Programme budget

2020−2021

UNIVERSAL HEALTH COVERAGE

One billion
more people
benefiting from

One billion
more people
better protected
from

One billion
more people
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HEALTH EMERGENCIES

HEALTH AND WELL-BEING

World Health Organization

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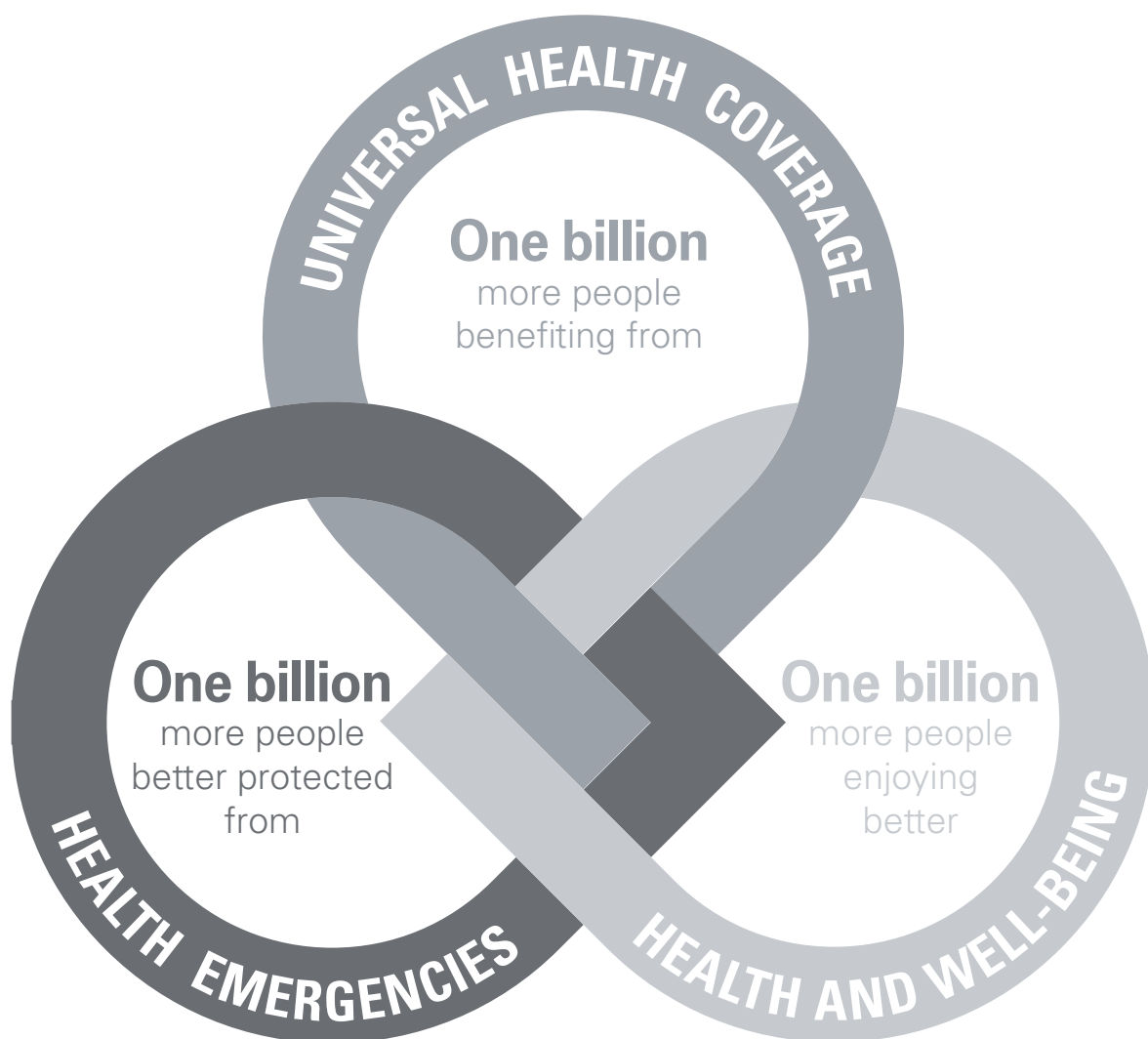
World Health Organization

The Proposed programme budget 2020-2021 was presented to the Seventy-second World Health Assembly in document A72/4 in May 2019. The Health Assembly subsequently adopted resolution WHA72.1, in which it approved the budget. This final version of the approved Programme budget 2020-2021 represents without change the document considered by the Health Assembly in May 2019. "Proposed programme budget" in the text should therefore be taken to refer to the approved Programme budget.

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Contents

INTRODUCTION

1.   The Proposed programme budget 2020–2021 marks a major step forward in the transformation of WHO. The Proposed programme budget aims to turn the bold vision of the Thirteenth General Programme of Work, 2019–2023 (GPW 13) into reality: by delivering impact for people at the country level. It is the first Proposed programme budget developed under GPW 13 and a vital element in ensuring implementation of the strategy set forth in GPW 13.

2.   The vision of GPW 13 – impact for people at the country level – is also the overarching objective of the Proposed programme budget 2020–2021. To achieve this objective, the form of the Proposed programme budget will differ from that of previous programme budgets; in particular, the Secretariat will:

- **focus on measurable impacts** to improve people's health;

- **prioritize its work to drive public health impacts in every country** and demonstrate how resources will be aligned with delivery of these impacts;

- change from a disease-specific approach to a **more integrated and health-systems-oriented approach** to drive sustainable outcomes;

- **align and build synergies** in delivering the work of the three levels of the Organization.

3.   Driving impact is the primary focus of WHO's accountability. The Secretariat will be guided by the overarching principle that financial resources should not be used without an expectation of measurable results in terms of improving people's health. Efforts will focus on delivering sustainable outcomes and impacts at the country level, to which programmes will contribute, and not merely on sustaining programmatic activities. The Secretariat will increasingly promote approaches that build synergies between health systems and programmes and build coherence and integrated working between the levels of the Organization.

OVERALL CONTEXT

THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023

4.   "Promote health, keep the world safe, serve the vulnerable" – this is the mission of WHO as expressed in GPW 13, which was approved by the Seventy-first World Health Assembly in 2018 (resolution WHA71.1).

5.   GPW 13 outlines a clear vision for achieving three strategic priorities through its triple billion targets:

- **achieving universal health coverage** – 1 billion more people benefiting from universal health coverage

- **addressing health emergencies** – 1 billion more people better protected from health emergencies

- **promoting healthier populations** – 1 billion more people enjoying better health and well-being.

6.   The triple billion targets provide a framework for WHO's action to address the health-related targets of the United Nations Sustainable Development Goals. Each strategic priority includes three health outcomes that define the action that WHO will take to meet the triple billion targets. The targets and enabling functions constitute the four pillars of the Proposed programme budget 2020–2021.

7.   According to the investment case for WHO, hitting the triple billion targets would result in 30 million lives saved, 100 million healthy life-years improved and 2–4% economic growth in low- and middle-income countries over the five-year implementation period of GPW 13 (2019–2023). Of the projected lives saved, 24.4 million would be saved through universal health coverage (with a return on investment of US$ 1.4 for every dollar spent); 1.5 million through better protection from health emergencies (with a return of US$ 8.30 for every dollar spent);

and 3.8 million through healthier populations (with returns ranging from US$ 1.50 to US$ 121 for every dollar spent, depending on the intervention).

SUSTAINABLE DEVELOPMENT GOALS

8.   Like GPW 13, the Proposed programme budget 2020–2021 is fundamentally aligned with the Sustainable Development Goals and provides a pathway to achieving some of the health-related targets. The triple billion targets support the same ambitious aims as the Goals and take forward the United Nations 2030 Agenda for Sustainable Development.

9.   The first of the triple billion targets is aligned with target 3.8 of the Sustainable Development Goals (achieve universal health coverage). Many of the other targets under Goal 3 are also influenced by target 3.8. The second of the triple billion targets is aligned with target 3.d of the Sustainable Development Goals (strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction and management of national and global health risks), and with target 1.5 (build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters). The third of the triple billion targets is aligned with many other Sustainable Development Goal targets, including those for Goals 1, 2, 3, 4, 5, 6, 11, 13, 16 and 17.

10.   To accelerate progress towards the health-related Sustainable Development Goals, global organizations active in health, coordinated by WHO, worked together to develop **the draft global action plan for healthy lives and well-being for all**. The draft global action plan represents a historic commitment to advancing collective action, and it is expected that additional organizations will join these efforts. The final draft of the global action plan will be submitted to the United Nations General Assembly in September 2019 and will provide context for WHO's work in the biennium 2020–2021.

11.   The Secretariat will step up its leadership for the implementation of the future global action plan and convert various multilateral commitments of the Organization into collective and tailored action aimed at supporting countries in accelerating progress towards the health-related Sustainable Development Goals.

12.   By basing GPW 13 on the Sustainable Development Goals, WHO is making a commitment to the Goals' mission to leave no one behind. The right to the highest attainable standard of health is enshrined in the WHO Constitution and underpins all WHO's work. In line with this approach, WHO is committed, at all levels of engagement, to the implementation of gender equality, and will seek opportunities to advocate for mainstreaming Goal 5 (achieve gender equality and empower all women and girls). The measurement of outputs in the Proposed programme budget 2020–2021, as discussed below, encourages mainstreaming of gender equality across every output of the Organization.

13.   Furthermore, to demonstrate the Organization's full commitment to aligning with the Sustainable Development Goals and to track progress more effectively in the implementation of the future global action plan for healthy lives and well-being for all, the Proposed programme budget 2020–2021 will use the Goals' health and health-related indicators as a measure of health outcomes and impact in assessing and reporting WHO's performance and joint accountability.

UNITED NATIONS DEVELOPMENT SYSTEM REFORM

14.   Another important context for the Proposed programme budget 2020–2021 is the evolving reform of the United Nations development system, which was the result of a call from Member States for the United Nations system to show itself equal to the ambition of the Sustainable Development Goals and provide the necessary support for their achievement.

15.   In formulating and implementing the WHO transformation agenda, the Organization has demonstrated its full commitment to and engagement in the United Nations system reform. WHO supports the strengthening

and simplification of interagency mechanisms to enhance cooperation among business operations, while at the same time avoiding possible duplication of functions.

16.   The reform of the United Nations development system has several implications for the work of WHO, especially at the country level: a reinvigorated resident coordinator system will be implemented; country programming and implementation of activities will be strengthened and coordinated, including through United Nations Development Assistance Frameworks and improvements in work undertaken in partnership with United Nations organizations; and new approaches to common business operations and common premises will be piloted and introduced. The full implications are currently being assessed, and planning for the implementation by WHO of the changes brought by United Nations development system reform is ongoing.

17.   WHO leads the health component of the Development Assistance Frameworks in almost all countries whose frameworks have a health component; this enables WHO to adapt its leadership of efforts to achieve Sustainable Development Goal 3 to the context of United Nations reform. WHO will also increasingly align its country cooperation strategies with the Development Assistance Framework cycle. Country cooperation strategies, together with the country support plans that underpin them, will serve as a bridge between the Proposed programme budget and the Development Assistance Frameworks. The use of the full set of health and health-related indicators will facilitate the alignment of these planning instruments.

NEW WAYS OF WORKING: THE WHO TRANSFORMATION AGENDA

18.   Through the WHO transformation agenda, the Organization has:

- articulated a strategy that clarifies and prioritizes the role WHO plays in attaining the health-related Sustainable Development Goals, clearly defines the Organization's goals and targets, and drives the work of all staff members;

- redesigned the processes that underpin WHO's core technical, business and external relations functions, based on best practices and supporting the Organization's strategy and begun to harmonize across major offices;

- redesigned the planning process, including the development of the programme budget, to align the work of the three levels of the Organization for delivering impact in countries, including its technical support to countries, and for further strengthening its leadership and normative functions;

- aligned the WHO operating model across all three levels of the Organization for impact at country level and begun to introduce agile management practices that increase quality and responsiveness;

- initiated steps to ensure the culture and working environment enables effective internal and external collaboration, ensures that work is aligned with strategic priorities, brings out the best in WHO staff members as they fulfil the Organization's mission, and continues to attract and retain top talent; and

- taken a new approach to communications and resource mobilization and to bolstering partnerships, so that WHO is better positioned to shape global health decisions and generate appropriate and sustainable financing.

19.   The full implications of the transformation have been taken into account in the Proposed programme budget 2020–2021, and these will be translated into workplans for the biennium 2020–2021 as part of operational planning, which will make explicit the work of the Organization in supporting countries, stepping up its leadership role and delivering global public health goods.

MAKING AN IMPACT THROUGH GLOBAL PUBLIC HEALTH GOODS

20.   GPW 13 requires WHO to build on its normative role, working seamlessly across programmes and all three levels of the Organization and, within the context of a reformed United Nations system, achieving measurable improvement in the health of all people.

21.   As part of shaping the programmatic work that is submitted in the present Proposed programme budget, planning was enhanced to ensure the development of the highest quality standards for global public health goods. Global public health goods include all normative and standard-setting products, data products and products describing priority-setting for innovation and research. Together, these form the foundation of WHO's normative work. Some of these global goods have been identified in the present Proposed programme budget.

22.   The ongoing prioritization and planning of the process of developing global public health goods has, for the first time, enabled WHO to describe the extent of the normative work undertaken by the Secretariat. This is a crucial step towards ensuring that the Organization can target its resources on the delivery of global public health goods that deliver measurable impact at country level. This is consistent with the vision of GPW 13 and the transformation agenda. The identification and evidence-based prioritization of global public health goods has been driven by three criteria:

- a demonstrable link to a need clearly articulated by countries through the process of country support planning;

- a response to the needs articulated through the governing bodies (e.g. World Health Assembly resolutions); and/or

- a response to emerging needs (e.g. gene editing, artificial intelligence).

23.   In order to strengthen further the normative, innovation, research and data functions of the Organization, including its delivery of the highest quality global public health goods in a timely fashion, the first-ever Science Division has been created.

24.   The Science Division, will work with technical staff members across the Organization to ensure that the development of each global public health good is guided by a comprehensive plan that outlines the steps from design through to dissemination, implementation and evaluation of uptake and impact at country level. This innovation, reinforced by the redesigned process, ensures that each product is developed with managed and consistent quality assurance points, support for methods to improve evidence synthesis and decision-making, and coordination of internal services to support development.

25.   In addition, the Science Division will ensure that WHO anticipates and stays current with the latest scientific developments and identifies opportunities to harness those developments to improve WHO's global public health goods and ultimately improve global health. This is important for strengthening WHO's leadership role, ensuring that the Organization remains at the cutting edge, and stimulating innovation.

