

Proposed programme budget 2020–2021

Operationalizing the Proposed programme budget 2020–2021

1. The Proposed programme budget 2020–2021 was presented to the Executive Board for consideration at its 144th session in January 2019.¹ During its discussions,² the Board supported both the consistent translation of the Thirteenth General Programme of Work, 2019–2023 (GPW 13) into the budget document and the new approach, namely: (i) focusing on measurable impacts to improve people's health; (ii) prioritizing WHO's work to drive public health impacts in every country; and (iii) departing from a disease-specific approach to a more integrated and health systems-oriented approach to drive sustainable outcomes.

2. At the same time, Member States requested the Secretariat to: (i) explain in more detail how the budget will be implemented in the new results structure; (ii) describe how the Secretariat's contribution (outputs) will be measured and reported; (iii) provide a crosswalk between the GPW 12 results structure and the proposed results structure of GPW 13 to enable a comparison; and (iv) provide programme budget costing by output.

3. This information document addresses those requests that did not form part of the Proposed programme budget 2020–2021 that is before the Health Assembly.³ The present document has been prepared to provide background information only, in particular on the budget crosswalk, the operationalization of the budget, the Proposed programme budget 2020–2021 by output, the high-level implementation plan for reaching the US\$ 99 million efficiency target and the reallocation plan.

Why were the changes necessary?

4. GPW 13 represents a fundamental shift in the way that WHO tackles health problems and calls for a much more integrated and health systems-based approach. This requires a more integrated results framework and budget structure.

5. The changes in the results framework will help to implement the GPW 13 in several ways.

- It helps to clearly align the Organization's work with the vision and strategic priorities of the triple billion goals:

- One billion more people benefiting from universal health coverage;

¹ Document EB144/5.

² See the summary records of the Executive Board at its 144th session, third meeting, section 2 and fourth meeting.

³ Document A72/4.

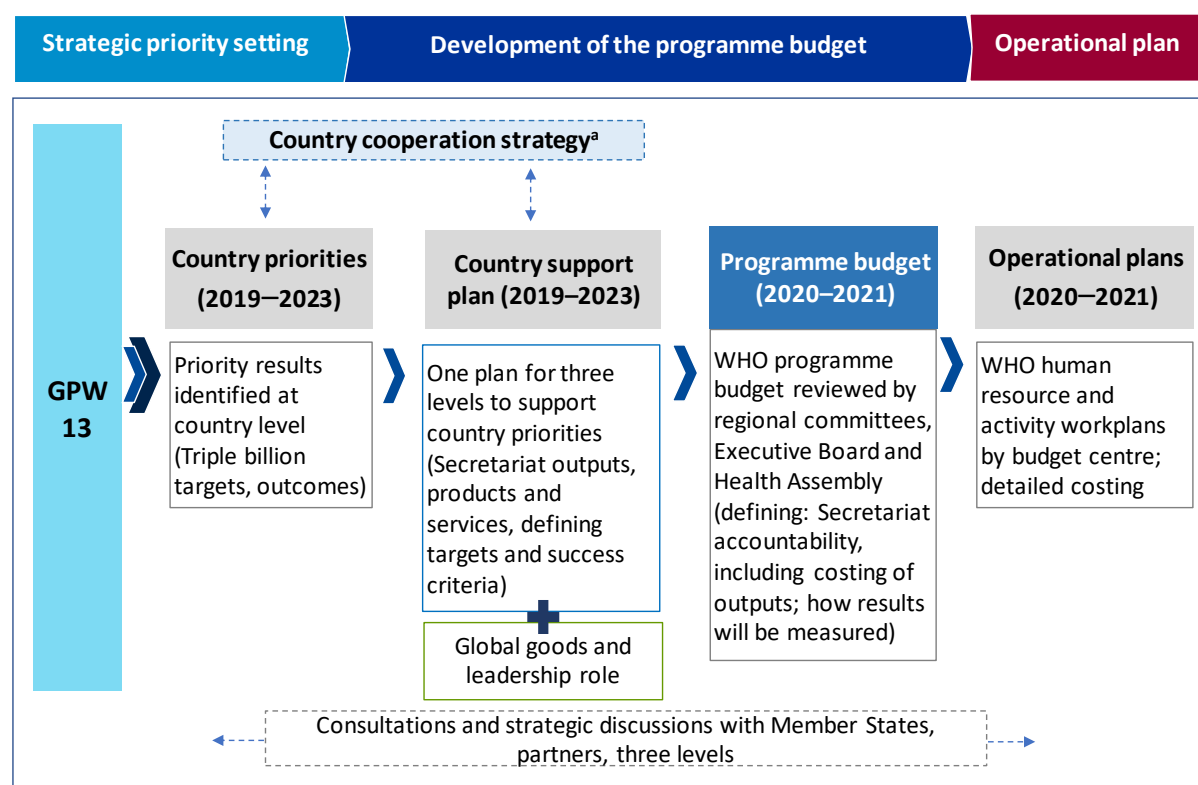
- One billion more people better protected from health emergencies;
- One billion more people enjoying better health and well-being.
- It fosters more integrated working arrangements by focusing on shared results instead of on programmatic arrangements.
- It helps to focus planning and measurement systems on the triple billion goals.

6. The new results framework will provide the primary organizing principle for the planning, budgeting, implementation, monitoring and reporting processes.

New prioritization and planning process focused on delivering impacts

7. The Proposed programme budget 2020–2021 has been developed on the basis of a new planning process. The changes in the planning process were necessary to ensure alignment with the GPW 13 results framework and align the work of the Organization to deliver impact at the country level. Fig. 1 provides an overview of the new planning process.

Fig. 1. The new planning process



^a For countries that have a valid Country Cooperation Strategy, the Strategy is the primary reference for the country prioritization and the country support plan. For countries that do not have a valid Country Cooperation Strategy, the country prioritization and the country support plan will be the basis of the Country Cooperation Strategy. In the future, every Country Cooperation Strategy will have a country support plan as a core component.

