World Health Organization

SIXTY-EIGHTH WORLD HEALTH ASSEMBLY **A68/6**
Provisional agenda item 12.1 **8 May 2015**

Implementation of Programme budget 2014–2015: mid-term review

Report by the Secretariat

1. The mid-term review 2014–2015 is the first monitoring exercise to be undertaken under the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2014–2015. The two documents are key products of the programmatic reforms led by Member States and constitute the two main frameworks for Organizational transparency and accountability.

2. This is the first annual report based on the new results chain. The Organization-wide exercise serves internal managerial needs by tracking progress and facilitating external communication and reporting.

3. The report highlights and analyses major progress and implementation issues in the category and programme areas, setting the scene for the end of biennium assessment. It includes key information which links the programmatic aspects to financial implementation. Budget implementation is also reviewed in conjunction with the information presented to Member States through the WHO programme budget web portal and in the annual financial report and audited financial statements.[1]

4. Lastly, the report provides an overview of the priorities for 2015, as well as any actions that programme areas will have to undertake as a result of this review during the second year of implementation.

Methodology and the process

5. The report contains a qualitative review and analysis of the rationale, relevance and purpose of WHO's contribution to the achievement of the outputs delineated in the Programme budget, and for which the Secretariat is accountable, and of the progress made. Progress made in achieving outcomes for which the Secretariat and Member States were jointly accountable has not been included in the review. It will come within the scope of upcoming review and assessment exercises relating to implementation of the General Programme of Work. The outcomes of this review will be complemented by an in-depth assessment of the Organization's performance at the end of the biennium.

[1] See document A68/38 (Financial report and audited financial statement for the year ended 31 December 2014), and document A68/41 (Report of the External Auditor).

6. A systematic review was undertaken of the work included in the operational plans of budget centres and the allocated financial and human resources. The views of responsible officers and senior management at all three levels of the Organization on the status of progress towards achievement of outputs was shared, discussed and validated through the programme area and category networks. An overview of the rating by output, category and major office is attached.

7. The following components were taken into consideration during this bottom-up analysis:

– the status of implementation of products and services to be delivered by each organizational entity at country, regional and headquarters level as defined within the scope of the deliverables;

– the assumptions and risks defined internally which influence day-to-day programme delivery, and those relating to actions of partner stakeholders, including Member States, as well as strategies to mitigate these risks;

– consideration of gender, equity and human rights-based approaches defined during the initial planning stage and which should be followed in the course of implementation; and

– major financial and staffing implementation issues which influence contributions to the achievement of outputs.

8. In addition, owing to the recent unprecedented emergency faced by the Organization, budget centres and programme areas were asked to highlight the impact of the Ebola outbreak on implementation of activities, especially in the African Region, as well as on regional and global priorities.

OVERVIEW OF PROGRESS BY CATEGORY

CATEGORY 1: COMMUNICABLE DISEASES

9. In 2014, the Secretariat continued to focus on the global response to attaining the key targets for HIV, tuberculosis and malaria under the United Nations Millennium Development Goal and on meeting the global targets for neglected tropical diseases, tropical diseases research and training, and vaccine-preventable diseases. Technical support for the development of concept notes for the Global Fund to Fight AIDS, Tuberculosis and Malaria was intensified. More than 85 eligible countries and 360 requests were supported, resulting in over 110 country concept notes, of which 80% were recommended to the Grant Approvals Committee as eligible for a grant. Concurrently the Secretariat was preparing for the post-Millennium Development Goals era, and contributing evidence for the formulation of new targets and strategies in the context of sustainable development goals with an unfolding universal health coverage agenda.

10. Progress was made in providing antiretroviral treatment to people living with HIV (15 million) and in reducing HIV-related deaths (25% compared with 2009); the 2015 global targets are well on track and are likely to be exceeded. However, progress in reducing new HIV infections overall, including in children, was less pronounced. The consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations are now being implemented globally, with several events being staged in 2014. Development of the 2016–2021 global health sector strategies for HIV includes supporting the emerging sustainable development targets and the "90–90–90" targets proposed by UNAIDS.

11. Further progress was made in halting and reversing tuberculosis incidence in all six regions. A new strategy was approved by the Health Assembly in May 2014 for ending the global tuberculosis epidemic by driving down incidence by 90% and deaths by 95% between 2015 and 2035. New guidelines on testing, treating and managing latent tuberculosis infection in high-risk individuals have been prepared and included in the operational framework for tuberculosis elimination in low-incidence settings. The EXPAND-TB project, financed by the International Drug Purchase Facility (UNITAID) and other donors, helped to triple the number of cases of multidrug-resistant tuberculosis diagnosed in 27 countries. Such an increase was facilitated by the 97 new or refurbished reference laboratories established in 27 low- and middle-income countries.

12. Progress towards meeting the Millennium Development Goal target of reversing the incidence of malaria is on track in 64 countries. The draft global technical strategy for malaria (2016–2030) is being submitted to the Sixty-eighth World Health Assembly. Its aim is to reduce malaria case incidence and mortality rates globally by at least 90% and to eliminate malaria from 35 countries in which the disease was transmitted, between 2015 and 2030. The WHO emergency response to artemisinin resistance in the Greater Mekong subregion, based in Cambodia, was established to coordinate and improve access to malaria prevention and control services, and strengthen surveillance, monitoring and evaluation.

13. The Secretariat provided intensive technical assistance for implementing and monitoring the global vaccine action plan, in particular through the expanded introduction and use of new and under-utilized vaccines, including haemophilus influenza type B (Hib) vaccine, hepatitis B vaccine, pneumococcal vaccine, rotavirus vaccine, human papillomavirus vaccine and meningococcal A conjugate vaccine. Through better situation analysis, planning, integration and monitoring, technical support was provided to 29 countries to develop comprehensive multi-year plans on the basis of updated guidance. Support was provided for the development of 80 country applications for new vaccines to the GAVI Alliance, with a 95% approval rate, and to 64 countries for the preparation of applications for the introduction of inactivated poliovirus vaccine. The Strategic Advisory Group of Experts (SAGE) on immunization provided recommendations on eradicating poliomyelitis, the immunization supply chain, several new and under-utilized vaccines, and also assessed progress on implementation of the Global Vaccine Action Plan. The global measles and rubella laboratory network was expanded to include 18 more laboratories and now encompasses 723.

14. Implementation of the Global Plan to combat Neglected Tropical Diseases 2008–2015 led to an expansion in preventive chemotherapy interventions in 78 countries through the procurement and supply of 1300 million tablets and more than one million treatments against complex diseases, such as human African trypanosomiasis, visceral leishmaniasis, leprosy and Buruli ulcer. Dracunculiasis is on the verge of eradication, with 126 cases reported in 2014 compared to 148 in 2013. WHO established the Vector Control Advisory Group to assess the public health value of new vector control innovations and develop appropriate technical recommendations. The capacity and resources of the WHO Pesticide Evaluation Scheme were strengthened to support its critical role in testing and evaluating new public health pesticides. An inventory of institutes and laboratories in the area of neglected tropical diseases has been compiled to inform the establishment of a network of relevant laboratories and research institutes in the African Region.

15. The Secretariat contributed to strengthening research and training in order to foster new knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries. The following research projects were carried out as planned: community-based management of childhood fever (six African countries); impact of environmental changes on vector-borne diseases (five African countries); visceral leishmaniasis elimination (Indian

subcontinent); dengue fever surveillance and outbreak management (South-East Asia and Western Pacific regions); and social innovation in health-care delivery (sub-Saharan Africa).

16. The impact of the Ebola outbreak varied significantly between major offices. The most affected was the Regional Office for Africa, where, at the height of the outbreak in West Africa, routine health services were closed in Guinea, Liberia and Sierra Leone, thus affecting access to HIV/AIDS, tuberculosis and malaria prevention, diagnosis and treatment services. Many WHO staff from programmes on AIDS, tuberculosis, malaria and neglected tropical diseases in the Regional Office, as well as intercountry support teams and country offices, were deployed to countries affected by the Ebola outbreak, thereby allowing timely implementation of planned activities. The prolongation of the disease in those countries continued to jeopardize achievement of HIV/AIDS, tuberculosis and malaria control objectives, especially in West Africa.

