrobial resistance. It focuses on full scale implementation of action plans on antimicrobial resistance,<sup>1</sup> which involves different activities, including the following: bringing about and generalizing the behavioural changes needed in support of appropriate antibiotic use and infection prevention and control; strengthening systems to support the appropriate use of antimicrobials; strengthening the evidence base on the consumption and use of antimicrobial medicines; and enabling better coordination of stakeholders across multiple sectors, especially the animal health sector. WHO's work with other partners to accelerate the development of new medicines and other health technologies will also gain more emphasis.

10. Thirdly, the Organization will continue to put universal health coverage at the centre of its priorities. Universal health coverage is itself a target of the Sustainable Development Goals (Goal 3, target 3.8); it therefore underpins the achievement of all the other health-related Goals. The emphasis placed on building strong and resilient health systems for universal health coverage will continue in the biennium 2018–2019. Health systems are also central to the strategy for ensuring that all countries are prepared for, and are able to respond to, any health emergency. The Organization will maintain its high level of investment as it implements tailored approaches in building resilient health systems (that is, using the FIT strategy),<sup>2</sup> that ensure they are context specific and are adapted to specific health situations and challenges of each country seeking to achieve universal health coverage.

11. Fourthly, the draft Proposed programme budget foresees further implementation of WHO reform. The reform effort has profoundly changed the way the Organization plans and reports on its work. The draft proposed programme budget 2018–2019 makes the achievements of the reform with respect to transparency and accountability central to the ways of working, not only in the enabling functions but also in the technical programmes. It also reflects the additional work that is required for implementing WHO's new Framework of Engagement with Non-State Actors.

---

<sup>1</sup> See resolution WHA68.7 (2015).

<sup>2</sup> WHO has developed a "FIT to the context" flagship strategy: F – building foundations in challenging environments; I – strengthening health systems institutions; T – health systems transformation towards universal health coverage.

12. Fifthly, the biennium 2018–2019 will see a continuation of activities to honour ongoing commitments, including: the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases;<sup>1</sup> the comprehensive implementation plan on maternal, infant and young child nutrition (2012–2025);<sup>2</sup> Health Assembly resolutions on committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health<sup>3</sup> and health and the environment: addressing the health impact of air pollution;<sup>4</sup> ending the epidemic of AIDS, tuberculosis, malaria and neglected tropical diseases and combating hepatitis;<sup>5</sup> and increasing vaccination coverage in hard-to-reach populations and communities.<sup>6</sup>

13. Lastly, work during the biennium 2018–2019 will bolster capacity to ensure that global strategies and action plans, such as that on ageing and health, gain traction, while an unrelenting push on the polio eradication and endgame strategic plan 2013–2018 will continue. This effort will include ensuring that other health programmes continue to benefit from the polio programme’s success factors and assets.

### THE PROGRAMME BUDGET PROCESS

14. The Secretariat is seeking guidance and input from the Executive Board on the finalization of the draft Proposed programme budget 2018–2019, before it is submitted to the Seventieth World Health Assembly in May 2017.

15. The draft Proposed programme budget 2018–2019 builds on a robust priority-setting process that started with the bottom-up identification of priorities and was complemented by an iterative approach that has ensured that regional and global health agendas, as well as governing body resolutions and ongoing commitments, are taken into account. Information on the priorities by country is provided in the programme budget web portal.<sup>7</sup>

16. The draft budget has been further shaped by input and comments received from the regional committees and from subsequent discussions with major offices and category networks across the Organization.

### BUDGET OVERVIEW

17. The total draft Proposed programme budget 2018–2019 amounts to US\$ 4474.5 million (summarized in Table 1). Of this, US\$ 3453.3 million represents the base programmes. The draft Proposed programme budget represents a total increase of US\$ 99 million (base programmes only). The proposed increase is mainly in the budgets for the WHO Health Emergencies Programme (US\$ 69.1 million) and for combating antimicrobial resistance (US\$ 23.3 million). The other areas remain relatively stable, with some shifts between the programme areas and categories overall.

---

<sup>1</sup> See United Nations General Assembly resolution 66/2 (2012).

<sup>2</sup> See resolution WHA65.6 (2012).

<sup>3</sup> See resolution WHA69.2 (2016).

<sup>4</sup> See resolution WHA68.8 (2015).

<sup>5</sup> See United Nations General Assembly resolution 70/1 (2015) – Transforming our world: The 2030 Agenda for Sustainable Development.

<sup>6</sup> See resolutions WHA65.17 (2012) and WHA68.6 (2015).

<sup>7</sup> See <http://extranet.who.int/programmebudget/> (accessed 10 January 2017).

18. The budget over the Twelfth General Programme of Work, 2014–2019 is shown in line with priority setting in Table 1. The biggest increase in the draft Proposed programme budget concerns investments into work on emergencies, the budget for which will be doubled over the six-year period. The budget also demonstrates the overall alignment with high-level commitments made on building resilient health systems, addressing noncommunicable diseases and promoting health through the life-course. These investments are oriented towards implementation of the Sustainable Development Goals.

**Table 1. Overview of the budget over the course of the Twelfth General Programme of Work, 2014–2019 (in US\$ million)**

Categories and programme areas	Approved Programme budget 2014–2015	Approved Programme budget 2016–2017 <sup>a</sup>	Draft Proposed programme budget 2018–2019
1 – Communicable diseases	792.1	783.5	805.4
2 – Noncommunicable diseases	350.4	376.0	381.4
3 – Promoting health through the life course	345.6	381.7	384.3
4 – Health systems	531.1	594.5	594.5
5 – Preparedness, surveillance and response	254.5	–	–
E – WHO Health Emergencies Programme	–	485.1	554.2
6 – Corporate services/enabling functions	684.0	733.5	733.5
<b>Subtotal base programmes</b>	<b>2 957.7</b>	<b>3 354.3</b>	<b>3 453.3</b>
Polio and special programmes	792.0	986.1	1 021.2
<b>Total</b>	<b>3 749.7</b>	<b>4 340.4</b>	<b>4 474.5</b>

<sup>a</sup> Showing the budget increase for the WHO Health Emergencies Programme approved in decision WHA69(9) (2016).

19. The presentation of the budget follows the programmatic structure of the Programme budget 2016–2017, with a few modifications in line with recent changes in relation to the establishment of the WHO Health Emergencies Programme. The modifications are listed below:

- The base budget of the WHO Health Emergencies Programme is presented in line with the new results framework that has been developed for it. In previous programme budgets, WHO’s work in health emergencies has been budgeted in two areas – within what was then category 5 for the regular and ongoing work on preparedness, surveillance and response (base) and within the programme area of outbreak and crisis response. In the budget presentation for the Programme, only the portion under the base budget is included.
- There will continue to be a need for an event-driven component, which will be funded through appeals, i.e., “humanitarian response plans and other appeals”. However, it is impossible to anticipate accurately the budget requirement for specific emergencies. The humanitarian response plans and appeals will be planned, budgeted and financed at the time of response to events and through emergency planning processes. This component replaces the Outbreak and crisis response component that was referred to in the Programme budget 2016–2017.

- The budget for antimicrobial resistance is presented separately in a programme area. This budget includes the work of the Secretariat, including staff and activities that contribute directly to the global action plan on antimicrobial resistance. Tackling programmatic issues concerning antimicrobial resistance requires a cross-cutting approach. Although the inputs are planned under the different programme areas, building synergies and avoiding fragmentation during planning, implementation and monitoring across the areas will be key to achieving the results. However, more work will be done to refine the scope of work of the programme area in order to ensure that the work of the Organization in combating antimicrobial resistance is conducted in the most cohesive and robust manner possible.
- The budget for food safety, which was previously presented under Category 5, is presented under Category 2.

20. As in the previous biennium, the draft Proposed programme budget 2018–2019 also presents distinct budget lines for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

#### **PROPOSED INVESTMENTS IN THE OVERALL BUDGET**

21. Additional investments are proposed for the biennium 2018–2019 in the areas of the WHO Health Emergencies Programme and combating antimicrobial resistance.

22. A US\$ 69.1 million increase is proposed for the WHO Health Emergencies Programme. This increase has been proposed following a detailed costing of the staff and activities needed to enable the Programme to reach its full operational capacity. This additional budget will increase the Organization's capacity at all levels to ensure readiness in all countries, especially those that are highly vulnerable. The increase proposed in this version takes account of further reprioritization of the work to focus on the most important and urgent capacity needs to ensure that the WHO Health Emergencies Programme is fully operational during the biennium 2018–2019, including placing incident management teams in top-priority countries, risk management in all highly vulnerable countries and supporting readiness and implementation of the International Health Regulations (2005) in all countries in need.

23. It is proposed that the investment for the work on antimicrobial resistance be increased by US\$ 23.3 million. This increase is explained by a more rigorous assessment of the scope of the Secretariat's work at all three levels of the Organization in relation to the implementation of the global action plan on antimicrobial resistance. The increase is needed to strengthen the capacity of WHO to perform the tasks called by the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance.<sup>1</sup> This includes supporting the development and implementation of national action plans and antimicrobial resistance activities in all countries. An additional budget will also be required to fulfil WHO's role, as requested in the political declaration, to co-chair an ad hoc interagency coordination group on antimicrobial resistance with the Executive Office of the Secretary-General of the United Nations.

24. The Organization will continue to increase its investments into combating noncommunicable diseases in country offices. More than two thirds of the country offices have identified noncommunicable diseases as a priority. This signals a strong commitment to scale up the implementation of national plans to prevent and control noncommunicable diseases and their risk factors.

---

<sup>1</sup> See United Nations General Assembly resolution 71/3 (2016).

25. The draft Proposed programme budget 2018–2019 also shows arguments for an increase in investments for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. The budget increases in these areas, compared with the figures in the biennium 2016–2017, result from decisions taken through their respective governance mechanisms and financing forecasts that inform their budget setting.

26. The budget for the polio eradication programme is determined through the Global Polio Eradication Initiative budget process overseen by the Polio Oversight Board. The budget for polio eradication has been determined at US\$ 902.8 million for 2018–2019, which represents a slight increase of US\$ 8.3 million. Polio eradication activities will increase in a few countries with remaining polio transmission, and polio surveillance will be strengthened to ensure population immunity in 2017 and 2018. The biennium 2018–2019 will see a huge effort in planning for the transition of staff and assets to ensure that the successes in the polio programme area are sustained.

### **SHIFTS IN CATEGORY AND PROGRAMME AREA BUDGETS**

27. The iterative process for priority setting has led to shifts in the programme area and category budgets. These shifts have not only been influenced by the level of priority or emphasis placed on the programme, but also by various factors such as a change in strategic approach, the need for the right level of engagement, and correction of estimates based on a more detailed costing or previous expenditure data.

28. A comparison between the budget by category and programme area of 2016–2017 and 2018–2019 is shown in Table 2 below.

29. Further investments are needed for the HIV and hepatitis programme area in 2018–2019. Although identifying resources will be a challenge due to declining funding from UNAIDS, increased investments are needed mainly in the African Region, where HIV remains a high priority. Implementation of the new global health-sector strategies on HIV, viral hepatitis and sexually transmitted infections,<sup>1</sup> which includes the “treat all” strategy for HIV, will also require increased resources.

30. After a reduction in the budget for the tuberculosis programme area in the biennium 2016–2017 compared with 2014–2015, countries have refined their costing and identified increased resources required for the effective implementation of WHO’s Global strategy and targets for tuberculosis prevention, care and control after 2015 (the End TB Strategy), including addressing the multidrug-resistant tuberculosis public health crisis. Tuberculosis is a priority for more than half of all country offices.

31. The budgets for the health systems category, Category 4, have substantially increased in the last two bienniums. In 2018–2019, the relevant budget will remain high, but stable. The primary objectives are to strengthen synergies between other programmes, especially the WHO Health Emergencies Programme, and optimize results through working with partners, especially with the implementation of the Sustainable Development Goals.

32. The implementation of the WHO Global strategy and action plan on ageing and health (2016–2020) will require the capacity of headquarters to be strengthened to enable it to perform its normative role, and to provide the initial technical support needed for the regions and countries. US\$ 1.4 million is proposed to be added to the current budget of the programme area for ageing and health.

---

<sup>1</sup> See resolution WHA69.22 (2016).

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

Category/programme area	Approved Programme budget 2016–2017 <sup>a</sup>	Draft Proposed programme budget 2018–2019 <sup>b</sup>	Difference between draft Proposed programme budget 2018–2019 and approved Programme budget 2016–2017
<b>1. Communicable diseases</b>			
1.1. HIV and hepatitis	141.3	144.7	3.4
1.2. Tuberculosis	117.5	123.9	6.4
1.3. Malaria	121.5	115.8	-5.7
1.4. Neglected tropical diseases	104.2	107.3	3.1
1.5. Vaccine-preventable diseases	280.5	271.9	-8.6
1.6. Antimicrobial resistance	18.5	41.8	23.3
<b>Total – Communicable diseases</b>	<b>783.5</b>	<b>805.4</b>	<b>21.9</b>
<b>2. Noncommunicable diseases</b>			
2.1. Noncommunicable diseases	198.3	197.7	-0.6
2.2. Mental health and substance abuse	46.0	48.9	2.9
2.3. Violence and injuries	34.4	32.9	-1.5
2.4. Disabilities and rehabilitation	16.7	17.8	1.1
2.5. Nutrition	44.5	48.6	4.1
2.6. Food safety	36.1	35.5	-0.6
<b>Total – Noncommunicable diseases</b>	<b>376.0</b>	<b>381.4</b>	<b>5.4</b>
<b>3. Promoting health through the life course</b>			
3.1. Reproductive, maternal, newborn, child and adolescent health	206.3	211.3	5.0
3.2. Ageing and health	13.5	14.9	1.4
3.3. Gender, equity and human rights mainstreaming	16.3	18.3	2.0
3.4. Social determinants of health	35.6	32.2	-3.4
3.5. Health and the environment	110.0	107.6	-2.4
<b>Total – Promoting health through the life course</b>	<b>381.7</b>	<b>384.3</b>	<b>2.6</b>
<b>4. Health systems</b>			
4.1. National health policies, strategies and plans	142.1	142.1	0
4.2. Integrated people-centred health services	156.5	155.1	-1.4
4.3. Access to medicines and health technologies and strengthening regulatory capacity	171.6	167.4	-4.2
4.4. Health systems, information and evidence	124.3	129.9	5.6
<b>Total – Health systems</b>	<b>594.5</b>	<b>594.5</b>	<b>0</b>
<b>E. WHO Health Emergencies Programme</b>			
E.1. Infectious hazard management	107.2	95.8	-11.4
E.2. Country health emergency preparedness and the International Health Regulations (2005)	138.1	145.3	7.2
E.3. Health emergency information and risk assessment	59.8	58.8	-1.0
E.4. Emergency operations	120.7	153.8	33.1
E.5. Emergency core services	59.3	100.5	41.2
<b>Total – WHO Health Emergencies Programme</b>	<b>485.1</b>	<b>554.2</b>	<b>69.1</b>
<b>6. Corporate services/enabling functions</b>			
6.1. Leadership and governance	222.7	223.2	0.5
6.2. Transparency, accountability and risk management	57.1	54.0	-3.1
6.3. Strategic planning, resource coordination and reporting	41.0	38.8	-2.2
6.4. Management and administration	372.7	372.9	0.2
6.5. Strategic communications	40.0	44.6	4.6
<b>Total – Corporate services/enabling functions</b>	<b>733.5</b>	<b>733.5</b>	<b>0</b>
<b>Subtotal base programmes</b>	<b>3 354.3</b>	<b>3 453.3</b>	<b>99.0</b>
<b>Polio and special programmes</b>			
Polio eradication <sup>c</sup>	894.5	902.8	8.3
Tropical disease research <sup>c</sup>	48.7	50.0	1.3
Research in human reproduction <sup>c</sup>	42.9	68.4	25.5
<b>Total</b>	<b>4 340.4</b>	<b>4 474.5</b>	<b>134.1</b>

<sup>a</sup> Revised – includes budget increase for the WHO Health Emergencies Programme in the Programme budget 2016–2017.

<sup>b</sup> Major office overall “budget envelope” maintained at 2016–2017 level with increases due to the Health Emergencies Programme and the programme on antimicrobial resistance.

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

33. In areas where there is a reduction in budget, this does not indicate that less consideration is given to important ongoing priorities; rather, such reductions reflect a strategic shift to upstream policy and technical work, thereby maximizing the existing capacity of Member States and country partners.

34. There has been a significant reduction in the budget for work in the areas of malaria and vaccine-preventable diseases. The substantial increase in the amount allocated to the malaria programme in the Programme budget 2016–2017, following endorsement of the global technical strategy on malaria 2016–2030,<sup>1</sup> has been adjusted in light of more a detailed costing of staff and activities required. In the bottom-up priority-setting process, the malaria programme area was selected as a priority in less than 50 countries.

35. Although vaccine-preventable diseases are a priority for about two thirds of country offices, the reduction in the budget signals a strategic shift towards upstream policy and strategic work. In this way, in the biennium 2018–2019 the Organization will be active in, for example, supporting development of national immunization policies and strategies, surveillance systems and other normative work, rather than being heavily engaged in the more traditional work on immunization campaigns that are already covered by partners on the ground.

36. The investments in support of the enabling functions (Category 6) will continue to be stable, despite supporting additional programmatic areas (health emergencies) and despite the increased resources needed to meet Member States' expectations on further embedding the reform gains (for example, implementation of the recently adopted Framework of Engagement with Non-State Actors) in the work and the operations of the Secretariat. Operating expenditure will be kept low by putting in place better cost-control measures and increasing efforts to exploit efficiencies and value for money.

37. The integrated nature of the work in Category 6 is demonstrated by the fact that budget increases within the Category are counterbalanced by corresponding decreases. For example, the slight reduction in transparency, accountability and risk management (area 6.2) does not lead to a reduction in the staffing and activities that will ensure that the gains achieved in these key areas of reform are sustained. On the contrary, the commitment to these important areas of reform is further strengthened as the Organization embeds the functions in management and administration. Some of the budgets are shifting from area 6.2 to 6.4, owing to the need to increase the functions and capacity under administration and management (area 6.4). This will ensure policies on transparency, accountability and risk management are further strengthened. The coordination role across the Organization and other important functions of Compliance, Risk Management and Ethics, Internal Oversight Services and Evaluation will not diminish at headquarters.

38. As the process for developing the programme budget progresses, the budget estimates will be refined further through more detailed costing during early operational planning for the version to be submitted for approval by the Health Assembly. The budget figures were also validated against the revised Strategic Budget Space Allocation in line with decision WHA69(16) (2016).

---

<sup>1</sup> See resolution WHA68.2 (2015).

39. Table 3 below shows the relative share of the major offices in the regions of the WHO budget for country technical cooperation (operational segment 1).<sup>1</sup> It demonstrates how the budgets are consistent with the agreed strategic budget space allocation for country technical cooperation. The only slight exception is the Eastern Mediterranean Region, where the large number of emergencies makes it impossible to follow the expected trajectory of budget space allocation in countries

**Table 3. Strategic budget space allocation applied to the draft Proposed programme budget 2018–2019 (segment 1 only)<sup>a</sup>**

Major office	Strategic Budget Space Allocation (%)					
	2014–2015	2016–2017 <sup>b</sup>	2016–2017 <sup>c</sup>	2018–2019	2020–2021	2022–2023
African	42.3	42.8	44.0	42.8	43.2	43.4
The Americas	8.4	9.4	9.0	9.5	10.6	11.3
South-East Asia	15.7	15.1	14.1	13.6	14.4	14.1
Europe	4.5	5.5	5.7	6.2	6.2	6.4
Eastern Mediterranean	14.3	14.2	15.0	15.5	14.2	14.2
Western Pacific	14.8	13.0	12.3	12.4	11.4	10.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>a</sup> Based on Model C (Model based on zero need for indicators above the OECD median), as outlined in document EB137/6.

<sup>b</sup> Without the WHO Health Emergencies Programme.

<sup>c</sup> Revised, taking into account the WHO Health Emergencies Programme.

40. The budget allocation by level of the Organization, as shown in Table 4 below, demonstrates progress towards planning to allocate more resources for technical cooperation at country level. As priorities at the country level and the roles and responsibilities at each of the levels of the Organization become clearer, the trend towards increased budgets at the country level will continue.

**Table 4. Draft Proposed programme budget 2018–2019, by level of the Organization – Base programmes only (in US\$ million)**

Major office	Programme budget <sup>3</sup>							
	Country offices		Regional offices		Headquarters		Total	
	2014–2015	2018–2019	2014–2015	2018–2019	2014–2015	2018–2019	2014–2015	2018–2019
Africa	432.5	562.9	240.0	277.2	–	–	672.5	840.1
The Americas	107.2	119.0	57.7	72.6	–	–	164.9	191.6
South-East Asia	174.4	182.8	90.8	104.0	–	–	265.2	286.8
Europe	55.5	95.7	160.5	163.6	–	–	216.0	259.3
Eastern Mediterranean	181.3	221.6	87.4	118.4	–	–	268.7	340.0
Western Pacific	158.3	165.9	104.8	116.0	–	–	263.1	281.9
Headquarters	–	–	–	–	1 107.3	1 253.6	1 107.3	1 253.6
<b>Total</b>	<b>1 109.2</b>	<b>1 347.9</b>	<b>741.2</b>	<b>851.8</b>	<b>1 107.3</b>	<b>1 253.6</b>	<b>2 957.7</b>	<b>3 453.3</b>
Allocation by level (%)	<b>38</b>	<b>39</b>	<b>25</b>	<b>25</b>	<b>37</b>	<b>36</b>	<b>100</b>	<b>100</b>

<sup>a</sup> Unless otherwise indicated.

<sup>1</sup> The four operational segments are: Country-level technical cooperation; Provision of global and regional goods; Management and administration; and Response to emergency events, such as outbreak and crisis response (see document EB137/6).

## FINANCING

41. The new financing model of the Organization aims to achieve a fully funded programme budget that is realistic and driven by the priorities and expected outputs agreed by Member States. The approval of the programme budget in its entirety by the Health Assembly facilitates the matching of funding, regardless of whether it is from assessed or voluntary contributions.

42. The programme budget also serves as the central instrument for a structured and transparent financing dialogue. The financing dialogue, which is held before the start of each biennium, is designed to ensure a match between WHO's results and deliverables as agreed, and the programme budget in its entirety. It aims to achieve full funding of the programme budget.

43. WHO's programme budgets are financed through a combination of assessed contributions and voluntary contributions, with the latter coming from State- and non-State contributors.

44. Over the past decade, the total financing of the Organization has increased significantly. The Programme budget 2014–2015 was fully financed. The improvement in financing has been driven mainly by voluntary contributions from a limited number of donors, while the amount of assessed contributions has not risen.

45. This situation poses a significant threat to the long-term sustainability of the Organization. The assessed contribution is the "lifeblood" of several areas and acts as a catalyst in others, and it has been indispensable for enabling some programmes to continue to operate.

46. The assessed contribution ensures that the collective decisions of Member States on priorities are safeguarded and that the ability of the Organization to fully finance their implementation is maintained. It does this in the following two ways.

47. First, a sufficient level of assessed contribution enables the Organization to secure its core programmes/functions. WHO is highly vulnerable to fluctuations in the level of voluntary contributions received. One of the hard lessons of the Ebola crisis was that WHO needs to retain sufficient core capacity and readiness to enable the Organization to provide the necessary response to an event, even before it becomes a health emergency, both in terms of speed and scale.

48. Secondly, the assessed contribution has been used as an important tool for tackling the misalignment between the Organization's financing needs and the priorities of Member States. This effort has involved distributing part of the assessed contributions to priorities that receive less funding through voluntary contributions. With operational capacity being secured through assessed contributions, WHO's programmes are then in a better position to leverage other resources for achieving their intended results.

49. The Ebola crisis exposed the need for a transformation of the way WHO's work is financed. The High-level Panel on the Global Response to Health Crises, established by the United Nations Secretary-General, recommended that WHO Member States should increase their assessed contribution to WHO by at least 10%.<sup>1</sup>

50. In line with this recommendation and to leverage sufficient funding for the Programme budget 2018–2019, the Director-General is proposing a US\$ 93 million increase in the assessed contribution.