8. The new planning process took three key steps to inform and shape the Proposed programme budget 2020–2021.

(a) **Prioritization at the country level of outcomes to be delivered jointly by Member States and the Secretariat.** This was done together with Member States. Each country has a prioritized set of outcomes to which they have requested the Secretariat to contribute.

(b) **Articulation of country support plans, global public health goods¹ and leadership functions.** In order to align work across all three levels of the Organization to deliver impacts, new approaches were introduced to capture how the Secretariat will deliver. The three most important dimensions of the work of the Secretariat in terms of the GPW 13 strategic shifts – country support, global public health goods and leadership functions – have been articulated according to the agreed roles and responsibilities at each level of the Organization. These are now reflected clearly in the Proposed programme budget 2020–2021 under each output.

(c) **Costing.** Based on the above steps, the outputs were costed to inform the high-level budgets by major office and by outcomes and billions of United States dollars.

9. The prioritization process was a key first step to ensure that the Organization's work is geared to deliver priorities at the country level. The end result of the prioritization process was an agreed level of emphasis for each outcome based on the country situation.

10. The prioritization of each outcome is based on whether it is: (a) a national priority; (b) a binding international commitment; (c) a crucial contribution to regional and global targets; (d) a contribution to reducing health inequities; or (e) whether WHO has an advantage compared to other organizations to lead support in a particular area.

11. The integration of equity, gender equality and human rights components are also strong considerations in the prioritization process, as they are embedded in all approaches and interventions that contribute to the outcomes.

12. WHO country cooperation strategies, which take into account or are aligned with the Sustainable Development Goals and national health plans, are an important reference to ensure that the prioritization process is capturing the most relevant needs and strategic directions of countries.

13. Fig. 2 shows the results of the prioritization process for the outcomes by region. About 160 countries categorized outcome 1.1 (Improved access to quality essential health services) as medium or high priority. An equal number of countries prioritized outcomes 1.3 (Improved access to essential medicines, vaccines, diagnostics and devices for primary health care), outcome 2.1 (Countries prepared for health emergencies) and outcome 3.2 (Risk factors reduced through multisectoral action).

14. The priorities established at the country level formed the basis of the planning and budgeting processes, particularly in defining country support plans.

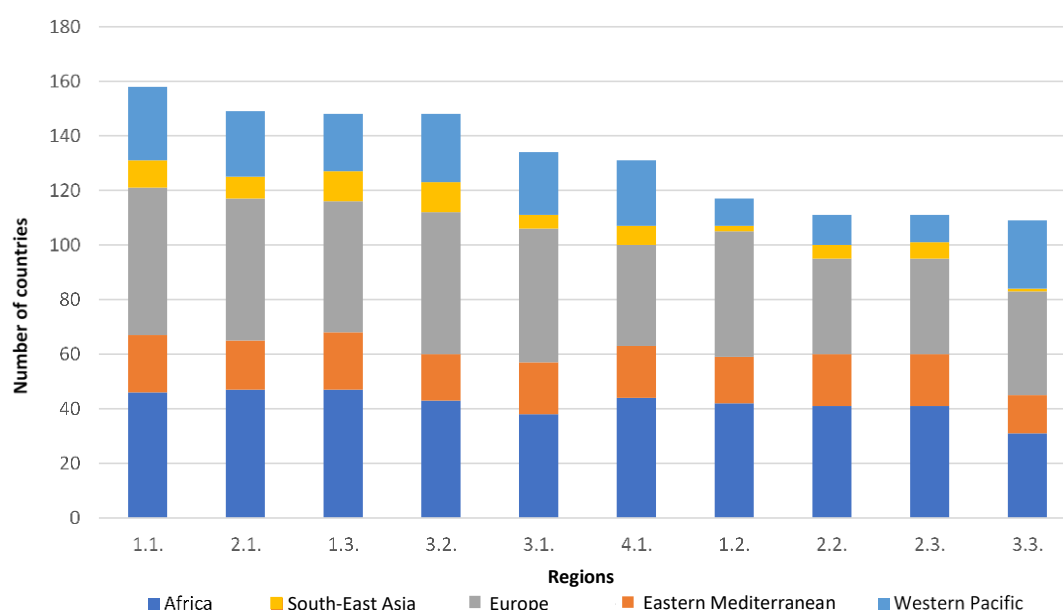
15. The development of country support plans was a new step introduced into the planning process. The country support plan is an instrument to define the actions that the Secretariat will take at each level of the Organization to support country priorities and how the Secretariat will measure its results and the

¹ Global public health goods are goods developed/delivered by WHO that are of benefit either globally or to multiple countries across multiple regions.

resources and capacities required at each level. This additional step in the process aims to align the work of the three levels of the Organization to deliver impact at the country level.

16. Countries have identified priorities and support required from the Secretariat, including countries without a WHO country presence. The regional offices and WHO headquarters are in the process of aligning their support with the country support plans, which address three main questions: (1) what action will the Secretariat take at all three levels to support country priorities?; (2) how will the results of the support be measured?; and (3) what resources are required to deliver the support at all levels?

Fig. 2. Number of countries prioritizing an outcome as high or medium, by region



17. The Secretariat engaged with country counterparts and national partners in a series of consultations during both the prioritization of outcomes and the discussions of the country support plans, including in countries without a WHO country presence.

18. In addition to the country support planning process, the Secretariat also introduced a more rigorous process for determining leadership functions and the identification and prioritization of global public health goods (such as norm- and standard-setting). Together with the country support planning process, this is helping to focus work at the regional and headquarters levels on delivery where it matters most.

19. More detailed plans will be developed during operational planning just before the beginning of the biennium, when the human resources and activity plans will be detailed.

20. Human resources and activities will be planned around the delivery of outputs. As the achievement of an output is underpinned by the implementation of programme strategies, detailed plans will continue to reflect the human resources and activities components of relevant programmes that contribute to the achievement of the output.