17. In other regional offices and headquarters, the need to support technical missions helping Member States assess their preparedness and response capabilities for an Ebola outbreak using available capacities led to a prioritization exercise. Its aim was to identify the activities that could be postponed to allow a clear focus on activities connected with Ebola virus disease. As a result, implementation of the related targets and milestones was compromised or delayed. The humanitarian crisis in Ukraine and several other Member States in the Eastern Mediterranean Region also gave cause for concern. Mitigation strategies were undertaken so that no substantial reprogramming was necessary.

18. WHO plays a key role in developing and updating evidence-based policies, strategies and research on prevention, control and elimination of communicable diseases. In a complex and evolving landscape, and in close partnership with civil society, development partners, implementers, researchers and policy-makers, the Secretariat will continue to convene and coordinate joint efforts in the post-2015 era.

CATEGORY 2: NONCOMMUNICABLE DISEASES

19. The second High-level Meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved since 2011 in the prevention and control of noncommunicable diseases, held in July 2014, resulted in time-bound national commitments for 2015 and 2016. Progress was made in reviewing and disseminating international experiences through the Global status report on noncommunicable diseases 2014[1] which established a global baseline against which to measure national progress. Advances were made in strengthening noncommunicable disease surveillance and monitoring in countries, motivating them to enhance their capacities in reporting mortality and morbidity, risk factors and national health system response to the attainment of the nine global targets. The Regional Offices for the Americas and the Eastern Mediterranean developed regional indicators for evaluating progress in preparing for the third high-level meeting of the United Nations General Assembly on noncommunicable diseases in 2018.

[1] Global status report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014 (http://www.who.int/global-coordination-mechanism/publications/global-status-report-ncds-2014-eng.pdf, accessed 9 April 2015).

20. Dialogue and collaboration with different partners to strengthen multisectoral collaboration for prevention and control of noncommunicable diseases and related risk factors continued. The Global status report on alcohol and health 2014[1] was released, with baseline alcohol-related indicators, estimates of the alcohol-attributable disease burden, and an analysis of policy responses in Member States. The Regional Office for the Eastern Mediterranean convened a high-level regional forum on a life-course approach to promoting physical activity, which resulted in a call for multisectoral action on physical activity. Countries in the Western Pacific Region were supported to create health-enabling policies and laws, particularly relating to tobacco control, diet-related marketing, labelling and taxation.

21. Concerted and coordinated efforts were made to implement the WHO comprehensive mental health action plan 2013–2020 at country level, leading to endorsement of regional strategies and frameworks for action in the Region of the Americas and the Western Pacific Region, and development of similar strategies and frameworks in the African and Eastern Mediterranean regions. Progress was made in implementing the Mental Health Gap Action Programme (mhGAP) with the objective of scaling up services. The first WHO report on suicide prevention[2] was published. Country projects on epilepsy services progressed. Advocacy and technical background work on dementia was carried out as part of the preparations for the first WHO Ministerial Conference on Global Action Against Dementia, held in March 2015.

22. The third global status report on road safety is being prepared. The report has become a key tool in monitoring the road safety situation at both global and national level, as well as an important mechanism for assessing the impact of the United Nations Decade of Action for Road Safety (2011–2020). The Sixty-seventh World Health Assembly adopted resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children, signalling increased political will for violence prevention. The resolution called for the development of a global plan of action to strengthen the role of the health system within a multisectoral response to addressing interpersonal violence, in particular against women and girls, and against children. The *Global status report on violence prevention 2014* was published.[3] The report is the first of its kind to assess national efforts to address interpersonal violence. The report will also inform the aforementioned global plan of action. The Health Assembly also adopted the WHO global disability action plan 2014–2021: Better health for all people with disabilities, which boosts the efforts of WHO and governments in enhancing the quality of life of people with disabilities. Regional workshops were conducted in several countries on the global action plan to encourage the integration of eye health care in noncommunicable diseases policies and strategies.[4] A multi-country assessment report on national capacity to provide hearing care was published.[5]

[1] Global status report on alcohol and health. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf, accessed 9 April 2015).

[2] Preventing suicide: a global imperative. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/131056/1/9789241564779_eng.pdf?ua=1&ua=1, accessed 9 April 2015).

[3] Global status report on violence prevention 2014. Geneva: World Health Organization; 2014 (http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/, accessed 23 April 2015).

[4] Universal eye health: a global action plan 2014–2019.

[5] Multi-country assessment of national capacity to provide hearing care. Geneva: World Health Organization; 2013 (http://www.who.int/pbd/publications/WHOReportHearingCare_Englishweb.pdf, accessed 9 April 2015).

23. In 2014, WHO and FAO jointly convened the Second International Conference on Nutrition, a high-level intergovernmental meeting attended by representatives from 170 countries. It resulted in world leaders committing themselves to establishing national policies aimed at eradicating malnutrition and transforming food systems in order to make nutritious diets universally available through a framework for action. In all regions progress was made in implementing the comprehensive implementation plan for maternal, infant and young child nutrition. The Global nutrition report 2014: actions and accountability to accelerate the World's progress on nutrition was published,[1] revealing that the world is not on track to meet the goals set in the Global Nutrition Targets for 2025. The Regional Offices for the Eastern Mediterranean and Europe prepared regional profiling models to support policies on marketing foods to children and labelling. Guidelines were developed on nutritional care for children and adults with Ebola virus disease in treatment centres.

24. The multisectoral nature of noncommunicable disease prevention and control remains a major challenge and requires investment in policies that go beyond the health sector. The resourcing of noncommunicable disease surveillance and monitoring work at country level remains unreliable. Only 50% of countries in 2013 had operational national policies and plans for tackling noncommunicable diseases. Despite commitments made by world leaders to increasing and prioritizing budget allocations, the provision of resources through domestic channels remains limited, even though the potential to increase taxation on tobacco and alcohol exists in many countries; even a small portion of those proceeds, if allocated to health, could greatly enhance prevention and access to services.

CATEGORY 3: PROMOTING HEALTH THROUGH THE LIFE-COURSE

25. During 2014, the Secretariat actively contributed to shaping the post-2015 agenda in the area of reproductive, maternal, newborn, child and adolescent health, including initiation of an updated Global Strategy for Women's, Children's and Adolescents Health 2016–2030, which is central to the new sustainable development goals and the setting of relevant goals and targets in the post-2015 period.

26. Regional initiatives and renewed strategies have helped to translate multiple global initiatives into actions: a commitment to end preventable maternal, newborn and child deaths by 2035 in the African Region; a joint regional United Nations statement conveying the commitment of women and children to, and advocating for, accelerated progress both towards achieving Millennium Development Goals 4 and 5 and beyond 2015 in the South-East Asia region; the adoption of Investing in children: the European child and adolescent health strategy 2015–2020 in the European Region; a regional initiative focused on saving the lives of mothers and children in the nine high-burden Member States in the Eastern Mediterranean Region; and an action plan for healthy newborn infants covering the period 2014–2020 in the Western Pacific Region.

27. The preparation of the World report on ageing and health, which will be launched in 2015, led to a major set of references for the development of a comprehensive global strategy on ageing and health, which will be followed by a global action plan with measurable outcomes to shape future global priorities. The regional offices provided technical support for devising national strategies on ageing and health.

[1] http://globalnutritionreport.org/the-report/ (accessed 11 April 2015).

28. WHO guidelines have been used by 38 countries in integrating gender, equity and human rights in their health strategies, policies and plans, and technical support has enabled 22 countries to take concrete actions in adapting national health policies and plans towards greater gender responsiveness, equity targeting and human rights based approaches. Within the Secretariat, two institutional mechanisms for mainstreaming gender, equity and human rights have been strengthened and 13 programme areas have been supported across the regions and headquarters to integrate gender, equity and human rights in their work plans and actions.