BUDGET OVERVIEW

26.   The total Proposed programme budget 2020–2021 amounts to US$ 4840.4 million (see Table 1 below), including base programmes (US$ 3768.7 million), the polio eradication programme (US$ 863 million) and the special programmes (US$ 208.7 million). The total Proposed programme budget represents an increase of 9% compared with the total Programme budget 2018–2019.

27.   A budget for emergency operations and appeals is now shown as a budget line. This was not the case in the Programme budget 2018–2019 given the difficulty in providing estimates for an event-driven budget line. However, not estimating the budget for 2018–2019 presented challenges in terms of monitoring and reporting as the baseline, against which monitoring could be done was absent. It was therefore decided to reintroduce a budget line for the emergency operations. The estimate for the biennium 2020–2021 is based on spending patterns in previous biennia and a provisional needs assessment to ensure that WHO has sufficient capacity to respond in this area.

28.   See Table 1 below for a comparison of the current Programme budget (2018–2019) with the Proposed programme budget 2020–2021**.**

Table 1. Comparison of the Programme budget 2018–2019 with the Proposed programme budget 2020–2021 (US$ millions)

Segment	Approved Programme budget 2018–2019	Proposed programme budget 2020–2021	Increase or (decreased) amount
Base	3 400.3	3 768.7	368.4
Polio eradication	902.8	863.0	(39.8)
Special programmes	118.4	208.7	90.3
Total	**4 421.5**	**4 840.4**	**418.9**
Emergency operations and appeals	−	1 000	1 000

29.   The base component of the Proposed programme budget 2020–2021 has increased by 11% compared with the Programme budget 2018–2019, reflecting the need for strategic investments in several major areas in line with the objectives of GPW 13, namely to:

(1)   strengthen WHO's technical capacity to deliver at the country level;

(2)   increase investment for polio transition in order to mainstream essential public health functions, such as surveillance, immunization, containment and health emergency preparedness and response, into the base budget;

(3)   increase investment to expand WHO's normative work, primarily data and innovation;

(4)   provide for an efficiency/reallocation target for the biennium 2020–2021.

30.   The high-level budget by major office, which incorporated the above-mentioned strategic investments, was presented to the regional committees for consultation in the period between August and October 2018. The first draft of the detailed budget by outcome and strategic priority, developed using a bottom-up approach based on country priorities and a costing of the support required to deliver impact at the country level, was discussed at the 144th session of the Executive Board.[1] The Proposed programme budget 2020–2021 presented in this document reflects Member States' guidance and direction.

31.   Further details on the budgeting process and budget figures are presented in the "Budget" section below.

GLOBAL POLIO ERADICATION INITIATIVE

32.   While good progress has been made in achieving the polio eradication goal, the transmission of wild poliovirus continues. In response, the Polio Oversight Board approved a new five-year strategy for the period 2019–2023 to achieve global certification of eradication of wild poliovirus. The strategy will focus primarily on new and intensified key interventions in countries in which wild poliovirus is endemic and in countries at highest risk. It also provides lower-risk countries with strategies to sustain essential functions and remain polio-free while building upon polio eradication programme infrastructure and assets in order to enhance complementary programmes.

33.   WHO's portion of the Global Polio Eradication Initiative budget, which amounts to over 60% of the total and equates to about US$ 1 billion for the biennium 2020–2021, is fully reflected in the Proposed programme budget 2020–2021. For the first time, a significant portion will be shown in the base component of the Proposed programme budget and will be used to support the transition and integration of essential public health functions that WHO has made a commitment to preserve (such as surveillance, immunization, containment and health

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[1] Document EB144/5.

emergency preparedness and response). Over the period 2019–2023, as the goal of polio eradication draws closer, more functions currently supported and budgeted by the polio eradication programme will be absorbed into WHO's base component of the budget to ensure sustainability of these crucial basic public health functions.

34.   See the separate information document on polio which provides more details on the polio budget and the polio transition.

FOCUS ON IMPACT: THE NEW RESULTS FRAMEWORK

35.   In line with GPW 13, the Proposed programme budget 2020–2021 focuses on results. The overarching principle guiding WHO is that financial resources should not be used without an expectation of measurable results.

36.   The Proposed programme budget 2020–2021 presents a new results framework, demonstrating how its inputs and outputs translate into and are crucial to achieving the triple billion targets and maximizing impact on people's lives at the country level. The results framework is described in the following paragraphs and outlined in Fig. 1 below.

THE TRIPLE BILLION TARGETS AND THE THEORY OF CHANGE

37.   The **triple billion targets** form the primary axis of the results framework, with implementation and measurement of results based on their achievement. The triple billion targets mark out a clear path towards that eventual aim and the constitutional mandate of WHO on the attainment of the highest possible level of health.

38.   Each of the triple billion targets will be underpinned by **three outcomes** that cut across programmes and systems for a more integrated approach. Work towards achieving the outcomes will be shared among the Secretariat, Member States and partners.

39.   To achieve the outcomes, a set of related **outputs** have been developed to define the results that the Secretariat will be accountable for delivering. The outputs are based on a new planning process at the country level to identify the contributions required from WHO.

40.   The triple billion targets are not mutually exclusive; rather, they offer opportunities for synergies and cross-cutting work, thereby ensuring a far more integrated approach than previously.

41.   The nine outcomes underpinning the triple billion targets (three dedicated outcomes for each target) are set out below.

   1.   **One billion more people benefiting from universal health coverage**

   • Outcome 1.1 – improved access to quality essential health services

   • Outcome 1.2 – reduced number of people suffering financial hardships

   • Outcome 1.3 – improved access to essential medicines, vaccines, diagnostics and devices for primary health care

42.   Outcomes 1.1 and 1.2 reflect target 3.8 of the Sustainable Development Goals and constitute the very definition of universal health coverage, while outcome 1.3 is essential in order for services to be effective and in cases where access to such products is a cause of additional financial hardship.

   2.   **One billion more people better protected from health emergencies**

   • Outcome 2.1 – countries prepared for health emergencies

   • Outcome 2.2 – epidemics and pandemics prevented

   • Outcome 2.3 – health emergencies rapidly detected and responded to

43.   Outcome 2.1 focuses on work under the International Health Regulations (2005) and joint external evaluations to support countries to prepare for health emergencies. Outcome 2.2 focuses on preventing diseases such as cholera, yellow fever and influenza, as well as high-threat pathogens that can thrive in health
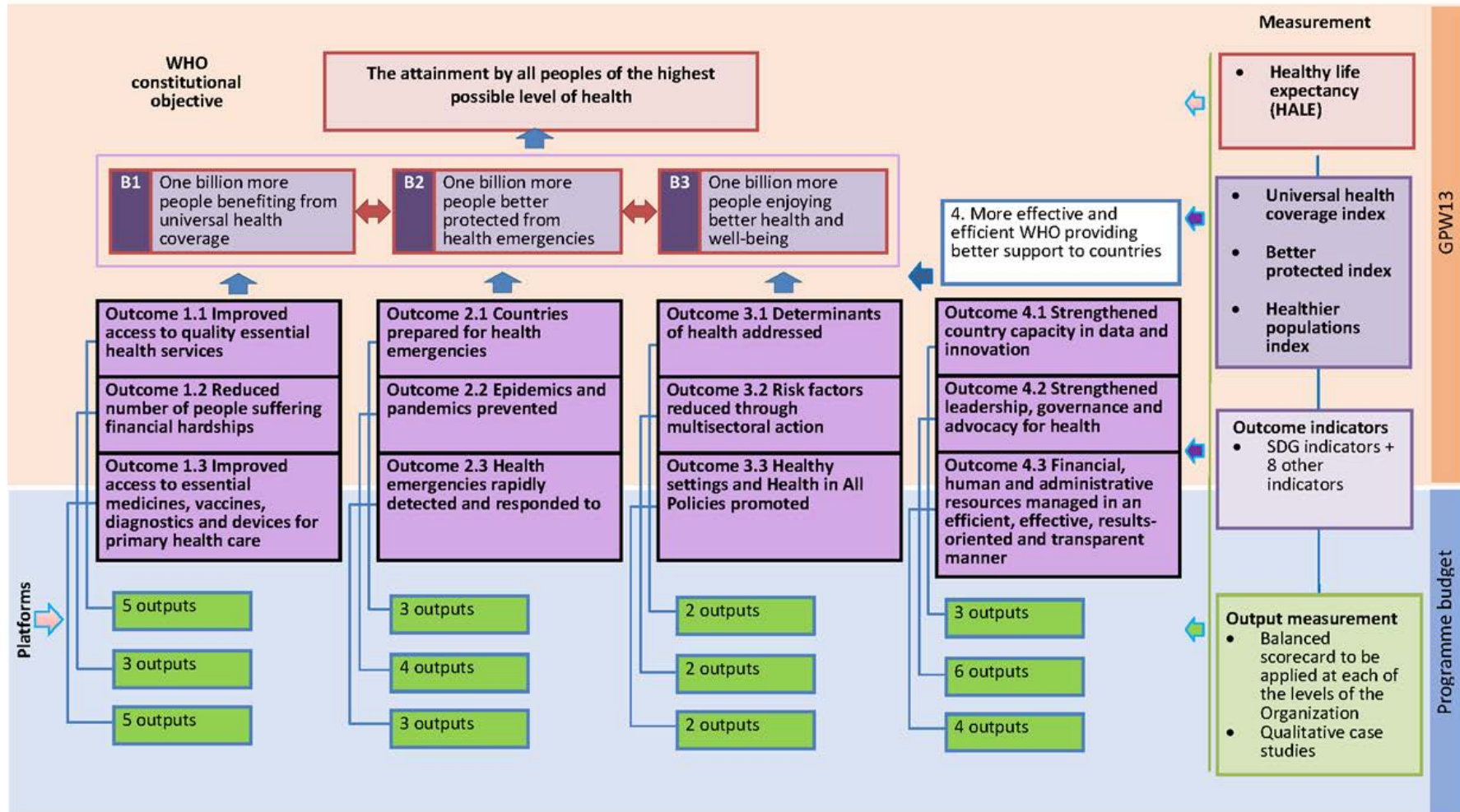
emergencies or, indeed, cause them. The focus of outcome 2.3 is on supporting countries to detect and respond to health emergencies.

3.   One billion more people enjoying better health and well-being

- Outcome 3.1 – determinants of health addressed

- Outcome 3.2 – risk factors reduced through multisectoral action

- Outcome 3.3 – healthy settings and Health in All Policies promoted

44.   This pillar supports multisectoral action outside health systems, as well as stewardship by ministries of health regarding policy, advocacy and regulatory action. Outcome 3.1 includes specific health determinants – child development and adolescent health, nutrition, violence and injuries, water and sanitation, climate change and air pollution. Outcome 3.2 addresses the risk factors for noncommunicable diseases, such as tobacco, salt, obesity, lack of physical activity and *trans*-fatty acids, as well as other important risk factors for health. This pillar also supports work to involve the channels required to tackle these determinants and risks, including private sector and civil society partnerships; settings such as cities, schools and workplaces; and multilateral agreements. Certain areas that are heavily dependent on multisectoral action are also covered by the work that this pillar supports, in addition to the multisectoral aspects of interventions to tackle communicable diseases.

Fig. 1. The GPW 13 results framework

WHO constitutional objective

The attainment by all peoples of the highest possible level of health

B1 One billion more people benefiting from universal health coverage

B2 One billion more people better protected from health emergencies

B3 One billion more people enjoying better health and well-being

4. More effective and efficient WHO providing better support to countries

Outcome 1.1 Improved access to quality essential health services

Outcome 1.2 Reduced number of people suffering financial hardships

Outcome 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Outcome 2.1 Countries prepared for health emergencies

Outcome 2.2 Epidemics and pandemics prevented

Outcome 2.3 Health emergencies rapidly detected and responded to

Outcome 3.1 Determinants of health addressed

Outcome 3.2 Risk factors reduced through multisectoral action

Outcome 3.3 Healthy settings and Health in All Policies promoted

Outcome 4.1 Strengthened country capacity in data and innovation

Outcome 4.2 Strengthened leadership, governance and advocacy for health

Outcome 4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

5 outputs

3 outputs

5 outputs

3 outputs

4 outputs

3 outputs

2 outputs

2 outputs

2 outputs

3 outputs

6 outputs

4 outputs

Platforms

Measurement

- **Healthy life expectancy (HALE)**

- **Universal health coverage index**

- **Better protected index**

- **Healthier populations index**

Outcome indicators
- SDG indicators + 8 other indicators

Output measurement
- Balanced scorecard to be applied at each of the levels of the Organization
- Qualitative case studies

GPW13

Programme budget

45.   The **fourth pillar** of the results framework supports the strengthening of WHO to lead and coordinate global health and enhance data and innovation to accelerate progress towards the attainment of the triple billion targets. It likewise has three outcomes:

- Outcome 4.1 – strengthened country capacity in data and innovation

- Outcome 4.2 – strengthened leadership, governance and advocacy for health

- Outcome 4.3 – financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

46.   Outcome 4.1 is designed to ensure the effective use of data and will enable WHO to perform its role of setting standards and monitoring trends, as well as tracking the delivery of GPW 13 impact targets. Outcomes 4.2 and 4.3 will enhance the Organization's effectiveness through improved leadership and governance and better management of all resources (financial, human and administrative).

47.   The work and budget of the Organization will thus be organized to focus on the triple billion targets and on the three outcomes to be achieved in order to meet the targets through the enabling functions of the Organization. The triple billion targets are reached through a results chain that drives integrated work and reflects greater accountability for results.

Outputs

48.   The Secretariat will contribute to the achievement of the outcomes and triple billion targets through a set of **42 outputs**. The outputs have been defined in such a way that their delivery will require multiple programmes to work together through strengthened health systems and multisectoral action.

49.   The approach to defining the outputs represents a significant shift away from previous programme budgets, in which the outputs were defined by programme areas based on specific diseases. The integrated approach to the Proposed programme budget 2020–2021 reflects a more precise theory of change, which recognizes that actions from a single programme alone will not achieve specific programmatic results; results will instead be achieved by combining the efforts of multiple programmes and health systems and through multisectoral action. The framing of the outputs recognizes the synergies between these actions.

STRENGTHENING ACCOUNTABILITY

50.   A three-level measurement system that reflects the theory of change has been developed for the Proposed programme budget 2020–2021. The Secretariat will monitor, measure and report on the achievement of the results framework, explaining how the Secretariat is contributing towards the achievement of the hierarchy of results in the results framework.