21. For example, a department at headquarters and the regional offices responsible for a programme will continue to plan human resources and activities based on the agreed programme strategies and evidence-based interventions. However, the difference in this new results framework and planning

process is that the planning within these programmes will not be confined to the activities that are solely related to the specific programme but will rather be more oriented towards how programmatic impacts will be achieved, including an integrated delivery trajectory towards the triple billion targets. For example, the tuberculosis department at headquarters will continue to plan for the Secretariat's work on implementing the End TB Strategy. However, the department will plan its human resources and activities under outputs to which the three pillars of the End TB Strategy (integrated, patient-centred care and prevention; bold policies and supportive systems; intensified research and innovation) are aligned. In this case, the plans of the tuberculosis department, as a budget centre, will contribute to the following outputs in the Proposed programme budget 2020–2021:

- Output 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages;
- Output 1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results;
- Output 4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.

22. In country offices that have no specific budget centre for each of the programmes, the plans will provide for implementing the End TB Strategy, if relevant to the country. However, it will do so by taking into account the integration of the strategies or inter-programmatic work and systems approaches that are needed to achieve overall impacts at the country level. The planning system will make it possible to track the specific human resources and activities that contribute to both the outputs and the End TB Strategy impacts, ensuring accountability for both at the same time.

23. This example demonstrates that the new integrated results framework will pave the way for a public health approach that allows the development of the most optimal way to deliver results – whether through a health systems approach, a programme-specific approach or a combination of the two. In this way, the Secretariat will strengthen its accountability for more effective, more efficient and more sustainable delivery of results.

Budgeting

24. One of the main aims of the new proposed budget structure is to facilitate the new way of working, i.e. “the how”: integrating the approach, bringing departments together and delivering value for money. Both the outcomes and outputs of the proposed programme budget are cross-cutting in nature, as illustrated above, a feature which is also captured in the budget figures.

25. A crosswalk of Programme budget 2018–2019 programme areas to the structure of the Proposed programme budget 2020–2021 shows how the Secretariat's current work is reflected in the new results structure (Annex 1).

26. The crosswalk of the new results structure into the outcomes of the Programme budget 2018–2019 (Annex 2) demonstrates that, in most cases, there is no one-to-one relationship between the current programme areas and the outputs of the Proposed programme budget 2020–2021. Almost none of the outputs – and therefore almost none of the outcomes – can be achieved by the efforts of a single programme area or department.

27. Annex 2 shows the relative contribution of various technical areas to achieve a certain output. For example, output 1.1.2 (Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results) is planned to be achieved through contributions of the HIV, tuberculosis, malaria, neglected tropical diseases, vaccine-preventable diseases, noncommunicable diseases, mental health, violence and injuries, disability and rehabilitation, ageing and health, and Integrated people-centred health services programmes. In this case, the budget for output 1.1.2 will be planned, shared and implemented among all these relevant programmes. This is in contrast to the current programme budget implementation approach, in which most often one programme/department will “own” and implement the entire budget of each output. Sharing the budget of each output is a prerequisite for an integrated approach.

28. In summary, the crosswalk demonstrates the high-level contributions of various programmes to achieve each given output of the Proposed programme budget 2020–2021, showing the truly integrated nature of its planned results. The crosswalk also provides an indication to donors about the outputs in which current programmes are “located” in case earmarked contributions are being considered.

29. On the other hand, the crosswalk does not provide Proposed programme budget 2020–2021 information for disease-specific programmes/departments/units. Budget allocations for the budget centres will be finalized during the operational planning process in June–December 2019.

30. Annex 3 briefly describes the methodology and process followed to arrive at the crosswalk.

Budget crosswalk

31. As requested by the Member States at the Executive Board session in January 2019 and based on the crosswalk presented in Annexes 1 and 2, Table 1 presents a comparison of the approved Programme budget 2018–2019 with the Proposed programme budget 2020–2021.

32. Given that the presented crosswalk is between the largely disease-specific results structure of the 2018–2019 budget process and the integrated results structure of the 2020–2021 budget process, the following limitations of the crosswalk should be noted:

- (a) strategic budgeting for 2020–2021 was based on prioritizing impacts at country level, which is broader than programmes;
- (b) a systems approach to disease-specific programmes cannot be reflected in the crosswalk except by being split between several programme areas (such as the disease-specific and health systems areas);
- (c) universal health coverage is not limited to category 4, Health systems; however, in the crosswalk it translates to category 4;
- (d) in order to keep the focus, the final crosswalk of Annexes 1 and 2 had to be limited to a manageable number of splits of the effort (and potentially the budget), leading to less precision in transposing budget figures from one results framework to another;
- (e) when programmes reflected on their current work in the light of the new results structure, this included a hypothetical element of how programmes will/should also work in the future, in other words a mix of today’s and future approaches.

Table 1. Crosswalk of the Proposed programme budget 2020–2021 into the structure of the approved Programme budget 2018–2019