29. Social determinants and health equity have been central to global and regional discussions on the post-2015 sustainable development goals and universal health coverage agenda, and WHO's efforts across the three levels have been directed towards providing technical input for this work. Efforts to build capacity for monitoring social determinants of health at the global and regional level are being scaled up. As an integral part of facilitating cross-cutting work to address the determinants of health and health inequity, particular emphasis has been placed on building capacity to promote, implement and evaluate Health-in-All policies. The continued piloting of the stepwise review methodology also proved effective in supporting national health to improve their equity results and revise national strategies and programmes.

30. WHO has supported efforts to ensure that adequate consideration is given to environmental determinants of health within the sustainable development agenda, including advocating for inclusion of health in other, non-health domains, for example: access to water and sanitation; access to sustainable energy; promotion of decent work; sustainable cities; sustainable agriculture; and addressing climate change. Ensuring adequate health sector representation in regional and international processes connected to international environmental agreements and conventions was an additional and integral facet of this work. Progress was also made in facilitating the development of national capacities to assess and manage environmental and occupational health risks, particularly in the areas of water and sanitation, climate change, chemical safety, radiation safety, workers' health and air pollution.

31. In that regard, a water safety plan training package for urban water suppliers was developed and a core team of 16 water safety plan master trainers from six countries received training. In partnership with UN Water, the global analysis and assessment of sanitation and drinking water was conducted in 10 countries and a global report published. Technical work to raise awareness about chemicals of high public health concern, such as lead, asbestos and mercury, continued through collaboration with other United Nations agencies, including UNEP and UNIDO, on safe management of chemicals and establishing professional networks. Regional discussions were initiated on the need to scale up action on indoor and outdoor air pollution, with particular emphasis being placed on indoor air pollution as a result of the publication of new WHO guidelines on indoor air quality and household fuel combustion.

32. The programme areas in this category tend to rely on political commitment at country level in order to support intersectoral activities, however, such commitment is not always forthcoming. Dependence on highly specified voluntary contributions can also mask the true situation as it relates to implementation and resource availability. Countries experiencing ongoing crises, particularly in the African and Eastern Mediterranean regions, are finding smooth implementation and continuity a major challenge.

CATEGORY 4: HEALTH SYSTEMS

33. The Secretariat held policy dialogues and review processes, provided technical assistance, and convened multisectoral actors to ensure a whole-of-government and whole-of-civil-society approach to the development and implementation of one-country health plans in over 70 countries in the Region of the Americas and the European and Eastern Mediterranean regions. Tools for increasing accountability and transparency in the health sector were developed and adapted to individual regional contexts. Regional offices established systems for reviewing and providing advice on proposals to global funding mechanisms, such as Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, in order to ensure their alignment with national health policies, strategies and plan in more than 60 countries. In addition, the Secretariat has supported countries in arranging health financing, addressing financial protection, generating data, including on national health accounts, and capacity building, for example, through the first advanced course on health financing for universal health coverage.

34. Support was provided for strengthening countries' capacity to implement integrated service delivery networks, and review national referral systems and hospital management in all regions, for example, in hospital regulation, patient safety and quality of care in the Western Pacific Region. In the Eastern Mediterranean Region, the family practice programme was recognized as an effective system for improving service provision and strengthening engagement by the private sector in moving towards universal health coverage. In the African Region and at headquarters, the work on patient safety has focused mainly on supporting the three countries affected by Ebola virus disease, namely, Guinea, Liberia and Sierra Leone, strengthen their capacities in infection prevention and control. Countries in other regions were supported to build their preparedness and response capacity in case of an outbreak of the disease.

35. Evidence gathering on specific themes, based on a comprehensive health labour market framework for universal health coverage, was completed, as were consultations to inform the development of a strategy on the global health workforce 2030 for submission to the regional committees in 2015. An updated national reporting instrument was developed in 2014 for the second round of reporting by Member States, scheduled to take place in 2015. The Regional Office for South-East Asia launched an initiative entitled, A decade of Health Workforce Strengthening 2015–2024.

36. The proposal by WHO to establish the African Medicine Agency, together with an action plan for the period 2014–2018, was endorsed by the first meeting of African Ministers of Health. A Caribbean regulatory system was approved by the Caribbean Community Secretariat; it will serve as a registration entry point for all Member States of the Community, as well as a hub for post-market surveillance. In 2014, the Sixty-seventh World Health Assembly adopted seven resolutions on medicines and/or medical products. A major achievement in headquarters was the creation of a comprehensive quality management system for the new joint prequalification team. Four demonstration projects were selected for the strategic agenda of the Expert Working Group on Research and Development: Financing and Coordination in order to assess new approaches for coordinating and financing research and development on medicines and other health technologies against diseases that disproportionally affect developing countries. The Secretariat played a key role, both in the African Region and at headquarters, in coordinating research and development on vaccines and therapeutics against Ebola virus disease.

37. The Global Health Observatory was updated with many more features, and support was provided to newly established and existing regional and national observatories, which contribute towards more comprehensive monitoring of the global, regional and country health situation. New estimates for child and maternal mortality were released, including double the number for 12 countries in the Eastern Mediterranean Region. Jointly with the World Bank, WHO published a monitoring framework for universal health coverage. Work to promote major projects on civil registration and vital statistics is on track.

38. Several countries in the Western Pacific Region have successfully institutionalized online portals that substantially improve quality and accountability in health research; these national health research registries are being assessed for possible adoption in other regions. In the WHO European Region several countries have established evidence-informed policy network (EVIPNet) country teams to support national decision-makers in developing health programmes and plans.

39. Weak infrastructure continued to impede the accessing and translating of evidence into policy. In countries, the problem was linked to the level of political commitment, as well as engagement with partners, and was exacerbated by a high turnover among government staff and external partners and frequent changes in national policies. Inadequate coordination of stakeholders, political instability and disasters also increased uncertainty for WHO in its work on health systems.

40. The current Ebola crisis was further aggravated by extremely weak health systems in the affected countries. The crisis has shown that strengthening health systems must be a priority for decision-makers at national and subnational level, as well as the international community. Member States are becoming increasingly aware of the need to strengthen their health systems in order to cope more effectively with health threats. Responsiveness and resilience can be improved through the integration of the different elements of a health system, and by applying a systems approach. Such an approach, as advocated by WHO, requires a serious re-thinking of health systems, strong commitment at country, regional and global level, and the active engagement of Member States and partners.

41. The WHO Secretariat provided expertise to guide policy and clinical practice through the publication of emergency guidelines for front-line health workers in the clinical management of patients with haemorrhagic fever, as well as guidelines on personal protective equipment, laboratory procedures, contact tracing, safe burials and waste management. WHO also deployed technical assistance for the emergency response in countries affected by Ebola virus disease to strengthen service-delivery, procurement and supply chain issues.

42. WHO convened a series of consultations and high-level meetings with key experts and stakeholders involved in researching, developing, regulating and funding potential medical solutions against Ebola virus disease. Based on concerted expert advice, the best evidence available and ethical oversight, the Secretariat prioritized a number of products for further investigation through human testing. Those products now include three lead candidate vaccines, a short list of antiviral therapies and experimental drugs, and convalescent whole blood and plasma. In addition, the Secretariat worked on a number of emergency procedures with countries and other partners for the assessment and fast-track development of adapted diagnostics, as well as joint reviews of vaccine clinical trial protocols, in order to expedite study approvals and potential large-scale introduction.

43. The re-direction of resources to the Ebola crisis resulted in some delays in other programmes. However, in large part the support to the Ebola response was absorbed by staff within the respective programme areas. The priorities for the category remain as specified in the Programme budget 2014–2015, with the addition of special support for research and development on medicines and other health technologies connected with Ebola virus disease, the integration of global health security measures in national health plans, and the construction or reconstruction of health systems that are both responsive and resilient. The Secretariat will work with partners to advance a globally recognized set of public health functions and assess how best they can be integrated into health systems. The outcome can then be used as a framework for investment and be adapted into a tool to assist countries scale up their global health security in order to enhance the sustainability of health systems and contribute to wider economic and sustainable development goals.