51.   The tiered system of measurement ensures that results are measured for each element of the results chain. At the highest level, healthy life expectancy will be measured, consistent with WHO's constitutional objective of attaining the highest possible level of health and well-being for all people, as well as the achievement of Sustainable Development Goal 3. At the second level, three specific indices will measure success in achieving each of the triple billion targets. At the third level, the outcomes are measured by the health and health-related SDG indicators, with an additional small set of indicators taken from areas that have received specific mandates at a high level, e.g. the United Nations General Assembly: noncommunicable diseases, antimicrobial resistance, emergencies and polio. A total of 46 indicators refer to measures for each of the 10 technical outcomes.

52.   The Secretariat will develop a specific plan for the delivery of the triple billion targets, which will include a description of the strategy and delivery chain for their achievement; the identification and assessment of the levers of change; the prioritization of actions that have the greatest potential to drive the achievement of the triple billion targets and the establishment of trajectories. The outcome measures will also serve as intermediate measures in ways leading to the triple billion targets.

53.   Member States often ask "what will the Secretariat do?" In the Proposed programme budget 2020–2021, a reply to this question is provided for each output, in a section entitled "how will the Secretariat deliver?" This enhanced emphasis on "how" is new and forms an essential element of the Proposed programme budget. The Proposed programme budget goes further and specifies what the Secretariat is committing itself to achieving in order to influence the outcomes and deliver impact through its work. Under each output, the Proposed programme budget specifies how the Secretariat will:

- step up leadership at all levels of the Organization to advocate for increased political commitment, drive the agenda in health and lead partners to work together to put health high among global, regional and country priorities;

- strengthen its normative role by delivering the highest quality global public health goods that will make an impact in countries;

- bring to bear all its resources, talents, collaborations and networks to support countries in delivering on their priorities for achieving impacts.

NEW AND MORE ROBUST APPROACH TO MEASURING AND REPORTING ON SECRETARIAT ACCOUNTABILITY

54.   The Secretariat is also making a significant shift in its approach to measuring its contribution, changing from a top-down aggregate approach to one that measures WHO's impact at the country level. The Secretariat will measure the delivery of outputs as a way of demonstrating its contribution to the achievement of outcomes and to the impact in each country. At the heart of demonstrating the Secretariat's accountability for results is its assessment of the Secretariat's contribution to the achievement of the GPW 13 triple billion goals and outcomes, by way of measuring the Organization-wide outputs under GPW 13. The Proposed programme budget 2020–2021 includes 42 outputs encompassing the results under the direct influence of the Secretariat.

55.   The integrated nature of the results framework, in particular the outputs, calls for an innovative way of measuring the outputs to promote real accountability and more meaningful measurement of Secretariat delivery. To this end, the Secretariat is proposing a new approach for measuring the outputs: it will no longer identify a large number of output indicators, since that approach proved to be insufficient to ensure transparency and accountability and the indicators measured only a small part of the achievement of the outputs.

56.   The new output approach to measurement adopts a balanced scorecard approach. In this approach, the Secretariat is proposing to measure the depth and breadth of each output using six assessment parameters, or what are called here "dimensions". In delivering each output, a similar set of dimensions will be assessed:

- how well the Secretariat has performed its **leadership function**;

- the extent to which the Secretariat has delivered the **global goods** relevant to achieving the outputs;

- the extent to which the Secretariat has delivered **technical support** to countries;

- the extent to which the interventions to achieve the output have **integrated gender, equity and human rights**;

- the extent to which the output has been delivered with due **value for money**;

- the extent to which the early **indications of success (leading indicators)** are being achieved in ways that influence the impacts.

57.   The new approach reinforces the Secretariat's accountability in delivering what it has set out to deliver in the Programme budget and ensures that its contributions are influencing the impacts.

58.   The first three of the above dimensions relate directly to the strategic shifts that have taken place under GPW 13. The fourth and fifth dimensions place additional emphasis on these two important cross-cutting elements that enhance delivery, i.e. mainstreaming of gender, equity and human rights and value for money. This is a commitment from the Secretariat that it will plan to mainstream these two important factors that optimize the delivery of each of the outputs.

59.   The sixth dimension ensures that the Secretariat's delivery is sharply focused on contributing to impact (higher-level results in the results chain).

60.   These dimensions will be used to measure outputs under each of the triple billion goals and under outcome 4.1 on Data and innovation. The dimensions are slightly modified for outputs under 4.2 (Leadership and governance) and 4.3 (Management and administration), replacing the dimensions on global goods and technical support with the more relevant "transparency and accountability" and "expected services delivery".

61.   Specific sets of indicators or a set of criteria to measure the extent to which each dimension has been achieved will be developed in order to ensure more objective measurement and reporting for the assessment. These specific indicators or "attributes" are shown in the Annex.

62.   This approach is intended to replace the old practice of presenting only a few indicators for each output. It is more comprehensive and more robust, since it measures delivery of the work of the Secretariat in ways that influence impact. It helps to track the performance of each entity at each level of the Organization, and therefore provides a better way to ensure accountability.

63.   It is envisaged that the methodology will be applied consistently across budget centres at all levels of the Organization, for each output to which they contribute. This means that the Secretariat will have the ability to apply a standard measure to show each implementing entity's contribution to the outputs.

64.   By applying this approach to each budget centre across programmes and major offices, the Secretariat will be able to measure performance in each of its offices at any level of the Organization (including all the country offices). It will be able to identify specific issues and their level and office for follow-up action. This allows the Secretariat to assess performance and find solutions for improving it, as well as strengthening accountability.

65.   WHO will continue to report results to Member States, but with enhanced information from the new results measurement methodologies:

- •   annual results report (midterm and end of biennium)
- •   WHO Programme Budget Portal.

66.   For **the annual results report** – there will be one integrated report on the results framework using the measurement system, i.e. three-level measurement of impact and the output balanced scorecard. The annual reports will cover the indices, programmatic targets, output progress and achievements. The report that the Member States will see for the output achievements and performance is an illustrative, quantitative measure of how well WHO is delivering in each of the six dimensions (see Fig. 2 below). In addition, WHO will also report on the early indicators of success in achieving the programmatic impacts, and provide case studies to give more detailed examples of achievement in countries.

67.   The reporting done through this approach will consist of quantitative and qualitative assessment, with results, to provide a better explanation of progress and performance in terms of achieving the outputs.

Fig. 2. Illustrative example of dimensions and overview of output assessment results to be submitted for each output
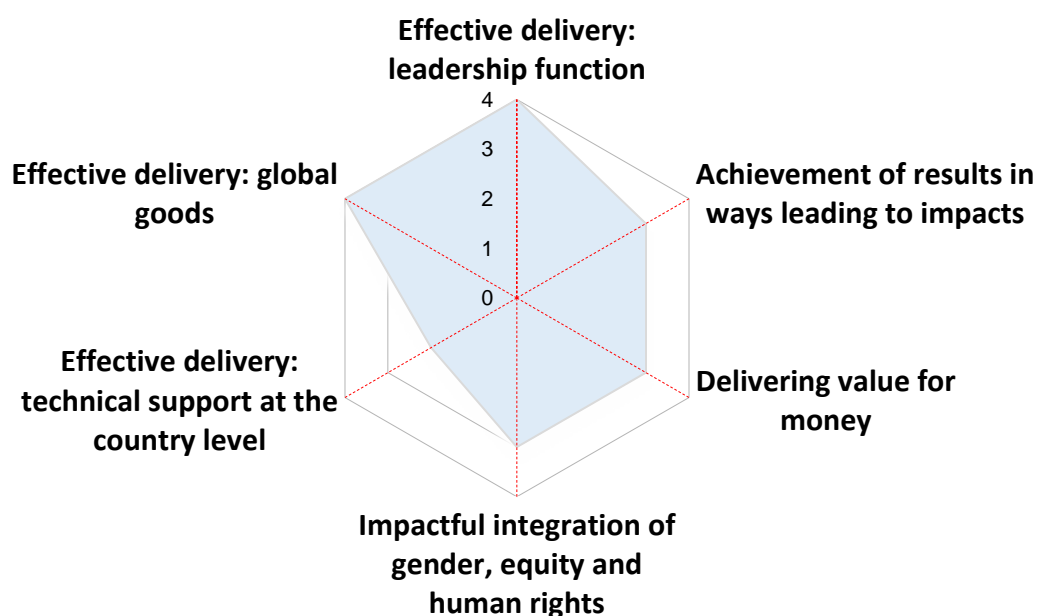
68.   **The WHO Programme Budget Portal** – the Secretariat will continue to improve the Portal in order to provide more detailed information on results. In addition to comprehensive budget and financial information (updated quarterly), the Portal will be further enhanced to include:

- reports on impacts (baselines and targets, and achievements when they are available);

- country presence, country achievements, country case studies showing successful interventions;

- output measurements to illustrate baselines, targets for each output and achievements annually against each dimension;

- indicator reporting (for the early indications of success in achieving impact).

   Results reports will be prepared annually.

69.   This new balanced scorecard approach under GPW 13 ensures that assessment of the outputs will be:

- consistent – outputs will be measured using similar sets of parameters;

- transparent – the assessment criteria will be made available for each output;

- rigorous – the measurement method for each dimension will be laid out clearly, and data will be collected by each budget centre that contributes to the output;

- objective – a well defined set of criteria and a checklist will be provided for each output, and a validation mechanism will be put in place for the methodology itself and the assessment findings.

70.   This new approach strengthens accountability by enabling more rigorous assessment of achievement of the outputs and their contribution to impact. Its aim is to strengthen monitoring and conduct it regularly, providing more precise and timely information to be used for decision-making during implementation.

BUDGET

71.   The Proposed programme budget was developed in three consecutive phases. The first phase involved the development of a primarily top-down, high-level programme budget 2020–2021, setting overall budget levels at major offices for consultation s at the regional committees. The second phase, which focused on the development of country support plans, provided an opportunity to cost the budget from the bottom up, within a given high-level budget by major office, ensuring that the budget takes full account of country priorities and is results-driven. Following the 144th session of the Executive Board in January 2019, the third phase focused on refinement of the country support plans by the regional and country offices and on reflecting Member States' guidance from the Executive Board session in the final draft of the Proposed programme budget.

72.   The resulting Proposed programme budget 2020–2021 reconfirmed the overall directions for the budget set out in the documents submitted to the regional committees and the Executive Board, refocusing investment on implementing the strategic priorities and putting WHO on track towards achieving the United Nations Sustainable Development Goals; increasing investment in countries to drive public health impact in every country; and making greater investments in normative work to drive change and achieve greater impact in countries.

73.   The programme budget figures in the present document reflect several changes from those in the document submitted to the Executive Board.[1]

      (a)   Following recommendations from Member States, previously proposed increases in the base Proposed programme budget 2020–2021 related to inflation (US$ 58.3 million) and the United Nations levy (US$ 42.4 million) were removed. Removal of the inflation element affected the high-level base budget of all regional offices and headquarters.

      (b)   Although the Special Programme of Research, Development and Research Training in Human Reproduction and the Special Programme for Research and Training in Tropical Diseases are shown as distinct budget lines (from the base budget) in the Programme budget 2018–2019, and the Pandemic Influenza Preparedness Framework is fully accounted outside the Programme budget 2018–2019, these three special programmes were included in the base segment of the Proposed programme budget 2020–2021, as it was submitted to the Executive Board. Following the Executive Board session, due consideration was given to retaining the special programmes segment in the Proposed programme budget 2020–2021, as in the 2018–2019 Programme budget, for the following reasons:

            (i)   these special programmes have additional governance mechanisms and budget cycles, which inform their annual/biennial budgets;

            (ii)   having a distinct budget setting for these programmes provides the necessary flexibility for them to accommodate their requirements, while enhancing the transparency of their contributions to the agreed results of the Proposed programme budget 2020–2021 and therefore showing the full investment made in order to achieve the results;

            (iii)   the funds for these special programmes are intended for specific purposes, and cannot be used for any other programmes; therefore, any analyses of budget and funding of the base segment will be skewed if special programmes are included;

            (iv)   the distinct budget setting of special programmes proved to be working very efficiently internally, providing sufficient flexibility in budget management, yet allowing for the same level of accountability and oversight as with the base programmes.

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[1] Document EB144/5.

(c)   Reviews of country support plans and ongoing reviews of regional and global public health goods produced fine-tuned budget figures by outcome by major offices. In addition, the major offices had to readjust their budgets to remove the inflation element.

74.   The Proposed programme budget 2020–2021 therefore includes an additional budget segment for the three special programmes (Special Programme of Research, Development and Research Training in Human Reproduction, Special Programme for Research and Training in Tropical Diseases and Pandemic Influenza Preparedness Framework) (Table 1). The base budget was decreased by the equivalent amount.

75.   Three major areas for increased investment in the base component of the programme budget were retained, compared with the version of the Proposed programme budget 2020–2021 submitted to the Executive Board. These are fully aligned with the Thirteenth General Programme of Work, 2019–2023 (GPW 13) (see Fig. 3). These are:

(a)   The cost of strengthening the capacity of WHO to deliver in countries is estimated at US$ 132 million. This infusion of resources would allow country and regional offices to strengthen technical expertise in key areas (e.g universal health coverage) in line with GPW 13 to provide increased support and technical advice for countries.

(b)   A significant investment of US$ 227.4 million is planned to ensure sustainability of core public health functions (surveillance, immunization, containment and health emergency preparedness and response) that will be affected by the scaling-down of activities related to poliomyelitis (polio).

(c)   Additional investments amounting to US$ 108 million are proposed in order to expand the work of WHO in support of data and innovation. The aim of these proposed investments is to put into effect the strategic shift in GPW 13 on focusing global public goods on impact, which includes normative guidance, data, research and innovation. Accurate and timely data are an essential resource for Member States to achieve Sustainable Development Goals targets and goals for universal health coverage, health emergencies and healthier populations. As the steward and custodian of monitoring progress towards the health-related Sustainable Development Goals, WHO needs data in order to measure performance, improve programme decisions and increase accountability. The Secretariat will therefore need to step up its activities to support capacity-building to strengthen data systems, as well as analytical capacity to track progress towards universal health coverage and the health-related Sustainable Development Goals. These activities will necessarily include ensuring equity and data disaggregation, reporting at national and subnational levels and developing timely, high-quality normative guidance that drives impact in the GPW 13 priority areas at the three levels of the Organization.

(d)   The proposed target of US$ 99 million for savings through reallocation and efficiencies offsets part of the proposed budget increase for 2020–2021. See the report on operationalization of the Proposed programme budget 2020–2021 for more details on this and other additional information, such as prioritization, cross-walk from the 2018–2019 and 2020–2021 budget.[1]

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[1] Document A72/INF./2.