Budget segments	2018–2019 approved Programme budget	2020–2021 Proposed programme budget for illustrative purposes ^a	Shifts
1 – Communicable diseases	805.4	900.7	95.3
1.1 HIV and hepatitis	144.7	112.9	(31.8)
1.2 Tuberculosis	123.9	102.3	(21.6)
1.3 Malaria	115.8	117.9	2.1
1.4 Neglected tropical diseases	107.3	81.3	(26.0)
1.5 Vaccine-preventable diseases	272.0	414.5	142.5
1.6 Antimicrobial resistance	41.7	71.8	30.1
2 – Noncommunicable diseases	351.4	370.2	18.8
2.1 Noncommunicable diseases	179.0	190.4	11.4
2.2 Mental health and substance abuse	47.0	45.5	(1.5)
2.3 Violence and injuries	30.4	27.4	(3.0)
2.4 Disability and rehabilitation	16.5	17.9	1.4
2.5 Nutrition	46.5	53.4	6.9
2.6 Food safety	32.0	35.5	3.5
3 – Promoting health through the life course	384.3	390.6	6.3
3.1 Reproductive, maternal, newborn, child and adolescent health	211.3	221.6	10.3
3.2 Ageing and health	14.9	18.4	3.5
3.5 Health and the environment	107.6	109.0	1.4
3.6 Equity, social determinants, gender equality and human rights	50.5	41.5	(9.0)
4 – Health systems	589.5	728.0	138.5
4.1 National health policies, strategies and plans	142.7	174.8	32.1
4.2 Integrated people-centred health services	155.9	209.8	53.9
4.3 Access to medicines and health technologies, and strengthening regulatory capacity	167.9	177.0	9.1
4.4 Health systems information and evidence	123.0	166.5	43.5
12 – Health emergencies programme	554.2	607.2	53.0
12.1 Infectious hazard management	93.8	112.0	18.2
12.2 Country health emergency preparedness and the International Health Regulations (2005)	146.8	187.8	41.0
12.3 Health emergency information and risk assessment	63.5	75.4	11.9
12.4 Emergency operations	154.0	131.9	(22.1)
12.5 Emergency core services	96.1	100.3	4.2
6 – Corporate services/enabling functions	715.5	772.0	56.5
6.1 Leadership and governance	224.2	244.6	20.4
6.2 Transparency, accountability and risk management	54.2	57.2	3.0
6.3 Strategic planning, resource coordination and reporting	38.7	54.5	15.8
6.4 Management and administration	354.5	356.3	1.8
6.5 Strategic communications	43.9	59.5	15.6
Base^b	3 400.3	3 768.7	368.4

Budget segments	2018–2019 approved Programme budget	2020–2021 Proposed programme budget for illustrative purposes ^a	Shifts
Polio eradication	902.8	863.0	(39.8)
Special programmes	118.4	208.7	90.3
Pandemic influenza preparedness framework	-	40.3	40.3
Research in human reproduction	68.4	118.4	50.0
Tropical disease research	50.0	50.0	-
Humanitarian response plans and other appeals	-	1 000.0	1 000.0
Grand total	4 421.5	5 840.4	1 418.9

^a Subject to the limitations referred to in paragraph 32.

^b Polio transition budget of US\$ 227 million of the Proposed programme budget 2020–2021 has been crosswalked to programme areas 1.5, 12.2 and 6.5.

33. Table 1 indicates a decrease in the budget of disease-specific programme areas, especially in current Category 1. The limitation of the crosswalk's mixing current work and future approaches is clearly reflected here: the focus on these diseases remains but their delivery is envisaged in a universal health coverage/health systems framework, resulting in the redistribution of budgets. Thus, while the Category 1 budget decreases, that of Category 4, Health systems, sees a significant increase and that of health services programme area increases by ~35%.

34. Following the above arguments regarding the Category 1 budget decrease, the budget for noncommunicable diseases are likely to have an even greater increase than that shown in the comparison between two biennial budgets for this programme area and the full investment into noncommunicable diseases will be captured by considering both Category 2, Noncommunicable diseases, and Category 4, Health systems.

35. Member States are invited to note that such priority areas as antimicrobial resistance, maternal, newborn, child and adolescent health and the health emergencies programme are proposed to be strengthened in the Proposed programme budget 2020–2021.

36. The envisaged budget increase of US\$ 108 million for normative work, especially data and innovation, is reflected in an increase of about 35% in the programme area 4.4, Health systems information and evidence, with remaining increases being spread across programme areas as part of their contribution to normative work.

37. The decrease in the polio eradication budget of about US\$ 39.8 million reflects the decision of the Polio Oversight Board for the Global Polio Eradication Initiative budget for 2019–2023. Further details may be found in the information note on polio and polio transition.

Corporate services/enabling functions

38. Member States expressed a concern over the level of budgeting for enabling functions and reaffirmed the need for them to be preserved and, where necessary, strengthened with adequate financing across all major offices. Table 1 shows that there is a proposed 8% increase in the overall budget level of corporate services and enabling functions for the biennium 2020–2021 as compared to the biennium 2018–2019.

39. Unlike for technical outputs, the crosswalk of outputs under outcomes 4.2 and 4.3, representing corporate functions and enabling areas, is relatively straightforward (Table 2), with many Proposed programme budget 2020–2021 outputs having a one to one correspondence with the programme areas of the biennium 2018–2019. For example, output 4.2.1 corresponds exactly to programme area 6.1 (Leadership), while output 4.2.2 corresponds exactly with programme area 6.2 (Transparency, accountability and risk management). In such cases, the budget of the output in the Proposed programme budget 2020–2021 (Annex 4) is the budget in the 2018–2019 results structure (Table 1).

40. The crosswalk suggests that the budgets of all corporate functions and enabling areas will be preserved or further strengthened in 2020–2021. In line with the Secretariat's commitment that the internal control structure will not be weakened, unacceptable risks will be avoided and a culture of compliance will be maintained, the area of transparency, accountability and risk management will see further budget increases in the biennium 2020–2021.

41. Budgeting of the enabling areas in 2020–2021 demonstrates a strong emphasis on the areas in which organizational shifts are highlighted in GPW 13, such as transforming partnerships, communications and financing to resource the strategic priorities. As a result, the programme areas of Leadership and governance (which also includes strategic partnerships), Strategic planning, resource coordination and reporting, and Strategic communications see significant shifts in the Proposed programme budget 2020–2021.

42. The Management and administration programme area sees a modest net increase compared with the 2018–2019 budget; however, in view of the proposed cost efficiencies and institutionalization of value for money (see paragraphs 52–57 below) there will be sufficient scope for strengthening that programme area according to specific needs and locations.