CATEGORY 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE

44. The year 2014 was dominated by the unprecedented Ebola outbreak in West Africa. The initial response was further scaled up during the second half of 2014. Analysis by WHO epidemiologists and emergency management experts was crucial in tracking and monitoring the outbreak, and in helping to set programmatic, technical and geographical priorities for all partners. WHO played a major role in expanding critical capacities for surveillance, case finding, contact tracing, and clinical and laboratory services across the most affected countries, with over 800 people working across more than 75 field sites at the peak of the effort. Guidance documents directly linked to the Ebola outbreak were produced, including a consolidated Ebola virus disease preparedness checklist, and a laboratory assessment tool – short version for Ebola virus disease/viral haemorrhagic fever. The Strategic Health Operation Centres at headquarters and in the Regional Office for Africa were activated to manage the outbreak. In addition, a subregional emergency operations and coordination centre was temporarily established in Conakry between July and October in order to provide country support and optimize collaboration with and inputs from partners.

45. During 2014, in parallel, WHO responded to four other Grade 3 emergencies in the Central African Republic, Iraq, South Sudan and the Syrian Arab Republic, and 14 Grade 1 and Grade 2 emergencies, including outbreaks of cholera, avian influenza A(H7N9) and Middle East respiratory syndrome coronavirus, as well as emergencies in Libya, Mali and Ukraine. At the same time, the Organization continued to respond to 29 ongoing protracted emergencies worldwide, in 24 of which it was acting as Global Health Cluster lead agency. The sheer number and scale of the health emergencies and crises in 2014 meant that the vast majority of staff efforts under category 5 at all three levels had to be shifted to response activities. This significantly slowed implementation of the core work plan to strengthen country capacities to manage and prepare for emergency risks and disasters, and establish WHO's own institutional readiness for emergencies.

46. Notwithstanding the above, support to countries for attaining the core capacities required under the International Health Regulations (2005) remained a high priority. Recognizing that many countries are still struggling to acquire the minimum capacities, significant direct efforts have been made to bridge the gaps, through educational materials, guidelines and tools designed to facilitate implementation of the Regulations across sectors. They include: online tutorials for national Regulations focal points; guidance documents on implementation of an early warning and response system with a focus on event-based surveillance; and a web-based laboratory quality stepwise implementation tool. In addition, support was provided by working closely with Member State initiatives, and in particular, with the Global Health Security Agenda.

47. The global mechanisms for enhancing preparedness for major epidemics and pandemics were strengthened. Such mechanisms facilitate the rapid scaling up of, and access to, technical support, and include laboratory, clinical and infection prevention and control networks within the Global Outbreak Alert and Response Framework. A total of 1.5 million doses of oral cholera vaccine was delivered to countries. The Pandemic Influenza Preparedness Framework enhanced laboratory capacity and surveillance, risk communications, planning for deployment and regulatory capacities. Global and multi-country intervention strategies were developed against epidemic disease threats. Access was improved to global stockpiles, and to information and guidance on the deployment of experts in multiple emergencies and outbreaks, including, avian influenza A(H7N9), Middle East respiratory syndrome coronavirus, Ebola virus disease, cholera, plague, meningitis, yellow fever, and emergencies in Central African Republic, Iraq, Libya, Mali, South Sudan, Syrian Arab Republic and Ukraine.

48. Countries were supported in all hazards emergency and disaster risk management for health through emergency risk and capacity assessments, the development of the health component of national preparedness plans, and implementation of the Safe Hospitals Initiative. Health sector contributions by Member States to the Sendai Global Framework for Disaster Risk Reduction 2015–2030 were also coordinated. Efforts have continued to build the emergency readiness of WHO through training courses, scale up surge capacity through Stand-by Partnerships, and strengthen policies, guidance and tools for both emergency response and emergency and disaster risk management.

49. Following the declaration of the international spread of poliomyelitis as a Public Health Emergency of International Concern by the Director-General, and as a clear sign of the urgent need to speed up eradication, the Secretariat intensified its efforts to reduce the international spread of the virus. In October 2014, the Strategic Advisory Group of Experts on immunization concluded that preparations were on track for the global coordinated switch from trivalent oral polio vaccine to bivalent oral polio vaccine, and urged countries to further intensify their preparations. All but one, which represents <0.5% of the global birth cohort, are planning to introduce inactivated polio vaccine before the end of 2015.

50. In 2014, the South-East Asia Region was officially certified to be free of poliomyelitis. As a result, 80% of the world's population now lives in regions certified to be free of the disease. The WHO country team in Nigeria further intensified its efforts in high-risk states and local government areas, which has led to an improvement in the quality of supplementary immunization activities and surveillance. In addition, innovative strategies were developed, implemented and monitored. In Afghanistan, the programme was hampered by the suspension of vaccination in Helmand Province in the Southern Region, where poliomyelitis is endemic. The ban was overcome through local negotiations with anti-government elements and maintaining programme neutrality. In Pakistan, WHO launched a major human resources surge to help implement and monitor the low season plan.

51. WHO, jointly with FAO, has continued to provide support for the development of international food standards, both through direct involvement in, and support to, the Codex Alimentarius Commission and through the provision of scientific advice to the Codex. The work has resulted in some 850 standards and recommendations, providing new or revised guidance for Member States, as well as direct support to several countries for assessing national food safety. WHO's list of Critically Important Antimicrobials (4th revision) and the first global report on antimicrobial resistance[1] were

[1] Antimicrobial resistance: global report on surveillance. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/112642/1/9789241564748_eng.pdf, accessed 9 April 2015).

published. The WHO food safety need assessment tool was completed and is now being used by country and regional offices to support the strengthening of national food safety systems.

52. The work under category 5 will continue to be directed towards achieving the deliverables and outputs planned for 2014–2015 through the introduction of WHO's policy on emergency and disaster risk management for health. The policy covers providing support to countries for: strengthening their surveillance systems for detecting and responding to emerging infectious diseases; developing and implementing national preparedness and response plans for emergencies arising from any hazard with health consequences; implementing WHO's readiness programme and checklists, including developing and promoting fully functional surge partnerships and a mechanism with a roster of trained and equipped experts; and updating administrative and standard operating procedures for rapid deployment of staff, logistics and other services for response operations.

CATEGORY 6: CORPORATE SERVICES/ENABLING FUNCTIONS

53. WHO has continued to be guided by the leadership priorities in the Twelfth General Programme of Work, 2014–2019, including advocating for health in the broader post-2015 development agenda and proposed sustainable development goals. Regional offices reported more effective engagement with Member States to strengthen governance through preparation for, implementation of, and follow-up to, regional committee agendas and other high-level regional meetings. The Global Policy Group continued to provide guidance and improve synergy and coherence across the three levels of the Organization.

54. Active engagement with the United Nations and other stakeholders at all levels has ensured WHO's leadership role in international health. The World Health Assembly has requested further consultations on the draft framework of engagement with non-State actors through the regional committees. Member States supplied comments which were transmitted to the regional committees for their consideration. Based on the feedback, the Secretariat submitted a revised draft framework of engagement with non-State actors to the 136th session of the Executive Board.

55. In the area of internal oversight services, the projects identified for implementation in 2014 pertaining to the audit function were not completed owing to delayed recruitment and the requirement to reallocate some of the audit resources to a major investigation. The projects will be implemented in 2015. Under the investigations function, there was a 50% increase in the number of reports of concern submitted to the Office of Internal Oversight Services in 2014 compared with the previous biennium.

56. The evaluation function of the Organization has been strengthened and a new department was established in headquarters to bring this work forward. Building on the progress made to date in implementing WHO's evaluation policy, the Organization undertook a review of its evaluation function and best practices, taking into account models from other entities, in order to propose a framework to further improve it.