Fig. 3. Proposed programme budget 2020–2021 increases in detail (US$ million)
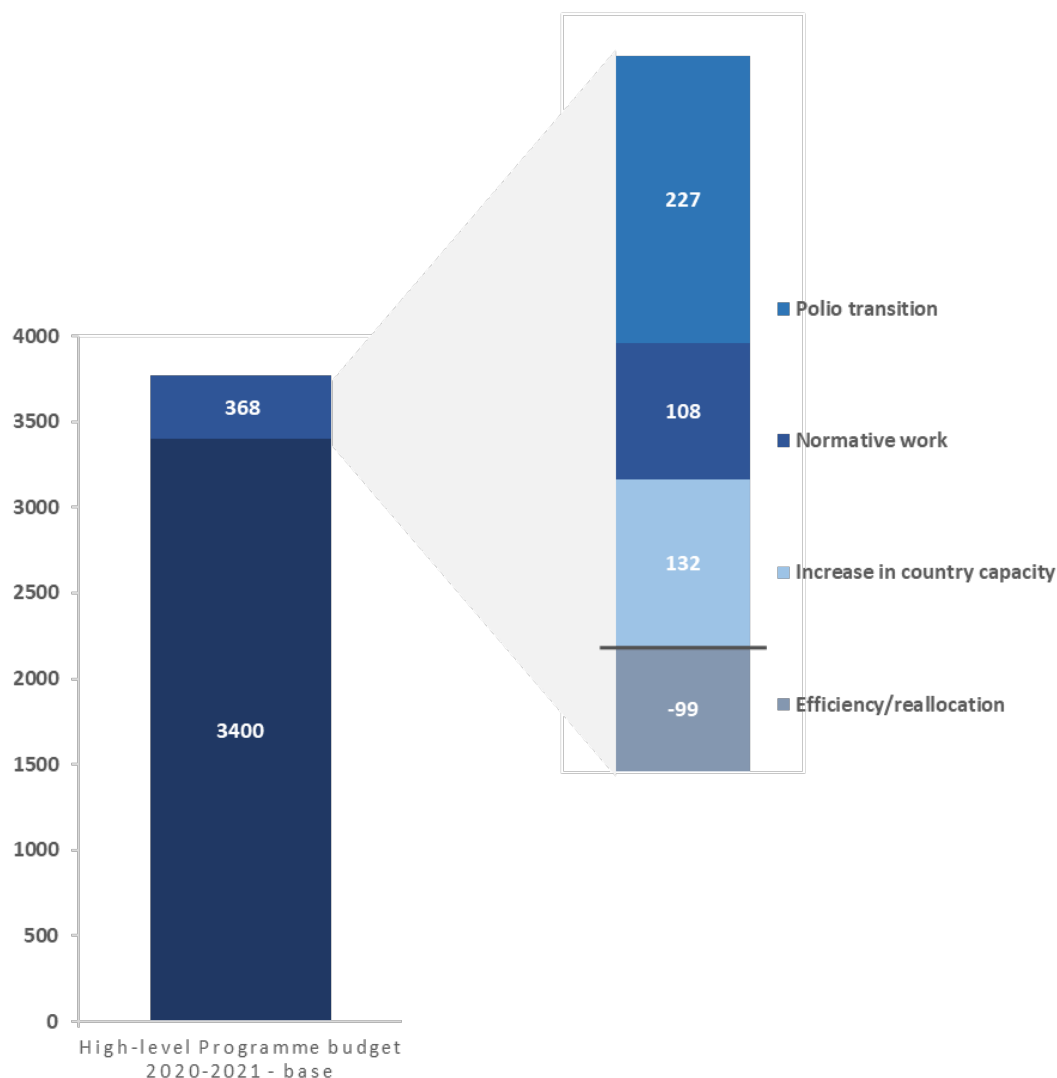
COUNTRY LEVEL PROGRAMME BUDGET

76. The Proposed programme budget 2020–2021 demonstrates the essence of the new strategy, which is to significantly increase the budget at the country level. Table 2 shows a budget increase of 4.6% (US$ 319 million) in comparison with the 2018–2019 budget for base programmes at the country office level. Although the share of the regional offices in the total budget decreased by 0.6%, in absolute terms all regional offices' budget has been increased (Table 2). The proposed share of the headquarters' budget is decreased by 4%, compared with the 2018–2019 base segment.

Table 2. Proposed programme budget 2020–2021, base segment only, by level of the Organization (US$ million)[a]

Major office	Country offices		Regional offices		Headquarters		Total	
	Programme budget 2018–2019	Proposed programme budget 2020–2021	Programme budget 2018–2019	Proposed programme budget 2020–2021	Programme budget 2018–2019	Proposed programme budget 2020–2021	Programme budget 2018–2019	Proposed programme budget 2020–2021
Africa	551.7	688.0	282.4	304.4	–	–	834.1	992.4
The Americas	118.0	127.9	72.1	87.9	–	–	190.1	215.8
South-East Asia	186.5	277.9	102.3	110.6	–	–	288.8	388.5
Europe	94.0	111.2	162.4	166.7	–	–	256.4	277.9
Eastern Mediterranean	223.8	267.0	112.2	124.2	–	–	336.0	391.2
Western Pacific	163.7	185.2	117.6	124.0	–	–	281.3	309.2
Headquarters	–	–	–	–	1 213.6	1 193.7	1 213.6	1 193.7
Total	**1 337.7**	**1 657.1**	**849.0**	**917.9**	**1 213.6**	**1 193.7**	**3 400.3**	**3 768.7**
Allocation by level (% total)	**39.3**	**44.0**	**25.0**	**24.4**	**35.7**	**31.7**	**100.0**	**100.0**

[a] Unless otherwise indicated.

77.   The major increases at the country office level are in the African and South-East Asia regions, amounting to US$ 136 million and US$ 91 million respectively. The large increase in the South-East Asia Region is mostly due to the transition of key polio activities into essential public health functions, especially in India and Bangladesh.

78.   Table 3 shows the growth in US dollar terms of the WHO investment in technical capacity in country offices (that is, operational segment 1 as defined in document EB137/6, which excludes headquarters and also excludes category 6 at the country office level). This growth demonstrates a serious intent to increase country capacity, with a substantial budget shift towards the country office level. This component of the budget is expected to grow from US$ 907 million in 2014–2015 to US$ 1384 million in 2020–2021. The largest increase from one biennium to another is the projected increase of US$ 270 million from 2018–2019 to 2020–2021. If this trend is realized, the country-level budget will have increased by over 50% since 2014.

Table 3. Evolution of WHO budgets for technical capacity in country offices (segment 1),[a] by region (US$ million)

Region	2014–2015 (Model C)[b]	2016–2017[c]	2016–2017 revised[d]	2018–2019	Proposed programme budget 2020–2021	Increase from 2018–2019 to 2020–2021
Africa	369	447	483	470	588	118
The Americas	78	98	98	105	109	3
South-East Asia	146	158	154	159	245	86
Europe	42	57	62	68	75	7
Eastern Mediterranean	133	148	165	175	210	35
Western Pacific	138	136	135	138	157	20
Total	**907**	**1 044**	**1 097**	**1 115**	**1 384**	**270**

[a] As outlined in document EB137/6.

[b] Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

[c] Without the WHO Health Emergencies Programme.

[d] Revised in 2016, taking into account the WHO Health Emergencies Programme.

79.   The aim of the increases is to bring the needed support to countries in the most effective, efficient, comprehensive and timely manner. They are intended to ensure that country offices have sufficient capacity to support the achievement of the health-related Sustainable Development Goals.

80.   Table 4 shows the relative share of the strategic budget space allocation specifically for segment 1. The relative share of the country-level budget per region is within the trajectory of the agreed percentage share that should be achieved by 2022–2023 and in line with decision WHA69(16).

Table 4. Evolution of strategic budget space allocation for technical cooperation at the country level, for segment 1 only[a]

Region	Strategic budget space allocation (%)					
	2014–2015 (Model C)[b]	2016–2017[c]	2016–2017 revised[d]	2018–2019	Proposed programme budget 2020–2021	2022–2023 (Model C)[b]
Africa	42.3	42.8	44.0	42.1	42.5	43.4
The Americas	8.4	9.4	9.0	9.5	7.9	11.3
South-East Asia	15.7	15.1	14.1	14.2	17.7	14.1
Europe	4.5	5.5	5.7	6.1	5.4	6.4
Eastern Mediterranean	14.3	14.2	15.0	15.7	15.2	14.2
Western Pacific	14.8	13.0	12.3	12.4	11.4	10.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[a] As outlined in document EB137/6.

[b] Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

[c] Without the WHO Health Emergencies Programme.

[d] Revised in 2016, taking into account the WHO Health Emergencies Programme.

81.   The relative size of the budget space in the South-East Asia Region has grown substantially compared with that in other regions due to the transition of the budgets for certain polio functions to the base segment. At the time of the resolution on the strategic budget space allocation, mainstreaming polio functions had not been foreseen and calculated in the formula. In the case of the Region of the Americas, while the budget for segment 1 decreases in percentage terms, there is an overall increase in terms of the overall amount in US dollars.

BUDGET 2020–2021 BY STRATEGIC PRIORITY AND LEVEL

82.   Table 5 presents the Proposed programme budget 2020–2021 by strategic priority and level; in addition, it offers a comparison with the Programme budget 2018–2019.

Table 5. Proposed Programme budget 2020–2021 by strategic priority and level in comparison with the Programme budget 2018–2019[a]

	Approved programme budget 2018–2019 (US$ millions)	Percentage share of 2018–2019 strategic priorities of total base (%)	Proposed programme budget 2020–2021 (US$ millions)	Percentage share of 2020–2021 strategic priorities of total base (%)	Shifts between 2018–2019 and 2020–2021 (US$ millions)
B.1. One billion more people benefiting from universal health coverage	**1 328.9**	**39**	**1 358.8**	**36**	**29.9**
Country offices	607.6	46	638.6	47	31.0
Regional offices	283.5	21	309.3	23	25.8
Headquarters	437.8	33	410.9	30	-26.9
B2. One billion more people better protected from health emergencies	**635.5**	**19**	**888.8**	**24**	**253.3**
Country offices	233.7	37	463.3	52	229.6
Regional offices	190.4	30	202.4	23	12.0
Headquarters	211.4	33	223.2	25	11.7
B3. One billion more people enjoying better health and well-being	**409.6**	**12**	**431.1**	**11**	**21.5**
Country offices	163.2	40	194.0	45	30.8
Regional offices	112.8	28	112.1	26	-0.6
Headquarters	133.6	33	124.9	29	-8.7
More effective and efficient WHO better supporting countries	**1 026.3**	**30**	**1 090.0**	**29**	**63.7**
Country offices	333.0	32	361.2	33	28.2
Regional offices	262.5	26	294.0	27	31.5
Headquarters	430.8	42	434.7	40	4.0
Subtotal base budget	**3 400.3**		**3 768.7**		**368.4**
Polio eradication	902.8		863.0		-39.8
Special programmes	118.4		208.7		90.3
Total	**4 421.5**		**4 840.4**		**418.9**
Emergency operations and appeals	0.0		1 000.0		1 000.0

[a] Programme budget 2018–2019 transposed to the new planning framework for 2020–2021 to allow comparison.

83.   The increased share of the country office budget in all strategic priorities indicates that organizational resources are being refocused on work to drive public health impacts in countries.

84.   The largest share of both the Programme budget 2018–2019 and the Proposed programme budget 2020–2021 is apportioned to universal health coverage, which plays a central role in WHO's work. However, the features that will distinguish the delivery of the Proposed programme budget 2020–2021 from previous budgets are its integrated approach to tackling health challenges, its departure from a disease-specific programmatic model and its focus on impact at the country level.

85.   The budget share of strategic priority B2 is increased from 19% to 24% under the Proposed programme budget 2020–2021. This strengthening is largely due to the US$ 227 million increase for polio transition.

86.   Strategic priority B3 has also been strengthened. Although its share of the total Proposed programme budget 2020–2021 decreases by 1%, in absolute terms the budget for this priority is increased by US$ 21.5 million as a result of increases at the country level.

87.   The pillar 4 (More effective and efficient WHO better supporting countries) has increased in absolute terms by US$ 63.7 million. Outcomes such as 4.1 on data and innovation, which has a special focus on countries, and 4.2 are essential for WHO's leadership to achieve GPW 13 and the SDGs.

88.   The correlation between priority-setting at the country level and the bottom-up built budget for 2020–2021 is clearly illustrated in Fig. 4 and Table 6. Fig. 4 shows that the highest number of Member States rank outcomes 1.1 (Improved access to quality essential health services), 2.1 (Country health emergency preparedness strengthened) and 3.2 (Reduced risk factors through multisectoral approaches) as high priority.[1] Table 6 shows that these outcomes have the highest budget within their respective priorities. (The fact that outcome 2.2 has a higher budget than outcome 2.1 is entirely due to the budget for polio transition; if removed, the budget for outcome 2.1 is higher than that for outcome 2.2.)

Fig. 4. High priority outcomes as identified during bottom-up priority setting

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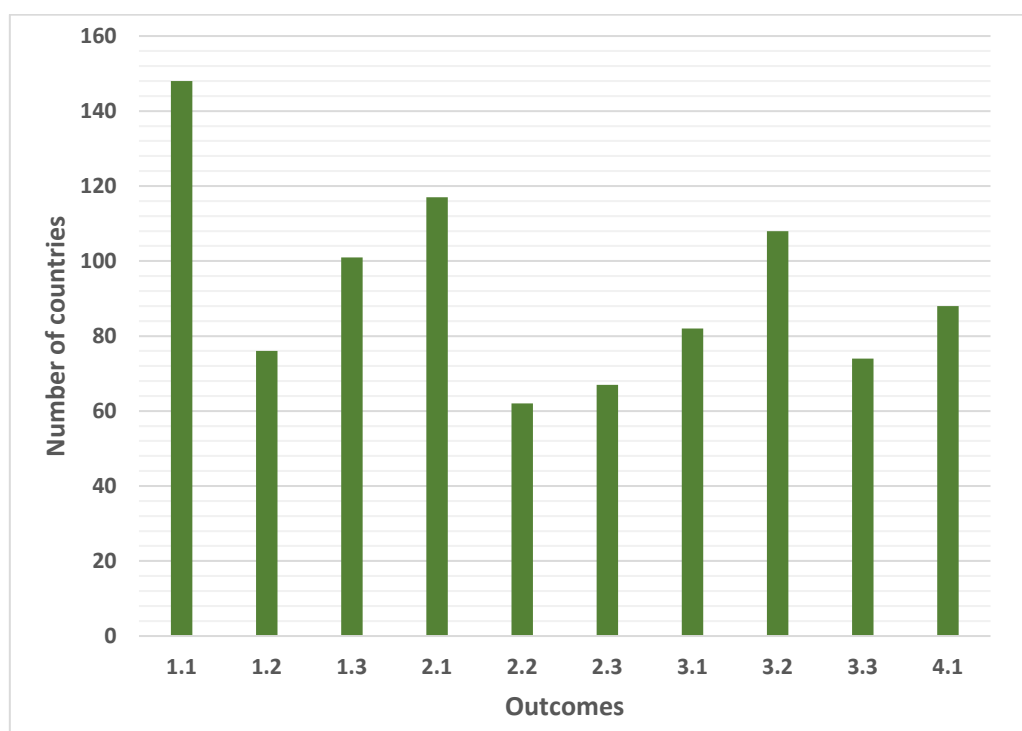
[1] High priority means that the country has limited capacity and requires the full support of WHO to address the situation/needs.