---

<sup>1</sup> See United Nations General Assembly document A/70/723, recommendation 18.

51. Managing the successful gradual conclusion of the Global Polio Eradication Initiative poses a special challenge for WHO. The Initiative relies on and financially contributes to a number of core WHO health programmes at country level – in particular in the areas of routine immunization and new vaccine introduction, logistics, information systems, surveillance including laboratory networks and emergency response. Once the polio programme’s capacity has been reduced, other health programmes and national capacity may suffer.<sup>1</sup> WHO and partners are intensifying the work on the polio transitional planning (previously referred to as legacy planning). The aims are to ensure that functions essential to maintaining a polio-free world after eradication are mainstreamed into continuing public health programmes, to ensure that the lessons learned from polio eradication activities are shared with other health initiatives, and to plan the transfer of capabilities, assets and processes in order to support other health priorities. This may impact the budget figures for the version of the Proposed programme budget that will be submitted to the Health Assembly.

52. Full funding of the Programme budget requires a combination of the right levels of financing from assessed contributions and voluntary contributions, as well as a broadening of the contributor base. The Organization is already redoubling its efforts to satisfy the latter requirement.

---

<sup>1</sup> Additional information on polio transition is included in document EB140/13.

## CATEGORY 1 – COMMUNICABLE DISEASES

---

**Advancing the 2030 Agenda for Sustainable Development to end the global epidemics of major infectious diseases (including HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases) and implementing the global action plan on antimicrobial resistance.**

The past 15 years have proved that through coordinated action and expanded financing the Organization can respond effectively to some of the world's greatest health challenges, and Millennium Development Goal 6 has been successfully achieved. During the period, the massive international response to HIV, tuberculosis, malaria and neglected tropical diseases has markedly reduced global incidence and mortality rates and saved over 50 million lives. Immunization is one of the most successful and cost-effective public health interventions. Globally, over 85% of children are receiving the basic infant vaccinations; the protection afforded by vaccines is estimated to avert more than 2 million deaths annually.

However, infectious diseases remain a concern for all countries, imposing a significant burden on public health in many and stifling their prospects of economic growth. With the endorsement of the 2030 Agenda for Sustainable Development, the world has an unprecedented opportunity to accelerate, reinforce and sustain all of the above-mentioned interventions. Sustainable Development Goal 3 relating to health includes a call to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases by 2030 and to combat hepatitis and vaccine-preventable diseases, in particular in newborns and children under 5 years of age.

The fight against infectious diseases will not be won without tackling antimicrobial resistance. Effective antimicrobial medicines are prerequisites for both preventive and curative measures, protecting patients from potentially fatal diseases and ensuring that complex procedures, such as surgery and chemotherapy, can be carried out at low risk. Yet systematic misuse and overuse of these medicines in human medicine and food production have put all at risk. Few replacement products are in the pipeline. Without harmonized and immediate action on a global scale, the world is heading towards a post-antibiotic era in which even common infections could once again kill.

Guided by the principles of equity and inclusiveness, delivering on this ambitious agenda will require a transformation in the way we approach disease control and elimination.

- Target 3.3 to end the epidemics of major communicable diseases by 2030 will require a huge shift towards a more system-wide approach. The principle of the universality of the Sustainable Development Goals, underpinned by universal health coverage, provides further impetus for expanding coverage of interventions to all, especially those highly vulnerable people who are not often reached, making sure that no one is left behind. This also involves a shift in thinking, robust and predictable financing, increased investment in health system strengthening, better integration of programmes, and the development and roll-out of new tools.
- Tackling antimicrobial resistance requires an approach that extends well beyond the health sector. It calls for changes not only in health policies but also in public policies in trade, agriculture, finance, food and pharmaceutical production. Bringing all these sectors together will require different ways of working from all sides and more enhanced forms of collaboration.

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

- develop and implement national strategies and plans to expand coverage of cost-effective interventions, including preventive measures, diagnostic testing, quality-assured treatment, and chronic care and other interventions (for example, vector control);
- strengthen disease surveillance systems, improve data quality and availability (including disaggregated data), and increase early diagnosis and notification rates (where relevant);
- ensure that national programmes close existing coverage gaps, improve quality of services to achieve the greatest impacts, reduce inequalities in access to health care, and advance the goal of universal health coverage, including financial risk protection;
- provide integrated, patient-centred care across all endemic infectious diseases and scale up programmes in a manner that builds stronger health systems and establishes long-term and sustainable service delivery solutions;
- drive research efforts, strengthen research capacities and promote the translation of innovation into health impacts;
- strengthen the integrated way of working called for in the 2030 Agenda for Sustainable Development, work with sectors outside health, and leverage the power of community engagement and multisectoral partnerships to achieve the targets under the Sustainable Development Goals;
- accelerate the development of new medicines, diagnostics and other tools to tackle antimicrobial resistance, collaborating with FAO and OIE to ensure that the risks of the development and spread of antimicrobial resistance at the human–animal interface are minimized;
- ensure the full-scale implementation of national action plans on antimicrobial resistance and continue the work on a stewardship framework to address issues of access, especially for resource-poor countries, to preserve important antimicrobial agents for appropriate uses, and to elaborate sustainable ways to respond to market failures associated with the development of new medicines.

### **HIV and hepatitis**

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

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

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

While significant progress has been made, many challenges remain. The response to hepatitis has only begun, and a very substantial and well-coordinated effort will be required to scale up access to hepatitis diagnosis and

treatment. The adoption of a “treat all” approach to HIV in 2015 greatly increased the number of people eligible for treatment, and the 2021 targets call for enrolling nearing 30 million people in antiretroviral therapy. While antiretroviral therapy scale-up has been remarkable, there has not been a corresponding reduction in new HIV infections, nearly half of those living with HIV are still unaware of their HIV status, and key populations and their sexual partners remain hidden and hard to reach. Compared to adults, children still have less access to HIV treatment, and the goal of eliminating the transmission of HIV from mothers to their children has yet to be achieved.

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

## **Tuberculosis**

Global, regional and national efforts to diagnose, treat and prevent tuberculosis have made significant progress. By the end of 2015, the Millennium Development Goal target to lower the rate of tuberculosis incidence had been achieved, with an annual decline estimated at 1.5%. The mortality rate fell by 47% between 1990 and 2015, with most of the improvement occurring since 2000. Effective diagnosis and treatment saved an estimated 43 million lives between 2000 and 2014. New diagnostics and drugs have been introduced and more are in the pipeline. Such progress notwithstanding, and despite the fact that nearly all people with tuberculosis can be cured if they are promptly diagnosed and effectively treated, the burden of disease caused by tuberculosis remains high, with more than 9 million new cases and 1.5 million deaths (including 0.4 million among HIV-positive people) each year.

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

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

In the biennium 2016–2017, the focus was on adoption and adaptation of the End TB Strategy by all Member States. In the biennium 2018–2019, these efforts need to be consolidated and expanded. This includes enhanced government stewardship and accountability, with associated resource mobilization to fill substantial resource gaps; more national epidemiological assessment (including analysis of in-country inequalities and related assessment of equity) and surveys of costs faced by affected households, with results used to close persistent detection and reporting gaps, including through policies related to universal health coverage and

social protection; increased coverage of routine diagnostic testing for drug susceptibility, so that all those with tuberculosis are appropriately treated; strengthened surveillance and regulatory frameworks, including those related to mandatory notification and vital registration; more global investment; and national strategies for research.

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

## **Malaria**

There were an estimated 214 million cases of malaria worldwide in 2015 (uncertainty range: 149–303 million) and 438 000 deaths from malaria (uncertainty range: 236 000–635 000). Target 6C of the 2000 Millennium Development Goals, which called for halting and beginning to reverse the incidence of malaria by 2015, has been met. Since 2000, malaria incidence is estimated to have decreased by 37% globally and by 42% in the African Region, where 88% of cases are estimated to occur. Similarly, the estimated malaria mortality rate decreased by 60% globally and by 66% in the African Region, where 90% of deaths from malaria occur. The progress made is a result of a major increase in international disbursements, from less than US\$ 100 million in 2000 to an estimated US\$ 2.5 billion in 2015, and country leadership which enabled the scaling up of prevention, diagnostic and treatment measures, particularly long-lasting insecticidal nets, rapid diagnostic testing and artemisinin-based combination therapies. However, international funding for malaria continues to remain significantly below the level required to meet the goals of the Global Technical Strategy for Malaria 2016–2030, endorsed by the Sixty-eighth World Health Assembly in May 2015; these targets include a reduction in malaria incidence and mortality rates of 40%, 75% and 90% by 2020, 2025 and 2030, respectively. The risk of epidemics and resurgences resulting from inadequate financial resources, as well as growing drug and insecticide resistance, remains a serious concern and will require increased domestic resources and sustained investment from donors.

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

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

## **Neglected tropical diseases**

One billion people are affected by one or more neglected tropical diseases, with 2 billion at risk in tropical and subtropical countries and areas. Those most affected are the poorest, who often live in remote rural areas, urban slums or conflict zones where such diseases are a major cause of disability and lost productivity among some of the world's most disadvantaged people. More than 70% of countries, areas and territories affected by neglected tropical diseases are low- or lower middle-income countries, and 100% of low-income countries are affected by at least five neglected tropical diseases, partly because of their association with various combinations of social determinants, and partly because their populations are unable to attract the attention of decision-makers to their problems and thereby secure resources. Although the impact of neglected tropical diseases is stronger in some regions than in others, and their contribution to overall mortality rates is not as high as other diseases, reducing their health and economic impact is a global priority for the following reasons: new and more effective interventions are available; doing so can help to accelerate economic development; and the Secretariat is well placed to convene and nurture partnerships between governments, health service providers and pharmaceutical manufacturers.

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

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

## **Vaccine-preventable diseases**

Some 2.5 million children under the age of 5 years die from vaccine-preventable diseases each year, that is, more than 6800 child deaths every day. Immunization is one of the most successful and cost-effective public health interventions. Globally, over 85% of children receive the basic infant vaccinations. The protection afforded by vaccines is estimated to avert more than 2 million deaths annually. The high priority given to current and future vaccine-preventable diseases is reflected in the international attention being paid to this subject as part of the Decade of Vaccines and the associated Global Vaccine Action Plan 2011–2020, progress against which is monitored annually by the WHO governing bodies.

Several new vaccines are becoming available and routine immunization is being extended from infants and pregnant women, as the sole target groups, to include adolescents and adults. An increasing number of low- and middle-income countries are including new vaccines in their national programmes with support from the GAVI Alliance. The introduction of new vaccines is increasingly being carried out in coordination with other programmes as part of a package of interventions to control diseases, especially pneumonia, diarrhoea and cervical cancer. By scaling up the use of existing vaccines and introducing more recently licenced vaccines, nearly 1 million additional deaths could be averted each year. Furthermore, vaccination has also been shown to reduce antimicrobial use and thereby help to counter antimicrobial resistance. The development and licensing of additional vaccines promises to further enhance the potential of immunization to avert death, disability and disease.

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

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

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

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

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

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

The portfolio of innovative projects initiated since 2014 is constantly evolving and will be further developed in 2018–2019 to allow flexibility in addressing emerging challenges that are in line with the Special Programme's mission. At the same time, it will continue to focus on the long-term activities that are part of its core project portfolio.

The research portfolio encompasses projects that identify innovative solutions, which are tested and deployed with stakeholders representing research, control programmes, policy-makers, communities and patients. It also includes cross-cutting issues spanning diseases and sectors, such as vector-borne diseases and vector control interventions at the interface of the natural and human environment. Research projects also explore innovative

ways to engage with communities in order to scale up tools and strategies for the prevention of poverty-related diseases.

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

### **Antimicrobial resistance**

Antimicrobial resistance threatens the very core of modern medicine and the sustainability of an effective, global public health response to the enduring threat from infectious diseases. Alert to this crisis, WHO has defined its work on antimicrobial resistance, including antibiotic resistance, in the global action plan on antimicrobial resistance, which the Member States adopted in May 2015 in resolution WHA68.7. Following the adoption by the United Nations General Assembly in December 2015 of resolution 70/183 on global health and foreign policy, antimicrobial resistance is at the forefront of discussions across the wider United Nations community.

Antimicrobial resistance affects multiple sectors and therefore will require changes not only to health policies but also to public policies on trade, agriculture, finance, food and pharmaceutical production. WHO is now collaborating with many other organizations in the United Nations system and global stakeholders active in different sectors. The antimicrobial resistance secretariat at WHO headquarters is coordinating action to help bring these sectors together in a consolidated and expanded effort.

Although the importance of antimicrobial resistance is generally acknowledged and the global action plan provides an accepted blueprint for what countries will need to do, some Member States express important concerns, namely the lack of sufficient health, agricultural and other system capacities to combat antimicrobial resistance.

Already the Global Antimicrobial Resistance Surveillance System has been created and adopted, and the annual World Antibiotic Awareness Week has been launched. National action plans on antimicrobial resistance are expected to have been developed in most countries during the years 2014–2017.

In the biennium 2018–2019, the Secretariat will focus on ensuring the full-scale implementation of national action plans by: extending the behavioural changes related to appropriate antibiotic use and infection prevention and control; strengthening systems to support the appropriate use of antimicrobials; strengthening the evidence base on prevalence rates and trends in resistance patterns, and the consumption and use of antimicrobial medicines; and enabling the better coordination of stakeholders across multiple sectors.

WHO will also work with other partners to accelerate the development of new medicines, diagnostics and other tools to tackle antimicrobial resistance. It will collaborate with FAO and OIE to ensure that the risks of the development and spread of antimicrobial resistance at the human–animal interface are minimized.

The biennium 2018–2019 will also see: continuation of work on a stewardship framework to address issues of access, especially for resource-poor countries; preservation of important antimicrobial agents for appropriate uses; and elaboration of a sustainable way to respond to market failures associated with new medicine development.

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

Cross-cutting and multisectoral approaches are essential to the effective and sustainable delivery of all the programmes in this category. The development space defined by the Sustainable Development Goals, with their 13 health targets and other targets with a bearing on health, will entail much greater collaboration and coherence across strategies and approaches.

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

The work on antimicrobial resistance complements and scales up existing work on communicable diseases and other categories. Building on the achievements and models in areas such as HIV and the pathogens of tuberculosis and malaria, work on antimicrobial resistance will synergized and scaled up in all WHO's programme areas. The Secretariat will coordinate and catalyse activities and ensure coherence of efforts across other categories in the Programme budget.

In many cases, this means making greater use of integrated approaches to service delivery. For example, initiatives such as the integrated delivery of preventive chemotherapy for at least five neglected tropical diseases to more than 1 billion people at risk, and the collaboration between HIV and tuberculosis programmes in the African Region, where several integration initiatives have helped turn around the TB/HIV response, saving an estimated 5.9 million lives between 2000 and 2014, are illustrations of approaches to be continued or expanded.

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

Another example is the joint development of a global vector control response. Through strengthened intersectoral and intrasectoral action and collaboration, enhanced entomological surveillance, scaled-up implementation and the engagement of communities, Member States can achieve effective, locally adapted and sustainable vector control, which will enable them to reduce disease and deaths and to manage vector-borne disease outbreaks before they become epidemics. This will contribute not only to attainment of Sustainable Development Goal 3 but also to initiatives for clean water and sanitation (Goal 6), sustainable cities and communities (Goal 11) and climate action (Goal 13).

Antimicrobial resistance poses a major challenge to health systems, and work in each of the programme areas of the Health systems category should be strengthened to respond to this challenge. National action plans need to be incorporated into broader sectoral strategies and budgets. The health workforce needs to be strengthened to prevent and manage antimicrobial resistance, and a strategy to reduce antimicrobial resistance should be a core component of quality, safety, and infection prevention and control programmes.

Antimicrobial resistance is a particular risk at the human–animal interface, and the antimicrobial resistance programme will work closely with the food safety programme to better understand these risks and to advocate for more responsible use of antibiotics in food production.

The capacities developed to address antimicrobial resistance at national and regional levels (in particular laboratory and surveillance capacity) will strengthen the preparedness of countries and reinforce the global capacity for outbreak response to epidemics and humanitarian emergencies, under the mandate of the new Health Emergencies Programme.

The Global Observatory on Health Research and Development will serve as a repository for information on research on antimicrobial resistance.

Tackling resistance to drugs and insecticides is a priority for all programmes, as this common concern is a potential obstacle to attaining numerous targets under the Sustainable Development Goals. Capitalizing on ongoing efforts in the area of drug and insecticide resistance for communicable diseases, implementation of the global action plan on antimicrobial resistance will build on the strengths gained and lessons learned.

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

## HIV AND HEPATITIS

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

Outcome indicators	Baseline	Target
Number of new HIV infections per year	2.1 million (2015)	<500 000 (2020)
Percentage of people living with HIV who are on antiretroviral therapy	46% (2015)	81% (2020)
Number of new HIV infections per year among children	150 000 (2015)	<40 000 (2020)
Cumulative number of people treated for hepatitis B or C	< 2 million (2015)	8 million (2020)

### Output 1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support

Output indicator	Baseline	Target
Number of Fast Track countries that have adopted the "treat all" recommendations	3 (2015)	35 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Provide global leadership and coordination of WHO's HIV programme for implementation of the global health sector strategy on HIV, 2016–2021.
- Provide normative and implementation guidance, policy options and backstopping of regional offices in the provision of technical support for the effective scale-up of “treat all” recommendations, as well as recommendations to enable attainment of the 90–90–90 targets on diagnosis (HIV testing and counselling, early infant diagnosis), treatment, care and laboratory monitoring (viral load, HIV drug resistance).
- Provide normative and implementation guidance, policy options and backstopping of regional offices in the provision of technical support for the effective prevention of HIV transmission and equitable inclusion of key populations in the HIV response.
- Provide normative and implementation guidance, policy options and backstopping of regional offices in the provision of technical support for reducing mortality and incidence through delivery of treatment and care for people living with HIV.
- Provide normative guidance and technical support on strategic information and planning.
- Prepare and disseminate reports on the progress of the health sector response to HIV.

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

**Output 1.1.2. Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information and provision of technical support**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of focus countries with national action plans for viral hepatitis prevention and control that are in line with the global health sector strategy on viral hepatitis, 2016–2021	10 (2015)	28 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Lead and coordinate activities for global viral hepatitis prevention, diagnosis, care and treatment.
- Provide normative guidance to help the expansion of viral hepatitis prevention, diagnosis, care and treatment efforts.
- Strengthen health information and reporting systems to assess and monitor viral hepatitis epidemics and implementation of viral hepatitis activities.
- Provide guidance and backstop regional offices in the provision of technical assistance for the development of national hepatitis strategies and plans in order to achieve a balanced hepatitis response that is integrated in general health programmes.

**TUBERCULOSIS****Outcome 1.2. Universal access to quality tuberculosis care in line with the End TB Strategy**

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

**Output 1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1**

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

**Country office deliverables**

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

**Regional office deliverables**

- Strengthen countries' capacity for the adaptation and implementation of WHO guidelines and tools in line with the End TB Strategy, regional action plans and/or relevant regional plans and frameworks and policies.
- Coordinate provision of technical support by WHO and partners based on countries' needs, including regional support mechanisms such as regional Green Light Committees and WHO collaborating centres.
- Monitor trends in tuberculosis, HIV/tuberculosis coinfection and drug-resistant tuberculosis through the strengthening of surveillance systems and by promoting the analysis, dissemination and utilization of related health data and information.
- Provide leadership in advocacy, partner coordination and resource mobilization.

**Headquarters deliverables**

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

**Output 1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation**

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

**Country office deliverables**

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

**Regional office deliverables**

- Lead the development of regional tuberculosis implementation strategies and related frameworks, and provide a regional platform for policy dialogue to adapt global tuberculosis strategies and plans to the regional context.
- Articulate policy options, develop and update technical guidance to facilitate the adoption and implementation of the End TB Strategy within regional plans and frameworks.
- Lead in supporting Member States' engagement in tuberculosis-related international initiatives, as well as their active participation in tackling global health issues, and coordinate with regional and subregional entities.
- Promote and facilitate operational research and innovations by setting the research agenda and building capacity through close collaboration with country offices, Member States and key partners.
- Foster collaboration and exchange of good practice among diverse stakeholders at regional level.

**Headquarters deliverables**

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

**MALARIA****Outcome 1.3. Increased access of populations at risk to preventive interventions, diagnostic confirmation of malaria and first-line antimalarial treatment**

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

\* Figures for sub-Saharan Africa only; other regions are already nearly 100%.

**Output 1.3.1. Countries enabled to implement evidence-based malaria strategic plans, with focus on effective coverage of vector control interventions and diagnostic testing and treatment, therapeutic efficacy and insecticide resistance monitoring and surveillance, through strengthening of capacity for enhanced malaria reduction**

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

***Country office deliverables***

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

***Regional office deliverables***

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

***Headquarters deliverables***

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

**Output 1.3.2. Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, including for hard-to-reach populations, integrated management of febrile illness, surveillance and disaggregation of data, epidemic detection and response for accelerated malaria reduction and elimination**

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

***Country office deliverables***

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

***Regional office deliverables***

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

***Headquarters deliverables***

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

**NEGLECTED TROPICAL DISEASES**

**Outcome 1.4. Increased and sustained access to neglected tropical disease control interventions**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries certified for eradication of dracunculiasis	188/194	190/194
Number of people requiring interventions against neglected tropical diseases	1.7 billion	1.5 billion

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

Output indicator	Baseline	Target
Proportion of countries in which neglected tropical diseases are endemic that have used the WHO recommended mechanism and standards for planning and reporting on implementation of preventive chemotherapy against neglected tropical diseases	70% (2017)	80% (2019)

#### Country office deliverables

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

#### Regional office deliverables

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

#### Headquarters deliverables

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

---

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

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries in which neglected tropical diseases are endemic that have adopted WHO norms, standards and evidence in diagnosing and treating neglected tropical diseases	84 (2017)	88 (2019)

***Country office deliverables***

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

***Regional office deliverables***

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

***Headquarters deliverables***

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

**Output 1.4.3. New knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries developed through strengthened research and training**

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

**Headquarters deliverables**

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

**VACCINE-PREVENTABLE DISEASES****Outcome 1.5. Increased vaccination coverage for hard-to-reach populations and communities**

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

**Output 1.5.1. Implementation and monitoring of the global vaccine action plan with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines**

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

\* Member States referred to in the Global Vaccine Action Plan.

**Country office deliverables**

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

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 1.5.2. Intensified implementation and monitoring of strategies for measles and rubella elimination, hepatitis B control, and maternal and neonatal tetanus elimination facilitated**

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

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 1.5.3. Research priorities and comprehensive reviews of vaccination policies for new vaccines and other immunization-related technologies defined and agreed, in order to develop and introduce vaccines of public health importance and overcome barriers to immunization**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**ANTIMICROBIAL RESISTANCE**

**Outcome 1.6. Availability of data and trends in levels of resistance to first-line antimicrobial medicines among major human pathogens, providing the basis for action to reduce infection due to antimicrobial resistance**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Extent of reduction of resistance to third-generation cephalosporins: <i>Escherichia coli</i>	To be determined	To be determined
Extent of reduction of resistance to penicillin in <i>Streptococcus pneumoniae</i>	To be determined	To be determined
Extent of reduction of resistance to third-generation cephalosporins: <i>Klebsiella pneumoniae</i>	To be determined	To be determined

**Output 1.6.1. Country capacity and depth of understanding and education of antimicrobial resistance strengthened**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries undertaking awareness activities on antimicrobial resistance	To be provided in March following survey (2017)	To be provided in March following survey (2017)

**Country office deliverables**

- Conduct training on antimicrobial resistance for targeted audiences, including national focal points for antimicrobial resistance, health-care providers, laboratory staff and others, as applicable.
- Provide technical support in the development of national communication programmes that reinforce the regional programme and encourage local partners to implement behavioural change campaigns using adapted core communications materials and tools.
- Support national participation in World Antibiotic Awareness Week campaigns and other events and activities of relevance to antimicrobial resistance.
- Collaborate with professional groups and educational institutions to adapt and roll out guidance on core competencies required for effective behaviours, and encourage incorporation into health worker curricula.