57. The WHO reform process has advanced in its implementation phase and the work has shifted to providing support to business owners to implement, operate and review the reform initiatives. Steps in integrating WHO reform in the work of the Organization include, strengthening project management, communication and change management, and convening platforms for information sharing including best practices.

58. The process of developing Country Cooperation Strategies has accelerated in several regions. Support for implementation of the Country Focus strategy and utilization of Country Cooperation Strategies in strategic and operational planning and programme management has continued.

59. In the area of programme planning, budget and resource mobilization, the Programme budget 2014–2015 provided a renewed, more explicit results chain, improved clarity of the roles and responsibilities of each level, and a more realistic budget; capitalizing on that, a more robust, bottom-up process for preparing the Programme budget 2016–2017 has been followed, in line with requests from Member States that country priorities and Organizational results should be aligned across the three levels. Furthermore, establishment of the category and programme area networks has helped align managerial and technical structures across the Organization in order to achieve programmatic objectives. More detailed information on implementation of the programme budget is available to Member States through the web portal, an effective tool for transparency, which will continue to provide up-to-date information on implementation of the Programme budget 2014–2015 and the resources required to finance the Organization.

60. Efforts were directed towards improving the predictability, alignment, flexibility and transparency of WHO's financing through the innovative financing dialogue process, and implementing a new approach for the strategic allocation of flexible resources. The aim was to provide adequate financing for core programmes and ensure steady operational capacity across all three levels of the Organization throughout the biennium. Coordinated resource mobilization efforts, including active involvement and dialogue with potential donors at all levels, continued. The establishment of the Global Resource Mobilization Coordination Team, representing all levels of the Organization, marked a step towards strengthened coordination of resource mobilization activities.

61. Based on broad agreement on the need to increase transparency in WHO's engagement with non-State actors, a prototype of a register for non-State actors was drawn up and published on the WHO reform website. The process of conducting and strengthening due diligence and risk assessment of individual engagement with the private sector continued.

62. Global implementation of the three pillars of the human resources strategy (attracting talent, retaining talent, enabling work environment) has made further advances. Among key highlights, progress was made towards the creation of a staff mobility framework and the introduction of a geographical mobility policy in WHO, for which final approval is expected during the governing body meetings in May 2015.

63. Implementation of corporate solutions in information technology has continued across all major offices, and high-level plans have been finalized for the launch of the Global Management System Transformation project aimed at improving and simplifying a number of modules in the system.

64. The main WHO website was adapted for mobile devices to improve readability and information searches. In response to the increasing demand from Member States to improve the way public health risk is communicated to their citizens, the WHO communications teams in country and regional offices and headquarters have all scaled up the number of workshops they provide to help Member States assess current capacity for communicating public health risk and improve their skills.

65. Extensive support was provided to the Ebola response which necessitated re-prioritization of work. Heavy demand for services increased the load on a number of services, including human resource management, information technology, finance and administration, procurement and communication.

66. Progress has already been made in the three streams of reform, namely, programmes and priorities, governance and management. As a result of the WHO reform process, progress in creating a culture of managerial and programmatic accountability continues. The commitment of senior management has been a key success factor, together with a clear articulation and consistent application of WHO's rules and regulations and policies and procedures, including ethical values and standards of conduct. The Organization at all levels will continue to implement the frameworks and policies for achieving transparency, accountability and sound risk management.

OVERVIEW OF BUDGET IMPLEMENTATION BY THE END OF 2014

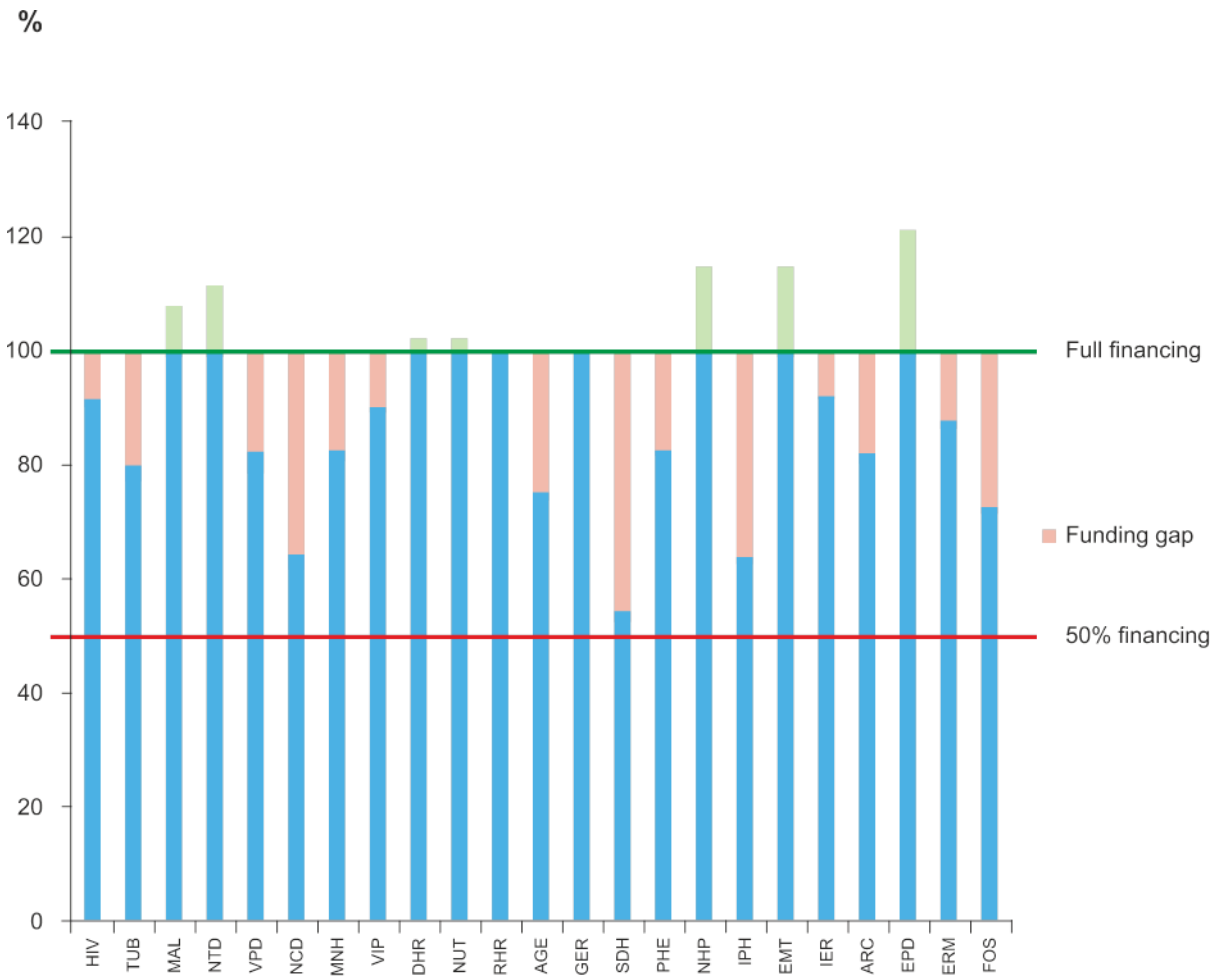
67. In May 2013, the Sixty-sixth World Health Assembly approved a budget for the financial period 2014–2015 under all sources of funds, namely, assessed and voluntary contributions, of US$ 3977 million, allocated to six categories.[1]

68. At the end of December 2014, the funds available to support all categories of the Programme budget amounted to US$ 4465 million (assessed contributions of US$ 929 million and voluntary contributions of US$ 3536 for 2014–2015). Excluding the emergencies component, Programme budget financing as at 31 December 2014 was 87%.