Table 2. Crosswalk of corporate functions and enabling areas

Category	2018–2019 Programme areas	2020–2021 Outputs									
		4.2.1.	4.2.2.	4.2.3.	4.2.4.	4.2.5.	4.2.6.	4.3.1.	4.3.2.	4.3.3.	4.3.4.
01	01.004						18%				
02	02.004						7%				
03	03.006						66%				
04	04.002						8%				
04	04.004									12%	
06	06.001	100%									
06	06.002		100%								
06	06.003			27%	95%						
06	06.004				5%			100%	100%	88%	100%
06	06.005			73%		100%					
Total		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

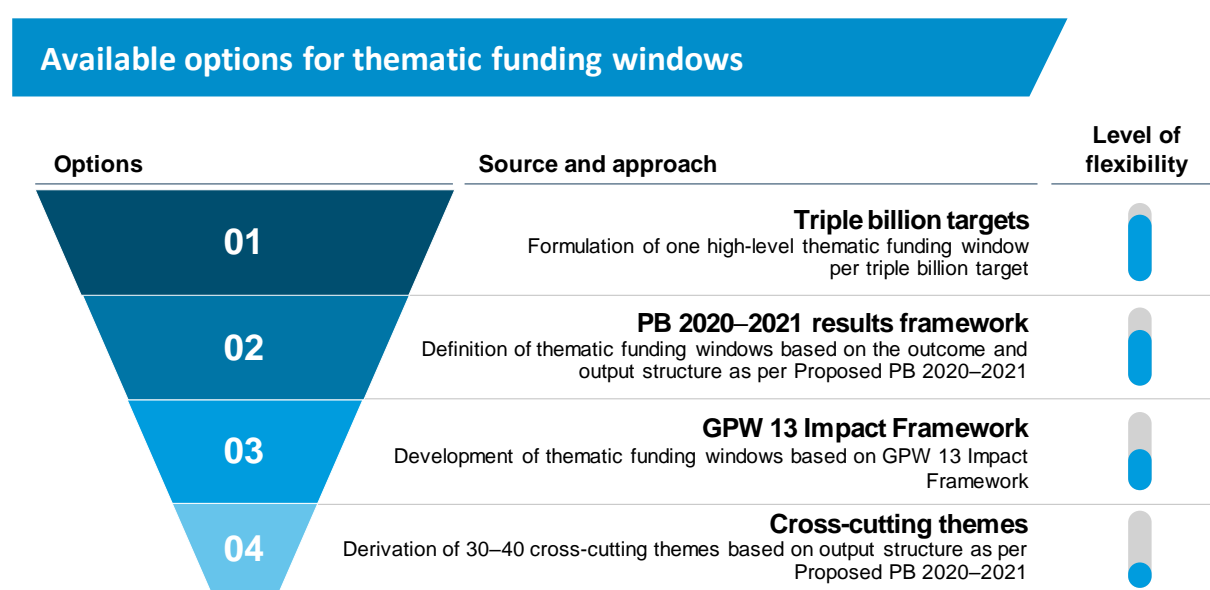
43. Finally, Annex 4 presents Proposed programme budget 2020–2021 by output, as requested.

Financing and implementation

44. Once the plans and budgets are established, the question is how to align financing and resource mobilization with the new results framework in ways that will allow the Secretariat to demonstrate accountability over the resources it received from Member States and donors.

45. One of the highlighted initiatives for improving the quality of funding while meeting the expectation of contributors is the introduction of thematic and strategic engagement funding, which aims to meet contributors' requirements on reporting and accountability need while providing more effective and efficient earmarked funding to WHO. Fig. 3 captures at a high level the proposed options for the types of themes on which contributors could engage with WHO based on both their requirements and meeting the Organization's funding goals. Thematic and strategic engagement funds will help to improve WHO's stronger focus on results, while increasing the visibility and engagement of contributors. In 2018, WHO began to record contributions that meet the flexible nature of thematic funds along with contributions negotiated at a corporate level that meet the strategic needs of contributors and WHO.

Figure 3. Proposed thematic and strategic engagement funding model to finance WHO GPW 13 and the Programme budget 2020–2021



46. The new results framework allows for committing funds to support the Organization's mission (above the triple billion goals), the triple billion goals, the impact framework programmatic targets, the outcomes, the output level or to support the implementation of specific programme strategies and cross-cutting themes, with varying degrees of flexibility provided to WHO.

47. The new results framework – along with additional measures that are already in place in the WHO's management system (ERP system) – allows for the Secretariat to continue to receive, allocate, implement, monitor and report as per donor agreement.

48. Following the earlier tuberculosis example (see paragraphs 21–23 above), when a donor invests in the implementation of the End TB Strategy for WHO, the donor can choose to stipulate what flexibilities it wants to give WHO to utilize the funding. If, for example, the donor wishes to direct the funding towards the achievement of the End TB Strategy impact without specifying which interventions the Secretariat should undertake in relation to this funding, WHO could then choose to invest in a combination of health systems (such as output 1.1.1) and disease-specific-related approaches (output 1.1.2). Even as the funding is used under the different outputs, WHO's management system would still be able ensure that the donor-specific funding was dedicated to achieving the End TB Strategy impacts and would be able to track, monitor and report back to the contributor on the spending of its contribution. This tracking would be even more specific if the donor were to specifically earmark the funding to specific budget centres that are responsible for implementing the End TB Strategy in the Organization.

49. Existing WHO standard operating procedures for planning, budgeting, grant management, monitoring and reporting ensure that funding will be used as per donor agreement, track how it is allocated and spent, and monitor and report to the donor on the results achieved.

Reallocation/cost efficiencies and institutionalization of value for money

50. In the draft Proposed programme budget 2020–2021 presented to the Executive Board in January 2019, the Secretariat indicated a US\$ 99 million target for savings and cost avoidance through planned reallocation and efficiencies, thus offsetting part of the proposed budget increase.

51. This demonstrates the commitment of the Secretariat to creating a more efficient and economical Organization that is able to deliver strategic priorities of GPW 13 and is ready to address the many new challenges in public health. This also commits the Organization to institutionalize elements of the value for money approach in the delivery of results.