**Regional office deliverables**

- Develop and maintain a repository of regional and country materials of relevance to antimicrobial resistance and disseminate materials to countries and partners in relevant United Nations official languages, and in other national languages and formats adaptable to cultures as required.
- Backstop country offices in supporting countries to join and implement the global campaign, including World Antibiotic Awareness Week and other campaigns of relevance to antimicrobial resistance, and encourage regional partners to implement behaviour-change campaigns.
- Backstop country offices in collaborating with professional groups and educational institutions to adapt and roll out guidance on core competencies required for effective behaviours, and in encouraging the incorporation of core competencies into health worker curricula.

**Headquarters deliverables**

- Collaborate with professional groups to increase antimicrobial resistance awareness and encourage best practices within these groups.
- Develop and disseminate globally relevant and important communication programmes, campaigns and educational materials relevant to antimicrobial resistance.
- Measure trends in awareness and understanding of antibiotic resistance and disseminate findings.
- Provide technical expertise, where it is needed, on adapting and rolling out guidance on core competencies required for effective behaviours, and encourage its incorporation into health worker curricula through collaboration with professional groups and educational institutions.

**Output 1.6.2. Effective facilitation of management and use of quality comprehensive data on antibiotic use and residues, and resistance across the human, animal and environment sectors**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries with a national surveillance system contributing data on resistance patterns to Global Antimicrobial Surveillance System	0/194 (2015)	77/194 (2019)
Number of countries with a national surveillance system contributing data on antimicrobial consumption to Global Antimicrobial Surveillance System	To be determined (2017)	To be determined (2019)
Number of countries providing level A classification data (as defined in the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR)) for adequate assessment of the magnitude and trends of antimicrobial resistance globally	To be determined (2017)	40 (2019)
Number of countries that have implemented integrated surveillance of antimicrobial resistance encompassing humans, food and animals	To be determined (2017)	To be determined (2019)
Number of countries that have at least one national reference laboratory	To be determined (2017)	To be determined (2019)

**Country office deliverables**

- Provide technical support for the development of national surveillance capacities and systems, including laboratories.

- Foster participation of the national surveillance system in regional surveillance networks, as well as the Global Antimicrobial Surveillance System.

***Regional office deliverables***

- Monitor and report on the global antimicrobial resistance, consumption and use situation and trends.
- Support the introduction and adaptation of surveillance standards and tools across Member States of the region.
- Together with country offices, support Member States to develop and implement monitoring and surveillance systems and actions and foster participation in both regional surveillance networks and the Global Antimicrobial Surveillance System.
- Support integrated surveillance under “One Health”.
- Provide support to the establishment of national reference laboratories to support surveillance of antimicrobial resistance.
- Promote research to identify the health and economic burden of antimicrobial resistance in the region.
- Develop capacities for data collection and analysis, drug resistance surveillance, laboratory and diagnostics.

***Headquarters deliverables***

- Develop and maintain a global programme for surveillance that captures data on antimicrobial medicine consumption and use and antimicrobial resistance.
- Monitor and report on the global antimicrobial resistance, consumption and use situation and trends.
- Facilitate engagement and support from global partners to promote integrated “One Health” surveillance of antimicrobial resistance and consumption and use of antimicrobials across sectors
- Establish open collaborative models of research to increase understanding of economic and health impact of antimicrobial resistance; and for innovative methods for collection and analysis of data on antimicrobial consumption and use that will support access to the knowledge and raise awareness and provide incentives for investment.
- Define basic requirements for facilitating the establishment of national reference laboratories to support surveillance of antimicrobial resistance.
- Increase understanding of the impact of environmental contamination with residues and resistant bacteria, as a driver of antimicrobial resistance.
- Review WHO methodologies for monitoring antimicrobial consumption and use including the development of IT tools.
- Develop tools and methods for collecting and consolidating data from patient monitoring, human health and disease-specific drug resistance, and for collecting and analysing drug resistance surveillance, laboratory and diagnostics.

**Output 1.6.3. Specialized expertise provided for combating antimicrobial resistance in health-care settings, including through promoting the integration of education on antimicrobial resistance in professional training in infection prevention and control**

Output indicators	Baseline	Target
Number of countries which are building on the WHO core components for infection prevention and control programmes in health facilities to control antimicrobial resistance	To be determined (2017)	To be determined (2019)
Percentage of countries with a national policy on WASH in health care facilities that is costed and being implemented	To be determined (2017)	To be determined (2019)

**Country office deliverables**

- Support health ministries to incorporate antimicrobial resistance and its associated risks into development and implementation of infection prevention and control activities and practices at the local level.
- Support activities related to training and capacity building at country level for antimicrobial resistance in health care settings, both in-patient and out-patient. Consistent with WHO guidelines on core components for infection control.

**Regional office deliverables**

- Support country offices by providing standards guidance and best practices based on global and regional priorities and guidelines for managing antimicrobial resistance through improved infection prevention and control.
- Support country offices by assisting, when needed, with strengthening and developing infection control programmes, with a focus on prevention of health care-acquired resistant infections.

**Headquarters deliverables**

- Promote the engagement of civil society and patient groups in improving practices in hygiene and infection prevention and control related to antimicrobial resistance.
- Incorporate antimicrobial resistance into advocacy for provision of water, sanitation and hygiene in health facilities and communities.
- Evaluate the inclusion of new WHO recommendations on “Core Components of IPC programmes” in regional and country documents on IPC and antimicrobial resistance, including national action plans.
- Develop training modules/standard operating procedures to prevent and control multidrug-resistant pathogens in health care, with special focus on settings with limited resources.

**Output 1.6.4. Countries enabled to optimize the use of antimicrobial medicines in humans and in food production through adopting standards and implementing technical guidelines and appropriate regulations**

Output indicators	Baseline	Target
National policy and regulations for improving responsible and rational use of quality assured antibiotics developed and implemented in health care settings	To be determined (2017)	To be determined (2019)
Countries enabled to optimize the use of antimicrobial medicines in human health and in food production through adopting standards and implementing technical guidelines and appropriate regulations	To be determined (2017)	To be determined (2019)

**Country office deliverables**

- Provide technical support to Member States in the development and enforcement of relevant policies and regulations for responsible and rational use of antimicrobials across sectors and as part of “One Health”.
- Provide technical support at country level to adapt guidance and standards for evidence-based selection and responsible and rational prescription dispensing and use of antimicrobial medicines across sectors and as part of “One Health”.

**Regional office deliverables**

- Support country offices in adopting standards and implement guidance on antimicrobial consumption and use.
- Support countries for the implementation of policies and practices to encourage responsible and rational use of antibiotics, including prescription, dispensing and monitoring of use as part of Essential Medicines programmes.
- Support countries for the implementation of policies and practices to encourage responsible and rational use of antibiotics as part of “One Health.”

**Headquarters deliverables**

- Develop standards and guidance, on using resistance information in standard treatment guidelines.
- Review priority antibiotics and antifungals on the Essential Medicines List.
- Backstop regional offices and country offices in supporting countries for the implementation of policies and practices to improve responsible and rational use of antibiotics in hospitals and communities as part of Essential Medicines programmes.
- Provide technical expertise, where needed, in developing regulations to ensure quality antimicrobial medicines and reducing presence of substandard, spurious, falsely-labelled, falsified and counterfeit medical products in the market.
- Revise and/or develop new Codex Alimentarius guidelines and Code of Practice to reduce antimicrobial resistance in the food chain.
- Maintain and update the WHO list of Critically Important Antimicrobials for Human Medicine and accompanying WHO guidelines.
- Provide evidence-based guidance to the Codex Alimentarius Commission in the development of international standards on antimicrobial resistance, in collaboration with FAO.

**Output 1.6.5. Global efforts enabled for increasing availability of interventions, including development of diagnostics tools and vaccines to prevent and manage infection**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of new products (vaccines, diagnostics and medicines) in development with involvement of WHO	0 (2017)	5 (2019)

**Country office deliverables**

- Where possible, encourage investment to develop new medicines, diagnostics tools, vaccines and other interventions relevant to antimicrobial resistance.

**Regional office deliverables**

- Where possible, encourage investment to develop new medicines, diagnostics tools, vaccines and other interventions relevant to antimicrobial resistance.

**Headquarters deliverables**

- Provide technical support to, and collaborate with, key partners working on development of new products to address antimicrobial resistance, including the WHO/Drugs for Neglected Diseases initiative Global Antibiotic R&D Partnership.
- Develop a global development and stewardship framework for antimicrobial resistance.
- Encourage new models to develop new medicines, diagnostics tools, vaccines and other interventions relevant to antimicrobial resistance.
- Revised and/or new Codex Alimentarius guidelines and Code of Practice to reduce antimicrobial resistance in the food chain.
- Maintain and update the WHO list of Critically Important Antimicrobials for Human Medicine and accompanying WHO guidelines.
- Provide evidence-based guidance to the Codex Alimentarius Commission in the development of international standards on antimicrobial resistance, in collaboration with FAO.

**Output 1.6.6. Effective facilitation of development, implementation, monitoring and evaluation of national action plans to combat antimicrobial resistance**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance	51/194 (2015)	100/194 (2019)
Number of countries with national action plan aligned to the global action plan on antimicrobial resistance	To be determined (2017)	To be determined (2019)
Number of elements of a monitoring framework for which data is collected	To be determined (2017)	To be determined (2019)

**Country office deliverables**

- Provide support to Member States for the development and implementation of multisectoral national action plans in line with the global action plan and its aligned regional frameworks on antimicrobial resistance.
- Support the monitoring and implementation of national action plans.
- Advocate with national governments and development partners for sustainable funding for activities to tackle antimicrobial resistance.

**Regional office deliverables**

- Support collaboration and commitment to address prioritized needs of Member States, developing intergovernmental multisectoral strategies and regional frameworks to support Member States in their actions to tackle antimicrobial resistance.
- Support country offices in the oversight of development and implementation of national antimicrobial resistance plans that are aligned to the global action plan on antimicrobial resistance.
- Monitor progress and collate input from countries on implementation of the national action plans in the region.
- Advocate with Member States and development partners for sustainable funding for activities to tackle antimicrobial resistance, and backstop country offices where additional expertise is needed in making an investment case to implement national action plans on antimicrobial resistance.

**Headquarters deliverables**

- Provide technical expertise to regional and country offices in the development and implementation of national and regional plans on antimicrobial resistance.
- Develop and implement a monitoring framework to report on the impact of implementation of national action plans.
- Gather data from all sources, evaluate impact against determined criteria and report with recommendations for action.

**Output 1.6.7. Coordinated commitment and action to address antimicrobial resistance at all levels of society**

Output indicator	Baseline	Target
Comprehensive reports on global status and severity of antimicrobial resistance provided	To be determined (2017)	To be determined (2019)
Actions determined to facilitate collaboration and participation with the UN Coordination Mechanism for AMR fully implemented	0 (2017)	100% (2019)

**Country office deliverables**

- Provide input to build regular reports on progress in implementing the global action plan and progress towards meeting impact targets at the national level.
- At the national level, encourage cooperation, coordination and expansion of activities on antimicrobial resistance between FAO and OIE, and other United Nations and international partners from multiple sectors, to support the implementation of the global action plan on antimicrobial resistance.

**Regional office deliverables**

- Provide inputs to build regular reports on progress in implementing the global action plan and progress towards meeting impact targets.
- At the regional level encourage cooperation, coordination and expansion of activities on antimicrobial resistance between FAO and OIE, and other United Nations and international partners from multiple sectors, to support the implementation of the global action plan on antimicrobial resistance.
- Ensure harmonization and coordination of actions across the region, to implement the global action plan on antimicrobial resistance and resolution WHA68.7 (2015) on global action plan on antimicrobial resistance, and with key partners to strengthen organizational and regional governance and coherence of activities.

**Headquarters deliverables**

- Coordinate and expand activities on antimicrobial resistance with FAO and OIE, and other United Nations and international partners from multiple sectors, to support the implementation of the global action plan on antimicrobial resistance.
- Publish regular reports on progress in implementing the global action plan and progress towards meeting impact targets.
- Collaborate with partners to build the case for investment in the work on antimicrobial resistance as a development issue.
- Leverage active multisectoral networks and government committees to support development of a strong multisectoral network for antimicrobial resistance
- Ensure resistance issues are addressed widely in relevant WHO strategies and frameworks.
- Ensure coordinated policy dialogue and inclusion of the broadest range of activities strategic to reduction of resistance in harmonized advocacy and resource mobilization.
- Provide international leadership and coordination that supports discussions and decisions related to antimicrobial resistance at the United Nations General Assembly, World Health Assembly, Executive Board, regional committee meetings and at high-level political and other relevant meetings in countries.
- Ensure harmonization and coordination of actions across WHO to implement the global action plan on antimicrobial resistance and resolution WHA68.7 (2015) on global action plan on antimicrobial resistance, and with key partners to strengthen organizational and global governance and coherence of activities.

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1 HIV and hepatitis	54.1	7.5	11.1	7.8	6.1	12.5	45.6	<b>144.7</b>
1.2 Tuberculosis	32.4	1.9	17.8	11.5	8.2	16.4	35.7	<b>123.9</b>
1.3 Malaria	45.9	1.6	12.3	1.0	6.0	13.4	35.6	<b>115.8</b>
1.4 Neglected tropical diseases	31.9	6.2	13.4	0.4	6.3	6.5	42.6	<b>107.3</b>
1.5 Vaccine-preventable diseases	119.9	11.6	27.9	14.3	22.2	22.3	53.7	<b>271.9</b>
1.6 Antimicrobial resistance	6.9	1.6	5.5	4.7	2.6	3.5	17.0	<b>41.8</b>
<b>Category 1 total</b>	<b>291.1</b>	<b>30.4</b>	<b>88.0</b>	<b>39.7</b>	<b>51.4</b>	<b>74.6</b>	<b>230.2</b>	<b>805.4</b>

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Tropical disease research	–	–	–	–	–	–	50.0	<b>50.0</b>
<b>Tropical disease research total</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>50.0</b>	<b>50.0</b>

---

## CATEGORY 2 – NONCOMMUNICABLE DISEASES

---

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

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

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

There is now unequivocal evidence that “best buy” interventions to address such conditions are workable solutions, as well as excellent economic investments, including in the poorest countries. They are also very relevant for the achievement of the Sustainable Development Goals, as five of the 13 health-related targets under Goal 3 are directly related to this category, and multiple additional linkages are possible within Goal 3 as well as in other goals.

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

The objectives of work under this category include: providing effective and timely epidemiological and public health data to support evidence-based public health action; working with countries on approaches to policy development that involve all government departments and non-State actors; leading the development of global public health policies and plans and supporting broader international development objectives; giving higher priority to noncommunicable and foodborne diseases in national and international agendas; supporting and promoting the work of the Codex Alimentarius Commission; fostering multisectoral collaboration in coordination with FAO, OIE and WTO; facilitating international and national responses to food-related emergencies; providing effective and timely public health policy and technical advice to countries; working in a way that encourages universal health coverage; and holding Member States accountable to their commitments as expressed in resolutions adopted by the United Nations General Assembly, including those on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014),<sup>1</sup> the 2030 Agenda for Sustainable Development, the Decade of Action for Road Safety (2011–2020) and the United Nations Decade of Action on Nutrition.

---

<sup>1</sup> United Nations General Assembly resolution 68/300 (2014).

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

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

### **Noncommunicable diseases**

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

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

Noncommunicable diseases have become a prominent part of the global health agenda since world leaders adopted the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases in 2011. There is now a global agenda based on nine concrete global targets for 2025 and organized around the global action plan, which comprises a set of actions that, when performed collectively by Member States, international partners and the Secretariat, will help to attain the first voluntary global target of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 2025. The noncommunicable disease-related targets in the 2030 Agenda for Sustainable Development derive from these 2025 global noncommunicable diseases targets. The 2030 Agenda for Sustainable Development includes a target to reduce, by 2030, premature mortality from noncommunicable diseases by 33%.

The United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases, which the United Nations Secretary-General established in 2013 and placed under the leadership of WHO, is providing technical support to countries in mobilizing sectors beyond health to strengthen national responses to noncommunicable diseases through six specific functions: (1) enhance support to countries; (2) facilitate exchange of information about activities; (3) facilitate information on available resources; (4) strengthen advocacy; (5) ensure that tobacco control continues to be addressed; and (6) strengthen international cooperation.

WHO's global coordination mechanism for the prevention and control of noncommunicable diseases aims to facilitate and enhance the coordination of activities, multistakeholder engagement and actions across sectors at national, regional and global levels through five specific functions: (1) advocating and raising awareness; (2) disseminating knowledge and information; (3) encouraging innovation and identifying barriers;

(4) advancing multisectoral action; and (5) advocating for the mobilization of resources. Both mechanisms also contribute to countries' efforts to raise the priority given to noncommunicable diseases in national responses to the Sustainable Development Goals.

Progress within countries matters most. In the biennium 2018–2019, the Secretariat will continue to provide support for strengthening national capacity to allow countries: to raise the priority given to noncommunicable diseases in national responses to the Sustainable Development Goals;<sup>1</sup> to consider setting national targets for noncommunicable diseases; to develop and implement national multisectoral action plans that reduce modifiable risk factors for noncommunicable diseases, including, but not limited to, the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, and the WHO recommendations on marketing of foods and non-alcoholic beverages to children; to implement the recommendations of the Commission on Ending Childhood Obesity and the Global strategy to reduce the harmful use of alcohol, as well as to strengthen and orient health systems through people-centred primary health care and universal coverage to effectively manage noncommunicable diseases; and to reinforce national surveillance systems in order to monitor progress and measure results. The Secretariats of WHO and the WHO Framework Convention on Tobacco Control will continue their collaboration to achieve common tobacco control goals and objectives.

The Secretariat will support countries in their national efforts to establish a national multisectoral mechanism for engagement, policy coherence and mutual accountability of different spheres of policy-making that have a bearing on noncommunicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of society approaches.<sup>2</sup> Similarly, the Secretariat will support countries in strengthening the capacities of health ministries to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government and non-State actors.<sup>3</sup> The Secretariat will also support countries to integrate measures to address noncommunicable diseases in the United Nations Development Assistance Framework development process,<sup>4</sup> national development plans and other health plans and policies. Efforts will also include raising awareness, through investment cases, about the national public health burden caused by noncommunicable diseases.<sup>5</sup>

Equally important is WHO's support to countries that are attacked through legal actions brought by the tobacco and other industries on public health matters related to noncommunicable diseases. This support also extends to proactive WHO assistance for countries being targeted by legal actions brought by the tobacco industry. And in the context of the Addis Ababa Action Agenda for Sustainable Development Goals financing, which recognized that "... price and tax measures on tobacco ... represent a revenue stream for financing for development in many countries", the Secretariat will work to promote better implementation of tobacco taxation policies at the country level.

The Secretariat will also prioritize work to support countries to strengthen national health systems to improve prevention, early detection, treatment, rehabilitation and sustained management of people with or at high risk for cardiovascular disease, cancer, chronic respiratory disease, diabetes and other noncommunicable diseases. The Secretariat is developing an emergency kit for noncommunicable diseases that includes the necessary essential medicines and technology to maintain continuity in treatment for people in areas where the regular supply of medicines and technologies has been disrupted. It will continue to support the active implementation of programmes on the ground, on the basis of WHO recommendations and "best buys", including the provision

---

<sup>1</sup> Including targets 3.a, 3.b, 3.c, 3.4, 3.5, and 3.8.

<sup>2</sup> In accordance with paragraph 30(a)(vi) of United Nations General Assembly resolution 68/300.

<sup>3</sup> In accordance with paragraph 30(a)(viii) of United Nations General Assembly resolution 68/300.

<sup>4</sup> In accordance with paragraph 30(a)(v) of United Nations General Assembly resolution 68/300.

<sup>5</sup> In accordance with paragraph 30(a)(iv) of United Nations General Assembly resolution 68/300.

of direct technical support to country programmes on noncommunicable diseases prevention using mobile health (mHealth) under the joint programme between WHO and ITU.

In close collaboration with the President of the United Nations General Assembly, the Secretariat will support the preparatory process leading to the third High-level Meeting of the United Nations General Assembly on Noncommunicable Diseases in 2018, by submitting a progress report to the General Assembly in August 2017 and holding global and regional informal consultations during the second half of 2017 and first half of 2018.

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

In 2015, an estimated 311 million people suffered from depression globally, 23 million people from schizophrenia and over 110 million people from alcohol and drug use disorders. In addition, there were over 47 million people living with dementia and more than 50 million people had epilepsy. More than 800 000 people committed suicide in 2012. The latest WHO estimates indicate that every year at least 3.3 million deaths are caused by alcohol use and at least 400 000 deaths by psychoactive drug use. Current evidence indicates that the following priority mental, neurological and substance use conditions make the largest contribution to overall morbidity in the majority of developing countries: depression, disorders caused by use of alcohol and illicit drugs, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, and mental disorders in children. In addition, adversities such as humanitarian emergencies and gender-based violence have an effect on mental health outcomes.

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

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

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

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

### **Violence and injuries**

Each year, over 5 million people die as a result of violence and unintentional injuries. Road traffic crashes account for one quarter of these deaths, with pedestrians, cyclists and motorcyclists accounting for almost half of them. Suicide and homicide account for another quarter. For every person who dies as a result of violence, many more are affected by non-fatal violence. Globally, up to 1 billion children suffer physical, sexual and

emotional violence each year; one in three women experience intimate partner violence in their lifetime, and 6% of older people have been abused in the past month. Non-fatal violence can lead to injuries and is a risk factor for mental health problems and behaviours such as smoking, unsafe sex, and alcohol and drug abuse, which in turn increase the risk of communicable and noncommunicable diseases. Falls, drowning, burns and poisoning are also significant causes of death and disability. Children and young people are at particular risk from most types of injuries, while the elderly are at particular risk of falling.

The 2030 Agenda for Sustainable Development includes ambitious targets to reduce road traffic deaths and injuries by 50% by 2020 (target 3.6), to end violence against women and children (target 5.2) and to significantly reduce all forms of violence and related deaths everywhere (target 16.1). In 2016 the Sixty-ninth World Health Assembly adopted a historic resolution,<sup>1</sup> endorsing the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls and against children.

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

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

Interventions to reduce inequities and the global toll of violence and injury-related death and disability require a focus on measures that go beyond the health sector, such as: parenting and caregiver support; early childhood development; education; housing and environmental safety; alcohol, drug and firearm policies and laws; sustainable and affordable transport; social protection systems; and economic inequality reduction policies. Interventions directed at changing individuals' behaviour are insufficient on their own.

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

In the biennium 2018–2019, the Secretariat will continue to raise the profile of violence and unintentional injuries and the potential for prevention. It will focus on: strengthening the evidence base for policies, programmes and laws that are effective in addressing the underlying causes of violence, road traffic injuries, drowning, falls and other unintentional injuries; supporting selected Member States in implementing such policies, programmes and laws; and supporting sustainable improvements in the care of the injured through emergency and trauma care programmes and the WHO Global Alliance for Care of the Injured. The Secretariat will also continue to implement the activities for WHO set out in the Decade of Action for Road Safety (2011–2020), as well as the activities for WHO set out in the global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women, girls and children, including through

---

<sup>1</sup> Resolution WHA69.5 (2016).

implementation of the WHO-led interagency technical package INSPIRE: Seven strategies for ending violence against children, and participation in the Global Partnership to End Violence Against Children.

### **Disabilities and rehabilitation**

More than 1000 million people in the world experience disability, that is, about 15% of the world's population, or one person in seven.<sup>1</sup> The number is expected to increase in light of the fact that people are living longer and increasingly experience noncommunicable diseases and other chronic health conditions, including mental disorders and the consequences of injuries. Women, older people and poor people are more likely to experience disability. A lack of attention to their needs means that they are confronted by numerous barriers, including stigmatization and discrimination, lack of adequate health care and rehabilitation services, and restricted access to transport, buildings and information. People with disability face barriers in access to health services, and they have worse health outcomes than people without disability. Improving the understanding and depth of the problem of disparities of opportunities for people with disability – through better measurements – is addressed within the 2030 Agenda for Sustainable Development under target 4.5, which addresses unemployment rates for persons with disabilities, and target 10.2, which aims to empower and promote the social, economic and political inclusion of all.