69. However, there are still differences in the levels of financing of various technical programme areas. The five most underfunded programme areas (vaccine-preventable diseases, integrated people-centred health services, noncommunicable diseases, emergency risk and crisis management, and alert and response capacities) represent 62% (US$ 225 million) of the 2014–2015 shortfall. The status of financing by programme area is shown in Figure 1.

[1] In addition, US$ 369 million were received to support implementation of the programme budgets in 2016–2017 and 2018–2019.

Figure 1. Financing of the Programme budget by programme area as at 31 December 2014

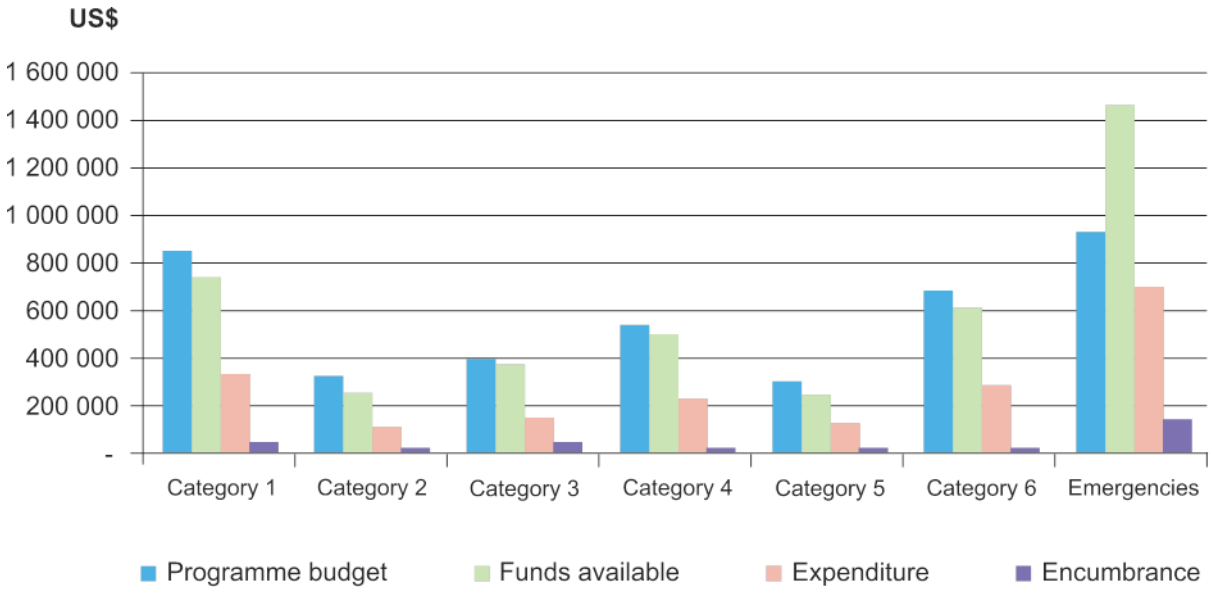


HIV – HIV/AIDS
TUB – Tuberculosis
MAL – Malaria
NTD – Neglected tropical diseases
VPD – Vaccine-preventable diseases
NCD – Noncommunicable diseases
MNH – Mental health and substance abuse
VIP – Violence and injuries
DHR – Disabilities and rehabilitation
NUT – Nutrition
RHR – Reproductive, maternal, newborn, child and adolescent health
AGE – Ageing and health
GER – Gender, equity and human rights mainstreaming
SDH – Social determinants of health
PHE – Health and the environment
NHP – National health policies, strategies and plans
IPH – Integrated people-centred health services
EMT – Access to medicines and health technologies and strengthening
IER – Health systems information and evidence
ARC – Alert and response capacities
EPD – Epidemic- and pandemic-prone diseases
ERM – Emergency risk and crisis management
FOS – Food safety

70. Figure 1 shows financing for each programme area and demonstrates a better alignment of resources to the Programme budget. This has been achieved in part by adopting a strategic approach to the release of flexible resources (assessed contributions and core voluntary contributions) aimed at reducing funding gaps across all programme areas. Greater effort is needed to bridge the gaps in underfunded programme areas, in line with the principles established for the financing dialogue and coordinated resource mobilization.

71. As at 31 December 2014, the overall expenditure rate was 48% of the approved Programme budget.[1]

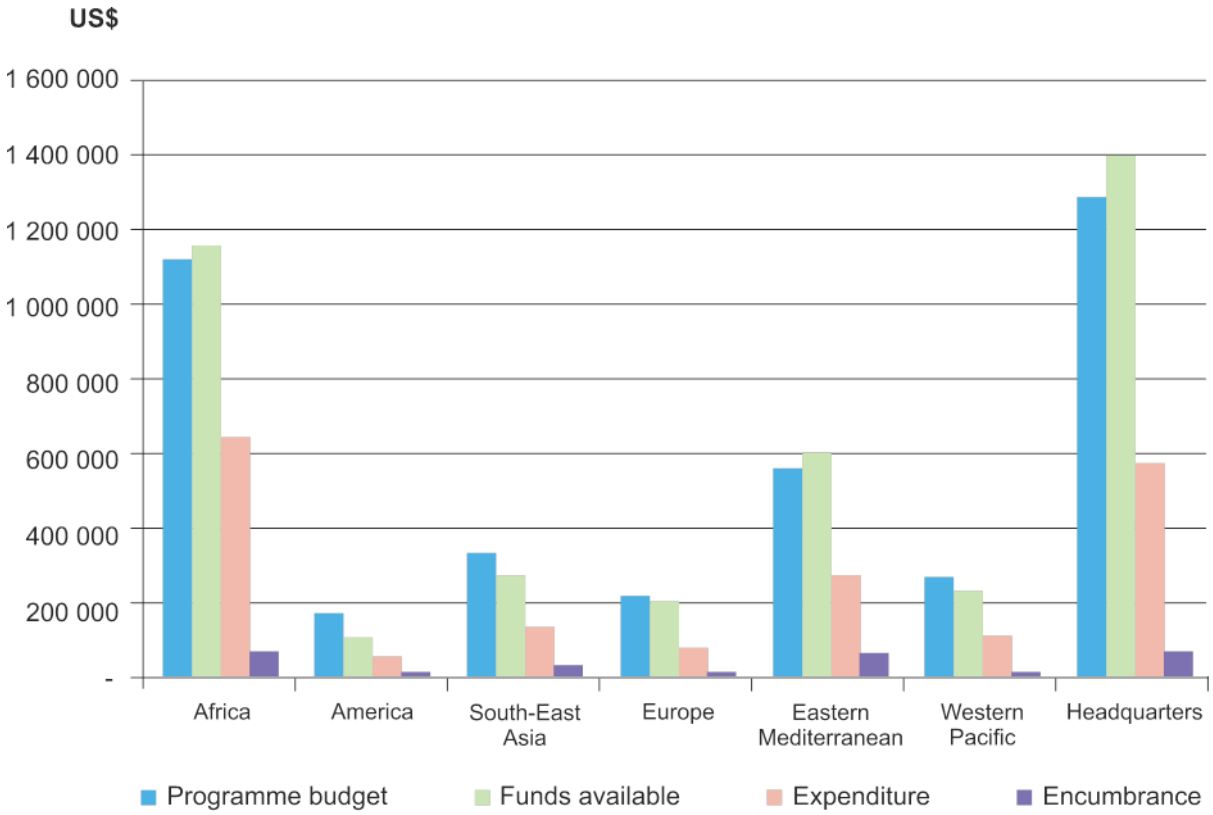
Figure 2. Approved Programme budget implementation by category (US$ thousand)[2]



[1] This is excluding expenses incurred in 2014 against prior period work plans when compared with the expenditure figure presented in the WHO financial report and audited financial statements for the year ended 31 December 2014. See document A68/38 (Financial report and audited financial statement for the year ended 31 December 2014).

[2] Encumbrances are commitments made for goods and services that were not delivered as at 31 December 2014 and therefore are not recognized as expenditure for accounting purposes.