52. This commitment will be guided by the following principles:

- sustainability;
- the Organization's ability to perform its normative work will not be compromised;
- the quality and level of services provided by the enabling functions to the technical programmes will be maintained or further improved;
- the internal control structure will not be weakened, unacceptable risks will be avoided and a culture of compliance will be maintained;
- application to all offices and not only at headquarters.

53. It is important to note that the Proposed programme budget 2020–2021 has incorporated these cost efficiencies. Consequently, they have already been reflected in the proposed budget envelopes. Global initiatives to achieve cost efficiencies have already been launched in the current biennium (e.g. travel policy changes) and are already paying dividends.

54. In addition, a full scoping of the opportunities for economy and efficiency gains is being conducted together with all major offices. A number of areas of opportunity have been identified system-wide, as described below.

Travel and meeting management

55. Following the launch of the new travel policy, the change in the business class entitlement resulted in approximately 35% fewer business class tickets being purchased in the second quarter of 2018. In addition, the introduction of the preferred hotel programme will lower per diem rates for staff and non-staff travelling to the most popular destinations, thus bringing the total cost avoidance to US\$ 15 million globally on a yearly basis. At the same time, a more coordinated management of meetings will allow senior management to identify potential areas of overlap and opportunities for consolidation, thereby reducing the number of meetings.

56. Further, the enhancement of tools such as iLearn and other platforms for virtual conferences and meetings will enable the Secretariat to reach out to a wider audience, resulting in lower costs for travel associated with global training and meetings overall.

Human resources

57. Staff costs represented 44% approximately (or US\$ 1.9 billion) of all expenditures in the biennium 2016–2017.¹ Following the launch of the various transformation initiatives, the Secretariat has the opportunity to rethink its organizational structure with the view of aligning it around the triple-billion target across the three levels of the Organization and maximizing its impact at the country level. In this regard, the strategic review of currently vacant positions will generate efficiencies in staff costs. In addition, the relocation of some programmes and functions from high-cost duty stations to less expensive locations system-wide, with the objective of placing human resources closer to delivery, will realize significant savings and cost avoidance for the Organization, in line with the overall principle of value for money. This has already proven to be the case for programmes outposted to Kuala Lumpur, Budapest and Pretoria in the past.

United Nations reform

58. The Secretary-General has launched an ambitious United Nations-wide reform programme that was approved by the Member States in May 2018.² The reform programme calls for all the agencies to align their work, especially at the country level, and is repositioning the role of the United Nations Resident Coordinators.³ The reform also entails increasing WHO's direct contribution to the United Nations system by US\$ 8.8m per biennium. It is the Secretariat's expectation that the savings and cost avoidance from common United Nations operations at the country level will at least offset this increase. Consequently, it believes that the efficiencies deriving from the reform programme will start to be realized already in the biennium 2020–2021.

More efficient provision of services and operations

59. The transformation agenda includes initiatives to re-engineer a number of already identified business processes. This will help highlight processes and services that will benefit from automation in

¹ For comparison purposes, the financial period 2016–2017 is the last one with final and complete available data as the period 2018–2019 has not yet run its course. The relevant information can be found in document A71/29.

² United Nations General Assembly resolution 72/279.

³ For more details, see document A72/49.

terms of both efficiency and cost. For example, moving towards a paperless working environment is not only reducing the carbon footprint of the Organization but is also decreasing the cost of printing.

60. In line with the spirit of United Nations reform, increased joint procurement will help realize savings at all levels of the Organization. Similarly, the new WHO fleet service programme aims to enhance the management and disposal of the Organization's fleet, with potential for improved collaboration with other United Nations agencies operating in the field. In the area of procurement, efforts are being made to sign long-term agreements with suppliers, thus increasing the number of products and services included in the WHO catalogue, improving outreach and making these products and services available to all offices. This important project will ensure that programmes can take advantage of better financial conditions when negotiating with a given supplier.

61. Finally, we will explore the possibility of outsourcing non-core administrative functions. In this regard, we look forward to the finalization of the United Nations-wide review being conducted by the Joint Inspection Unit of existing policies and practices for the external outsourcing of services to commercial service providers.

62. Table 3 provides an estimate of the planned efficiencies, cost avoidance and savings across the three levels of the Organization in the biennium 2020–2021.

Table 3. An estimate of the planned efficiencies, cost avoidance and savings across the three levels of the Organization in biennium 2020–2021

Typology	Estimated amounts per biennium (US\$ million)
Travel (including changes to business class entitlements and the launch of the preferred hotel programme)	30
Meeting management	10
Human resources	40
Managing vacant positions and strategic human resources planning as a result of the alignment across the three levels of the Organization	25
Relocation of programmes	15
United Nations reform	9
More efficient provision of services and operations (including business process improvement across 13 areas, a paperless environment and enhanced use of technology, joint United Nations procurement, long-term agreements with suppliers, improved use and disposal of the fleet, and outsourcing)	10
Total	99

63. The Secretariat will be working on further details during the operational planning process to fully analyse the scope of cost avoidance and savings and efficiency gains while ensuring that the Organization is delivering impacts in line with GPW 13.