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

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

### **Nutrition**

In 2015, an estimated 50 million people had low weight for their height and 156 million people had stunted growth. In addition, 42 million pre-school children in developing and developed countries were overweight. In 2011, anaemia affected 29% of women of reproductive age (496 million) and 43% of children under 5 years of age (273 million). Every year, an estimated 13 million children are born with intrauterine growth retardation. Low socioeconomic groups are worst affected by different forms of malnutrition, have lower prevalence of adequate breastfeeding<sup>2</sup> and are less likely to have healthy diets.

---

<sup>1</sup> World report on disability 2011. Geneva: World Health Organization; 2011 ([http://whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1)) (accessed 15 December 2016).

<sup>2</sup> Social determinants of health – Nutrition fact sheet ([https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0028/423478/20403.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0028/423478/20403.pdf)) (accessed 15 December 2016).

Access to a healthy and affordable diet is an integral part of the effort to tackle social inequalities. Supporting the most vulnerable groups to enable all citizens to achieve a healthy diet is an ethical imperative and will require gaps in food system governance to be addressed.<sup>1</sup>

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

The Second International Conference on Nutrition, jointly convened by FAO and WHO in 2014, indicated that food systems are dysfunctional, which led to a commitment to take urgent corrective action to ensure that the provision of healthy diets throughout the life course becomes the main goal of policies and programmes shaping the production, distribution and consumption of food.<sup>2</sup> The 2030 Agenda for Sustainable Development recognizes these approaches and includes commitments to ensure access by all people to safe, nutritious and sufficient food all year round (Sustainable Development Goal target 2.1), end all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons (target 2.2). The United Nations General Assembly has declared 2016–2025 to be the United Nations Decade of Action on Nutrition, asking FAO and WHO to take the lead on it.<sup>3</sup> In resolution WHA69.8 the Health Assembly requested the Secretariat to support Member States in developing, strengthening and implementing their policies, programmes and plans to address the multiple challenges of malnutrition, and to develop commitments that are specific, measurable, achievable, relevant and time-bound. In response to these multiple requests for WHO's leadership in nutrition, the programme area is working on a revision of the vision, mission and action model of WHO in nutrition.

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

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

---

<sup>1</sup> Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, endorsed by the Regional Committee for Europe in resolution EUR/RC63/R4: <http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2013/vienna-declaration-on-nutrition-and-noncommunicable-diseases-in-the-context-of-health-2020> (accessed 15 December 2016).

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

<sup>3</sup> United Nations General Assembly resolution 70/259. United Nations Decade of Action on Nutrition (2016–2025) (accessed 7 July 2016).

## Food safety

Access to safe, sufficient and nutritious food is the right of each individual.<sup>1</sup> The 2030 Agenda for Sustainable Development includes a vision where food is sufficient, safe, affordable and nutritious. This is reflected in target 2.1 which, inter alia, commits the world to ensuring access by all people to safe food.

A safe food supply supports a country's economy, trade and tourism, contributes to food and nutrition security, and stimulates sustainable development. Unsafe food causes acute and lifelong diseases, ranging from diarrhoeal diseases to various forms of cancer, and is the origin of a significant global disease burden, as demonstrated by the WHO global estimates of foodborne disease burden, published in 2015: 31 selected foodborne hazards cause 600 million episodes of illness each year, affecting one in 10 people, and 420 000 deaths, of which one third occur in children under 5 years of age.<sup>2</sup>

Women and men are exposed to different food safety risks during the life course, depending on prevailing gender norms and other social determinants, such as income, location and education. For example, a gender norm common to many settings places the responsibility for food preparation, and therefore for household food safety, on women.

The principles governing the detection, assessment, prevention and management of health risks and disease events apply equally to food safety. A key aspect in preventing foodborne diseases is the establishment of internationally harmonized recommendations and standards, based on sound risk assessment. Similarly, preparedness depends on the existence of evidence-based risk management options to control major hazards throughout the food chain. WHO's support for capacity-building will be guided by countries' needs assessments, as well as by international networks. More emphasis will be placed on multisectoral collaboration among the agriculture, animal health and public health sectors.

In the biennium 2018–2019, the Secretariat will pursue its work by: continuing to promote international norms, standards and recommendations through the Codex Alimentarius Commission, with enhanced participation by Member States. WHO will continue serve as a secretariat for the International Food Safety Authorities Network. The work in this programme contributes to: strengthening countries' capacity in preparedness for such outbreaks; and convening international expert meetings to perform risk assessments on priority food hazards. The Secretariat will provide technical support to countries for building risk-based food safety systems; lead advocacy and health education efforts in food safety; and act as secretariat for the FAO/OIE/WHO tripartite collaboration with the agriculture, animal and human health sectors, including the food safety aspects of antimicrobial resistance.

## Innovation

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

In the era of the Sustainable Development Goals, the landscape is changing fast and requires WHO to make innovation a critical component of its work on noncommunicable and foodborne diseases within all six programme areas at all three levels of the Organization, including technical units, the Global Coordination

---

<sup>1</sup> See the Conference Outcome Document of the Rome Declaration on Nutrition (the Second International Conference on Nutrition) at <http://www.fao.org/3/a-ml542e.pdf> (accessed 15 December 2016).

<sup>2</sup> WHO's report, WHO estimates of the global burden of foodborne diseases, is available at <http://www.who.int/mediacentre/news/releases/2015/foodborne-disease-estimates/en/> (accessed 15 December 2016).

Mechanism and the United Nations Interagency Task Force. The food environment is shifting in both rich and poor countries, with new technologies of production, new formulations and new modes of marketing and distribution. Urbanization adds to the burdens and risks associated with noncommunicable and certain foodborne diseases, but cities are also a source and catalyst of innovation. The private sector drives the commercial determinants of noncommunicable and foodborne diseases and is also needed in the search for solutions. While striving for higher levels of health by 2030, many countries face the danger of their children being less healthy than their parents.

In this new and changing landscape, WHO continues to innovate in the implementation and delivery of the Sustainable Development Goals. The best buys are being revised and their evidence base updated. Building on the Addis Ababa Action Agenda, a new financing model is being developed with the triad of catalytic funding (from external sources), domestic funding (generated, for instance, through taxation of tobacco and alcohol) . New capacity is being built in pioneer countries, which are stepping up to adopt programmes that meet time-bound commitments made by governments. Technical packages are being developed to improve coverage of evidence-based interventions for cardiovascular diseases in primary health care through task-sharing and use of electronic links.

As the drive to fast-track results intensifies, new solutions are being formulated to meet new and evolving problems. The application of whole genome sequencing has the potential to revolutionize the surveillance of foodborne pathogens and the prevention and management of foodborne disease outbreaks. The plain packaging of tobacco products is reaching a tipping point and legal challenges are being won around the world. Some countries are requiring front-of-pack interpretive labelling on food products and others are taxing sugar-sweetened beverages. Marketing of certain foods is being regulated, and successful efforts are being made to regulate the marketing of alcohol. Universal health coverage and access to packages of essential noncommunicable and foodborne diseases interventions in primary care are becoming more common, for instance through integrated delivery of antiretroviral and noncommunicable diseases therapies.

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

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

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

As a follow-up to the outcomes of the 9th Global Conference on Health Promotion (Shanghai, 21–24 November 2016), the Category 2 Network is working closely with WHO country offices (and United Nations country teams) to raise the priority given to health in the implementation of the 2030 Agenda for Sustainable Development in countries, to accelerate progress towards relevant health-related targets, to ensure that the skills and expertise in Category 2 are made available in a timely way and at the lowest cost possible, and to establish resident United Nations working groups (formerly known as United Nations theme groups) at country level in areas covered by Category 2.

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

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

The prevention of preparedness for early detection of and response to food-related emergencies calls for continued collaboration with initiatives related to the International Health Regulations (2005) and their implementation, including the national assessment and strengthening of national capacity, led by the WHO Health Emergencies Programme.

A growing number of resolutions adopted by the United Nations General Assembly and the World Health Assembly highlight the importance of WHO working with the United Nations, civil society and private sector partners. WHO is collaborating with several organizations in the United Nations system, including the World Bank and other intergovernmental organizations, in order to scale up joint programming in the areas mentioned. In particular, addressing public health risks arising at the animal-human-ecosystem interface, including antimicrobial resistance and zoonoses, is underpinned by the tripartite WHO, FAO and OIE "One Health" initiative. The Organization will scale up its work to support United Nations country teams, through heads of WHO country offices, in integrating the areas in question in the United Nations Development Assistance Framework. It will continue to chair the United Nations Inter-Agency Task Force and the United Nations Road Safety Collaboration, and to co-chair the Global Partnership to End Violence Against Children. WHO is also an active member of the Scaling Up Nutrition movement.

The Organization is working with Bloomberg Philanthropies to support Member States in reducing tobacco use among their populations and addressing road safety and drowning. It is working with the Bill & Melinda Gates Foundation in support of national efforts to reduce tobacco use and improve global nutrition. It works with United Nations Office on Drugs and Crime on the prevention of psychoactive drug use and treatment, and with the United States Centers for Disease Control on improving cardiovascular risk identification and management in primary health care for drug use disorders.

Linkages to other conditions in the noncommunicable and foodborne diseases category include: reducing obesity through transport policies that promote physical activity and which also limit exposure to motorized traffic; reducing the harmful use of alcohol through appropriate policies; and devising programmes to tackle child maltreatment, which can have an impact on mental illness and noncommunicable and foodborne diseases throughout the life course.

## NONCOMMUNICABLE DISEASES

### Outcome 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

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

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

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

### Output 2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated

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

#### Country office deliverables

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

#### Regional office deliverables

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

#### Headquarters deliverables

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

**Output 2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors, including in crises and emergencies**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 2.1.5. Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**MENTAL HEALTH AND SUBSTANCE ABUSE****Outcome 2.2. Increased access to services for mental health and substance use disorders**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Percentage of persons with a severe mental disorder (psychosis, bipolar affective disorder, moderate-severe depression) who are using services	35% (2017)	40% (2019)
Suicide rate per year per 100 000 population (linked to Sustainable Development Goal indicator 3.4.2)	10.8 per 100 000 (2017)	10.5 per 100 000 (2019)

**Output 2.2.1. Countries' capacity strengthened to develop and implement national policies, plans and information systems in line with the comprehensive mental health action plan 2013–2020 and other governing body resolutions and action plans**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries with a national policy and/or plan for mental health that is in line with the comprehensive mental health action plan 2013–2020	116 (2017)	136 (2019)
Number of countries with a national policy/plan/strategy for dementia	29 (2017)	45 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Provide guidance and tools for the development of human rights-compliant mental health-related policies and laws, as well as tools for resource planning and stakeholder collaboration.
- Provide guidance on implementing a core set of indicators for monitoring the mental health situation in countries, and publish a biennial assessment of progress towards implementation of the comprehensive mental health action plan 2013–2020.
- Develop, maintain and regularly update the WHO MiNDbank online platform on national policies, strategies, laws and service standards in mental health and related areas, as well as relevant regional and international resolutions and human rights standards.
- Provide guidance and tools for developing policies/plans/strategies on dementia and implementing a core set of dementia indicators through a global dementia observatory.

**Output 2.2.2. Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries with functioning programmes for intersectoral mental health promotion and prevention of mental disorders	115 (2017)	140 (2019)
Number of countries using the QualityRights capacity-building materials to train stakeholders in mental health and related fields	10 (2017)	40 (2019)
Number of countries using the mental health Gap Action Programme (mhGAP) for scaling up services	60 (2017)	90 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Develop and disseminate expanded guidance and tools for service organization and the development and provision of integrated and responsive health and social care in primary health care and community settings, including interventions for mental and neurological disorders and capacity-building in human rights and the recovery approach.
- Develop and disseminate guidance and tools for coordinating multisectoral strategies for promotion and prevention in the area of mental health, including suicide prevention.
- Establish a global dementia observatory and assist Member States in developing and implementing dementia strategies.
- Develop and disseminate guidance and other technical tools to strengthen services for the promotion of child development, and prevention and care for children with developmental disorders.
- Develop and disseminate guidance and technical tools to improve epilepsy management and care.
- Develop and disseminate guidance and technical tools on mental health interventions for populations affected by adversity such as humanitarian emergencies and gender-based violence.

**Output 2.2.3. Countries have technical capacity and policy development strengthened for expanding country strategies, policies and systems to increase coverage and quality of prevention and treatment interventions for disorders caused by alcohol, psychoactive drugs and addictive behaviours**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries with prevention and treatment policies, strategies, systems and interventions for psychoactive substance use and disorders caused by alcohol, drugs and addictive behaviours expanded and strengthened	80 (2017)	85 (2019)
Number of countries that have increased coverage of treatment interventions for substance use disorders	To be determined/194 (2017)	To be determined/194 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Develop and disseminate guidelines, standards and other technical tools to strengthen policy and programme responses in support of implementation of the Global strategy to reduce the harmful use of alcohol.
- Facilitate and strengthen the public health dimensions of drug policy dialogues and international efforts addressing the health sector response to the world drug problem, including dialogue and collaboration within the United Nations system, in particular with the United Nations Office on Drugs and Crime.
- Develop and disseminate guidelines, standards, treatment and research protocols, information products and other technical tools to strengthen prevention and treatment strategies and systems, i.e., increased coverage and quality of prevention and treatment interventions for disorders due to alcohol, psychoactive drug use and addictive behaviours, as well as related health conditions.
- Develop, maintain and regularly update the global information systems on psychoactive substance use and its impact on population health and prevention and treatment policies, strategies and interventions for health conditions due to alcohol, drug use and addictive behaviours by collecting, generating, analysing and disseminating the information aligned with the relevant indicators in the 2030 Agenda for Sustainable Development.

## VIOLENCE AND INJURIES

### Outcome 2.3. Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence

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

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

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

#### Country office deliverables

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

#### Regional office deliverables

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

#### Headquarters deliverables

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

#### Output 2.3.2. Countries and partners enabled to develop and implement programmes and plans to prevent unintentional deaths and injuries from burns, drowning and falls

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

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

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 2.3.4. Improved prehospital and facility-based emergency care systems to address injury**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**DISABILITIES AND REHABILITATION****Outcome 2.4. Increased access to comprehensive eye care, hearing care and rehabilitation services**

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

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

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 2.4.2. Countries enabled to strengthen comprehensive eye care services in the framework of health systems**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 2.4.3. Countries enabled to strengthen prevention and management of ear diseases and hearing loss in the framework of health systems**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**NUTRITION**

**Outcome 2.5. Reduced nutritional risk for improved health and well-being**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of stunted children below 5 years of age (linked with indicator 2.2.1 under the Sustainable Development Goals)	165 million (2011)	102 million (2025)
Proportion of women of reproductive age (15–49 years) with anaemia	30% (2015)	15% (2025)

**Output 2.5.1. Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals**

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

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

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

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

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

### ***Headquarters deliverables***

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

---

<sup>1</sup> Communicable and noncommunicable diseases, maternal and child health, health and the environment, and health systems strengthening.

**Output 2.5.2. Norms, standards and policy options for promoting population dietary goals and the global nutrition targets 2025 and nutrition-related Sustainable Development Goals developed, adopted and integrated into current national health and development plans**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries adopting WHO guidelines and recommended policies for addressing malnutrition in all its forms	To be determined (2017)	To be determined (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**FOOD SAFETY**

**Outcome 2.6. All countries are adequately prepared to prevent and mitigate risks to food safety**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that have adequate mechanisms in place for preventing or mitigating risks to food safety	123/194 (2017)	129/194 (2019)

**Output 2.6.1. Countries enabled to control the risk and reduce the burden of foodborne diseases**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that have a food safety system with an appropriate legal framework and enforcement structure	149/194 (2017)	155/194 (2019)

**Country office deliverables**

- Facilitate multisectoral collaboration between the public health, animal health, agriculture and environment sectors.
- Support countries in strengthening the management and communication of foodborne and zoonotic risks along the farm-to-table continuum, including multisectoral actions to contain antimicrobial resistance such as integrated surveillance and the implementation of Codex standards and related texts relevant to public health.

**Regional office deliverables**

- Guide a strategic approach to promoting food safety in regions, with the involvement of regional Codex Alimentarius Coordinating Committees.
- Coordinate regional collaboration between the public health, animal health, agriculture and environment sectors in strengthening competent authorities in order to deal with food-safety risks, including antimicrobial resistance.
- Support Member States in advocating for and building capacity in food safety risk management at the animal–human interface, including antimicrobial resistance and in times of emergency.

**Headquarters deliverables**

- Provide support to regional and country offices on supporting the administration of the Codex Trust Fund in eligible countries.
- Promote collaboration between the public health, animal health, agriculture and environment sectors in order to deal with food-related zoonotic diseases and the food safety aspects of antimicrobial resistance.
- Develop risk communication tools and key health promotion messages for foodborne public health risks.
- Improve country capacity to deal with food safety events in line with the International Health Regulations (2005) through the International Food Safety Authorities Network.
- Provide support for building country capacity to establish risk-based food safety systems and to analyse and interpret data, and put in place control measures related to specific hazards along the food chain, including antimicrobial resistance.

**Output 2.6.2. International standards set and a global information exchange platform as well as multisectoral collaboration in place for effectively managing foodborne risks**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries with a mechanism for multisectoral collaboration on reducing foodborne public health risks	152/194 (2017)	158/194 (2019)

**Country office deliverables**

- Facilitate and support the work of the Codex Alimentarius Commission at the national level, including through the Codex Trust Fund.
- Facilitate the participation of national contact points in the International Food Safety Authorities Network.

**Regional office deliverables**

- Facilitate and support the work of the Codex Alimentarius Commission at the regional level, including through the Codex Trust Fund.
- Develop and implement regional approaches for enhancing and strengthening the International Food Safety Authorities Network.
- Facilitate the systematic collection, analysis and interpretation of regional data to support risk management activities, including standard-setting and policy decision-making.

**Headquarters deliverables**

- Develop and formulate international norms, standards and recommendations through the Codex Alimentarius Commission.
- Provide the secretariat to the International Food Safety Authorities Network in order to ensure a rapid international response to food safety emergencies and outbreaks of foodborne diseases.
- Develop and update global guidance for the management of foodborne health risks at the human–animal-ecosystems interface and throughout the food chain, including on the use of Whole Genome Sequencing, integrated surveillance of antimicrobial resistance and related protocols and tools, as well as the list of critically important antimicrobials for human medicine and accompanying guidelines.
- Act as secretariat for FAO/OIE/WHO tripartite collaboration and cooperation with other international partners in order to promote coordination among the public health, animal health, agriculture and environment sectors, including for cross-sectoral monitoring and risk assessment of emerging food-related zoonotic diseases and the food safety and food security aspects of antimicrobial resistance.

**Output 2.6.3. Scientific advice in food safety to support the work of the Codex Alimentarius Commission and Member States to develop food safety standards, guidelines and recommendations**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Percentage of high-priority requests from the Codex Alimentarius Commission for scientific advice addressed	80% (2017)	90% (2019)

**Country office deliverables**

- Support countries to contribute data and experts to risk assessment activities.
- Support countries to interpret and use the outcomes of risk assessment activities.

**Regional office deliverables**

- Support countries in the region to contribute data and experts to risk assessment activities.
- Facilitate systematic collection, analysis and interpretation of regional data to support risk assessment activities.
- Facilitate dissemination of the outcomes of risk assessment activities.

**Headquarters deliverables**

- Provide scientific advice to Member States and to the Codex Alimentarius Commission by performing risk assessments, convening international expert meetings and collecting and monitoring data with respect to priority food hazards, including those associated with antimicrobials.

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.1 Noncommunicable diseases	41.3	19.3	17.6	22.2	16.0	25.1	56.2	<b>197.7</b>
2.2 Mental health and substance abuse	6.9	3.3	3.3	6.1	6.3	4.3	18.7	<b>48.9</b>
2.3 Violence and injuries	3.6	2.8	3.2	3.2	1.7	3.5	14.9	<b>32.9</b>
2.4 Disability and rehabilitation	1.1	1.1	0.7	1.2	1.1	2.6	10.0	<b>17.8</b>
2.5 Nutrition	9.1	3.6	2.8	3.0	4.1	3.6	22.4	<b>48.6</b>
2.6 Food safety	4.7	3.7	1.9	1.1	2.1	3.8	18.2	<b>35.5</b>
<b>Category 2 total</b>	<b>66.7</b>	<b>33.8</b>	<b>29.5</b>	<b>36.8</b>	<b>31.3</b>	<b>42.9</b>	<b>140.4</b>	<b>381.4</b>

## CATEGORY 3 – PROMOTING HEALTH THROUGH THE LIFE COURSE

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

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

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

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

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

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

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

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

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

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

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

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

### **Ageing and health**

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

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

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

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

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

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

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

An integrated approach to mainstreaming requires transformation both within and outside WHO to enable countries to consider gender, equity and rights when designing and implementing global and national health strategies, policies and programmes. This perspective makes such policies and programmes more effective (better tailored to needs), more inclusive and sustainable (through more participatory design), and more focused (on reducing health inequalities). Reinvigorated by the emphasis on tackling inequality defined in the 2030 Agenda for Sustainable Development, a more routine and systematic inclusion of these three intersecting considerations will help address the specific needs of those left behind.

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

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

## **Social determinants of health**

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

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

## Health and the environment

Environmental determinants of health are responsible for about one quarter of the global burden of disease and an estimated 12.6 million deaths each year. Mainly affected are poor women and children who live and work in the world's most polluted and fragile ecosystems and whose health is at risk from diverse factors, such as chemicals, radiation, lack of safe water and sanitation, precarious working conditions, air pollution and climate change.

Small island countries are at particular risk from climate change and rising sea levels. The change is not just rapid and intense, it is also increasingly unpredictable, posing new challenges, particularly as regards preparedness and response to extreme weather events and other climate-related disasters.

Historically, environmental factors have primarily been associated with communicable diseases, notably waterborne and vector-borne diseases. However it is now known that environmental factors – mainly air pollution as well as chemicals – also are strongly correlated with noncommunicable diseases, and in particular with stroke, ischaemic heart disease, unintentional injuries, cancers and chronic respiratory diseases.

While maintaining ongoing normative and technical support functions, in the biennium 2018–2019 the Secretariat will pay increased attention to monitoring and reporting in the context of the Sustainable Development Goals, particularly for indicators outside of health. WHO is the formal custodial agent for 10 indicators related to health and the environment,<sup>1</sup> seven of which are outside of Goal 3. In addition to covering morbidity and mortality associated with illnesses and deaths from hazardous chemicals and air, water and soil pollution and contamination (target 3.9), monitoring and reporting will also focus on key settings or sectors where actions are most likely to improve environmental and occupational determinants of health. Examples include: scaling up access to water and sanitation (Goal 6); promoting universal access to sustainable and modern energy, including in homes (Goal 7); promoting decent work and a safe work environment (Goal 8); making cities and human settlements cleaner, safer and more sustainable (Goal 11); ensuring responsible consumption and production (Goal 12), and taking action to tackle climate change and its impacts (Goal 13).

Given the multisectoral nature of work on environmental and occupational determinants of health, increased attention is also being paid in the Health and Environment programme area to ensuring adequate health sector engagement in global, regional and national processes on the environment, labour and sustainable development. In addition, the Secretariat will also scale up its support to Member States for:

- implementation of the health aspects of the Minamata Convention on Mercury (resolution WHA67.11 (2014));
- implementation of the road map on the role of the health sector in sound chemicals management (resolution WHA69.4 (2016));
- achieving the objectives of the WHO Global Plan of Action on Workers' Health (2008–2017);

---

<sup>1</sup> Under Goal 3 (health), indicators 3.9.1 (mortality rate attributed to household and ambient air pollution), 3.9.2 (mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene) and 3.9.3 (mortality rate attributed to unintentional poisoning). Under Goal 6 (water and sanitation), indicators 6.1.1 (proportion of the population using safely managed drinking water services), 6.2.1 (proportion of the population using safely managed sanitation services, including a hand-washing facility with soap and water) and 6.3.1 (proportion of wastewater treated safely), as well as indicators 6.a.1 (amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan) and 6.b.1 (proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management). Under Goal 7 (sustainable energy), indicator 7.1.2 (proportion of the population with primary reliance on clean fuels and technology). Under Goal 11, indicator 11.6.2 (annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population-weighted)).