Figure 3. Approved Programme budget implementation by major office (US$ thousand)



72. The increase in funding and expenditure for emergencies during 2014–2015 was driven by poliomyelitis eradication, the Ebola outbreak response, and crisis response, mainly in Iraq, the Syrian Arab Republic and neighbouring countries.

73. A more detailed analysis of implementation of the Programme budget 2014–2015, and an update on the actions being proposed and implemented as part of the managerial response to the continued reform agenda,[1] will be made available on the WHO website in advance of the Sixty-eighth World Health Assembly.[2] Further information is available on the web portal[3] and in the financial report and audited financial statement for the year ended 31 December 2014.

ACTION BY THE HEALTH ASSEMBLY

74. The Health Assembly is invited to note the report.

[1] Including options to ensure alignment of resolutions with the general programme of work and the related programme budgets. See decision WHA67(8) paragraph 4.

[2] http://www.who.int/about/finances-accountability/reports/en/.

[3] https://extranet.who.int/programmebudget/ (accessed 9 April 2015).

ANNEX

OUTPUT RATINGS BY MAJOR OFFICES[1]

Output		AFRO	AMRO	EMRO	EURO	SEARO	WPRO	HQ
Category 1								
1.1.1.	Implementation and monitoring of the global health sector strategy on HIV/AIDS 2011–2015 through policy dialogue and technical support at global, regional and national level	on track	on track	on track	on track	on track	on track	on track
1.1.2.	Adaptation and implementation of most up-to-date norms and standards in preventing and treating paediatric and adult HIV infection, integrating HIV and other health programmes, and reducing inequities	on track	on track	on track	on track	on track	on track	on track
1.2.1.	Intensified implementation of Stop TB Strategy to scale up care and control, with focus on reaching vulnerable populations, strengthening surveillance, and alignment with health sector plans facilitated	on track	on track	on track	on track	on track	on track	on track
1.2.2.	Updated policy guidance and technical guidelines on HIV-related tuberculosis, delivery of care for patients with multidrug-resistant tuberculosis, tuberculosis diagnostic approaches, tuberculosis screening in risk groups and integrated community-based management of tuberculosis	on track	on track	on track	on track	on track	on track	on track
1.3.1.	Countries enabled to implement malaria strategic plans, with focus on improved diagnostic testing and treatment, therapeutic efficacy monitoring and surveillance through capacity strengthening	on track	on track	on track	on track	on track	on track	on track
1.3.2.	Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection and response	on track	on track	on track	on track	on track	on track	on track
1.4.1.	Implementation and monitoring of the WHO road map for neglected tropical diseases facilitated	on track	on track	on track	n/a	on track	on track	on track
1.4.2.	Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support	on track	on track	on track	on track	on track	on track	on track
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	n/a	n/a	n/a	n/a	n/a	n/a	on track
1.5.1.	Implementation and monitoring of the global vaccine action plan as part of the Decade of Vaccines Collaboration strengthened with emphasis on reaching the unvaccinated and under-vaccinated populations	on track	on track	on track	on track	on track	on track	on track
1.5.2.	Intensified implementation and monitoring of measles and rubella elimination, and hepatitis B control strategies facilitated	on track	on track	on track	on track	on track	on track	on track
1.5.3.	Target product profiles for new vaccines and other immunization-related technologies defined and research priorities to develop vaccines of public health importance and overcome barriers to immunization agreed	on track	on track	on track	on track	on track	on track	on track

[1] Each major office has submitted its ratings on the status of progress of its contribution to the outputs. Details are provided in the full report mentioned above. An "on track" rating implies that the rate of progress at mid-term is unlikely to change during the rest of the biennium. An "at risk" rating means that progress is affected by impediments and risks which require corrective action. An "in trouble" rating means that the contribution of the major office is being seriously hampered and it is likely that the output will not be achieved by the end of the biennium. In those cases where major offices reported that the contribution to an output is not a regional priority or the particular output is not relevant for the regional situation, the rating is "not applicable" (n/a).

Output		AFRO	AMRO	EMRO	EURO	SEARO	WPRO	HQ
Category 2								
2.1.1.	Development of national multisectoral policies and plans for implementing interventions to prevent and control noncommunicable diseases facilitated	on track	on track	on track	on track	on track	on track	on track
2.1.2.	High-level priority given to the prevention and control of noncommunicable diseases in national health planning processes and development agendas	on track	n/a	on track	on track	on track	on track	on track
2.1.3.	Monitoring framework implemented to report on progress in realizing the commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the global action plan for the prevention and control of noncommunicable diseases (2013–2020)	at risk	on track	on track	on track	on track	on track	on track
2.2.1.	Countries' capacity to develop and implement national policies and plans in line with the 2013–2020 global mental health action plan strengthened	on track	on track	on track	on track	on track	on track	on track
2.2.2.	Mental health promotion, prevention, treatment and recovery services improved through advocacy, better guidance and tools on integrated mental health services	on track	on track	on track	on track	on track	on track	on track
2.2.3.	Expansion and strengthening of country strategies, systems and interventions for disorders due to alcohol and substance use enabled	at risk	in trouble	on track	on track	on track	on track	on track
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)	at risk	on track	on track	on track	on track	on track	on track
2.3.2.	Countries and partners enabled to develop and implement programmes and plans to prevent child injuries	at risk	on track	at risk	on track	on track	on track	on track
2.3.3.	Development and implementation of policies and programmes to address violence against women, youth and children facilitated	at risk	on track	at risk	on track	on track	on track	on track
2.4.1.	Implementation of the recommendations of the World report on disability and the High-level Meeting of the General Assembly on Disability and Development	at risk	on track	on track	on track	in trouble	on track	on track
2.4.2.	Countries are able to strengthen the provision of services to reduce disability due to visual impairment and hearing loss through more effective policies and integrated services	on track	on track	on track	n/a	on track	on track	at risk
2.5.1.	Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan	on track	on track	on track	on track	on track	on track	on track
2.5.2.	Norms and standards on maternal, infant and young child nutrition, population dietary goals, and breastfeeding updated, and policy options for effective nutrition actions for stunting, wasting and anaemia developed	at risk	on track	on track	on track	on track	on track	on track
Category 3								
3.1.1.	Further expansion enabled of access to and quality of effective interventions from pre-pregnancy to postpartum focusing on the 24-hour period around childbirth	on track	on track	on track	on track	on track	on track	on track
3.1.2.	Countries' capacity strengthened to expand high-quality interventions to improve child health and early child development and end preventable child deaths, including from pneumonia and diarrhoea	on track	on track	on track	on track	on track	on track	on track
3.1.3.	Countries enabled to implement and monitor effective interventions to cover the unmet needs in sexual and reproductive health and to reduce adolescent risk behaviour	on track	on track	at risk	on track	on track	on track	on track
3.1.4.	Research undertaken, and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child and adolescent health, and other conditions and issues linked to it	at risk	on track	on track	at risk	on track	on track	on track
3.2.1.	Countries enabled to develop policies and strategies that foster healthy and active ageing, and improve access to, and coordination of, chronic, long-term and palliative care	in trouble	on track	on track	on track	on track	on track	on track
3.2.2.	Technical guidance and innovations that identify and address the needs of older people for improved health care	n/a	on track	on track	on track	on track	on track	on track