ANNEX 1

**CROSSWALK OF THE PROGRAMME AREAS OF THE APPROVED PROGRAMME BUDGET 2018–2019 TO THE
OUTPUTS OF THE PROPOSED PROGRAMME BUDGET 2020–2021 (FOR INFORMATION ONLY;
NOT PART OF THE OFFICIAL PROPOSED PROGRAMME BUDGET 2020–2021)**

		2020–2021 Outputs																																														
Category	2018–2019 Programme areas	1.1.1.	1.1.2.	1.1.3.	1.1.4.	1.1.5.	1.2.1.	1.2.2.	1.2.3.	1.3.1.	1.3.2.	1.3.3.	1.3.4.	1.3.5.	2.1.1.	2.1.2.	2.1.3.	2.2.1.	2.2.2.	2.2.3.	2.2.4.	2.3.1.	2.3.2.	2.3.3.	3.1.1.	3.1.2.	3.2.1.	3.2.2.	3.3.1.	3.3.2.	4.1.1.	4.1.2.	4.1.3.	4.2.1.	4.2.2.	4.2.3.	4.2.4.	4.2.5.	4.2.6.	4.3.1.	4.3.2.	4.3.3.	4.3.4.	Total				
01	01.001		90%							5%																5%																				100%		
	01.002	5%	90%		5%																																									100%		
	01.003	62%	28%																						5%		5%																			100%		
	01.004		85%								5%																					5%							5%						100%			
	01.005		50%	29%							6%								2%				4%		6%									4%											100%			
	01.006														30%				1%				7%					62%																			100%	
02	02.001	3%	13%																						5%			38%	24%	10%			3%	3%														100%
	02.002	23%	40%																					10%	10%		6%				9%	1%															100%	
	02.003	1%	8%																					1%	30%		31%	29%																			100%	
	02.004	45%	34%								8%																														13%					100%		
	02.005	13%																						13%	13%		13	23%	3%		7%	13%														100%		
	02.006																	11%									58%				8%	23%																100%
03	03.001	28%		28%																					4%	15%						8%		15%														100%
	03.002	9%	8%	8%	9%				6%				5%															3%	3%	15%	9%	20%	2%	1%	3%													100%
	03.005	2%															3%										70%			11%	13%																	100%
	03.006																										48%	6%			6%	2%									38%							100%

[illegible]

ANNEX 2

**CROSSWALK OF THE OUTPUTS OF THE PROPOSED PROGRAMME BUDGET 2020–2021 TO THE
PROGRAMME AREAS OF THE APPROVED PROGRAMME BUDGET 2018–2019 (FOR INFORMATION ONLY;
NOT PART OF THE OFFICIAL PROPOSED PROGRAMME BUDGET 2020–2021)**

		2020–2021 Outputs																																													
Category	2018–2019 Programme areas	1.1.1.	1.1.2.	1.1.3.	1.1.4.	1.1.5.	1.2.1.	1.2.2.	1.2.3.	1.3.1.	1.3.2.	1.3.3.	1.3.4.	1.3.5.	2.1.1.	2.1.2.	2.1.3.	2.2.1.	2.2.2.	2.2.3.	2.2.4.	2.3.1.	2.3.2.	2.3.3.	3.1.1.	3.1.2.	3.2.1.	3.2.2.	3.3.1.	3.3.2.	4.1.1.	4.1.2.	4.1.3.	4.2.1.	4.2.2.	4.2.3.	4.2.4.	4.2.5.	4.2.6.	4.3.1.	4.3.2.	4.3.3.	4.3.4.				
01	01.001		23%							8%																9%																					
	01.002	2%	20%		8%																																										
	01.003	29%	6%																					1%		6%																					
	01.004		16%								10%																					5%								18%							
	01.005		24%	56%							29%							13%				16%		2%										5%													
	01.006														77%			2%				4%						21%																			
02	02.001	2%	4%																						1%			54%	68%	47%		5%	18%														
	02.002	4%	3%																						1%	6%		2%				4%	1%														
	02.003	0%	0%																							11%		8%	14%																		
	02.004	3%	1%								2%																														7%						
	02.005	3%																							1%	7%		5%	17%	4%		3%	21%														
	02.006																8%											18			7%	30%															
03	03.001	24%		43%																					1%	38%						17%		16%													
	03.002	1%	0%	1%	2%				6%				8%															0%	1%	6%	5%	3%	1%	0%	0%												
	03.005	1%															4%											73%			30%	60%															
	03.006																										29%	3%			7%	5%									66%						

		2020–2021 Outputs																																															
Category	2018–2019 Programme areas	1.1.1.	1.1.2.	1.1.3.	1.1.4.	1.1.5.	1.2.1.	1.2.2.	1.2.3.	1.3.1.	1.3.2.	1.3.3.	1.3.4.	1.3.5.	2.1.1.	2.1.2.	2.1.3.	2.2.1.	2.2.2.	2.2.3.	2.2.4.	2.3.1.	2.3.2.	2.3.3.	3.1.1.	3.1.2.	3.2.1.	3.2.2.	3.3.1.	3.3.2.	4.1.1.	4.1.2.	4.1.3.	4.2.1.	4.2.2.	4.2.3.	4.2.4.	4.2.5.	4.2.6.	4.3.1.	4.3.2.	4.3.3.	4.3.4.						
04	04.001				90%		100%	100%	94%			8%													1%			3%																					
	04.002	30%	3%			100%								23%		2%								1%			7%				2%								8%										
	04.003									92%	56%	92%	65%																				0%																
	04.004																													60%	59%	19%													12%				
06	06.001																																		100%														
	06.002																																			100%													
	06.003																																																
	06.004																																																
	06.005																																																
09	09.002																		38%																														
	09.003	1%																																															
	09.004										2%		27%																																				
	09.007																																																
10	10.001																				99%																												
12	12.001																	61%	53%	65%																													
	12.002														82%	85%	30%					2%	0%																										
	12.003																					64%	3%	1%																									
	12.004																39%						12%	10%																									
	12.005														18%	10%	22%	25%	10%	35%	1%	14%	2%	1%																									
13	13.001																						37%	38%																									
	13.002																						18%	18%																									
	13.003																						9%	9%																									
	13.004																						16%	16%																									
	13.005																						4%																										
14	14.001																																			25%													
	14.002																																			34%													
Total		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

ANNEX 3

METHODOLOGY AND PROCESS TO ARRIVE AT A CROSSWALK FROM THE 2018–2019 TO 2020–2021 RESULTS STRUCTURE

Following WHO's Regional Committee meetings – during which the overall regional budgetary envelopes were agreed for 2020–2021 – the WHO Secretariat assessed the best way to crosswalk the 2018–2019 results structure to a GPW 13-compatible one.