- implementing the Workplan on Climate Change and Health for the period 2014–2019 approved by the Executive Board at its 136th session (decision EB136(15) (2015));
- meeting the public health objectives addressed in the Paris Climate Agreement (2015); and
- implementation of a road map for an enhanced global response to the adverse health effects of air pollution, as welcomed by the World Health Assembly (decision WHA69(11) (2016)).

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

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

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

By its very nature, the work related to this category and its cross-cutting approaches involving, for example, social determinants of health, health and the environment, gender, equity and human rights contribute to, and benefit from, interaction with other categories. Analysis and monitoring of cross-cutting areas across WHO programmes and in countries will be the key to answering the global call for equity and rights in the 2030 Agenda for Sustainable Development.

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

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

With respect to Sustainable Development Goal 7 (Ensure access to affordable, reliable, sustainable and modern energy for all), WHO will maintain its role in UN-Energy and the United Nations Secretary-General's initiative on Sustainable Energy for All.

For Goal 6 (Ensure availability and sustainable management of water and sanitation for all), WHO will maintain its engagement with UN-Water and strengthen its collaboration with UNICEF on global monitoring of water and sanitation.

For Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), WHO will develop a collaborative framework with the United Nations Human Settlements Programme (UN-HABITAT) for urban

environmental health issues, in particular, in the context of the new UN-HABITAT III agenda. The Organization will continue to act as the secretariat for, and participate in, the Inter-Organization Programme for the Sound Management of Chemicals – a key coordinating body for the United Nations system response to Goal 12.

For Sustainable Development Goal 13 (Take urgent action to combat climate change and its impacts), WHO will further strengthen the representation of health within the overall United Nations response to climate change, including through the United Nations System Chief Executives Board for Coordination and High-Level Committee on Programmes. The Secretariat will also provide the technical health input for programmes under the United Nations Framework Convention on Climate Change and specific partnerships with other organizations in the United Nations system.

## REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

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

Outcome indicators	Baseline	Target
Contraceptive prevalence rate (world, any modern method)	57% (2015)	68% (2019)
Number of targeted countries that have reduced the wealth quintile gap for satisfaction of demand for modern contraception by at least 10%	Not applicable	25/75 (2019)
Skilled attendant at birth (percentage of live births attended by skilled health personnel)	75% (2015)	85% (2019)
Number of targeted countries that have reduced the wealth quintile gap for skilled attendant at birth by at least 10% during the biennium	Not applicable	25/75 (2019)
Postnatal care for mothers and babies (proportion of women and proportion of newborns who have postpartum contact with a health care provider within 2 days of childbirth)	60% (2015)	70% (2019)
Exclusive breastfeeding for 6 months (percentage of infants aged 0–5 months who are exclusively breastfed)	40% (2015)	50% (2019)
Proportion of children with suspected pneumonia taken to an appropriate health care provider	63% (2016)	70% (2019)
Adolescent birth rate (per 1000 girls aged 15–19 years)	45 per 1000 (2015)	40 per 1000 (2019)
Proportion of ever-married or -partnered women aged 15–49 years who have experienced physical and/or sexual violence from a male intimate partner in the past 12 months (Sustainable Development Goal indicator 5.2.1)	30% (2013)	25% (2019)
Proportion of children under 5 years of age whose births have been registered with a civil authority (Sustainable Development Goal indicator 16.9.1)	72% (2014) (UNICEF Global database)	To be determined (2019)
Number of countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education (Sustainable Development Goal indicator 5.6.2)	115/194 (2015)	150/194 (2019)

**Output 3.1.1. Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths), with a particular focus on the 24-hour period around childbirth**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that are aligning plans with the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) with inclusion of Thrive and Transform targets	0 (2015)	100/194 (2019)
Number of targeted countries that have plans with intermediate targets for ending preventable maternal deaths, stillbirths and neonatal deaths by 2030	0 (2015)	54/54 (2019)

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

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

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

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

**Headquarters deliverables**

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

**Output 3.1.2. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries implementing WHO strategies and interventions to cover unmet needs in family planning	30/69 (Denominator to be confirmed)	69/69 (2019)
Number of technical, clinical and policy guidelines issued on sexual and reproductive health (such as family planning, maternal and perinatal health)	Not applicable	15 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 3.1.3. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that include early childhood development as part of national development plans or integrated strategic plans for newborn and child health	To be determined (2017)	To be determined (2019)
Number of targeted countries that have plans with intermediate targets for ending preventable newborn and child deaths by 2030	0 (2017)	54/54 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 3.1.4. Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours**

Output indicator	Baseline	Target
Number of countries with a comprehensive adolescent strategy/plan as part of a broader strategy on reproductive, maternal, newborn, child and adolescent health or national health plan	47/194 (2016)	80/194 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 3.1.5. Research undertaken and evidence generated and synthesized for newborn, child and adolescent health and related programmatic research for designing key interventions**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 3.1.6. Research undertaken and research capacity strengthened for sexual, reproductive and maternal health through the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction**

Output indicators	Baseline	Target
Number of scientific publications issued reporting new and improved tools, solutions and strategies in sexual and reproductive health during the biennium	Not applicable	200 (2019)
Number of research centres strengthened through research capacity strengthening grants during the biennium	Not applicable	50 (2019)
Number of systematic reviews of key questions in sexual and reproductive health published during the biennium	Not applicable	60 (2019)
Number of scientific publications issued with a primary focus on gender, rights, and equity considerations relating to sexual and reproductive health during the biennium	Not applicable	20 (2019)

**Headquarters deliverables**

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

**AGEING AND HEALTH**

**Outcome 3.2. Increased proportion of people who are able to live a long and healthy life**

Outcome indicator	Baseline	Target
Healthy life expectancy at birth (or at age 60 years) <sup>1</sup>	Males: 61.5 years Females: 64.6 years	To be determined (2019)

<sup>1</sup> The baseline is global average healthy life expectancy at birth by sex for 2015, the latest year for which data are available. World Health Statistics, 2016. Geneva: World Health Organization; 2016; see section 3.2 on healthy life expectancy, reflecting methods described in Technical Paper WHO/HIS/HSI/GHE/2014.5 (available at [www.who.int/healthinfo/statistics/LT\\_method.pdf?ua=1&ua=1](http://www.who.int/healthinfo/statistics/LT_method.pdf?ua=1&ua=1), accessed 28 June 2016). This outcome indicator will be changed to healthy life expectancy at age 60 years, if estimates from 2015 onwards become available prior to 2018. This requires countries to report high-quality data on mortality and disease burden in older adults, to enable comparable estimations of healthy life expectancy at birth and at 60 years of age. Global and national reports should aim to provide disaggregated data across sub-populations within a country, and to distinguish between healthy life expectancy at birth and at 60 years of age.

---

**Output 3.2.1. Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life course**

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

***Country office deliverables***

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

***Regional office deliverables***

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

***Headquarters deliverables***

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

**Output 3.2.2. Countries enabled to deliver older person-centred and integrated care that responds to the needs of women and men and to tackle health inequities in low-, middle- and high-income settings**

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

***Country office deliverables***

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

***Regional office deliverables***

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

**Headquarters deliverables**

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

**Output 3.2.3. Evidence base and monitoring and evaluation strengthened, informing policies and actions to address key issues relevant to the health of older people**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 3.2.4. Age-friendly environments developed and maintained in countries in line with the WHO strategy and plan of action on ageing and health**

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**GENDER, EQUITY AND HUMAN RIGHTS MAINSTREAMING****Outcome 3.3. Equity, gender and human rights integrated into the Secretariat's and countries' policies and programmes to reduce health inequities in contribution to Sustainable Development Goals**

Outcome indicator	Baseline	Target
Health inequities reduced, including gender inequality within countries	65 (2016)	85 (2019)

**Output 3.3.1. Equity, gender and human rights integrated in WHO's management and planning mechanisms and programme deliverables for reducing health inequities and ensuring that no one is left behind**

Output indicator	Baseline	Target
Number of WHO programme areas that have integrated health equity, gender and human rights to ensure that no one is left behind	13/24 (2017)	21/24 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 3.3.2. Countries enabled to integrate and monitor health equity, gender-responsive and human rights-based approaches in all national health policies and programmes for strengthening governance, accountability, and achieving universal health coverage**

Output indicators	Baseline	Target
Number of countries implementing at least two WHO-supported activities to integrate equity, gender and human rights in their health policies and programmes to ensure no one is left behind	70 (2017)	100 (2019)
Number of countries integrating inequality monitoring in health information systems to inform policies and plans and monitor progress towards the Sustainable Development Goals	To be collected through global survey (results to be available end 2017)	To be defined (2017)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**SOCIAL DETERMINANTS OF HEALTH****Outcome 3.4. Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries showing a decrease in the proportion of the urban population living in slums, informal settlements or inadequate housing	8/194 (2017)	12/194 (2019)
Number of countries showing a decrease in the difference between highest and lowest income quintiles in the percentage of households using solid fuels for cooking	8/194 (2017)	14/194 (2019)

**Output 3.4.1. Improved country policies, capacities and intersectoral actions for addressing the social determinants of health and reducing health inequities through “health-in-all-policies”, governance and universal health coverage approaches in the Sustainable Development Goals**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries implementing WHO tools and guidance to strengthen “health-in-all-policies” capacities and actions	35*/194 (2017)	48*/194 (2019)

*\* These figures do not include target estimates from the Region of the Americas.*

**Country office deliverables**

- Convene partners, conduct policy dialogue, review and adapt nationally WHO tools and guidelines to facilitate coordination mechanisms to support governance in implementing a “health-in-all-policies” approach, including to advance actions to achieve the Sustainable Development Goals.
- Support national policy, programmes, tools and intersectoral decision-making processes to include actions and capacity-building to address the social determinants of health and health equity, including using evidence and country examples, health equity assessment, and through policy research.
- Support countries in developing practices/actions for implementing global and regional resolutions and agendas through the lens of social determinants of health, health equity and “health-in-all-policies”.

**Regional office deliverables**

- Convene partners and conduct policy dialogue at the regional level for increased awareness and to establish coordination mechanisms and support regional governance in addressing social determinants of health, and implement a “health-in-all-policies” approach, including advancing actions to achieve the Sustainable Development Goals.
- Assist country offices in providing support to countries for the application of good practices in addressing social determinants of health, conducting health equity analysis and implementing global and regional resolutions and agendas on “health-in-all-policies”.
- Support the development and use of evidence and appropriate tools related to social determinants of health and health equity in regional policy pertaining to different health programmes/issues and intersectoral decision-making processes.

**Headquarters deliverables**

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

**Output 3.4.2. A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO, within universal health coverage approaches and the Sustainable Development Goals.**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries improving planning, implementation and monitoring of health programmes by integrating social determinants of health and health equity in line with WHO-supported tools and guidance	41*/194 (2017)	53*/194 (2019)

*\* These figures do not include target estimates from the Region of the Americas.*

#### **Country office deliverables**

- Support and promote the integration of social determinants of health and health equity in national health programmes, policies and strategies and generation of implementation evidence as necessary.
- Support the integration of social determinants of health and health equity in WHO's country programmes and generation of implementation evidence as necessary.

#### **Regional office deliverables**

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

#### **Headquarters deliverables**

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

**Output 3.4.3. Trends in, and progress on, action on social determinants of health and health equity monitored, including under the universal health coverage framework and the Sustainable Development Goals**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Regional and global trends in, and progress on, action on social determinants of health and health equity monitored and reported	2* (2017)	4* (2019)

*\* The baseline and target figures do not include estimates from the Region of the Americas.*

**Country office deliverables**

- Build country capacity and support the collection, analysis, dissemination and use of data on the actions taken to address social determinants of health and health equity at national level, including in the context of global monitoring of the Sustainable Development Goals and the universal health coverage framework.
- Strengthen health information system at country level to address determinants of health and health inequity, reaching the hard-to-reach and vulnerable population.
- Support health system strengthening with strategic evidence to ensure inclusive services to the whole population (addressing health systems in conflict or disaster areas to reach the most neglected populations, including scheduled tribes/castes).

**Regional office deliverables**

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

**Headquarters deliverables**

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

## HEALTH AND THE ENVIRONMENT

### Outcome 3.5. Reduced environmental threats to health

Outcome indicators <sup>1,2</sup>	Baseline	Target
Percentage of population using safely managed drinking water services (Sustainable Development Goal indicator 6.1.1)	To be determined (2017)	To be determined (2019)
Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (Sustainable Development Goal indicator 6.2.1)	To be determined (2017)	To be determined (2019)
Proportion of population with primary reliance on clean fuels and technology (Sustainable Development Goal indicator 7.1.2)	To be determined (2017)	To be determined (2019)
Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population-weighted) (Sustainable Development Goal indicator 11.6.2)	To be determined (2017)	To be determined (2019)

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

Output indicators	Baseline	Target
Number of countries that have undertaken a national assessment or status review of water and sanitation drawing on WHO data, analysis or technical support	55/194 (2017)	65/194 (2019)
Number of countries that have developed health adaptation plans for climate change	40/194 (2017)	52/194 (2019)
Number of countries that have developed national policy instruments for workers' health with support from WHO	145/194 (2008)	To be determined <sup>3</sup>

<sup>1</sup> The outcome indicators selected for 2018–2019 are some of the Sustainable Development Goal indicators related to health and the environment for which WHO is the official custodial agency. They have been selected because definitions and assessment methodologies have been agreed with the United Nations Inter-Agency and Expert Group on Sustainable Development Goal Indicators, and because baseline estimates will be available by mid-2017. It is also expected that follow-on assessments for these indicators will be undertaken before the end of 2019, thus allowing for meaningful reporting on results within the biennium.

<sup>2</sup> Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (document E/CN.3/2016/2/Rev.1, available at <http://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-IAEG-SDGs-Rev1-E.pdf>, accessed 30 June 2016).

<sup>3</sup> This indicator is tracking progress with the implementation of actions called for under resolution WHA60.26 (Worker's health: global plan of action 2008–2017). An assessment of progress is currently under way and will be reported to the Seventy-first World Health Assembly in May 2018. At that time it is expected that further clarity will be provided regarding targets and additional work to be supported in this area by the Secretariat in the period 2018–2019.

**Country office deliverables**

- Enhance, as a result of WHO technical support, national and subnational capacity to engage in effective cross-sectoral coordination for environment, labour and health, assess and manage the health impacts of environmental risks, including through health impact assessments, and support the development of national policies and plans on environmental and workers' health.
- Strengthen national and subnational capacity for preparedness and response to environmental emergencies (such as extreme weather events, chemical, radiological and other environmental emergencies), including in the context of the International Health Regulations (2005), as well as addressing environmental health risks, such as the provision of adequate water and sanitation and protection of occupational health and safety, in the preparedness and response to all health emergencies.

**Regional office deliverables**

- Provide WHO leadership to support the development and implementation of regional strategies/action plans on environmental health, including on water, sanitation, waste, air quality, chemicals and climate change, as well as on occupational health and safety.
- Provide technical support to country offices as needed to support the development and implementation of policies and regulations on environmental and occupational health and for strengthening of health systems in order to improve the assessment and management of environmental threats to health and promote and protect workers' health, including in emergencies.
- Establish, support and strengthen partnerships and intersectoral policy platforms among Member States and regional partners to address environmental and occupational determinants of health.

**Headquarters deliverables**

- Develop methodologies and tools and generate evidence to support the development of policies, strategies and regulations for prevention and management of environmental and occupational risks and climate change, including in sectors of the economy other than health.
- Provide WHO leadership and support for the development and implementation of global strategies/action plans on environmental and workers' health issues and for the strengthening of global cooperation and partnerships to address environmental and occupational determinants of health.
- Provide technical support to regional offices as needed for highly specialized technical areas, including in emergencies.
- Develop guidelines, standard operating procedures, policies, tools and training materials for preparedness and response to environmental emergencies (such as extreme weather events, chemical, radiological and other environmental emergencies), including in the context of the International Health Regulations (2005), as well as addressing environmental health risks, provision of adequate water and sanitation, and protection of occupational health and safety in the preparedness and response to all health emergencies.

**Output 3.5.2. Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, and climate change and technical support provided at the regional and country levels for their implementation.**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of WHO norms, standards and guidelines on environmental and occupational health risks developed or updated within the biennium	0 (2017)	3 (2019)
Number of countries that have developed new or revised existing policies or national standards based on WHO guidelines for environmental and occupational health risks.	35 (2017)	50 (2019)

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

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

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

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

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

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

**Output 3.5.3. Public health objectives addressed in implementation of multilateral agreements and conventions and initiatives on the environment, the Paris Agreement (as adopted by United Nations Framework Convention on Climate Change), international labour conventions related to occupational health and safety, and in relation to the Sustainable Development Goals**

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

<sup>1</sup> The target for 2019 is the same as the baseline because countries are not expected to update their nationally determined contributions until 2020, as this is the timeframe defined in the Paris Agreement.

**Country office deliverables**

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

**Regional office deliverables**

- Advocate for and actively support multisectoral cooperation among regional stakeholders and for the promotion of the health agenda in regional initiatives on the environment, labour and sustainable development, and for the implementation of regional multilateral environmental agreements, including in the context of relevant regional intergovernmental and partnership forums.
- Monitor and report on the environmental and occupational health situation and trends at regional level, including as part of global monitoring efforts where relevant.

**Headquarters deliverables**

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

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.1 Reproductive, maternal, newborn, child and adolescent health	74.9	19.9	17.2	7.4	19.8	12.5	59.6	<b>211.3</b>
3.2 Ageing and health	1.7	1.5	0.6	1.5	0.9	1.4	7.3	<b>14.9</b>
3.3 Gender, equity and human rights mainstreaming	4.1	3.0	1.0	1.1	1.3	1.5	6.3	<b>18.3</b>
3.4 Social determinants of health	8.9	4.3	1.9	8.2	2.8	1.9	4.2	<b>32.2</b>
3.5 Health and the environment	15.7	7.6	8.9	21.5	5.5	10.7	37.7	<b>107.6</b>
<b>Category 3 total</b>	<b>105.3</b>	<b>36.3</b>	<b>29.6</b>	<b>39.7</b>	<b>30.3</b>	<b>28.0</b>	<b>115.1</b>	<b>384.3</b>

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Research in human reproduction	–	–	–	–	–	–	68.4	<b>68.4</b>
<b>Research in human reproduction total</b>	–	–	–	–	–	–	<b>68.4</b>	<b>68.4</b>

---

## CATEGORY 4 – HEALTH SYSTEMS

---

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

By the end of the biennium, only 10 years will remain to reach the target under the Sustainable Development Goals that every human being on this planet will have access to the quality health services he or she needs without suffering financial hardship when paying for them. This requires: a resilient, efficient, responsive and well run health system; a system for financing health services; access to essential medicines and technologies; and sufficient human resources capacity made up of well trained, motivated health workers.

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

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

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

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

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

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

---

<sup>1</sup> The world health report. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010 (<http://apps.who.int/iris/handle/10665/44371>, accessed 14 December 2016).

The risks of funding agencies and institutions promoting a fragmented and duplicative approach in countries need to be mitigated in order to safeguard the strengthening of comprehensive country-led systems. Under the Sustainable Development Goals, target 3.8 on universal health coverage presents a unique opportunity to address this challenge, if countries and the international community promote a comprehensive and coherent approach to strengthening health systems. At the global level, and strongly supported by the Secretariat, renewed attention is being paid to the critical importance of health systems strengthening. The group of seven major advanced economies (G7) and many development partners have committed to investing in health systems, for example by supporting transformation of the International Health Partnership+ into the International Health Partnership for UHC 2030, the new health systems partnership for universal health coverage, and development of the “Healthy systems – healthy lives” roadmap, which will continue to assist the global community in this regard.

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

- “F”: building health systems foundations in challenging environments;
- “I”: strengthening health system institutions in countries where foundations are already in place; and
- “T”: supporting health system transformation towards universal health coverage in countries with mature health systems.

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

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

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

### **National health policies, strategies and plans**

National health policies, strategies and plans are essential for defining country priorities and budgets, as well as embodying a vision for improving and maintaining people’s health, improving financial risk protection, and ensuring health system resilience, while moving closer to universal health coverage. In line with the Sustainable Development Goals, such plans should go beyond the health sector and be flexible and responsive in times of crisis. WHO supports the institutionalization of policy and strategy development based on inclusive policy dialogue by multiple stakeholders and sectors, including the elaboration and implementation of health financing strategies. Measures to improve health system governance will be essential in increasing

transparency and raising the level of accountability among all stakeholders. WHO's work in this programme area will consist in building on the best evidence generated by countries and promoting values of equity, solidarity and human rights.

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

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

The Secretariat will place emphasis on the intersectoral and multistakeholder orientation needed for whole-of-government "Health in All Policies" approaches to national and regional health strategies.

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

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

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

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

The Secretariat will support Member States in their efforts to accelerate progress towards achieving universal health coverage by reviewing their health systems in order to maintain and expand access to high-quality, safe and integrated health services throughout the life course, from promotion, prevention, care (including long-term care) and rehabilitation, to palliation, with strong links to social services. In order to reduce health inequities, there needs to be a focus on community-based and primary care services targeted at risk groups, as well as a reduction in out-of-pocket payments through the removal of public sector user fees and the development of innovative ways to limit other health care costs, such as drug, transport and other opportunity costs. There also needs to be an increase in geographical access through investment in, and reorientation of, public primary and secondary services in underserved areas, and in new strategies for improving the acceptability, quality and accountability of both public and private sector health care, including actions to overcome gender-driven demand-side access barriers. This requires strong multisectoral engagement and cooperation, including participation across government sectors and levels and with civil society and other key stakeholders. Lastly, all activities in support of integrated health services help to build resilient health systems. WHO will therefore work with countries to strengthen their essential public health functions and better integrate them in their health systems, including building their capacities to comply with the International Health Regulations (2005), infection prevention and safe services.

In the biennium 2018–2019, the Secretariat will continue to support countries in adopting and implementing integrated and people-centred health service approaches. All countries will need to examine new, innovative models of health care delivery across the continuum of care, as they face different epidemiological or demographic challenges. They will also need to scale up and improve the technical vocational education and training of health workers, ensure their professional recognition and certification, and promote equitable distribution and retention. Transformational change in education is required to determine the appropriate skill mix and competencies necessary within integrated primary health care teams, which will increase cost-effective services and ultimately lead to cost savings. Such a change will undoubtedly involve investment, but by examining more efficient models of health workforce and services organization, significant resources could be unlocked. It is critical to build institutional and individual capacity in health labour market analysis, planning, governance and management of human resources for health, to provide effective stewardship of the necessary policy reforms. The establishment of registries for improved availability and validity of information on health workers, and the progressive implementation of national health workforce accounts, will underpin evidence-informed analysis and policy reforms. In some regions, hospital governance and management will need to be strengthened and hospital reform prioritized, hand in hand with reinforcing primary health care. The empowerment and engagement of patients and their families in care delivery will be essential for improving the quality, safety and responsiveness of health services.

In the biennium 2018–2019, the Secretariat will support reform of health and social care institutions and services, will strengthen public health capacity within health systems to overcome barriers to access for underserved populations, and will examine new approaches for assessing the quality of care at local and national levels in both the public and private sectors. This requires broader multisectoral approaches to tackling the social and structural determinants of health in order to better address the wider challenges, such as an increase in the prevalence of noncommunicable diseases, violence and injuries, ageing societies and the lack of knowledge management necessary for new health technologies, as well as health inequities. The Secretariat will provide support for strengthening the capacity of public health, clinical and social care professionals in pursuing multisectoral approaches in order to address such challenges.

It is widely understood that every country needs to have a robust public health system that is capable of dealing effectively with unexpected health events, whatever they might be. However, public health services and functions are currently fragmented, variable and incomplete, and they are often disconnected from the health system as a whole. At the same time, there is frequently little common understanding of essential public health functions in a globalized and interconnected world. WHO will therefore continue to work with partners to advance a globally recognized set of public health functions for future integration in health systems. Such a set of functions can be used as a framework for investment, and they can be adapted into a tool for assisting countries to further strengthen global health security, foster the sustainability of health systems and attain

wider economic and sustainable development goals. This includes identifying the roles and responsibilities of health services regarding compliance with the International Health Regulations (2005).