Table 6. Proposed programme budget 2020–2021, base segment (US$ millions)

Strategic priorities/outcomes	Proposed programme budget 2020–2021, base programmes				
	Country offices	Regional offices	Headquarters	Total	% of total
B1. One billion more people benefiting from universal health coverage					
1.1. Improved access to quality essential health services	492.5	248.6	255.9	997.0	26
1.2. Reduced number of people suffering financial hardships	56.2	17.0	25.6	98.9	3
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	89.8	43.8	129.3	262.9	7
Subtotal B1	**638.6**	**309.3**	**410.9**	**1 358.8**	
B2. One billion more people better protected from health emergencies					
2.1. Countries prepared for health emergencies	112.7	60.8	57.5	231.1	6
2.2.Epidemics and pandemics prevented	219.5	67.6	93.3	380.4	10
2.3. Health emergencies rapidly detected and responded to	131.1	74.0	72.3	277.3	7
Subtotal B2	**463.3**	**202.4**	**223.2**	**888.8**	
B3. One billion more people enjoying better health and well-being					
3.1. Determinants of health addressed	59.4	38.3	44.3	141.9	4
3.2. Risk factors reduced through multisectoral action	91.7	47.6	55.6	194.9	5
3.3. Healthy settings and Health in All Policies promoted	42.9	26.3	25.1	94.3	3
Subtotal B3	**194.0**	**112.1**	**124.9**	**431.1**	
4. More effective and efficient WHO providing better support to countries					
4.1. Strengthened country capacity in data and innovation	88.3	61.3	137.9	287.6	8
4.2.Strengthened leadership, governance and advocacy for health	153.1	136.2	154.2	443.6	12
4.3. Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	119.8	96.6	142.5	358.9	10
Subtotal 4	**361.2**	**294.0**	**434.7**	**1 090.0**	
	1 657.1	**917.9**	**1 193.7**	**3 768.7**	

89.   A full Proposed programme budget 2020–2021 by strategic priority, outcome, major office and level is presented in Table 7.

Table 7. Proposed programme budget 2020-2021 by major office (US$ million)

Outcomes	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Headquarters	Total
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total		
B1. One billion more people benefiting from universal health coverage																				
1.1. Improved access to quality essential health services	192.0	87.3	**279.3**	38.4	22.3	**60.7**	95.0	34.8	**129.8**	27.5	42.5	**70.0**	76.5	23.6	**100.2**	63.1	37.9	**101.0**	255.9	997.0
1.2. Reduced number of people suffering financial hardships	27.4	2.9	**30.3**	1.4	1.5	**2.9**	6.0	1.7	**7.7**	5.5	5.7	**11.3**	10.2	2.8	**13.0**	5.7	2.3	**8.1**	25.6	98.9
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	37.7	11.1	**48.8**	5.6	6.4	**12.0**	16.5	6.6	**23.2**	5.5	8.0	**13.4**	12.2	5.1	**17.3**	12.3	6.6	**18.9**	129.3	262.9
B1 total	257.1	101.3	**358.4**	45.4	30.2	**75.6**	117.5	43.2	**160.7**	38.5	56.2	**94.7**	98.9	31.6	**130.5**	81.1	46.9	**128.0**	410.9	1 358.8
B2. One billion more people better protected from health emergencies																				
2.1. Countries prepared for health emergencies	44.7	22.4	**67.1**	4.0	2.4	**6.4**	11.2	4.1	**15.3**	8.5	9.1	**17.6**	30.6	11.4	**42.1**	13.7	11.3	**25.1**	57.5	231.1
2.2. Epidemics and pandemics prevented	93.9	28.1	**122.0**	7.3	4.6	**11.9**	72.5	7.5	**80.0**	3.3	10.6	**13.9**	35.1	11.7	**46.8**	7.3	5.2	**12.5**	93.3	380.4
2.3. Health emergencies rapidly detected and responded to	69.6	23.8	**93.4**	23.7	7.5	**31.2**	7.1	5.4	**12.4**	7.5	8.6	**16.1**	17.8	14.7	**32.5**	5.4	14.0	**19.4**	72.3	277.3
B2 total	208.2	74.3	**282.5**	34.9	14.5	**49.4**	90.8	17.0	**107.8**	19.4	28.3	**47.7**	83.6	37.8	**121.4**	26.4	30.5	**56.9**	223.2	888.8
B3. One billion more people enjoying better health and well-being																				
3.1. Determinants of health addressed	17.9	10.1	**28.0**	4.0	3.3	**7.4**	8.4	3.4	**11.8**	5.0	15.8	**20.8**	6.5	2.0	**8.5**	17.5	3.7	**21.2**	44.3	141.9
3.2. Risk factors reduced through multisectoral action	38.6	17.4	**56.0**	11.8	6.8	**18.6**	12.3	3.1	**15.4**	6.6	10.9	**17.4**	7.1	3.5	**10.6**	15.3	5.9	**21.2**	55.6	194.9
3.3. Healthy settings and Health in All Policies promoted	20.9	6.7	**27.6**	7.3	5.3	**12.6**	2.5	1.1	**3.6**	2.0	7.3	**9.3**	3.9	2.4	**6.4**	6.3	3.5	**9.8**	25.1	94.3
B3 total	77.5	34.1	**111.5**	23.1	15.5	**38.5**	23.2	7.6	**30.8**	13.6	33.9	**47.5**	17.5	7.9	**25.4**	39.1	13.1	**52.2**	124.9	431.1

Outcomes	Africa			The Americas			South-East Asia			Europe			Eastern Mediterranean			Western Pacific			Headquarters	Total
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total		
4. More effective and efficient WHO providing better support to countries																				
4.1. Strengthened country capacity in data and innovation	45.3	8.1	**53.4**	5.4	7.4	**12.8**	13.2	8.4	**21.6**	3.6	10.4	**14.0**	10.0	19.9	**29.9**	10.9	7.2	**18.0**	137.9	287.6
4.2. Strengthened leadership, governance and advocacy for health	65.2	50.1	**115.2**	7.0	8.5	**15.5**	16.2	16.0	**32.2**	24.9	27.5	**52.5**	23.4	15.5	**38.9**	16.4	18.6	**34.9**	154.2	443.6
4.3. Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	34.8	36.6	**71.3**	12.0	11.9	**23.9**	17.0	18.4	**35.4**	11.2	10.4	**21.5**	33.5	11.5	**45.1**	11.3	7.8	**19.1**	142.5	358.9
4 Total	145.3	94.7	**240.0**	24.4	27.8	**52.2**	46.4	42.8	**89.2**	39.7	48.3	**88.0**	66.9	46.9	**113.9**	38.5	33.5	**72.1**	434.7	1 090.0
Subtotal base	688.0	304.4	**992.4**	127.9	87.9	**215.8**	277.9	110.6	**388.5**	111.2	166.7	**277.9**	267.0	124.2	**391.2**	185.2	124.0	**309.2**	1 193.7	3 768.7
Polio																				863.0
Special programmes																				208.7
Total	**688.0**	**304.4**	**992.4**	**127.9**	**87.9**	**215.8**	**277.9**	**110.6**	**388.5**	**111.2**	**166.7**	**277.9**	**267.0**	**124.2**	**391.2**	**185.2**	**124.0**	**309.2**	**1 193.7**	**4 840.4**
Emergency operations and appeals																				1 000.0

POLIO CAPACITY AND TRANSITIONING POLIO FUNCTIONS TO THE BASE SEGMENT OF THE PROGRAMME BUDGET

90.   A new multiyear budget from 2019 for the polio programme, including the WHO polio-related budgets for 2020–2021 and 2022–2023, has been approved by the Polio Oversight Board. The approved polio budget for WHO for 2020–2021 is US$ 1090.4 million.

91.   The strategic action plan on polio transition and post-certification[1] is aligned with GPW 13. Investments in continuing work on polio and the related implications of the transition can be grouped into three main sections:

(a)   continued polio eradication operations;

(b)   transition and integration of functions performed by the polio programme into the base segment of the programme budget;

(c)   pre-cessation immunization campaigns and polio vaccine stockpiles.

92.   A phased approach was adopted for the evolution of the WHO polio-related budgets. Polio operations will be scaled down over the course of GPW 13. Resources to boost WHO's capacity to strengthen surveillance, immunization, containment and health emergency preparedness and response will be increased in the bienniums 2020–2021 and 2022–2023. Lastly, increased resources will be allocated in 2022–2023 to sustain a polio-free world after the eradication of poliovirus.

REALISTIC BUDGET AND FINANCING

93.   Considering the ambitious goals set by GPW 13, the suggested increase in the base Proposed programme budget 2020–2021 is at the lower end of the estimated cost of implementing GPW 13 during that biennium. Several elements have been taken into consideration, including realistic financing, to arrive at the budget for implementing GPW 13. Further increases in investments to fully implement GPW 13 and scale up efforts to achieve the health-related Sustainable Development Goals will be needed in subsequent bienniums.

94.   Finance levels for the Programme budget 2018–2019 as at 31 December 2018 were 105% for the base programme budget (US$ 3554 million).[2] In spite of this good level of overall financing, further efforts are required to broaden the donor base and increase flexibility in funding, which will enable more efficient use of funds and ensure more balanced resource allocation for all priorities of GPW 13.

95.   Consequently, WHO is working to transform its interaction with donors, including by requesting that unearmarked and soft-earmarked funds be more closely aligned with the higher-level strategic priorities.

96.   Ambitious goals require bold investments. The Proposed programme budget 2020–2021 represents a strong move towards increasing resources at the country level, coupled with strategic investment in much needed global public goods, such as data, that can deliver results in countries synergistically. These ambitious goals and bold strategy will need to be matched by strong commitment and new approaches to the mobilization of resources and financing, which are being implemented as part of the Organization's transformation agenda.

Resource mobilization and partnership strategy

97.   The resource mobilization and partnership strategy, 2019–2023 aims to increase financing based on the following four approaches to meet the increased financial target set in WHO's investment case:

•   employing tailored approaches to grow, diversify and maintain funding from government donors;

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[1] Document A71/9.

[2] See the WHO Programme Budget Portal for the fourth quarter of 2018: (https://open.who.int/2018-19/budget-and-financing/summary, accessed 26 April 2019).

- building effective partnerships and increasing funding from philanthropic donors;

- maintaining and increasing funding from funds, banks, and multilaterals;

- exploring and exploiting the funding potential of revenue-producing activities.

98.   In order to ensure that WHO is fit for purpose under the transformation agenda, all of the above approaches will build on the concepts of improving the quality of funding (including increased predictability and flexibility), increasing funding potential at country level and strengthening resource coordination.

99.   One of the highlighted initiatives to improve the quality of funding while meeting contributor expectations is the introduction of thematic and strategic engagement funding. This funding aims to meet contributors' requirements for reporting and accountability, while providing more effective and efficient earmarked funding for WHO. Fig. 5 below captures at a high level the proposed options for the types of theme that contributors could explore with WHO, based both on their requirements and on meeting the Organization's funding goals. Thematic and strategic engagement funds will help to promote WHO's stronger focus on results, while increasing contributor visibility and engagement. In 2018, WHO has started to record contributions which meet the flexible nature of thematic funds along with contributions that have been negotiated at a corporate level which meet the strategic needs of contributors and WHO's.

Fig. 5. Proposed thematic and strategic engagement funding model to finance GPW 13 and Programme budget 2020–2021
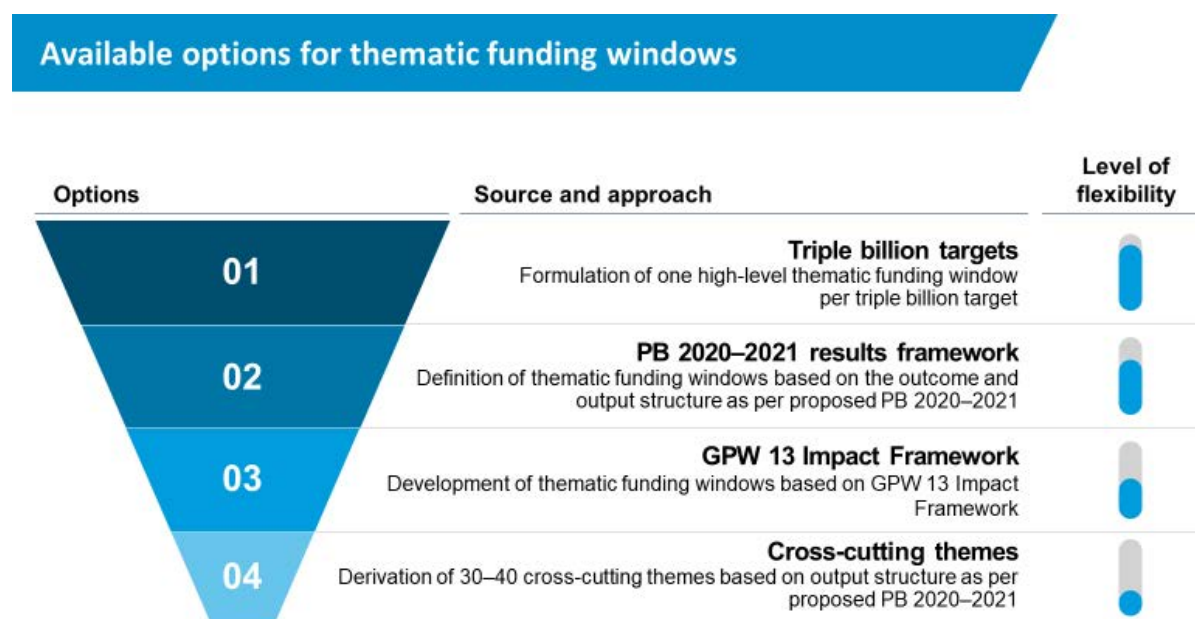
CURRENT FINANCIAL OUTLOOK FOR PROPOSED PROGRAMME BUDGET 2020–2021 – BASE SEGMENT

100.   The assessed contributions will remain at the same level as in 2018–2019 and, as a result, the entire increase for the base segment of the Proposed programme budget 2020–2021 will be financed from voluntary contributions specified, core voluntary contributions and a new classification of funding – thematic and strategic engagement funds as noted in paragraph 29 above, which are currently classified as voluntary contributions – core.[1]

101.   As shown in Fig. 6 below, there is a US$ 312.3 million increase in available funding for the base Proposed programme budget 2020–2021 as at 31 December 2018 compared with the available funding for Programme budget 2018–2019 as at 31 December 2016.