In the past, such a tool proved very helpful in helping budget centres go through their strategic and operational planning phases, serving as a red line to ensure consistency between general programmes of work. It also helped Member States in the transition from one general programme of work to the next in order to ensure continuity of priorities, both in terms of substantive emphasis and budget figures.

To keep the development of this crosswalk simple and efficient, the Secretariat mobilized the category and programme area networks to coordinate – across the three levels of the Organization – how each output within the 2018–2019 structure would be split in the 2020–2021 structure.

The crosswalk depends very much on qualitative – and therefore subjective – assessments. With the transformation from the GPW 12 structure to the more cross-cutting GPW 13 structure, the work conducted across today's programme area outputs has components in many GPW 13 outputs. It was recommended that each 2018–2019 output should be split into a maximum of five 2020–2021 outputs for the purposes of clarity and efficiency.

Once all feedback was received, aggregated and consolidated, the deliverable was returned to the category and programme area networks for a second and final round of iteration.

As a result, Annexes 1 and 2 present a double-dimension crosswalk that links 2018–2019 outputs to 2020–2021 ones, while also linking 2020–2021 outputs to 2018–2019 programme areas. The second dimension was engineered to provide Member States with more clarity as to how the 2020–2021 Proposed programme budget mirrors within the 2018–2019 results structure.

1. Programme area networks had to identify 3–5 outputs of PB 2020–2021 to which each output of PB 2018–2019 contributes, then aggregate to programme areas (Annex 1)

Category	2018 - 2019 Programme areas	2020 - 2021 Outputs					Total
		1.1.1.	1.1.2.	1.1.3.	1.1.4.	1.1.5.	
01	01.001		90%				100%
01	01.002	5%	90%		5%		100%
01	01.003	62%	28%				100%
01	01.004		85%				100%
01	01.005		50%	29%			100%
01	01.006						100%

PB20-21 costing

2. Defining % share of each current programme area in PB 2020–2021 (Annex 2)

3. "Allocating" proposed PB 2020–2021 according to Annex 2 to current programme areas

Category	2018 - 2019 Programme areas	2020 - 2021 Outputs				
		1.1.1.	1.1.2.	1.1.3.	1.1.4.	1.1.5.
01	01.001		23%			
01	01.002	2%	20%		8%	
01	01.003	29%	6%			
01	01.004		16%			
01	01.005		24%	56%		
01	01.006					
02	02.001	2%	4%			
02	02.002	4%	3%			
02	02.003	0%	0%			
02	02.004	3%	1%			
02	02.005	3%				
02	02.006					
03	03.001	24%		43%		
03	03.002	1%	0%	1%	2%	
03	03.005	1%				
03	03.006					
04	04.001				90%	
04	04.002	30%	3%			100%
Total		100%	100%	100%	100%	100%

PB20-21 costing

ANNEX 4

PROPOSED PROGRAMME BUDGET 2020–2021 BY OUTPUT

Impact	Outcome	Output	2020–2021 Proposed programme budget (US\$ million)
B1 One billion more people benefiting from universal health coverage	1.1 Improved access to quality essential health services	1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	360.4
		1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	401.1
		1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	107.0
		1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	72.1
		1.1.5 Countries enabled to strengthen their health workforce	56.4
		Subtotal	997.0
	1.2 Reduced number of people suffering financial hardships	1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage	49.9
		1.2.2 Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making	31.1
		1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy	17.9
		Subtotal	98.9
	1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists	94.9
		1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	48.8
		1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved	55.2
		1.3.4 Research and development agenda defined and research coordinated in line with public health priorities	11.3
		1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	52.8
		Subtotal	262.9
	Total		1 358.8

Impact	Outcome	Output	2020–2021 Proposed programme budget (US\$ million)
B2 One billion more people better protected from health emergencies	2.1 Countries prepared for health emergencies	2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported	79.8
		2.1.2 Capacities for emergency preparedness strengthened in all countries	91.4
		2.1.3 Countries operationally ready to assess and manage risks and vulnerabilities	59.9
		Subtotal	231.1
	2.2 Epidemics and pandemics prevented	2.2.1 Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards	38.6
		2.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale	73.0
		2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens	41.4
		2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	227.4
		Subtotal	380.4
	2.3 Health emergencies rapidly detected and responded to	2.3.1 Potential health emergencies rapidly detected, risks assessed and communicated	90.5
		2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	79.6
		2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	107.3
		Subtotal	277.3
	Total		888.8
B3 One billion more people enjoying better health and well-being	3.1 Determinants of health addressed	3.1.1 Countries enabled to address social determinants of health across the life course	56.8
		3.1.2 Countries enabled to address environmental determinants of health, including climate change	85.2
		Subtotal	141.9
	3.2 Risk factors reduced through multisectoral action	3.2.1 Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	128.3
		3.2.2 Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society	66.6
		Subtotal	194.9
	3.3 Healthy settings and Health in All Policies promoted	3.3.1 Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces	56.3
		3.3.2 Global and regional governance mechanisms used to address health determinants and multisectoral risks	38.0
		Subtotal	94.3
	Total		431.1

Impact	Outcome	Output	2020–2021 Proposed programme budget (US\$ million)
4. More effective and efficient WHO providing better support to countries	4.1 Strengthened country capacity in data and innovation	4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	142.7
		4.1.2 GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored	55.8
		4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries	89.0
		Subtotal	287.6
	4.2 Strengthened leadership, governance and advocacy for health	4.2.1 Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform	244.6
		4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation	57.2
		4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships	43.9
		4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13	61.7
		4.2.5 Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications	11.1
		4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored	25.1
		Subtotal	443.6
	4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework	69.5
		4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery	58.5
		4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations	62.4
		4.3.4 Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care	168.5
		Subtotal	358.9
Total			1 090.0
Grand total			3 768.7

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