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

Universal access to health services is dependent on the accessibility of affordable medicines and other health technologies (vaccines, diagnostics and devices) of assured quality, and their rational and cost-effective use. This programme area has accordingly been highlighted as one of the six WHO leadership priorities in the Twelfth General Programme of Work 2014–2019. In economic terms, medicines and other health technologies are the second largest component of most health budgets (after human resource costs), and the largest component of private health expenditure in low- and middle-income countries. In most of these countries, regulatory systems are weak and the safety, efficacy and quality of medicines and other health technologies cannot be guaranteed. This perpetuates inequitable access to quality medicines and impedes the right to health.

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

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

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

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

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

### **Health systems, information and evidence**

Information and evidence are the foundations of sound public health policies and programmes, resource allocation and decision-making for health. Health information systems that provide accurate, timely and complete information on health situations and trends, meet local demands for better planning and implementation, and assess progress towards attainment of the health-related Sustainable Development Goals,

are still inadequate in many countries. The information gaps are particularly large in terms of identifying and monitoring widespread inequities in health and health service access, which are critical in informing policies, programmes and interventions. The work includes the disaggregation of data by sex, age and other key equity variables, and the routine collection of data on health inequities and their determinants, including those based on gender.

There are also major gaps in evidence about what works and the related costs, and in uptake of knowledge and evidence to improve policies and programmes. At the global level, WHO will focus its work on providing strategic and technical advice, as well as advocacy, on the basis of sound monitoring of health research and development through WHO's Observatory on Global Health Research and Development, promotion of high-quality systematic review-based guidelines and public health ethics, and maintenance of a clinical trials registry platform. Regarding Member States, WHO will focus on building capacity to engage in research, following globally accepted ethical principles, in order to generate knowledge and translate it into policy and practice for the strategic use of information and communication technologies in health services and systems. Equitable and sustainable access to health knowledge remains a vital need.

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

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

The Organization will continue to provide strategic guidance and support to countries for implementation of national strategies on the use of information and communication technologies for health (eHealth) and on medical and public health practice supported by mobile devices (mHealth), for improving the standardization and interoperability of eHealth services and information systems, innovation and electronic learning in the context of health promotion and human resources capacity development, and for assessing global trends and building the evidence base for eHealth.

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

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

To meet the Sustainable Development Goals, synergies and collaboration between technical programmes within WHO and other non-health sectors need to be strengthened. In order to focus collaboration within and between categories most effectively, support will be provided to countries across the three levels of the Organization, for example, for health service delivery in order to scale up universal health coverage at the country level. There needs to be a link between the work on health systems development and disease- or population-specific service delivery programme areas in other categories, such as: maternal, child, adolescent, adult and older people's health (Promoting health through the life course); immunization, HIV/AIDS, tuberculosis, malaria and other infectious diseases (Communicable diseases); and noncommunicable diseases and violence and injury prevention (Noncommunicable diseases). As health systems are essential in preparing

for, responding to and recovering from health emergencies of all types, there is also an integral link with the WHO Health Emergencies Programme. The Health systems category also has linkages with WHO's cross-cutting work on gender, human rights, equity and social determinants of health. Reorienting health systems so that they mitigate health inequities makes it imperative to address social determinants of health, gender inequality and human rights. The Health systems category will therefore work closely with the category for Promoting health through the life course in order to operationalize WHO's commitments to health equity and the right to health. The Health systems category will also work closely with the category for Communicable diseases to implement the research and development blueprint for action to prevent epidemics.

Health systems are the enablers for maximizing health, and efforts under Category 4 therefore have to engage, other global health actors beyond WHO, such as UNICEF, UNFPA, UNDP, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, as well as others outside the health sector. Of particular importance will be the financing sector (in collaboration with the World Bank and the regional development banks, in particular) and the workforce education sector (in collaboration with UNESCO). Health systems also need to engage with the labour market sector (in collaboration with ILO and OECD) to ensure that labour conditions are conducive to reducing current and future gaps in the health workforce. Maximizing access to medicines and other health technologies requires collaboration with WIPO and WTO on intellectual property and trade issues. Work on eHealth and mHealth will continue to be conducted jointly with ITU, in collaboration with international standard-setting organizations. For information and evidence, the Health Data Collaborative offers a global platform for streamlining all major global and country efforts to strengthen country health information systems, with WHO in a central facilitating role.

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

## **NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS**

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

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

**Output 4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a "Health in All Policies" approach and equity policies)**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries enabled to monitor the progress of their national health policy/strategy/plan during the biennium	0 (2017)	75/125 (2019)

**Country office deliverables**

- Facilitate the development and implementation of comprehensive national health policies/strategies/plans applying WHO tools and approaches that ensure and/or promote the resilience of health systems and a rights-based approach, respect national ownership, give a voice to the population, improve accountability and policy coherence, and are in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030.
- Support health officials in engaging with the population and stakeholders from the private sector, communities, nongovernmental organizations, civil society, development agencies and other sectors in policy dialogue, in order to develop and implement national health policies, strategies and plans aligned with intersectoral “Health in All Policies” and human rights-based approaches that will increase the resilience of their health systems as part of the effort to promote equitable progress towards universal health coverage and attainment of the Sustainable Development Goals.
- Identify needs and provide support to strengthen country governance capacity, including the institutional, legislative, regulatory and societal frameworks required to increase accountability, participation, coherence and transparency for making progress towards universal health coverage and for tackling critical global health and security priorities such as antimicrobial resistance and emergencies.

**Regional office deliverables**

- Provide technical support to country offices and Member States for developing, implementing and monitoring comprehensive national health policies/strategies/plans, as well as institutional reforms applying a human rights-based approach, that ensure progress towards attaining equitable universal health coverage and the Sustainable Development Goals, promote health system resilience, respect national ownership, give a voice to the population, improve accountability and policy coherence, and are in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030.
- Generate evidence and document regional good practices and lessons learned on: effective participation of the population and stakeholders from the private sector, communities, nongovernmental organizations, civil society and other sectors in policy dialogue; intersectoral action and “Health in All Policies”; and implementation of priority national health policies, strategies and plans that will increase the resilience of health systems, all as part of the effort to promote equitable progress towards universal health coverage and attainment of the Sustainable Development Goals, “with no one left behind”.
- Adapt to the regional context global tools and approaches for improving health system governance, including institutional, legal, regulatory and societal frameworks, and coordinate with regional partners, United Nations system organizations and development partners to improve accountability and transparency and make progress towards equitable universal health coverage and attainment of the Sustainable Development Goals.

**Headquarters deliverables**

- Generate international best practices and develop guidance to support Member States in leading multistakeholder, bottom-up, inclusive policy dialogue and capacity-building for the development, implementation and monitoring of comprehensive national health policies/strategies/plans that adopt a human rights-based approach, in order to strengthen their health systems and make progress towards equitable universal health coverage and attainment of the Sustainable Development Goals.
- Coordinate with partners globally and assist regional and country offices to facilitate the coordination and alignment of national and external stakeholders in health systems strengthening efforts in support of universal health coverage and attainment of the Sustainable Development Goals, and, where necessary, to develop and sign compacts or other coordination documents in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030.
- Generate international best practices and develop tools and guidance to support Member States in leading institutional reforms, including decentralization, in order to strengthen their health systems in line with the principles of human rights and equity and the values of universal health coverage and attainment of the Sustainable Development Goals.
- Generate international best practices and develop guidance to support Member States in leading multisectoral policy dialogue and capacity-building for effective development and implementation of intersectoral action and “Health in All Policies” oriented towards universal health coverage and attainment of the Sustainable Development Goals.
- Generate international best practices and develop tools and guidance to support Member States in giving citizens a voice in decision-making processes, as well as in the implementation, monitoring and evaluation of activities, with the aim of increasing accountability, participation, coherence and transparency and, consequently, strengthening health systems in line with the principles of universal health coverage and attainment of Sustainable Development Goal 16.
- Generate international best practices and develop tools and guidance to support Member States in developing legal and regulatory frameworks, including regulation of the private sector, with the aim of strengthening health systems in line with the principles of universal health coverage and attainment of the Sustainable Development Goals.

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

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries monitoring and reporting their progress in financial protection	50 (2017)	100 (2019)

**Country office deliverables**

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

**Regional office deliverables**

- Assist country offices to support Member States in developing health financing strategies for the attainment of target 3.8 (universal health coverage) under the Sustainable Development Goals, including institutional capacity development and policy dialogue with national budgetary authorities and other relevant stakeholders on sustainable financing for health.
- Assist country offices to support Member States in monitoring financial protection and equity in the funding and use of health services, assessing value for money and tracking health expenditures, while also facilitating updates of relevant global databases.
- Synthesize and disseminate lessons learned from country and regional health financing reform experiences, including applying them to training programmes on health system financing for universal health coverage and promoting evidence-informed policy-making.

**Headquarters deliverables**

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

**INTEGRATED PEOPLE-CENTRED HEALTH SERVICES****Outcome 4.2. Policies, financing and human resources in place to increase access to integrated, people-centred health services**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Number of countries implementing integrated services	80/194 (2017)	To be determined (2019)
Number of countries reporting on national health workforce disaggregation (by top 10 cadres, place of employment, urban/rural, subnational (second-level) administrative area)	To be determined (2017)	To be determined (2019)

#### Output 4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened

Output indicator	Baseline	Target
Number of countries enabled to implement integrated, people-centred health service strategies through different models of care delivery matched with their infrastructure, capacities and other resources	83/194 (2017)	To be determined (2019)

##### *Country office deliverables*

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

##### *Regional office deliverables*

- Backstop country offices in optimizing essential public health functions as a core component of a resilient health system and in support of improving overall health outcomes.
- Develop regional strategies/roadmaps guiding the actions of all stakeholders in support of integrated people-centred service delivery reforms directed towards achieving the Sustainable Development Goals and especially universal health coverage, with special attention to linkages between social and health services.
- Consolidate lessons learned and best practices from countries of the region, and provide platforms for sharing information and interaction between key stakeholders on successful models of service delivery in order to move towards universal health coverage.
- Assist country offices in supporting Member States to engage with communities and other stakeholders on delivery of integrated, people-centred health services, including collecting and sharing best practices and models relating to patient engagement and empowerment at the regional level.
- Backstop country offices in the provision of support to countries in developing and implementing national strategies while taking into account global frameworks, including the Framework on integrated people-centred health services, the traditional medicine strategy: 2014–2023 and the Global strategy on human resources for health: workforce 2030. Backstop country offices in the provision of technical assistance and capacity-building tools to strengthen primary, hospital, long-term, palliative, community and home-based care services, including their governance, accountability, management, quality and safety, as part of an efficient, integrated and people-centred service delivery system, and to enable them to respond effectively to emergencies and disasters.

**Headquarters deliverables**

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

**Output 4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that are implementing national health workforce accounts during the biennium	30/194 (2017)	To be determined (2019)

**Country office deliverables**

- Support Member States in strengthening health workforce information gathering and reporting on national health workforce accounts and minimum data sets, as well as in implementing regional and global resolutions, such as those on the WHO Global Code of Practice on the International Recruitment of Health Personnel, and on education, retention, nursing and midwifery.
- Provide policy advice and support for strengthening country capacity to develop and implement human resources for health strategies in line with the Global strategy on human resources for health: workforce 2030 and the framework on integrated people-centred health services, as well as regional health workforce strategies.
- Support Member States in educating and training a suitably equipped workforce to address critical global health priorities, such as the prevention and control of epidemics and other emergencies, in line with the International Health Regulations (2005) and the global action plan on antimicrobial resistance.

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries enabled to develop and implement strategies for improving patient safety and quality of health services at the national level within the context of universal health coverage	77/194 (2017)	To be determined (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

## ACCESS TO MEDICINES AND OTHER HEALTH TECHNOLOGIES<sup>1</sup> AND STRENGTHENING REGULATORY CAPACITY

### Outcome 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies

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

### Output 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools

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

#### Country office deliverables

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

#### Regional office deliverables

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

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

**Headquarters deliverables**

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

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

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

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

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

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

**Country office deliverables**

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

**Regional office deliverables**

- Provide technical assistance to country offices for strengthening national regulatory authorities and systems, including in the implementation of WHO norms and standards for quality assurance and safety of health technologies and use of the WHO benchmarking tool in national regulatory authority assessment and self-assessment, and promote, support and implement the institutional development plan in addressing identified weaknesses and gaps.
- Facilitate country collaboration leading to the progressive convergence of regulatory practices across countries in the region and across regions in order to improve their quality and efficacy.
- Support global initiatives to develop new models for the prequalification of medicines, vaccines and other health technologies.
- Facilitate regional platforms in order to foster international collaboration and sharing of best practices in safety, pharmacovigilance and monitoring and regulation of supply chains, and raise awareness of substandard/spurious/falsely-labelled/falsified/counterfeit medical products.
- Provide technical expertise to country offices in strengthening regulatory systems to support appropriate practices for optimizing use of antimicrobials and combating antimicrobial resistance.

**Headquarters deliverables**

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

## HEALTH SYSTEMS, INFORMATION AND EVIDENCE

**Outcome 4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities**

Outcome indicator	Baseline	Target
Number of countries that have annual good quality equity-oriented public analytical reports for informing regular reviews of the health sector strategy	120 (2017)	To be determined (2019)

**Output 4.4.1. Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants using global standards, including data collection and analysis to address data gaps and system performance assessment**

Output indicator	Baseline	Target
Number of countries that have produced a comprehensive health situation and trends assessment during 2018–2019	156 (2017)	To be determined (2019)

### **Country office deliverables**

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

### **Regional office deliverables**

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

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

#### **Headquarters deliverables**

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

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

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries that have developed and are implementing an eHealth strategy	To be determined (2017)	To be determined (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

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

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of policy briefs and similar information products that synthesize evidence and provide policy options for decision-making	To be determined (2017)	To be determined (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Develop tools and methodologies for strengthening national capacity to identify, translate and use evidence for policy through platforms on knowledge translation.
- Support national, regional and global health priorities through the global network of WHO collaborating centres, advisory and expert committees/panels, and the compendium of national expertise.

- Consolidate the Institutional Repository for Information Sharing as the sole repository for all WHO information products, promote the use of the Global Index Medicus, and provide access to medical, technical and scientific literature for all low-income countries, including through the HINARI Access to Research in Health programme.
- Produce, publish and disseminate information products in line with WHO's global priorities and in relevant languages and formats.
- Set norms and standards for publishing by WHO through the Publishing Policy Coordination Group and provide access to medical, technical and scientific literature for all WHO staff through the Global Information Full Text project.
- Strengthen and ensure the quality and evidence base of WHO guidelines through the Guidelines Review Committee.

**Output 4.4.4. Policy options, tools and technical support provided to promote and increase research capacity on health and address ethical issues in public health and research**

Output indicator	Baseline	Target
Number of countries that have an explicit national policy requiring all research involving human subjects to be registered in a recognized public registry	76 (2017)	To be determined (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.1 National health policies, strategies and plans	20.5	13.7	16.7	16.7	15.4	16.8	42.3	<b>142.1</b>
4.2 Integrated people-centred health services	32.5	6.3	16.0	16.6	20.0	16.4	47.3	<b>155.1</b>
4.3 Access to medicines and health technologies and strengthening regulatory capacity	19.3	7.4	9.2	5.5	8.8	11.2	106.0	<b>167.4</b>
4.4 Health systems, information and evidence	17.0	8.5	13.9	11.2	12.3	8.8	58.2	<b>129.9</b>
<b>Category 4 total</b>	<b>89.3</b>	<b>35.9</b>	<b>55.8</b>	<b>50.0</b>	<b>56.5</b>	<b>53.2</b>	<b>253.8</b>	<b>594.5</b>

---

## WHO HEALTH EMERGENCIES PROGRAMME

---

The work of the WHO Health Emergencies Programme over the coming years will need to address an unprecedented number of health emergencies. Climate change, increasing urbanization, globalization and an intensification of civil conflicts are increasing the frequency and severity of emergencies with health consequences. An outbreak of even a limited number of cases can spark high levels of concern and response activity, while large-scale emergencies cause widespread death and suffering. Irrespective of the hazard, emergencies disproportionately affect the poorest and most vulnerable people. The resulting economic cost averages over US\$ 100 billion per year. The appropriate and timely management of risk requires effective national and international capacities and collaboration. Working more closely with partners is essential: WHO cannot deliver results alone.

The vast majority of health emergencies and disease outbreaks with high morbidity and mortality occur in less developed countries with limited capacity to prepare for and respond effectively to emergencies. Everything the Programme does must contribute to the delivery of better results at country level. To prevent, detect and respond to emergencies, the Programme focuses on building country capacity with the requisite support from national, regional and global partners.

A pyramid conceptual framework provides a high-level vision and focus for the programme. At its foundation are strong health systems and essential public health services, especially in the most highly vulnerable countries, upon which the Programme consistently and rigorously supports Member States to: build all-hazards emergency preparedness, mitigation and response capacities; develop long-term interagency strategies to prevent and control infectious diseases; and utilize a strong, resourced and efficient detection, risk assessment and response arm that projects WHO and partner capacities for maximum impact in support of national health authorities.

The work of the new Programme is organized around five major areas: (1) health emergency information and risk assessment, to provide timely and authoritative situation analysis, risk assessment and response monitoring for all major health threats and events; (2) emergency operations, to ensure that populations affected by emergencies have access to an essential package of life-saving health services; (3) infectious hazard management, to ensure that strategies and capacities are established for priority high-threat infectious hazards; (4) country health emergency preparedness and the International Health Regulations (2005), to ensure that country capacities are established for all-hazards emergency risk management; and (5) emergency core services, to ensure that the Health Emergencies Programme is rapidly and sustainably financed and staffed.

This section sets out the results framework for the Programme. As one programme across the three levels of the Organization with five major areas of work, the Health Emergencies Programme works as one team to deliver results.

### **Health emergency information and risk assessment**

The Health Emergency Information and Risk Assessment area of work provides authoritative information for public health decision-making in emergencies. The area of work is responsible for identifying new public health events, assessing risks to public health, conducting epidemiological surveillance and field investigations, monitoring public health interventions, and communicating public health information to technical partners. Event-based surveillance is a core activity of the area of work, as it enables the Health Emergencies Programme to identify new events that may have adverse public health impacts. Assessing the public health risks of new events is important for the initiation of preparedness and response measures. For new and ongoing events, epidemiological surveillance and investigation, as well as monitoring of public health interventions, is critical for effective management of the health consequences of emergencies. Being able to communicate technical information to partners within the emergencies and public health community is needed so that coordination of joint interventions and capacities can be optimized. The Health Emergency Information and Risk Assessment

Department works closely with the other areas of work across the Health Emergencies Programme, WHO country and regional offices, and partner organizations.

### **Emergency operations**

WHO continues to enhance its systems and processes to ensure a more predictable and effective response to health emergencies. Emergency operations have three main elements: (i) strengthening WHO's own operational capacities; (ii) expanding and strengthening international capacities for emergency response through partnerships; and (iii) catalysing and coordinating the international response to health emergencies. Partnership is therefore vital to WHO operations, with a full organizational commitment to collective action.

WHO works with governments and partners to ensure that the response to acute public health events is rapid and targeted, so that they do not escalate into large-scale outbreaks. The Global Outbreak Alert and Response Network plays a central role in this process, from alert and risk assessment to rapid implementation of disease control measures. When emergencies threaten health, WHO supports the rapid scale-up of essential public health interventions and health services, based on accepted standards, to mitigate surges in morbidity and mortality. The Global Health Cluster, the Global Outbreak Alert and Response Network, emergency medical teams, standby partners and other networks play front-line roles in these efforts.

WHO continues to strengthen the management of its own emergency operations through the adoption and institutionalization of the Incident Management System. Under this system, critical emergency management functions will consistently be established at country level, with incident management support teams at regional and headquarters levels providing the required technical and operational backstopping. Emergency operations centres should be fully resourced in regional offices and headquarters and operate according to international standards. They will increasingly be linked to other emergency operations centres globally through the WHO-coordinated Public Health Emergency Operations Centres Network.

A strong operational platform is required to ensure that WHO has the capacities to respond effectively, even in the "deep field". WHO's own operational support, health logistics and supply chain capacities will therefore continue to be developed and expanded. Strategic partnerships are also vital to this work, as the Organization collaborates to leverage the comparative advantages of its operational partners.

### **Infectious hazard management**

Expert systems and networks will be further strengthened, and emphasis will continue to be placed on transferring technical knowledge and skills to all who need it – from frontline responders and affected communities to subnational and national public health authorities. Global strategies are being developed, together with partners from a wide range of technical, scientific and social fields, to counter high-threat infectious hazards.

Mechanisms governing the management of global vaccine stockpiles continue to be strengthened, in order to ensure accountability, transparency, reliability and consistency. To increase countries' preparedness, there is also a major focus on anticipating where epidemics due to known infectious hazards may be likely to occur.

As new areas of work arise, new highly skilled talent will need to be recruited. Appropriate technical expertise will be maintained to deal with the next major epidemics.

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

Work on country health emergency preparedness and the International Health Regulations (2005) includes monitoring and evaluation of national preparedness capacities, planning and building critical capacities and, at headquarters, the secretariat of the International Health Regulations (2005). The Regulations themselves, including their Monitoring and Evaluation Framework, and the Sendai Framework for Disaster Risk Reduction

2015–2030 are major instruments for ensuring all-hazard and multisectoral preparedness, linking national core capacities under the Regulations with resilient health systems.

This area of work supports Member States in the dynamic and ongoing process of evaluation and strengthening of their capacities under the International Health Regulations (2005), in line with the Monitoring and Evaluation Framework, as well as in preparing, implementing and following up on the legal requirements under the Regulations, the reporting to governing bodies, and the International Health Regulations (2005) emergency and review committees. The Joint External Evaluation process is being used to assess country capacities and to develop plans to build critical core capacities, focusing on vulnerable countries.

In cooperation with organizations of the United Nations system, nongovernmental organizations and other stakeholders, work in this area will also further strengthen the support provided to Member States in building capacity for the full emergency management cycle (prevention, preparedness, response and early recovery). Other responsibilities include ensuring the operational readiness of Member States and the Secretariat in highly vulnerable countries, gathering information in preparation for mass gatherings, securing international transport, travel and trade, and providing guidance for travellers during outbreaks.

### **Emergency Core Services**

The area of emergency core services is responsible for implementing capacities, policies, procedures and systems that are standardized across the Organization and fit for purpose, in order to support effective management and sustainable staffing and financing of the Health Emergencies Programme while ensuring interoperability and consistency during coordinated emergency response efforts through partnership. This area of work encompasses administration, communications, resource mobilization and grant management, strategic planning, financial and human resources management, security, and staff health and well-being.

WHO continues to strengthen its management and administration for health emergencies, to ensure that management decisions rapidly trigger the seamless provision of services that meet emergency performance standards and facilitate the Health Emergencies Programme. This is achieved both through the establishment of standard operating procedures, policies, guidelines and standardized templates, building on lessons learned from previous response efforts and best practice from other operational partners, and through ongoing review and assessment of performance in this area. This approach will lead to continuous improvement and contribute to the overall goal of business process excellence.

## **RESULTS FRAMEWORK**

### **INFECTIOUS HAZARD MANAGEMENT**

#### **Outcome E.1. All countries are equipped to mitigate risks from high-threat infectious hazards**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>	
Number of countries with risk mitigation measures for high-threat infectious hazards incorporated in national action plans	40% (2017)	60% (2018)	80% (2019)

**Output E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens**

Output indicator	Baseline	Target	
Number of global strategies and plans agreed for the management of high-threat infectious hazards (for example, by means of influenza vaccines, antivirals, yellow fever vaccine and cholera vaccine)	5 (2017)	8 (2018)	10 (2019)

**Deliverables**

- Develop and coordinate networks of technical experts for the management of selected high-threat infectious hazards.
- Monitor, analyse, model and project high-threat infectious hazard events.
- Develop and test new strategies and tools for the prevention and control of high-threat infectious hazards.
- Develop and disseminate technical guidelines and other knowledge products for the management of high-threat infectious hazards.
- Support countries to establish and maintain surveillance and prevention programmes for high-threat infectious hazards.