102.   This increased funding level highlights the role that traditional contributors play in providing additional funding, but also highlights the role that emerging and new contributors are already playing in bridging the gap in financing of the Proposed programme budget 2020–2021.

Fig. 6. Comparison of projected financing levels for Programme budgets 2018–2019 and 2020–2021 (US$ million)

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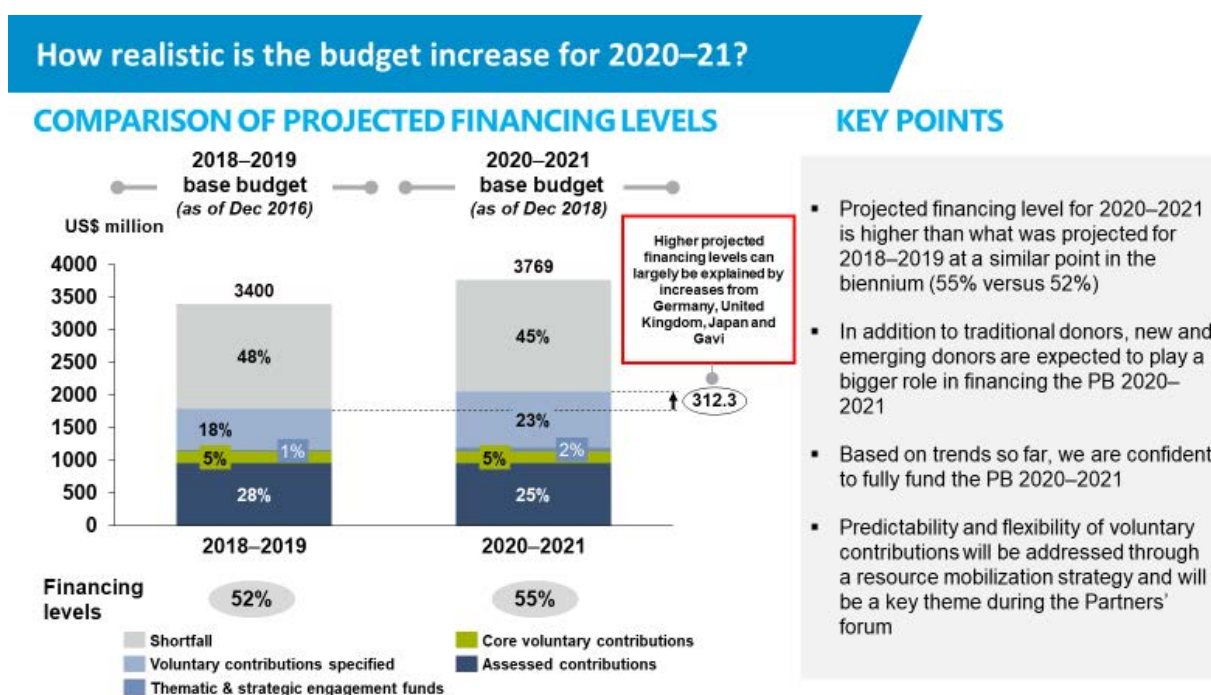
[1] See document A72/INF./5.

IMPLEMENTATION OVERVIEW

ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

Universal health coverage allows everyone to receive essential health services without suffering financial hardship. It is a top priority for WHO and target 3.8 of the Sustainable Development Goals focuses on achieving universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

In working towards target 3.8 of the Sustainable Development Goals, WHO pursues the concept of effective coverage: seeing universal health coverage as an approach to achieve better health and ensuring that quality services are delivered to patients safely and have their intended effect.

The Proposed programme budget 2020–2021 follows this logic closely, mirroring the two key concepts of access to quality essential health services and reduced financial hardship in accessing those services, while expanding access to health products (medicines, vaccines, diagnostics and medical devices).

WHO's concept of universal health coverage spans the range of services across health promotion, prevention, treatment, rehabilitation and palliation, while also spanning the life course.

WHO emphasizes primary health care as core to universal health coverage and leaving no one behind. WHO will coordinate support to countries, working with partners and through a three-level joint working team in order to ensure a comprehensive, coherent, balanced and flexible approach tailored to each country. The team will work closely with the Universal Health Coverage 2030 Partnership, a multisectoral platform hosted jointly by WHO and the World Bank that coordinates health system strengthening and is made up of countries and territories, multilateral and philanthropic organizations, civil society and the private sector. WHO will also use an agile primary health care approach, forming an Organization-wide programme to work intensively with countries on request. The Organization will help to assess progress in primary health care and provide feedback to countries. It will also collaborate with other groups supporting countries, such as the Disease Control Priorities project.

Outcome 1.1. Improved access to quality essential health services

It is estimated that 3.5 billion people lack access to essential health services worldwide. Even when accessible, services are often of poor quality and unsafe, and are fragmented and inequitably distributed. They also often fail to address vital public health considerations, namely: the life course in its entirety; population-specific needs; the growing burden of noncommunicable diseases; and the unfinished challenges of communicable diseases. Implementation of robust strategies for primary health care is of critical importance to provide universal health coverage to 1 billion more people. Indicators associated with outcome 1.1 are set out in Box 1 and the proposed budget by major office is set out in Table 8 below.

Box 1. INDICATORS ASSOCIATED WITH OUTCOME 1.1

1.1.IND.1 Maternal mortality ratio

1.1.IND.2 Proportion of births attended by skilled health personnel

1.1.IND.3 Under-5 mortality rate

1.1.IND.4 Neonatal mortality rate

1.1.IND.5 Proportion of women of reproductive age (15–49 yrs) who have their need for family planning satisfied with modern methods

1.1.IND.6 Proportion of the target population covered by all vaccines included in their national programme

1.1.IND.7 Number of people requiring interventions against neglected tropical diseases

1.1.IND.8 Tuberculosis incidence per 100 000 population

1.1.IND.9 Malaria incidence per 1000 population

1.1 IND 10 Hepatitis B incidence per 100 000 population

1.1.IND.11 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations

1.1.IND.12 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

1.1.IND.13 Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure

1.1.IND.14 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

1.1.IND.15 Health worker density and distribution

1.1.IND.16 Suicide mortality rate

1.1.IND.17 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)

TABLE 8. PROPOSED BUDGET FOR OUTCOME 1.1, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1. Improved access to quality essential health services	279.3	60.7	129.8	70.0	100.2	101.0	255.9	997.0
Total outcome 1.1	279.3	60.7	129.8	70.0	100.2	101.0	255.9	997.0

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

For health care to be truly universal, health systems must be redesigned around people, with strong linkages between communities and health institutions. People-centred health systems are often more effective and efficient. They are also more able to respond to health crises and foster stronger engagement of individuals, families and communities in their own health, and thus often promote better health literacy. A renewed focus on integrated service delivery, with an emphasis on safe and quality primary health care services, is critical to improving health outcomes and to reaching underserved populations to ensure no one is left behind.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership in global efforts to achieve universal health coverage and the vision of the Declaration of Astana, namely by working with the Universal Health Coverage 2030 Partnership and other partners to complete and implement the Global Action Plan on Goal 3 of the Sustainable Development Goals, including the Primary Health Care Accelerator, the Primary Health Care Operational Framework, high impact disease and condition-specific flagship initiatives and related global campaigns.

The Secretariat will support countries to:

- develop or refine basic health service packages according to the epidemiological burden and country context; assist in health workforce and effective governance and financing strategy development; support access to essential health products and national supply chain management capacity, as well as health systems monitoring capacity to assess progress;

- scale up primary health care, which will provide a comprehensive range of services and care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health;

- strengthen the planning capacity and management of health services, including at the subnational level, and develop strong accountability mechanisms and community engagement (from identification of needs to prioritization and joint implementation);

- exchange their experiences on successful models of service delivery;

- develop frameworks for comprehensive performance assessment and improvement of services provided, including by improving quality of care, including patient safety, fostering a safety culture and reducing medical errors and associated patient harm, in both public and private facilities; and use training and other implementation strategies to enhance programmes and practices on infection prevention and control, including in the context of support to outbreak preparedness and response, and efforts to combat antimicrobial resistance;

- promote the use of digital and information technologies to empower the health workforce to deliver care closer to where people live and to adopt the most effective interventions to meet specific health needs and improve access to those most vulnerable;

- expand access to comprehensive care across the care continuum – from promotion and prevention to treatment, rehabilitation and palliative care – and across delivery platforms (self-care, home care, community health centres, general and specialized hospitals in both public and private sectors); and regulate and integrate traditional and complementary medicine into health services; and

- develop efforts to empower and engage communities, families and patients as core elements of efforts to achieve universal health coverage, including efforts to mainstream health literacy and the empowerment of patients and relatives; increase capacity for cross-sectoral collaboration; and develop mechanisms for civil society participation.

In producing global public health goods, the Secretariat will:

- develop **norms and standards and guidance** in such areas as strengthening a population-based approach to planning, organizing and delivering services; the use of key policy levers to strengthen integrated and people-centred service delivery through a primary health care approach; building an organizational safety culture; assessing, measuring and improving patient safety; strengthening the resilience of health care systems; promoting good quality health services delivery; integrating traditional and complementary medicine; integrating high-impact communicable disease responses into national health policies, strategies, plans and health benefit packages; implementing hypertension and priority noncommunicable disease control programmes in low-resource settings; developing plans for imbedding surgical, obstetric and anaesthesia care services within the national health policies; strengthening patient safety education and training, and building leadership capacity in patient safety; global training standards on infection prevention and control; and standard approaches to data collection, analysis and reporting on service delivery and organization;

- build **data products,** such as global and regional monitoring reports on universal health coverage, monitoring of health services performance through the Primary Health Care Performance Index and country-focused health systems capacity-building initiatives such as Score (a technical package to

strengthen country health data for universal health coverage and health-related Sustainable Development Goals), as well as more specific data programmes such as the Global Database on Blood Safety;

• create **research products**, such as implementation research to support the scale-up of primary health care and relevant specific areas, such as a global study on estimating the burden of patient harm due to unsafe care in low- and middle-income countries, target product profiles for essential health products, and outlining the global research agenda for improving sexual, reproductive, child and adolescent health programmes.

Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Universal health coverage requires countries to increase the coverage of essential health services by delivering cost-effective and specific interventions to address communicable and noncommunicable diseases and mental health conditions through a health systems approach.

The interventions to achieve this output address a wide range of high-impact communicable diseases, including HIV, tuberculosis, malaria, neglected tropical diseases, viral hepatitis and sexually transmitted infections; noncommunicable diseases, including cardiovascular diseases, diabetes, cancer and chronic respiratory diseases; and mental health conditions as well as neurological disorders, blindness and deafness, which cause 15 million premature deaths in adults annually, mostly in low- and middle-income countries. Essential high-impact noncommunicable disease interventions for early detection, effective management and timely treatment can also be delivered through primary health care.

Such interventions are therefore major contributors to, and foundations for, achieving the target of 1 billion more people benefiting from universal health coverage. They are also essential to reaching the target of 1 billion more people being better protected from health emergencies and they contribute to strengthening health security, addressing antimicrobial resistance and fighting epidemics such as Zika virus disease, dengue and other vector-borne diseases.

Our focus is to work on accelerating progress in the highest-burden countries and on addressing the needs of the most affected groups, increasing coordination with donors, civil society and partners, and advocating for whole-of-government approaches and increased accountability in synergy with strategic partners such as the Global Fund, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Drug Purchasing Facility (UNITAID), Gavi, the Vaccine Alliance, the Stop TB Partnership, the Roll Back Malaria Partnership and noncommunicable diseases and mental health/substance abuse partnerships.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

• coordinating, developing and adopting new global visions and road maps to address a range of conditions and diseases, including in relation to neglected tropical diseases (2021–2030), global health sector strategies on HIV and viral hepatitis and sexually transmitted infections (post-2021) and a global strategy for TB research and innovation;

• shaping, fostering and leading the development and adoption of specific prevention, elimination and control strategies, initiatives, platforms and plans, including for sexually transmitted infections, hepatitis, HIV, noncommunicable diseases and tuberculosis;

• global policy-making, including for malaria control (Malaria Policy Advisory Committee), tuberculosis (Strategic and Technical Advisory Group for Tuberculosis), HIV and neglected tropical diseases;

• giving authoritative advice to strategic partners such as Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID or UNAIDS, the Stop-TB Partnership and the Roll Back Malaria Partnership on the design and implementation of strategies and programmes for which WHO is the lead technical partner;

- increasing capacity for cross-sectoral collaboration, developing mechanisms for civil society participation and strengthening health system components for condition- and disease-specific interventions;

- convening, coordinating and engaging in global partnerships with a network of global partners to address capacity-building needs for delivering condition- and disease-specific interventions, including the quality assurance of training curriculum, the strategic identification of funds and partners to support and a gap analysis to target training efforts and reduce duplication;

- promoting, coordinating and monitoring global action for the prevention and treatment of noncommunicable diseases, including in relation to the work of other United Nations organizations, with a view to accelerating progress towards target 3.4 of the Sustainable Development Goals, in keeping with the commitments made by Heads of State and Government at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases held in 2018;

- promoting, coordinating and monitoring global action for the provision of comprehensive, integrated and responsive mental health and social care services in community-based settings; and

- supporting implementation of the Multisectoral Accountability Framework at country, regional and global levels in order to accelerate progress towards the implementation of the End-TB Strategy by 2030.