Output		AFRO	AMRO	EMRO	EURO	SEARO	WPRO	HQ
3.2.3.	Policy dialogue and technical guidance provided to countries focusing on the health of women beyond the reproductive age	in trouble	on track	in trouble	on track	on track	on track	on track
3.3.1.	Gender, equity and human rights are incorporated in routine strategic and operational planning and monitoring of Secretariat programmes	at risk	on track	on track	on track	on track	on track	on track
3.3.2.	Countries' capacity strengthened to integrate and monitor gender, equity and human rights in their health policies	at risk	on track	on track	on track	on track	on track	on track
3.4.1.	Increased country capacity to implement a health-in-all-policies approach, intersectoral action and social participation to address the social determinants of health	on track	on track	on track	on track	on track	on track	on track
3.4.2.	Effective guidance to countries to mainstream social determinants of health in all WHO programmes	on track	on track	on track	on track	on track	on track	on track
3.5.1.	Country capacity strengthened to assess health risks, develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental risks	on track	on track	on track	on track	at risk	on track	on track
3.5.2.	Norms, standards and guidelines to define environmental and occupational health risks and benefits associated with air quality, chemicals, water and sanitation, radiation, nanotechnologies, and climate change	on track	on track	on track	on track	at risk	on track	on track
3.5.3.	Public health issues incorporated in multilateral agreements and conventions on the environment and sustainable development	at risk	n/a	on track	on track	on track	on track	on track
Category 4								
4.1.1.	Advocacy and policy dialogue to support countries to develop comprehensive national health policies, strategies and plans	on track	on track	on track	on track	on track	on track	on track
4.1.2.	Country capacity to develop and implement legislative, regulatory, and financial frameworks strengthened by generation and use of evidence, norms and standards, and robust monitoring and evaluation	on track	on track	on track	on track	on track	on track	on track
4.2.1.	Policy options, tools and technical support to countries for equitable people-centred integrated service delivery and strengthening of public health approaches	on track	on track	on track	on track	on track	on track	on track
4.2.2.	Countries enabled to plan and implement strategies that are in line with WHO's global strategy on human resources for health and the WHO Global Code of Practice on the International Recruitment of Health Personnel	on track	on track	on track	on track	on track	on track	on track
4.2.3.	Guidelines, tools and technical support to countries for improved patient safety and quality of services, and for patient empowerment	on track	on track	on track	on track	on track	on track	on track
4.3.1.	Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to health technologies; and to strengthen evidence-based selection and rational use of health technologies	on track	on track	on track	on track	on track	on track	on track
4.3.2.	Implementation of the global strategy and plan of action on public health, innovation and intellectual property	on track	on track	at risk	on track	on track	on track	on track
4.3.3.	Strengthening national regulatory authorities facilitated; norms, standards, guidelines for medical products developed; and quality, safety and efficacy of health technologies ensured through prequalification	on track	on track	on track	on track	on track	on track	on track
4.4.1.	Comprehensive monitoring of the global, regional and country health situation, trends and determinants, using global standards, and leadership in the new data generation and analyses of health priorities	on track	on track	on track	on track	on track	on track	on track
4.4.2.	Countries enabled to plan, develop and implement an eHealth strategy	on track	on track	at risk	on track	on track	on track	on track
4.4.3.	Knowledge management policies, tools, networks, assets and resources developed and fully utilized by WHO and countries to strengthen their capacity to generate, share and apply knowledge	on track	on track	on track	on track	on track	on track	on track
4.4.4.	Policy options, tools and support provided to define and promote research priorities, and to address priority ethical issues related to public health and to research for health	on track	on track	on track	on track	on track	on track	at risk

Output		AFRO	AMRO	EMRO	EURO	SEARO	WPRO	HQ
Category 5								
5.1.1.	Countries enabled to develop core capacities required under International Health Regulations (2005)	at risk	on track	on track	on track	on track	on track	on track
5.1.2.	WHO has the capacity to provide evidence-based and timely policy guidance, risk assessment, information management and communications for all acute public health emergencies	at risk	on track	on track	on track	on track	on track	at risk
5.2.1.	Countries are enabled to develop and implement operational plans, in line with WHO recommendations on strengthening national resilience and preparedness covering pandemic influenza and epidemic and emerging diseases	at risk	on track	on track	on track	on track	on track	on track
5.2.2.	Expert guidance and systems support in place for disease control, prevention, treatment, surveillance, risk assessment and risk communications	at risk	on track	on track	on track	on track	on track	on track
5.3.1.	Global Health Cluster and country health clusters reformed in line with the United Nations Inter-Agency Standing Committee's transformative agenda	on track	on track	on track	on track	on track	on track	on track
5.3.2.	Health established as a central component of global multisectoral frameworks for emergency and disaster risk management; national capacities strengthened for all-hazard emergency and disaster risk management for health	on track	on track	on track	on track	on track	on track	on track
5.3.3.	Organizational readiness successfully realized for full implementation of WHO's Emergency Response Framework	at risk	on track	on track	on track	on track	on track	at risk
5.3.4.	Health sector strategy and plan developed, implemented and reported on in all targeted protracted-emergency countries by an in-country network of qualified and trained WHO emergency staff	on track	on track	on track	on track	on track	on track	at risk
5.4.1.	Support the work of the Codex Alimentarius Commission to develop, and for countries to implement, food safety standards, guidelines and recommendations	at risk	on track	on track	on track	on track	on track	on track
5.4.2.	Multisectoral collaboration to reduce foodborne public health risks, including those arising at the animal–human interface	at risk	on track	on track	on track	on track	on track	on track
5.4.3.	Adequate national capacity to establish and maintain risk-based regulatory frameworks to prevent, monitor, assess and manage foodborne and zoonotic diseases and hazards	at risk	on track	on track	on track	on track	on track	on track
5.5.1.	Direct support to raise population immunity against polio to the required threshold levels in affected and high-risk areas	on track	on track	on track	on track	on track	on track	at risk
5.5.2.	International consensus established on the cessation of the use of oral polio vaccine type 2 in routine immunization programmes globally	on track	n/a	on track	on track	on track	on track	on track
5.5.3.	Processes established for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally	on track	on track	on track	at risk	on track	on track	on track
5.5.4.	Establishment of the polio legacy plan	on track	n/a	on track	on track	on track	on track	on track
5.6.1.	Implementation of the WHO's Emergency Response Framework in acute emergencies with public health consequences	at risk	on track	at risk	on track	on track	on track	at risk
Category 6								
6.1.1.	Effective WHO leadership and management in place	on track	on track	on track	on track	on track	on track	on track
6.1.2.	Effective engagement with other stakeholders in building a common health agenda that responds to Member States' priorities	on track	on track	on track	on track	on track	on track	on track
6.1.3.	WHO governance strengthened with effective oversight of the sessions of the governing bodies, and efficient, aligned agendas	on track	on track	on track	on track	on track	on track	on track
6.1.4.	Integration of WHO reform into the work of the Organization	on track	on track	on track	on track	on track	on track	on track
6.2.1.	Accountability ensured though strengthened corporate risk management and evaluation at all levels of the Organization	on track	on track	on track	on track	on track	on track	on track
6.2.2.	Implementation of WHO's evaluation policy across the Organization	at risk	at risk	on track	on track	on track	on track	at risk
6.2.3.	Ethical behaviour, decent conduct and fairness promoted across the Organization	on track	on track	on track	on track	on track	on track	on track
6.3.1.	Results-based management framework in place including an accountability system for WHO's corporate performance assessment	on track	on track	on track	on track	on track	on track	on track

Output		AFRO	AMRO	EMRO	EURO	SEARO	WPRO	HQ
6.3.2.	Alignment of WHO's financing with agreed priorities facilitated through strengthened resource mobilization, coordination and management	on track	on track	on track	on track	on track	on track	on track
6.4.1.	Sound financial practices managed through an adequate control framework, accurate accounting, expenditure tracking and the timely recording of income	on track	on track	on track	on track	on track	on track	on track
6.4.2.	Effective and efficient human resources management in place to recruit and support a motivated, experienced and competent workforce in an environment conducive to learning and excellence	on track	on track	on track	on track	on track	on track	on track
6.4.3.	Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training service provided	on track	on track	on track	on track	on track	on track	on track
6.4.4.	Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO's staff and property (in compliance with United Nations Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORS))	on track	on track	on track	on track	on track	on track	on track
6.5.1.	Improved communication by WHO staff leading to a better understanding of the Organization's action and impact	on track	on track	on track	on track	on track	on track	at risk
6.5.2.	Development and efficient maintenance of innovative communication platforms	on track	on track	on track	on track	on track	on track	on track

= = =