**Output E.1.2. Global expert networks and innovative mechanisms developed to manage new and evolving high-threat infectious hazards (such as for clinical management, laboratories, social science, and data modelling)**

Output indicator	Baseline	Target	
Number of institutions contributing to global expert networks and mechanisms	65 (2017)	80 (2018)	95 (2019)

**Deliverables**

- Develop and operate a partnership mechanism at global level to ensure access to life-saving interventions for high-threat infectious hazards (e.g. stockpiles).
- Develop and manage expert networks at global level for forecasting and modelling, pathogen identification and virulence assessment, clinical management and health worker protection, risk communication and social science-driven response.
- Develop a public health research agenda to manage new and evolving high-threat infectious hazards.
- Provide technical expertise for risk assessment, event mitigation/control and response to new and evolving high-threat infectious hazards.
- Ensure wide access to adapted technical knowledge on new and evolving high-threat infectious hazards.

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

**Outcome E.2. All countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005)**

Outcome indicator	Baseline	Target	
Number of countries reporting annually on the status of implementation of the International Health Regulations (2005)	100 (2017)	120 (2018)	140 (2019)

**Output E.2.1. Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed**

Output indicators	Baseline	Target	
Number of countries with core capacities independently evaluated	60 (2017)	120 (2018)	180 (2019)
Number of countries with national action plans developed	25 (2017)	60 (2018)	130 (2019)

### **Deliverables**

- Review annual reporting on the implementation of the International Health Regulations (2005) in coordination with national focal points.
- Conduct simulation exercises and after-action reviews as part of country evaluation.
- Coordinate and support the process of voluntary independent multisectoral evaluation of country core capacities and implementation of the International Health Regulations (2005).
- Develop and disseminate regular reports on implementation of the International Health Regulations (2005).
- Support the development of multisectoral national action plans based on assessment of country capacities and support the matching of resources to fill critical core capacity gaps (e.g. One Health).
- Report on the implementation of national action plans.

**Output E.2.2. Critical core capacities for health emergency preparedness and the International Health Regulations (2005) strengthened in all countries**

Output indicator	Baseline	Target	
Percentage of most vulnerable countries supported by WHO which have demonstrated progress in critical core capacities for health emergencies, the International Health Regulations (2005) and global health security	30% (2017)	60% (2018)	80% (2019)

**Deliverables**

- Develop policies and guidelines for multisectoral emergency preparedness capacity.
- Provide technical support to priority countries to strengthen capacities for early detection of and timely and effective response to all-hazards health emergencies (such as national health emergency operations centres, early warning and response, laboratories, points of entry, training).
- Support multisectoral international networks and collaboration to foster information-sharing and best practices for health emergency preparedness.
- Provide technical support to strengthen linkages between all-hazards emergency preparedness, health systems and essential public health operations (hospital safety index assessments, emergency medical services systems and hospital emergency plans).

**Output E.2.3. Operational readiness plans (WHO and partners) implemented and tested for specific threats in highly vulnerable countries**

Output indicator	Baseline	Target	
Percentage of WHO country offices with a minimum package of operational readiness in place	20% (2017)	50% (2018)	70% (2019)

**Deliverables**

- Conduct strategic vulnerability and risk assessment mapping in highly vulnerable countries.
- Support countries and partners to develop business continuity and contingency plans to address specific hazards and risks.
- Support the implementation of actions to increase operational readiness in WHO, high-risk, vulnerable countries and partners.
- Conduct simulation exercises to test the readiness of WHO and partners.

**Output E.2.4. Secretariat support provided for implementation of the International Health Regulations (2005)**

Output indicator	Baseline	Target	
Number of national focal points supported in implementation of the International Health Regulations (2005)	60 (2017)	100 (2018)	150 (2019)

**Deliverables**

- Maintain the roster of experts and directory of national and regional focal/contact points for the International Health Regulations (2005).
- Provide legal advice in relation to implementation and interpretation of the International Health Regulations (2005).
- Convene and provide support to emergency committees for public health events of international concern under the International Health Regulations (2005).
- Monitor and report on the implementation of temporary recommendations issued by emergency committees for public health events of international concern under the International Health Regulations (2005).

- Facilitate global dialogue across stakeholders/partners, sectors and disciplines on issues related to public health events of international concern.
- Convene and provide support to review committees under the International Health Regulations (2005).

## HEALTH EMERGENCY INFORMATION AND RISK ASSESSMENT

### Outcome E.3. Health events are detected and risks are assessed and communicated for appropriate action

Outcome indicator	Baseline	Target	
Percentage of detected events of public health importance for which health related risks are assessed and communicated	No baseline value	85% (2018)	100% (2019)

### Output E.3.1. New events detected and public health risks assessed

Output indicator	Baseline	Target	
Average number of days between posting on WHO's Event Management System and Event Information Site for detected acute events of international public health importance	15 (2017)	10 (2018)	5 (2019)

### Deliverables

- Conduct 24/7 event-based surveillance using the multiple data sources available.
- Develop a new generation of tools for event-based surveillance, including the Event Management System and Event Information Site.
- Integrate event-based surveillance with other public health surveillance systems, including humanitarian emergencies and natural disasters.
- Develop standard operating procedures and tools for identifying public health events that need to be risk-assessed.
- Conduct and communicate risk assessments and recommended actions for all relevant public health events.

### Output E.3.2. Reliable and up-to-date information available to inform public health interventions and monitor response operations

Output indicator	Baseline	Target	
Within two weeks of grading, the percentage of events for which a core set of health indicators has been agreed for monitoring (outcome, risk or health coverage) and for which health service mapping has been initiated	No baseline value	85% (2018)	100% (2019)

#### Deliverables

- Collect epidemiological data and assess the availability of health services during emergency events.
- Collaborate with partners to establish, collect and share key performance indicators to monitor ongoing response operations.
- Develop standard operating procedures and maintain catalogues of key performance indicators to be used to monitor response implementation.

### Output E.3.3. Accurate information about emergency events reported in a timely manner

Output indicator	Baseline	Target	
Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is publicly available to decision-makers, by any format, starting within one week from grading or from posting on the Event Information Site	No baseline value	85% (2018)	100% (2019)

#### Deliverables

- Produce regular situation reports for ongoing events and risks.
- Develop data management repositories and systems.
- Develop maps and other infographics.
- Share analysis of health information for events through appropriate channels.

## EMERGENCY OPERATIONS

### Outcome E.4. Populations affected by health emergencies have access to essential life-saving health services and public health interventions

Outcome indicator	Baseline	Target	
Percentage of emergency-affected populations which have received one or more basic health services	75% (2017)	75% (2018)	75% (2019)

### Output E.4.1. Health operations effectively managed in support of national and local response

Output indicator	Baseline	Target	
Percentage of all graded emergencies which activate an Incident Management System at country level within 72 hours	50% (2017)	75% (2018)	100% (2019)
Percentage of newly graded events for which a strategic response plan is developed with partners within 30 days	80% (2017)	90% (2018)	100% (2019)

**Deliverables**

- Establish an in-country Incident Management System structure and Regional Office/headquarters support mechanisms for all graded health emergencies.
- Provide effective management at national and subnational levels for all health emergencies.
- Establish and maintain emergency operations centres; lead development of a strategic plan for the health sector in all graded and protracted events.
- Leverage technical capacities from across the Organization in support of emergency operations.

**Output E.4.2. Collective response by operational partners effectively coordinated**

Output indicator	Baseline	Target	
Percentage of newly graded events for which a joint operations plan is developed with partners within 30 days	80% (2017)	90% (2018)	100% (2019)
Number of Global Outbreak Alert and Response Network partners supporting alert, risk assessment and response to public health events and emergencies	230 (2017)	250 (2018)	270 (2019)
Percentage of country health clusters with a dedicated, full-time health cluster coordinator	90% (2017)	100% (2018)	100% (2019)
Number of emergency medical teams verified and/or mentored at global level	40 (2017)	80 (2018)	130 (2019)
Number of deployments in support of emergency operations effected through standby partners	45 (2017)	55 (2018)	65 (2019)

**Deliverables**

- Increase global capacities for interoperable health emergency response through expansion and strengthening of the Global Outbreak Alert and Response Network, the Global Health Cluster, emergency medical teams and standby partners, ensuring increased interoperability among networks.
- Engage the Global Outbreak Alert and Response Network consistently for alert, risk assessment and response to public health events and health emergencies.
- Engage the Global Outbreak Alert and Response Network, the Global Health Cluster, emergency medical teams and standby partners consistently for the response to health emergencies.
- Address capacity gaps for the international response to health emergencies through development of strategic partnerships.
- Promote/develop technical standards for health emergency operations and monitor health response against standards.
- Undertake joint trainings and exercises among operational partners (the Global Outbreak Alert and Response Network, the Global Health Cluster, emergency medical teams, standby partners and others).

**Output E.4.3. Effective logistics and operational support rapidly established and maintained**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>	
Percentage of emergency events for which operational support and supplies are provided within one week	70% (2017)	100% (2018)	100% (2019)

**Deliverables**

- Provide operational support including transport, accommodation, facilities, security and information and communication technologies.
- Ensure the availability of medical supplies and equipment.
- Develop policies and standard operating procedures for operational support and supply chain management.
- Establish and monitor technical standards for health logistics.
- Provide security management support.

**Output E.4.4. Priority gaps in humanitarian policy and guidance addressed, with specific emphasis on health**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>	
Number of guidance documents developed to address priority policy/technical gaps, in collaboration with partners	0 (2017)	2 (2018)	3 (2019)

**Deliverables**

- Develop and test policies, guidelines and best practices for health emergency operations.
- Ensure integration of health in humanitarian and development interagency policy.
- Ensure reporting and authoritative documentation of attacks on health care and their impact on health service delivery.

**EMERGENCY CORE SERVICES****Outcome E.5. National emergency programmes supported by a well resourced and efficient WHO Health Emergencies Programme**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>	
Percentage of planned positions filled	75% (2017)	80% (2018)	80% (2019)
Percentage of core requirements funded by WHO core resources or multiyear funding agreements	40% (2017)	40% (2018)	50% (2019)

**Output E.5.1. Health Emergencies Programme effectively managed and sustainably staffed and financed**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>	
Percentage of core budget available at mid-point of biennium	50% (2017)	75% (2018)	75% (2019)
Percentage of requests for initial emergency funds of up to US\$ 500 000 disbursed within 24 hours of request	100% (2017)	100% (2018)	100% (2019)
Percentage of internal and external roster targets filled with preapproved, trained roster members	75% (2017)	75% (2018)	75% (2019)
Percentage of rapid response teams from the WHO Health Emergencies Programme deployed within 72 hours of decision to deploy	75% (2017)	75% (2018)	75% (2019)

**Deliverables**

- Establish standardized emergency workplans and budgets.
- Monitor the status of available and projected funding and funding gaps.
- Manage rosters, recruit and deploy staff and consultants.
- Provide staff medical and wellbeing services.
- Track and manage grants and their reporting requirements.
- Develop and implement standard operating procedures for administrative services.

**Output E.5.2. Effective communication and resource mobilization**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>	
Number of donors financially supporting the programme through voluntary contributions of over US\$ 1 million per biennium	22 (2017)	26 (2018)	28 (2019)

**Deliverables**

- Inform the public through statements to local and international media and other types of outreach.
- Issue local donor alerts, conduct fundraising with local donors and support international fundraising; engage with donors to secure adequate, sustainable and timely financing, while ensuring that reporting requirements are met.

**Output E.5.3. Effective leadership, planning and performance management**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>	
Health Emergencies Programme performance assessed annually	Yes (2017)	Yes (2018)	Yes (2019)

**Deliverables**

- Provide effective external and internal leadership of the Health Emergencies Programme.
- Ensure coherent strategic and operations planning across all programme areas.
- Assess programme performance and institutionalize continuous learning.

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
E.1. Infectious hazard management	20.4	5.9	2.9	7.8	11.9	3.6	43.3	<b>95.8</b>
E.2. Country health emergency preparedness and the International Health Regulations (2005)	44.2	8.6	9.4	10.9	14.8	17.7	39.7	<b>145.3</b>
E.3. Health emergency information and risk assessment	14.9	3.2	2.8	4.2	10.0	3.5	20.2	<b>58.8</b>
E.4. Emergency operations	40.9	6.0	7.9	6.0	37.7	5.5	49.8	<b>153.8</b>
E.5. Emergency core services	20.9	5.6	4.5	4.3	18.5	3.7	43.0	<b>100.5</b>
<b>Health emergencies programme total</b>	<b>141.3</b>	<b>29.3</b>	<b>27.5</b>	<b>33.2</b>	<b>92.9</b>	<b>34.0</b>	<b>196.0</b>	<b>554.2</b>

---

## CATEGORY 6 – CORPORATE SERVICES/ENABLING FUNCTIONS

---

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

For the biennium 2018–2019, the focus will be on strengthening organizational effectiveness and increasing efficiency, facilitating the Secretariat's response to the changing needs of Member States, particularly in relation to implementation of the 2030 Agenda for Sustainable Development (the Sustainable Development Goals) and strengthening preparedness for and response to global health emergencies. Enhancing the Organization's governance will continue to be a priority area, allowing for more strategic, inclusive and streamlined decision-making by Member States. From a managerial perspective, the Corporate services/enabling functions category will serve as an efficient provider of services to the other technical categories and the Health Emergencies Programme, offering a portfolio of services adjusted to the needs of the various programmes, while at the same time reinforcing accountability across all three levels of the Organization. All of the above will be embedded in a result-based management approach, including the definition of clear results, which will be regularly monitored.

### Leadership and governance

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

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

WHO's new Health Emergencies Programme is a fundamental development for the Organization, complementing its traditional technical and normative role with new operational capacities and capabilities for work in outbreaks and humanitarian emergencies. Implementation of the Programme requires action across all three levels of WHO, namely integration of the new structure, strengthening of functionality and harmonization of processes, as well as governance and partner engagement. The work in this category will build on the results of the WHO governance reform process. Next steps will include further strengthening of the strategic role of the governing bodies and work to increase their inclusiveness, transparency and efficiency,

including through the promotion of more manageable agendas, better tools for communicating with Member States, improved timeliness in the availability of supporting documents, and more effective management of governing body sessions. Engagement with partners and non-State actors will follow a thorough analysis of the risks entailed, according to the framework agreed with Member States.

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

The Thirteenth General Programme of Work, 2020–2025, will be developed during the biennium, setting the strategic directions of WHO's work for the coming years.

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

Managerial accountability, transparency and risk management continue to be priorities for the Organization, and many measures have been introduced and implemented over the last two bienniums. The three lines of defence in risk management will be further refined and strengthened. As part of the first line of defence, operational management has to take ownership of and be responsible and accountable for assessing and managing potential risks, a task that will be reinforced by additional awareness-raising. As part of the second line of defence, internal governance is being enhanced through harmonization of compliance functions and alignment of activities within a coherent framework.

Managing risk merits particular attention. WHO is exposed to various types of risks, related to its technical and public health work, its financing and procurement, the systems and structures underpinning its functioning, the political and governance context, and its reputation. An effective and comprehensive risk framework has been developed and implemented. Risks have been identified across the three levels of the Organization, and they have been categorized, assessed and prioritized through a bottom-up process, complemented by a top-down assessment, in terms of the most critical risks for the Organization. These functions are being integrated into the results-based management process in order to build a much stronger link with the planning phase and the definition and monitoring of results, thus aligning risk mitigation activities with the delivery of results. Mitigation activities, particularly in respect of the critical risks, constitute a crucial next step in the comprehensive risk management framework. The processes will be further refined and simplified within the web-based Organization-wide risk register and will continue to be updated and monitored. These actions are strengthening the capacity of senior managers to practise informed and timely decision-making.

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

Evaluation continues to play a critical role in improving performance, increasing accountability for results and promoting organizational learning. Following the institutionalization of the evaluation function in the Organization, the focus is now on additional evaluation capacity-building and further work to foster a culture of evaluation in WHO. These are being pursued by including evaluation as an integral component of planning, along with robust assessment of WHO's performance against the programme budget.

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

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

This component is concerned with financing and the alignment of resources with the priorities and health needs of Member States, and the application of a results-based management framework in strategic planning, operational planning and performance assessment. This area also includes budget management, resource mobilization, and reporting at all three levels of the Organization. Among the key features of this work is the implementation of a robust, bottom-up planning process to ensure that country needs and priorities are taken into account. The Organization has established a rigorous and transparent prioritization process. This ensures that the work and resources are directed to a focused set of priorities, and that priorities are aligned across country, regional and global levels and with those established by the governing bodies. At the same time, the Organization will continue to pursue a realistic Programme budget 2018–2019 that highlights the results delivered at all levels of the Organization. Preparatory work will begin for development of the Thirteenth General Programme of Work, 2020–2025, which will set the strategic directions of WHO's work for the coming years.

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

WHO will continue to report through the International Aid Transparency Initiative, and further work will be undertaken to enhance the WHO programme budget web portal to provide additional detailed information on resources and results.

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

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

### **Management and administration**

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

In this context, WHO will continue to pay attention to cost-efficiency measures across all categories and programme areas.

The revised human resources strategy will continue to be implemented as a priority during the biennium 2018–2019. The strategy is an essential part of overall management reform as it aims to match staffing to needs at all levels of the Organization, in line with the 2030 Agenda for Sustainable Development. The inclusion of a number of key elements – attracting talent, retaining and developing talent and providing an enabling environment – should ensure that WHO has human resources policies and systems in place that will allow the Organization to respond rapidly to changing circumstances and evolving public health needs, including in emergencies.

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

The Organization's staff members are its most important asset and need to be provided with an appropriate, safe and cost-effective working environment. Efforts will continue to be made to improve the safety and security of staff and premises across all levels of the Organization to meet the increased global security risk.

Operations and support services remain a focus for improving efficiencies, and implementation of the new procurement policy will provide a more robust, transparent and effective approach to procurement of goods and services across the Organization. The core functions of WHO include convening consultations and meetings of national experts, as well as providing expert advice to countries on health topics. Although travel remains an important component of these activities, work will continue in order to find effective alternatives so that travel costs can be contained.

As part of the Geneva buildings renovation strategy, construction work will run from mid-2017 to 2020. This ambitious strategy, due for completion in 2024, will undoubtedly have a significant impact on routine operations, and every effort will be made to minimize any negative implications for the functioning of the Secretariat. Renovation works will also be carried out at the Regional Office for South-East Asia.

The information management and technology support function is an enabler for efficient delivery of services, providing technical solutions and methodologies that facilitate collective and cohesive support and allow programmes to achieve their goals. Specific services include: a project management office that performs three key functions, namely, demand management, project management and resource management; a business intelligence centre of excellence that provides enhanced tools for making timely and informed decision-making; a solutions architecture centre that helps to build cost-effective, scalable and sustainable information systems; and an information security team that ensures WHO's information and technologies are protected globally. In addition, information technology services are made available, up-to-date and aligned with evolving business needs and trends.

The transformation of the Global Management System will continue in the biennium 2018–2019. Enhancements will be introduced to make the system more user-friendly, to integrate automated process controls, and to ensure that it is able to support the evolving needs of the Organization. Innovative information technology approaches in the area of public health will be introduced, and the relevant specialists will work closely with technical programmes to identify public health areas and activities that would benefit from using new information technology solutions, including in emergency and crisis response.

### **Strategic communications**

The strategic goal of WHO communications is to provide information, advice, and guidance to decision-makers to support them in protecting the health of individuals, families, communities and nations. In order to be successful, WHO communications must be seen as credible and trustworthy, understandable, relevant, timely

and easily accessible, and capable of being translated into action. WHO's communications strategy outlines steps to ensure that all these requirements are met.

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

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

In the biennium 2018–2019, investments in this area will increase in order to support the strengthen WHO's capacity at the three levels of the Organization, including risk communication and meeting crucial communication needs in relation to health emergencies.

## LEADERSHIP AND GOVERNANCE

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

Outcome indicator	Baseline	Target
Extent to which WHO leadership priorities are reflected in the resolutions and decisions of the governing bodies (World Health Assembly, Executive Board and regional committees) adopted during the biennium	55% (2015)	At least 80% (2019)

### Output 6.1.1. Effective WHO leadership and management in accordance with leadership priorities

Output indicators	Baseline	Target
Progress towards meeting the targets in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women	67% (2015)	90% (2019)
Percentage of WHO country cooperation strategies, or equivalent instruments, that are explicitly aligned with national development plans and priorities and based on the Sustainable Development Goals	To be determined (2017)	To be determined (2019)

**Country office deliverables**

- Establish and maintain effective leadership and coordination of WHO's work at the country level in line with the Twelfth General Programme of Work, 2014–2019, and national health policies, strategies and plans, including through country cooperation strategies, to support Member States in implementing, monitoring and reporting on the health-related targets in the Sustainable Development Goals.

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities**

Output indicator	Baseline	Target
Number of non-State actors and partnerships for which information on their nature and WHO's engagement is available	100 (2015)	2500 (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

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

Output indicator	Baseline	Target
Percentage of governing bodies' documentation that is provided within agreed timeline	53% (2016)	80% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT****Outcome 6.2. WHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks**

Outcome indicator	Baseline	Target
Percentage of operational audits issuing a "satisfactory" or "partially satisfactory" assessment during the biennium	75% (2015)	100% (2019)

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

Output indicator	Baseline	Target
Percentage of corporate critical risks with approved mitigation plans implemented	0% (2015)	85% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

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

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Proportion of recommendations in corporate evaluations implemented within the specified timeframe	To be determined at the end of 2016	At least 80% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Coordinate implementation and monitoring of WHO's evaluation policy.
- Conduct systematic evaluations as defined in the biennial evaluation work plan approved by the Executive Board at its 142nd session, and monitor implementation of the findings and recommendations in order to foster organizational learning.

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

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Percentage of staff who have completed training in ethical behaviour during the biennium	0% (2016)	100% (2019)
Percentage of eligible staff who have completed the annual declaration of interests	100% (2016)	100% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**STRATEGIC PLANNING, RESOURCE COORDINATION AND REPORTING****Outcome 6.3. Financing and resource allocation aligned with priorities and health needs of Member States in a results-based management framework**

<b>Outcome indicators</b>	<b>Baseline</b>	<b>Target</b>
Percentage of the programme budget funded at the beginning of the biennium	83% (2016–2017)	85% (2020–2021)
Proportion of programme areas at least 75% funded at the midpoint of the biennium across all major offices	To be determined at the end of 2016	26/31* (2019)

\* Excluding Polio eradication.

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

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Percentage of outputs fully achieved at the end of the biennium by programme area and major office	80% (2014–2015)	82% (2016–2017)

**Country office deliverables**

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

**Regional office deliverables**

- Provide effective regional coordination and support to countries for bottom-up planning and realistic costing of regional and country priorities, in line with agreed roles and responsibilities at the three levels of the Organization and in consultation with regional governing bodies.
- Coordinate monitoring and assessment of the contribution of regional and country offices to the achievement of outcomes, outputs and plans, including tracking performance indicators and providing related performance, budget and implementation analyses and reporting.
- Contribute to preparation of the Thirteenth General Programme of Work, 2020–2025.

**Headquarters deliverables**

- Ensure effective coordination of global planning processes, including developing the programme budget, identifying priorities through a bottom-up process, consolidating technical work through category and programme area networks, and applying costing approaches in order to more effectively estimate resource needs.
- Carry out global monitoring and assessment of the Organization's overall performance in relation to the programme budget against the performance indicators, and ensure transparent reporting of results delivery and use of resources.
- Coordinate preparation of the Thirteenth General Programme of Work, 2020–2025, in consultation with Member States and all levels of the Organization

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

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Percentage of funding proposals prepared through an organization-wide system	0% (2015)	90% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**MANAGEMENT AND ADMINISTRATION****Outcome 6.4. Effective and efficient management and administration consistently established across the Organization**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>
Level of performance of WHO management and administration	Adequate (2013)	Strong (2019)

**Output 6.4.1. Sound financial practices managed through an adequate control framework**

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Percentage of country offices compliant with imprest reconciliations	96% with an "A" rating (2017)	100% with an "A" rating (2019)
An unqualified audit opinion	Yes (2017)	Yes (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

- Manage, account for and report on organizational income and expenditures; process and verify payables, payroll, entitlements and travel.
- Manage corporate treasury, accounts, expenditure tracking and reporting, income and awards.
- Manage the pension scheme and all insurances.