The Secretariat will support countries to integrate disease- specific strategies within a universal health coverage UHC approach. This includes:

- integrating best buys and other recommended responses to conditions, noncommunicable and communicable diseases, especially in countries with the highest prevalence rates, considering their linkages such as HIV/AIDS and tuberculosis and adopting the most effective interventions to improve access to those most vulnerable and at risk;

- ensuring that countries develop and use effective surveillance systems to improve the impact of interventions;

- implementing the initiative "High burden to high impact: a targeted malaria response" to rapidly reduce malaria cases and deaths in Africa and India and achieve malaria elimination in at least 10 countries by supporting countries in all aspects of their malaria programme implementation;

- scale-up, monitor and evaluate tuberculosis-specific health sector and multisectoral actions, with high-level commitment and adequate financing, in keeping with the local setting;

- implementing the strategies to reduce the burden, eliminate or eradicate neglected tropical diseases and vector-borne diseases through effective preventive chemotherapy, intensified diseases management and strengthened vector surveillance;

- implementing programmes to address all five hepatitis viruses (hepatitis A, B, C, D and E), with a particular focus on hepatitis B and C;

- accelerating implementation of the global health sector strategy on sexually transmitted infections to reduce the incidence of four major sexually transmitted infections;

- implementing emergency catch-up plans in Africa to address the HIV treatment shortfall, which calls for a tripling of HIV treatment coverage in the next three years;

- integrating communicable diseases services, including comprehensive HIV and hepatitis services, for key, vulnerable and other specific populations and effective strategies to reduce discrimination in health care settings; and

- strengthening integrated approaches to implementing, scaling up and evaluating the package of essential noncommunicable disease interventions, such as "HEARTS" and the WHO mental health Gap Action Programme, as well as emerging priorities such as cervical cancer screening.

In producing global public health goods, the Secretariat will:

- develop **scientific and technical guidance** on, for example, the development, introduction, schedule and use of new testing and treatments; the updating and optimization of policies on vector control, elimination and the prioritization of interventions; the integration of mental health into broader health programmes; syndromic case management; the prevention of specific conditions and diseases; screening, diagnosis, treatment and care delivery for diseases such as malaria, tuberculosis, sexually transmitted infections, cancer and diabetes; and the setting up of cancer treatment facilities and the scaling up of childhood cancer control;

- develop **normative products** on, for example, the integrated delivery of comprehensive HIV and hepatitis services; integrated diseases screening, testing and diagnosis of high-impact communicable diseases for key, vulnerable and other specific populations; and prevention of cervical and other reproductive system cancers;

- generate **data, surveillance and evaluation products**, for example, authoritative global surveillance products on conditions and disease-specific situations (such as for malaria, tuberculosis, noncommunicable diseases, HIV, hepatitis and sexually transmitted infections); and global progress reports against the milestones of the Global Technical Strategy for Malaria, the End-TB Strategy 2016–2030 and the neglected tropical diseases road map 2011–2020;

- set the agenda for **innovation**, for example, in the form of options for scaling up priority innovations to support communicable and noncommunicable diseases prevention, screening, diagnosis, treatment and care, including digital health advances, integrated diagnostic platforms, biomarkers, informatics based on genome sequencing and other informatics; advances in pharmacokinetics and pharmacodynamics of tuberculosis medicines; fast-tracking the availability of effective diagnostics, vaccines and medicines that can be used to save lives and avert large scale crisis; target product profiles and public health value proposition documents for sexually transmitted infection vaccines (particularly herpes simplex virus and gonorrhoea vaccines); and landscaping for paediatric drug and diagnostics optimization, including for HIV, hepatitis and TB.

Output 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

Interventions addressing health through the life course (covering pregnancy, childbirth, newborns, children, women, men, adolescents and older people) contribute to the delivery of primary health care. Equity, quality and cost-of-care and monitoring mechanisms are essential to ensure comprehensive access to services that cater to the needs of all ages, with special attention to the most vulnerable and at risk. A life course approach, firmly grounded in human rights principles and standards, is critical to operationalize the worldwide commitment of using people-centred primary health care as the means to cover 1 billion more people of all ages.

However, some of the key issues have proven challenging. Ending preventable maternal, newborn and child mortality is an unfinished agenda due to challenges with availability of, access to, and the use of quality services. Each year, over 300 000 women die during pregnancy and childbirth and 2.5 million newborns die within their first month of life, mostly from preventable causes. Moreover, demographic and social shifts call for attention to a wider range of conditions to prevent morbidity and mortality and promote health, growth and development. Essential interventions for addressing women's, children's and adolescents' health are available and feasible for implementation at scale, including in resource-constrained settings. One of the most cost-effective interventions for children is immunization, yet millions of children are not routinely vaccinated; if global immunization coverage improves, 1.5 million lives could be saved per year. For women's health, a highly cost-effective intervention is family planning, yet, as research by the Guttmacher Institute shows, every year 214 million women have an unmet need for family planning services; meeting this need would save 77 000 women from dying during pregnancy or childbirth, and every US$ 1 invested in contraceptive services saves US$ 2.20 in pregnancy, childbirth and newborn care. In order to address the gaps in effective coverage of intervention, investments in improving the quality of care

are as important as improving access to care. Strategies for quality planning, improvement and assurance need to be part of the core functions of health systems for achieving universal health coverage.

At a time of unpredictable public health challenges, one thing is certain: the world's population is rapidly ageing. From 2015 to 2050, the proportion of the world's population aged 60 years or older will nearly double. Many health systems around the world are struggling to respond to the complex health needs of older people since they were designed for a relatively young population and a different set of health needs. Community-based integrated care that can deliver interventions to prevent care dependence in older age is critical to reduce the economic impact of population ageing in health systems and reach the global target of reducing care dependency by 15 million by 2025.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- advocating and communicating for advancing an evidence-based agenda of health and well-being across the life course as part of universal health coverage;

- convening, coordinating and engaging in global partnerships, including the Partnership for Maternal, Newborn and Child Health, the H6 Partnership, Gavi, Family Planning 2020 and the Global Financing Facility in support of Every Woman, Every Child, for joint action to scale up programmes to deliver country impacts across the life course;

- developing multisectoral partnerships that foster improved health outcomes for each stage of life and across the life course, including through the Decade of Healthy Ageing 2020–2030; and

- setting global policies for vaccines and immunization, through the Strategic Advisory Group of Experts on Immunization.

The Secretariat will support countries to:

- scale up integrated community case management of pneumonia, diarrhoea and malaria, while reducing vulnerabilities and increasing resilience, including through improved nutrition and community-based integrated care that responds to the needs of older adults;

- accelerate efforts for the control of prioritized vaccine-preventable diseases such as polio, measles, rubella, hepatitis B, cervical cancer and maternal and neonatal tetanus, as well as pneumococcal, haemophilus influenzae type B and rotavirus vaccines, and respond to disease outbreaks;

- lead vaccine-related capacity-building and impact-monitoring and strengthen and expand immunization systems along the life course, including strengthening surveillance by expanding laboratory networks and enabling evidence-based national immunization programmes to achieve the greatest impacts and respond to disease outbreaks;

- integrate polio programme experience and activities to sustain and strengthen vaccine-preventable disease and pathogen surveillance and vaccine programme optimization to enhance coverage and equity;

- establish and support good practices of national immunization technical advisory groups, a core component of well-functioning immunization systems;

- implement guidelines to improve the safety and quality of primary health care across the life course, including by developing, testing and scaling innovations, with a focus on countries with the highest burden of mortality, especially those engaged in WHO's Quality of Care Network;

- implement guidelines to improve the safety and quality of primary care for children by scaling up integrated community case management of pneumonia, diarrhoea and malaria, ensuring adequate referral mechanisms and quality paediatric care while reducing vulnerabilities and increasing resilience, including through improved nutrition and care for children's development and community-based integrated care that responds to the needs of older adults;

- provide the evidence base to inform national policy dialogues on sexual and reproductive health within UHC policies and for strengthening health systems to develop integrated and comprehensive services at the request of countries;

- implement guidelines to increase access to family planning for all, including adolescents, in order to reduce unintended pregnancies;

- provide health care providers with practical advice on communicating with patients to prevent the practice of female genital mutilation (FGM) and on caring for people with health complications related to FGM;

- develop policies for leaving no one behind that address the impact of gender inequalities and the needs of vulnerable populations, such as refugees and migrants, and strengthen capacity to conduct routine monitoring and reporting on health inequalities among population groups across the life course;

- deliver community-based integrated care that responds to the needs of older adults, reduces or delays care dependency and ensures priority interventions for older adults, including for dementia; and

- implement guidelines on integrated care for older people that will assist health professionals and managers to organize services and implement community-based interventions to detect declines in intrinsic capacity, deliver interventions to prevent and delay care dependency, provide social care and support for persons with significant loss of intrinsic capacity, support caregivers and ensure responses to priority conditions, such as dementia, pain management and geriatric syndromes.

In producing global public health goods, the Secretariat will:

- develop **norms and standards and guidance** on, for example, the prevention of the direct causes of maternal mortality, especially haemorrhage, eclampsia and labour complications, and the prevention and treatment of infertility; updating guidelines on family planning based on emerging evidence; use of digital technologies for improving maternal and newborn health outcomes;

- develop a framework for redesigning child and adolescent health programming to achieve the Sustainable Development Goals, which call for ensuring that all children and adolescents not only survive but also thrive, as well as guidance on developing the necessary health workforce and human resources to achieve women's, children's and adolescents' health;

- update programmatic tools to plan, implement and monitor women's children's and adolescents' health and development, taking into consideration state-of-the art evidence, new guidelines and strategic approaches for country impact such as the nurturing care framework for early childhood development and global accelerated action for the health of adolescents;

- develop programmatic guidance on quality care for maternal, newborn and child health and establish a learning network among regions and countries to support implementation;

- develop guidance on evidence-based interventions to provide care and support to older adults with declines in intrinsic capacity and functional abilities and associated conditions, such as dementia, undernutrition and chronic pain, as well as long-term care packages, in order to ensure the availability of social care and support for a dignified and meaningful late life for older people with significant losses of intrinsic capacity and functional ability (care dependency);

- develop new guidelines on immunization, including on the surveillance of vaccine-preventable diseases, on the development, introduction, schedule and use of new vaccines and on strategies for generating and sustaining demand and acceptance for vaccination;

- develop global strategies on maternal, newborn, child and adolescent health and a new global strategy for vaccines and immunization (2021–2030) and specific vaccine-preventable diseases (such as measles, rubella, maternal and neonatal tetanus, influenza and human papillomavirus infection);

- build **data products,** for example, a monitoring framework for a maternal, newborn, child and adolescent continuum of care, reporting on the implementation of the Global Strategy for Women's, Children's and

Adolescents' Health (2016–2030), the Global Strategy and Action Plan on Ageing and Health and the Global Report on Birth Defects, and global progress report on the Global Vaccine Action Plan, 2011–2020; monitoring milestones against the new Global Immunization Vision and Strategy (2021–2030) and annual estimates of vaccination coverage; as well as estimates of vaccine or treatment coverage and investments tracked through analysis of national data;

- create **research** products, for example, an implementation research agenda on improving reproductive, maternal, new born, adolescent and child health programmes, as well as the piloting of new vaccines, the development of target product profiles and the vaccine leadership of the Research and Development Blueprint; and

- synthesize available evidence and translate knowledge to develop programme-specific guidelines, norms and standards to support and improve country programme impact.

Output 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

Strong governance of health systems is characterized by appropriate investment by communities in health, transparency, accountability and responsiveness to public expectations. By addressing these issues, health institutions and relevant laws and regulations can be strengthened. Inclusive and participatory mechanisms are essential to provide access to 1 billion more people by 2023.

The Secretariat will step up leadership by synthesizing and disseminating WHO's guiding principles on health systems governance for universal health coverage through a variety of channels, including the Health Systems Governance Collaborative, to drive consensus among key stakeholders (countries, partner entities, academia and civil society) and shape the health governance policy agenda at global, regional and country levels.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will support countries to:

- develop comprehensive and costed national health policies and strategies that enable effective implementation of primary health care towards universal health coverage, including health security;

- strengthen and reform health institutions, laws and regulations, including legal frameworks for universal health coverage that contribute to access, quality and financial risk protection;

- institutionalize whole-of-government, whole-of-society and Health in All Policies approaches, in particular to establish mechanisms to promote the empowerment of people and communities in oversight functions and the representation of citizens in health decision-making processes and gender equality;

- harness the private sector to help to achieve universal health coverage through multisectoral, inclusive, accountable and transparent collaboration with all stakeholders; and

- work with parliamentarians to support laws and budgets for universal health coverage.

In producing global public health goods, the Secretariat will:

- develop norms and standards and guidance, for example, on producing global evidence on monitoring national health policies and strategies for universal health coverage; health systems performance assessment (including fragile contexts) and interactive toolkits on strategic health planning and decision-making for universal health coverage;

- develop global guidance on the changing role of ministries of health in the 21st century and engagement with populations and communities, the private sector and civil society organisations;

- develop global guidance on the development of effective laws and regulations necessary to implement universal health coverage, societal dialogue and participatory processes for health decision-making and reducing health systems corruption;

- produce global evidence and guidance on joint approaches to promote equity and address health systems bottlenecks to progress towards universal health coverage, as well as achieving the development cooperation effectiveness agenda through the Universal Health Coverage 2030 Partnership; and

- build **data products**, for example, disseminate data on official development assistance flows in health to help increase transparency, provide a more complete overview of resources and facilitate insights to global development priorities, including the Sustainable Development Goals.

Output 1.1.5. Countries enabled to strengthen their health workforce

The growing demand for health workers is expected to add 40 million health sector jobs by 2030, mostly in upper-middle and high-income countries. Simultaneously, the projected shortfall of health workers required to achieve and sustain universal health coverage is expected to grow, with a global gap of 18 million health workers by 2030, primarily in low-income and lower middle-income countries. Key WHO strategies and standards in this area include the Global Strategy on Human Resources for Health: Workforce 2030, the ILO-OECD-WHO "Working for Health" five-year action plan and the WHO Global Code of Practice on the International Recruitment of Health Personnel.

*HOW WILL THE **WHO** SECRETARIAT DELIVER?*

The Secretariat will step up leadership by convening and engaging multisectoral partners (education, employment, finance and gender) to achieve a Sustainable Development Goals dividend (Goals 3, 4, 5, 8 and 10) resulting from investments in jobs.

The Secretariat will support countries to:

- strengthen institutional capacity for human resource policy and planning, including mechanisms to coordinate an intersectoral health workforce agenda;

- develop, implement and monitor health workforce policies and strategies to address major human resource gaps impeding the achievement of universal health coverage and global health security;

- strengthen national capacity for the monitoring, analysis and utilization of health labour market data, including the implementation and reporting of national health workforce accounts;

- strengthen mechanisms to deliver mutual benefits and mitigate the consequences arising from health workforce mobility and migration, including bilateral and regional cooperation and the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

- develop and implement strategies to align health workforce education with health system needs, including guidance on approaches to strengthen the regulation of education and practice (e.g. processes related to accreditation, licensing and registration); and

- accelerate technical vocational education and training, the creation of jobs and the performance and productivity of the health and social workforce.