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

<b>Output indicators</b>	<b>Baseline</b>	<b>Target</b>
Overall male/female ratio of international professional staff	55:45 (2017)	53:47 (2019)
Percentage of unrepresented and under-represented (List A) countries in the Organization's staffing	28% (2017)	27% (2019)
Percentage of international staff changing duty station	5% (2017)	10% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications**

Output indicator	Baseline	Target
Percentage of locations with essential information technology infrastructure and services aligned with agreed organizational standards, including corporate and health systems applications	40% (2017)	50% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property**

Output indicators	Baseline	Target
Percentage of WHO offices at security level 3 worldwide that are compliant with United Nations Minimum Operating Security Standards	80% (2017)	90% (2019)
The e-tendering system is used for the bidding of goods over US\$ 200 000 (with the exception of emergency procurement)	Nil (2016)	90% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**STRATEGIC COMMUNICATIONS****Outcome 6.5. Improved public and stakeholders' understanding of the work of WHO**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>
Percentage of public and other stakeholder representatives evaluating WHO's performance as excellent or good	64% (2015)	88% (2019)

**Output 6.5.1. Accurate and timely health information accessible through a platform for effective communication and related practices**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Percentage of public and other stakeholders who rate the timeliness and accessibility of WHO's public health information as "good" or "excellent"	63% for timeliness; 69% for accessibility (2015)	75% (2019)

**Country office deliverables**

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

**Regional office deliverables**

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

**Headquarters deliverables**

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

**Output 6.5.2. Organizational capacity enhanced for timely and accurate provision of internal and external communications in accordance with WHO's programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises**

Output indicator	Baseline	Target
Number of offices that have completed global communications strategy workshops (headquarters, regional and country offices)	12 (2015)	20 (2019)

**Country office deliverables**

- Implement standard operating procedures for communications during emergencies at country level.

**Regional office deliverables**

- Implement standard operating procedures for communications during emergencies and provide surge capacity to country offices where needed.
- Strengthen the capacity of WHO staff at regional and country level to contribute to communications activities.

**Headquarters deliverables**

- Support implementation of standard operating procedures for communications during emergencies and provide surge capacity to regions.
- Strengthen the capacity of WHO staff to contribute to communications activities.

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
6.1 Leadership and governance	47.3	6.8	18.0	33.7	20.2	15.6	87.3	228.9
6.2 Transparency, accountability and risk management	4.3	2.7	3.2	2.4	2.7	3.4	37.7	56.4
6.3 Strategic planning, resource coordination and reporting	5.9	2.0	3.1	2.6	3.6	5.8	15.8	38.8
6.4 Management and administration	108.4	11.3	36.0	26.1	57.1	27.5	238.4	504.8
6.5 Strategic communications	4.7	3.1	2.5	4.4	2.8	4.1	23.0	44.6
<b>Subtotal</b>	<b>170.6</b>	<b>25.9</b>	<b>62.8</b>	<b>69.2</b>	<b>86.4</b>	<b>56.4</b>	<b>402.2</b>	<b>873.5</b>
Less post occupancy charge	24.2	–	6.4	9.3	8.8	7.2	84.1	140.0
<b>Category 6 total</b>	<b>146.4</b>	<b>25.9</b>	<b>56.4</b>	<b>59.9</b>	<b>77.6</b>	<b>49.2</b>	<b>318.1</b>	<b>733.5</b>

## POLIO ERADICATION

In May 2015, the Sixty-eighth World Health Assembly adopted resolution WHA68.3, in which it noted progress made towards interrupting transmission and towards the phased removal of oral polio vaccines, and urged Member States to make available the resources required for the full and continued implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018.<sup>1</sup> The Strategic Plan aims to end all forms of polio globally through an accelerated programme of work organized into four objectives: (1) detection and interruption of poliovirus transmission; (2) strengthening of routine immunization systems, introduction of inactivated poliovirus vaccine and withdrawal of type 2 oral polio vaccine; (3) containment of residual live polioviruses and certification of eradication; and (4) planning for post-polio eradication transition (originally termed “legacy planning”). In 2014, following international spread of poliovirus, the Director-General convened an Emergency Committee under the International Health Regulations (2005). On the Committee’s advice, the Director-General declared the international spread of wild poliovirus to be a Public Health Emergency of International Concern and issued Temporary Recommendations in order to stop its spread.<sup>2</sup>

The Strategic Plan was amended by the Polio Oversight Board in 2015 after a mid-term review, reflecting delays in interrupting polio transmission in remaining endemic areas. In April 2016, the Global Polio Eradication Initiative published its 2016–2019 budget estimates, expanding the total funding requirement for all implementing partners – WHO, UNICEF and the GAVI Alliance – from the original US\$ 5.5 billion for 2013–2018 to US\$ 7.0 billion for 2013–2019. WHO’s share of the amount for 2018–2019 is slightly more than US\$ 900 million. Today, transmission of wild poliovirus is at its lowest-ever levels, with endemic transmission occurring in parts of only three countries: Pakistan, Afghanistan and Nigeria (in order of burden of disease). Only one wild serotype (poliovirus type 1) continues to be detected, with wild poliovirus type 2 officially declared eradicated in 2015 and no case of poliomyelitis due to wild poliovirus type 3 detected anywhere since 2012.

Operating as a partner within the Global Polio Eradication Initiative, WHO provides overall operational leadership of the planning, implementation and monitoring of the Strategic Plan. The Secretariat continues to provide large-scale, field-based technical support to Member States in priority geographical areas. The majority of field personnel and most of the polio programme’s total resources focus on objective 1 of the Strategic Plan, for which their primary activities are: (i) maintaining and enhancing field and laboratory surveillance for poliovirus among acute flaccid paralysis cases and through environmental surveillance; (ii) providing expert technical assistance for planning, implementing and monitoring national, subnational and other supplementary immunization activities to achieve sufficient population immunity to stop transmission of polioviruses and for strengthening routine immunization; and (iii) supporting emergency response activities in the event of a poliomyelitis outbreak. WHO, with its Global Polio Eradication Initiative partners, also coordinates the programme of work associated with objectives 2–4 of the Strategic Plan.

The most significant element of objective 2 is the phased removal of oral polio vaccines, beginning with the globally coordinated switch from trivalent to bivalent oral polio vaccine which was successfully completed in April 2016. As part of this, inactivated poliovirus vaccine is being introduced, although a global supply constraint is hampering this move, which is being carefully managed by the partnership. A global stockpile of monovalent oral polio vaccine type 2 is in place, under the authority of the Director-General, to facilitate outbreak response to type 2 poliovirus, should it be needed.

<sup>1</sup> The Polio Eradication and Endgame Strategic Plan 2013–2018 (see <http://www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx>, accessed 12 December 2016).

<sup>2</sup> WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus. Available at <http://www.who.int/mediacentre/news/statements/2014/polio-20140505/en/> (accessed 12 December 2016).

In addition, the Secretariat will continue to support research and development activities to generate the necessary data and products, including production processes with non-infectious materials for inactivated poliovirus vaccine, novel formulations of oral poliovirus vaccine, and microneedle patches for inactivated poliovirus vaccination (facilitating house-to-house administration), in order to achieve the objectives of the Strategic Plan and secure polio eradication for perpetuity.

As transmission of poliovirus is being interrupted, attention is increasingly shifting to objectives 3 and 4. To support the containment of residual live polioviruses, the Secretariat is providing technical advice to Member States' national authorities for containment and to laboratories and vaccine manufacturers. Various programme areas within the Secretariat are working together and with partners to plan for the post-eradication transition. The Secretariat is also providing technical advice and support to countries that have received significant support from the Global Polio Eradication Initiative to help them to plan for the sustainable withdrawal of such support, the mainstreaming of polio functions and the potential transition of staff and assets and application of lessons learned to support health systems, immunization programmes, outbreak surveillance and other complementary health priorities. The Secretariat is undertaking global and regional transition planning with partners with the same aims.

## **POLIO ERADICATION**

### **Outcome. No case of paralysis due to wild or type-2 vaccine-related poliovirus globally**

<b>Outcome indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of countries reporting cases of paralysis due to any wild poliovirus or type-2 vaccine-related poliovirus in the preceding 12 months	6 (2015)	0 (2019)

### **Output – Technical assistance to enhance surveillance and ensure high population immunity to the threshold needed to maintain polio-free status, especially in at-risk areas**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Number of high-risk countries supported to conduct certification-level surveillance and polio vaccination campaigns to ensure high population immunity	85 (2017)	85 (2019)

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

- Provide direct in-country support for surveillance and polio vaccination campaigns in all countries either experiencing an outbreak of the disease or at high risk of such an outbreak.
- High-risk countries prepare weekly reports of case-based data on acute flaccid paralysis and polio, as well as supplementary polio vaccination activities.

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

- Prepare biannual regional risk assessment reports (quarterly for high-risk countries) to identify and fill gaps in population immunity and surveillance sensitivity for poliovirus.
- Consolidate country reports into weekly and monthly regional bulletins, and provide analysis and country-specific feedback.
- Support outbreak response, surveillance reviews and programme assessments for polio eradication.

**Headquarters deliverables**

- Develop and update every six months, with regional offices, operational action plans for the Global Polio Eradication Initiative; consolidate regional reports into weekly and monthly global bulletins.
- Coordinate a quarterly global risk assessment for areas requiring supplementary immunization in order to inform the reallocation of financial and human resources.

**Output. Number of countries with an agreed timeline for cessation of use of bivalent oral poliovirus vaccine in all routine immunization programmes globally**

Output indicator	Baseline	Target
Number of countries and territories (those using oral polio vaccine) with an agreed timeline for cessation of use of bivalent oral polio vaccine in routine immunization	0 (2017)	152 (2019)

**Country office deliverables**

- Support countries to develop plan for the withdrawal of bivalent oral poliovirus vaccine.

**Regional office deliverables**

- Support development of regional plan to withdraw bivalent oral poliovirus vaccine.

**Headquarters deliverables**

- Coordinate the planning of withdrawal of bivalent oral poliovirus vaccine and identify the mitigation of risks associated with its cessation in consultation with the Strategic Advisory Group of Experts on immunization.
- Coordinate the pre-cessation planning of risk mitigation planning and post-cessation response plans.

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

Output indicator	Baseline	Target
Number of WHO regions with no cases of polio virus reported for at least two years	4 (2016)	6 (2019)

**Country office deliverables**

- Support countries in developing plans for the containment of types 1 and 3 poliovirus.
- Support countries in preparing national certification documents and submitting them to the Regional Certification Commission.

**Regional office deliverables**

- Ensure plans are developed for the containment of types 1 and 3 poliovirus.
- Support the work of the Regional Certification Commission.

**Headquarters deliverables**

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

**Output. Transition plan for post-polioeradication era finalized and under implementation globally**

<b>Output indicator</b>	<b>Baseline</b>	<b>Target</b>
Transition plan for post- eradication era finalized and under implementation in all countries that receive support from the Global Polio Eradication Initiative	0 (2015)	85 (2018)

**Country office deliverables**

- Support countries in developing and implementing national transition plans.

**Regional office deliverables**

- Support development and implementation of plans for all regions.

**Headquarters deliverables**

- Mainstream essential long-term functions for polio control.
- Transfer assets to support other health priorities.
- Develop regional consensus on priorities for the transition from the polio eradication programme.
- Establish and maintain a global inventory of human and material assets of the polio eradication programme.
- Consolidate, document and disseminate lessons learned in polio eradication.
- Develop and implement, with regions and stakeholders in the Global Polio Eradication Initiative, a global transition plan.

**BUDGET BY MAJOR OFFICE (US\$ MILLION)**

<b>Programme area</b>	<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>Total</b>
Polio eradication	327.5	1.9	55.5	5.5	208.7	4.6	299.1	902.8
<b>Polio eradication total</b>	<b>327.5</b>	<b>1.9</b>	<b>55.5</b>	<b>5.5</b>	<b>208.7</b>	<b>4.6</b>	<b>299.1</b>	<b>902.8</b>

## ANNEX. DRAFT PROPOSED PROGRAMME BUDGET 2018–2019 (US\$ MILLION):

Categories and programme areas	Africa			The Americas			South-East Asia		
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total
<b>1. Communicable diseases</b>									
HIV and hepatitis	43.9	10.2	54.1	4.7	2.8	7.5	7.4	3.7	11.1
Tuberculosis	27.4	5.0	32.4	1.2	0.7	1.9	14.5	3.3	17.8
Malaria	31.5	14.4	45.9	0.4	1.2	1.6	9.0	3.3	12.3
Neglected tropical diseases	25.1	6.8	31.9	4.0	2.2	6.2	7.5	5.9	13.4
Vaccine-preventable diseases	87.8	32.1	119.9	6.1	5.5	11.6	20.2	7.7	27.9
Antimicrobial resistance	4.7	2.2	6.9	1.1	0.5	1.6	4.2	1.3	5.5
<b>Category 1 total</b>	<b>220.4</b>	<b>70.7</b>	<b>291.1</b>	<b>17.5</b>	<b>12.9</b>	<b>30.4</b>	<b>62.8</b>	<b>25.2</b>	<b>88.0</b>
<b>2. Noncommunicable diseases</b>									
Noncommunicable diseases	25.2	16.1	41.3	14.2	5.1	19.3	12.8	4.8	17.6
Mental health and substance abuse	5.4	1.5	6.9	2.1	1.2	3.3	2.4	0.9	3.3
Violence and injuries	2.7	0.9	3.6	1.9	0.9	2.8	2.5	0.7	3.2
Disability and rehabilitation	0.3	0.8	1.1	0.7	0.4	1.1	0.5	0.2	0.7
Nutrition	6.0	3.1	9.1	2.8	0.8	3.6	1.9	0.9	2.8
Food safety	2.9	1.8	4.7	2.9	0.8	3.7	0.7	1.2	1.9
<b>Category 2 total</b>	<b>42.5</b>	<b>24.2</b>	<b>66.7</b>	<b>24.6</b>	<b>9.2</b>	<b>33.8</b>	<b>20.8</b>	<b>8.7</b>	<b>29.5</b>
<b>3. Promoting health through the life course</b>									
Reproductive, maternal, newborn, child and adolescent health	60.5	14.4	74.9	15.8	4.1	19.9	11.5	5.7	17.2
Ageing and health	1.1	0.6	1.7	0.8	0.7	1.5	0.5	0.1	0.6
Gender, equity and human rights mainstreaming	3.1	1.0	4.1	2.4	0.6	3.0	0.3	0.7	1.0
Social determinants of health	6.5	2.4	8.9	2.7	1.6	4.3	0.8	1.1	1.9
Health and the environment	9.5	6.2	15.7	3.5	4.1	7.6	5.7	3.2	8.9
<b>Category 3 total</b>	<b>80.7</b>	<b>24.6</b>	<b>105.3</b>	<b>25.2</b>	<b>11.1</b>	<b>36.3</b>	<b>18.8</b>	<b>10.8</b>	<b>29.6</b>
<b>4. Health systems</b>									
National health policies, strategies and plans	14.0	6.5	20.5	9.3	4.4	13.7	13.8	2.9	16.7
Integrated people-centred health services	21.3	11.2	32.5	4.6	1.7	6.3	12.6	3.4	16.0
Access to medicines and other health technologies and strengthening regulatory capacity	13.8	5.5	19.3	5.1	2.3	7.4	6.8	2.4	9.2
Health systems, information and evidence	9.6	7.4	17.0	5.4	3.1	8.5	5.1	8.8	13.9
<b>Category 4 total</b>	<b>58.7</b>	<b>30.6</b>	<b>89.3</b>	<b>24.4</b>	<b>11.5</b>	<b>35.9</b>	<b>38.3</b>	<b>17.5</b>	<b>55.8</b>
<b>E. Health emergencies programme</b>									
Infectious hazard management	7.8	12.6	20.4	1.8	4.1	5.9	1.0	1.9	2.9
Country health emergency preparedness and the International Health Regulations (2005)	31.1	13.1	44.2	5.8	2.8	8.6	5.0	4.4	9.4
Health emergency information and risk assessment	3.7	11.2	14.9	0.8	2.4	3.2	0.5	2.3	2.8
Emergency operations	25.0	15.9	40.9	4.1	1.9	6.0	4.3	3.6	7.9
Emergency core services	10.9	10.0	20.9	2.2	3.4	5.6	1.9	2.6	4.5
<b>Health emergencies programme total</b>	<b>78.5</b>	<b>62.8</b>	<b>141.3</b>	<b>14.7</b>	<b>14.6</b>	<b>29.3</b>	<b>12.7</b>	<b>14.8</b>	<b>27.5</b>
<b>6. Corporate services/enabling functions</b>									
Leadership and governance	32.6	14.7	47.3	4.8	2.0	6.8	9.3	8.7	18.0
Transparency, accountability and risk management	0.3	4.0	4.3	1.4	1.3	2.7	0.9	2.3	3.2
Strategic planning, resource coordination and reporting	0.1	5.8	5.9	-	2.0	2.0	2.0	1.1	3.1
Management and administration	48.6	35.6	84.2	5.1	6.2	11.3	16.3	13.3	29.6
Strategic communications	0.5	4.2	4.7	1.3	1.8	3.1	0.9	1.6	2.5
<b>Category 6 total</b>	<b>82.1</b>	<b>64.3</b>	<b>146.4</b>	<b>12.6</b>	<b>13.3</b>	<b>25.9</b>	<b>29.4</b>	<b>27.0</b>	<b>56.4</b>
<b>Total base programmes</b>	<b>562.9</b>	<b>277.2</b>	<b>840.1</b>	<b>119.0</b>	<b>72.6</b>	<b>191.6</b>	<b>182.8</b>	<b>104.0</b>	<b>286.8</b>
<b>Polio and special programmes</b>									
Polio eradication	311.3	16.2	327.5	-	1.9	1.9	43.5	12.0	55.5
Tropical disease research	-	-	-	-	-	-	-	-	-
Research in human reproduction	-	-	-	-	-	-	-	-	-
<b>Subtotal</b>	<b>311.3</b>	<b>16.2</b>	<b>327.5</b>	<b>-</b>	<b>1.9</b>	<b>1.9</b>	<b>43.5</b>	<b>12.0</b>	<b>55.5</b>
<b>Grand total</b>	<b>874.2</b>	<b>293.4</b>	<b>1 167.6</b>	<b>119.0</b>	<b>74.5</b>	<b>193.5</b>	<b>226.3</b>	<b>116.0</b>	<b>342.3</b>

## BREAKDOWN BY MAJOR OFFICE AND CATEGORY

Europe			Eastern Mediterranean			Western Pacific			Headquarters	Total
Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total		
2.2	5.6	7.8	3.3	2.8	6.1	7.3	5.2	12.5	45.6	144.7
5.7	5.8	11.5	6.4	1.8	8.2	10.7	5.7	16.4	35.7	123.9
0.2	0.8	1.0	3.9	2.1	6.0	6.8	6.6	13.4	35.6	115.8
–	0.4	0.4	5.3	1.0	6.3	3.3	3.2	6.5	42.6	107.3
4.1	10.2	14.3	16.7	5.5	22.2	11.7	10.6	22.3	53.7	271.9
1.5	3.2	4.7	1.9	0.7	2.6	1.7	1.8	3.5	17.0	41.8
<b>13.7</b>	<b>26.0</b>	<b>39.7</b>	<b>37.5</b>	<b>13.9</b>	<b>51.4</b>	<b>41.5</b>	<b>33.1</b>	<b>74.6</b>	<b>230.2</b>	<b>805.4</b>
11.2	11.0	22.2	10.2	5.8	16.0	14.4	10.7	25.1	56.2	197.7
1.8	4.3	6.1	3.9	2.4	6.3	2.3	2.0	4.3	18.7	48.9
0.4	2.8	3.2	1.3	0.4	1.7	2.0	1.5	3.5	14.9	32.9
1.1	0.1	1.2	0.7	0.4	1.1	1.1	1.5	2.6	10.0	17.8
1.1	1.9	3.0	3.3	0.8	4.1	1.8	1.8	3.6	22.4	48.6
0.3	0.8	1.1	1.0	1.1	2.1	2.3	1.5	3.8	18.2	35.5
<b>15.9</b>	<b>20.9</b>	<b>36.8</b>	<b>20.4</b>	<b>10.9</b>	<b>31.3</b>	<b>23.9</b>	<b>19.0</b>	<b>42.9</b>	<b>140.4</b>	<b>381.4</b>
3.4	4.0	7.4	15.1	4.7	19.8	9.5	3.0	12.5	59.6	211.3
0.5	1.0	1.5	0.6	0.3	0.9	0.9	0.5	1.4	7.3	14.9
0.4	0.7	1.1	0.9	0.4	1.3	1.0	0.5	1.5	6.3	18.3
2.0	6.2	8.2	2.5	0.3	2.8	1.4	0.5	1.9	4.2	32.2
4.5	17.0	21.5	2.6	2.9	5.5	7.6	3.1	10.7	37.7	107.6
<b>10.8</b>	<b>28.9</b>	<b>39.7</b>	<b>21.7</b>	<b>8.6</b>	<b>30.3</b>	<b>20.4</b>	<b>7.6</b>	<b>28.0</b>	<b>115.1</b>	<b>384.3</b>
5.6	11.1	16.7	11.8	3.6	15.4	12.0	4.8	16.8	42.3	142.1
7.4	9.2	16.6	13.5	6.5	20.0	10.2	6.2	16.4	47.3	155.1
1.0	4.5	5.5	4.3	4.5	8.8	8.0	3.2	11.2	106.0	167.4
2.8	8.4	11.2	5.1	7.2	12.3	5.5	3.3	8.8	58.2	129.9
<b>16.8</b>	<b>33.2</b>	<b>50.0</b>	<b>34.7</b>	<b>21.8</b>	<b>56.5</b>	<b>35.7</b>	<b>17.5</b>	<b>53.2</b>	<b>253.8</b>	<b>594.5</b>
1.0	6.8	7.8	4.6	7.3	11.9	2.4	1.2	3.6	43.3	95.8
6.0	4.9	10.9	9.2	5.6	14.8	10.9	6.8	17.7	39.7	145.3
0.5	3.7	4.2	4.9	5.1	10.0	0.4	3.1	3.5	20.2	58.8
3.3	2.7	6.0	29.7	8.0	37.7	3.0	2.5	5.5	49.8	153.8
1.6	2.7	4.3	11.6	6.9	18.5	1.8	1.9	3.7	43.0	100.5
<b>12.4</b>	<b>20.8</b>	<b>33.2</b>	<b>60.0</b>	<b>32.9</b>	<b>92.9</b>	<b>18.5</b>	<b>15.5</b>	<b>34.0</b>	<b>196.0</b>	<b>554.2</b>
19.6	14.1	33.7	11.9	8.3	20.2	10.2	5.4	15.6	81.6	223.2
–	2.4	2.4	0.5	2.2	2.7	1.2	2.2	3.4	35.3	54.0
–	2.6	2.6	0.5	3.1	3.6	2.4	3.4	5.8	15.8	38.8
6.5	10.3	16.8	33.9	14.4	48.3	11.3	9.0	20.3	162.4	372.9
–	4.4	4.4	0.5	2.3	2.8	0.8	3.3	4.1	23.0	44.6
<b>26.1</b>	<b>33.8</b>	<b>59.9</b>	<b>47.3</b>	<b>30.3</b>	<b>77.6</b>	<b>25.9</b>	<b>23.3</b>	<b>49.2</b>	<b>318.1</b>	<b>733.5</b>
<b>95.7</b>	<b>163.6</b>	<b>259.3</b>	<b>221.6</b>	<b>118.4</b>	<b>340.0</b>	<b>165.9</b>	<b>116.0</b>	<b>281.9</b>	<b>1 253.6</b>	<b>3 453.3</b>
0.6	4.9	5.5	197.4	11.3	208.7	–	4.6	4.6	299.1	902.8
									50.0	50.0
									68.4	68.4
<b>0.6</b>	<b>4.9</b>	<b>5.5</b>	<b>197.4</b>	<b>11.3</b>	<b>208.7</b>	<b>–</b>	<b>4.6</b>	<b>4.6</b>	<b>417.5</b>	<b>1 021.2</b>
<b>96.3</b>	<b>168.5</b>	<b>264.8</b>	<b>419.0</b>	<b>129.7</b>	<b>548.7</b>	<b>165.9</b>	<b>120.6</b>	<b>286.5</b>	<b>1 671.1</b>	<b>4 474.5</b>

= = =