In producing global public health goods, the Secretariat will:

- develop **norms and standards** on, for example, the development and implementation of bilateral agreements on health worker migration and mobility (consistent with the WHO Global Code of Practice on International Recruitment of Health Personnel); retention of health workers in remote and rural areas and on regulation of health workforce education and practice; reports on the State of the World's Nursing and State of the World's Midwifery and a revised edition of the Strategic Directions for Strengthening Nursing and Midwifery; a global competency framework for universal health coverage; and a health labour market

toolkit, with practical and standardized tools to undertake sound health labour market analyses and recommendations on student selection, health worker recruitment, retention and career pathways; and

- build **data products**, for example, platforms to facilitate the reporting of Member States on their workforce data, including visualizations and analytics on national health workforce, and a model to project future health workforce needs.

Outcome 1.2. Reduced number of people suffering financial hardship

Every year, about 800 million people suffer severe economic hardship as a consequence of payments made at the point of use in care; of these, an estimated 100 million are pushed into extreme poverty. Effective national policies to manage the financing of health are an essential element to address these challenges in order to provide one billion more people worldwide with access to health service coverage by 2023. Indicators associated with outcome 1.2 are set out in Box 2 and the proposed budget, by major office, is set out in Table 9.

Box 2. INDICATORS ASSOCIATED WITH OUTCOME 1.2

1.2.IND.1 Proportion of population with large household expenditures on health as a share of total household expenditures or income

1.2.IND.2 Proportion of total government spending on essential services (education, health and social protection)

TABLE 9. PROPOSED BUDGET FOR OUTCOME 1.2, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.2. Reduced number of people suffering financial hardship	30.3	2.9	7.7	11.3	13.0	8.1	25.6	98.9
Total outcome 1.2	30.3	2.9	7.7	11.3	13.0	8.1	25.6	98.9

Output 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

Strong, adaptive and resilient health financing systems must be aligned with national health policies, strategic plans, budget processes and public financial management mechanisms to enable one billion more people to benefit from universal health coverage by 2023.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by synthesizing and disseminating WHO's guiding principles on health financing for universal health coverage and the assessment matrix derived from that in order to drive consensus among key stakeholders – countries, partner entities, academia and civil society – and shape the policy agenda at global, regional and country levels.

The Secretariat will support countries to:

- develop skills, systems and governance arrangements to implement more strategic purchasing of health services and adapt these mechanisms over time, align payment mechanisms with promised benefits, improve contracting with public and private providers (where relevant), use payment systems data to guide policy and drive greater efficiency, equity and quality as a means of sustaining progress on greater service coverage with financial protection;

- use the health financing "progress matrix" (a tool for systematic assessment of progress in national financing policies) to track the extent of country progress consistent with good practices and to provide a basis for linking future quantitative findings to specific health financing actions;

- formulate results-oriented health budgets and align health financing reforms with national public financial management arrangements that ensure more efficient and equitable use of resources;

- apply technical frameworks and diagnostics to develop health financing policies and design implementation, taking into account political economy challenges and the need to align such tools with public financial management systems if reforms are to be institutionalized and sustained;

- incorporate public health services and programmes into the national health financing strategies and plans for the transition away from aid funding;

- design pro-health and pro-poor fiscal policies;

- assess options and identify priorities for action on financing arrangements in fragile and conflict-affected situations;

- strengthen capacity in health financing through eLearning and face-to-face training programmes, knowledge exchanges, managed study tours and peer-to-peer learning.

In producing global public health goods, the Secretariat will:

- develop **norms and standards and guidance**, for example, by refining guidance for real-time assessment of progress with health financing reforms for universal health coverage; synthesizing lessons and refining global guidance on the design and implementation of national health financing policies for universal health coverage, including in politically decentralized contexts; and producing guidance to enhance the engagement of national health and finance authorities based on synthesis of lessons learned on the core issues linking health financing, fiscal sustainability, and public financial management;

- prepare a global synthesis of evidence translated into guidance on mixed provider payment systems, including pay-for-performance, and synthesize lessons and prepare guidance for the efficient financing of public health services, programmes and functions; and

- develop recommendations on payment mechanisms tailored to specific diseases and interventions, the alignment of payment with benefit packages and the establishment of information systems and governance arrangements for strategic purchasing.

Output 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

Households who make out-of-pocket payment for health services should not suffer financial hardship as a result. The evidence shows a strong inverse relationship between government spending on health and dependence on out-of-pocket spending. The work to deliver this output is focused on producing high-quality data and analyses to track health expenditure, financial access and financial protection, which are central to global, regional and national monitoring processes for universal health coverage in order to inform health financing and related policies. The Secretariat is committed to supporting the monitoring of indicators on financial access, catastrophic and impoverishing out-of-pocket payments.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by mobilizing countries, partners and civil society organizations around a global agenda for improving the quality of information and analysis that promotes transparency on the use of resources and accountability for reducing financial hardship arising from the use of health services.

The Secretariat will support countries to:

- produce and analyse high-quality and policy-relevant data on the sources and uses of funds in the health sector to enhance transparency and inform policy at country level, while also contributing to the annual update of the WHO Global Health Expenditure Database;

- analyse household survey data to enable policy-relevant analysis of financial access and financial hardship arising from out-of-pocket payments for health services;

- strengthen capacities for data collection, analysis, and use for policy dialogue;

- conduct in-depth policy analysis using routine administrative and survey data.

In producing global public health goods, the Secretariat will:

- produce **norms and standards and guidance**, for example, by producing guidance documents on data collection, methods and interpretation of health expenditure data; preparing global reports, including annual monitoring reports and scientific papers on financial access and financial protection in Member States; and setting global and regional standards and methods for improving the quality of the information available on financial protection; and

- build **data products**, for example, by preparing an annual report on global health expenditure patterns.

Output 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

Universal health coverage requires countries to have the capacity to make evidence-informed decisions, based on fair and transparent processes, about what to include within publicly-funded service entitlements and related health system investments for implementation. Countries also need to analyse the impact of universal health coverage and health on economic performance and develop policies that maximize the contribution of the health sector to the economy.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by promoting transparent decision-making processes through the use of robust economic data analysis and evidence; leading the development of new guidance on methodologies for, and the use of, economic data in decision-making processes; and developing a network of partners to align technical assistance approaches with WHO's best practice.

The Secretariat will support countries to build institutional capacity for transparent decision-making in priority-setting and make resource allocation decisions across three facets of decision-making through a 3D approach (data, dialogue, decision), as follows:

- Data: development of costing and cost-effectiveness tools to provide evidence for decision-making related to health benefit packages, as well as guidance to collect and analyse the data, including generic health gains/impact/projection models as part of the Choosing interventions that are cost-effective (WHO-CHOICE) project;

- Dialogue: supporting countries in the dialogue process to ensure fair choices;

- Decision: promoting institutionalization of the decision-making process, including legal frameworks, institution-building, the procedural aspects of data analysis and utilization, and monitoring and evaluation.

In producing global public health goods, the Secretariat will:

- develop **norms, standards and guidance**, for example, by creating an expanded repository of health interventions recommended by WHO technical programmes, including information on inputs, effectiveness, service delivery arrangements, economic benefits and resource requirements, and making the expanded repository available through an online platform; and by developing guidance on the procedural aspects of using data to support health benefit package selection and promote best practices;

- create or refine tools to support decision-making around investment decisions in support of universal health coverage, including those that generate economic evidence, such as the One Health tool, WHO-CHOICE and EPIC, which estimate costs, health impacts, cost-effectiveness and economic returns

associated with investing in the health system, including tools that examine geographic accessibility to health services and support evidence-based allocation of resources (facilities, health workforce) according to population distribution; and

- create **research products**, for example, by using robust scientific methods to estimate the economic impact of changes to health status, identifying how changes in health status affect labour markets and labour supply and economic growth and determining the impact of the growing health sector on the economy as a whole.

Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Every disease management strategy requires access to health products for prevention, diagnosis, treatment, palliative care and rehabilitation. Access is a global concern, given the high prices of new pharmaceuticals and rapidly changing markets for health products, which place increasing pressure on all health systems' ability to provide full and affordable access to safe and quality health care. Improving access to health products is a multidimensional challenge that requires comprehensive national coordination, policies and strategies. Furthermore, while enhanced access to life saving medicines is pursued, the threat of antimicrobial resistance, driven in part by indiscriminate use of antibiotics, must be addressed across the One Health spectrum. Indicators associated with outcome 1.3 are set out in Box 3 and the proposed budget, by major office, is set out in Table 10.

Box 3. INDICATORS ASSOCIATED WITH OUTCOME 1.3

1.3.IND.1 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.

1.3.IND.2 Patterns of antibiotic consumption at national level

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TABLE 10. PROPOSED BUDGET FOR OUTCOME 1.3, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	48.8	12.0	23.2	13.4	17.3	18.9	129.3	262.9
Total outcome 1.3	48.8	12.0	23.2	13.4	17.3	18.9	129.3	262.9

Output 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

Equitable access to health products and the availability, accessibility, acceptability and affordability of safe, effective quality health products are essential for achieving universal health coverage. WHO's guidance and standards in this area also consider individuals and communities who are vulnerable, marginalized or denied access, such as the disabled, the elderly, migrants, refugees, asylum seekers, internally displaced persons and neglected minorities.

Disease management strategies depend on access to health products for prevention, diagnosis, treatment, palliative care and rehabilitation. This multidimensional challenge requires comprehensive regulatory frameworks and national policies and strategies that cover the entire health product life cycle, from research and development to manufacturing, product evaluation and registration, selection of products, procurement and use.

Prequalification promotes developing countries access to products of acceptable quality and that meet priority public health needs. Products that have been assessed and prequalified by the WHO Secretariat provide additional safeguards of quality, safety efficacy and performance. Drawing on the expertise of some of the best-functioning national regulatory authorities, prequalification provides a list of products that comply with unified international standards.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by assessing the global supply and demand of prequalified and non-prequalified vaccines to enhance a transparent understanding of product availability for policy decision-making, vaccine cold chain policies and product optimization, norms and standard-setting to ensure the quality, safety and efficacy of medicines. The Secretariat will take the lead in the prequalification of selected priority medicines, vaccines and diagnostics and will regularly update WHO essential medicines and diagnostic lists based on scientific evidence.

The Secretariat will support countries to:

- perform all regulatory functions necessary to help ensure the supply of quality, safe and efficacious health products;

- assess technologies and select health products for procurement and reimbursement, based on evidence;

- promote best practices in countries and regional institutions to improve procurement and supply chain efficiency, including for joint procurement; and

- develop, review and update national lists of essential health products.

In producing global public health goods, the Secretariat will:

- develop policies and guidelines on improving governance and stewardship of pharmaceutical services;

- issue international non-proprietary names to facilitate the identification of active pharmaceutical substances;

- develop guidelines, norms and standards for safe, effective and quality health products;

- produce reports, for example, reporting on global work integrating active medicines safety monitoring, including for the management of tuberculosis, HIV and hepatitis medicines, and for vaccines, diagnostics and medical devices; reporting on toxicities, adverse events and patient safety, including for tuberculosis, HIV and hepatitis health products and other commodities; and global tracking and reporting on safety alerts on health products and substandard/falsified health products for regulators via WHO's Medical Product Alerts and regional bulletins;

- build, improve and implement effective and transparent, regulatory and system-wide global harmonization of quality specifications for selected pharmaceutical products, excipients and dosage forms;

- increase the number of applications for prequalification of medicines and vaccines, in vitro diagnostics, vector-control products and selected medical devices;

- update procedures for the evaluation of products to better link WHO prequalification and policy recommendations;

- expand the scope of products prequalified or assessed to include additional essential in vitro diagnostics, biological products for the treatment of cancer and other noncommunicable diseases, new diagnostics and vaccines for emerging infectious diseases;

- monitor the availability and affordability of health products, and monitor and assess the impact and full public health value of vaccines, including their cost-effectiveness;

Output 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

Many people worldwide do not have adequate and regular access to quality health products. Access depends on having appropriate products available at affordable prices. New medicines and other health products and the rise of noncommunicable diseases put increasing pressure on health care systems and on individuals who pay out-of-pocket. Lack of access can affect outcomes if patients go undiagnosed, untreated or receive suboptimal treatment.

Challenges for improving access occur throughout the system, from research and development and the lack of effective policies, efficient regulatory systems and health workforces through to weak procurement and supply chain management, inappropriate prescription and irrational use of health products. Inadequate financing and ineffective policy processes to manage expenditure and out-of-pocket expenditure contribute to a lack of access to health products and unaffordable prices. Inefficient procurement and supply chain management is another major challenge, particularly in countries with inaccessible terrain, complex border controls and conflict zones. The supply chain requires a specialized workforce, strong infrastructure and accurate data management systems.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- raising commitment at global and national levels for the implementation of the WHO road map on access to health products;

- advocating for transparent and fair pricing and policies to reduce costs to both governments and individuals;

- strengthening understanding of supply and demand dynamics by partnering with relevant organizations (including the United Nations Conference on Trade and Development, the World Intellectual Property Organization and the World Trade Organization), in line with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property; and

- ensuring collaboration efforts for optimizing procurement and supply chain for health products and building relevant competencies.

The Secretariat will support countries to:

- ensure that responsible use and access will be reinforced to guarantee the appropriate prescription and use of health products;

- develop, implement and monitor a national health products policy;

- access, in specific circumstances, essential medicines through donations, in particular for neglected tropical diseases, and will develop the capacity and facilitate negotiation for preferred or tiered prices to improve access for public-sector use in eligible countries;

- implement transparent and fair pricing policies to reduce costs to both governments and individuals;

- ensure appropriate prescribing, dispensing and use of controlled medicines, while minimizing risk of abuse;

- help foster innovation and facilitate access to health products through appropriate intellectual property rules and management and providing technical support and capacity-building;

- strengthen governance of health products within the national pharmaceutical system;

- establish a robust process for vaccine product decision-making for new or optimized product use;

- develop policies and regulations to ensure access, including for migrants and other vulnerable populations, and address gender bias to access; and

- improve market shaping of priority assistive products, which maintain or improve an individual's functioning and independence, and thereby promote their well-being;

In producing global public health goods, the Secretariat will:

- develop **normative products**, for example, on public–private roles in the pharmaceutical sector; develop guidance on considerations for solicitation and provision of donations of medical devices; and develop manuals on how to develop, implement and monitor a national health products policy, as well as national

monitoring of availability and prices of health products, within the framework of reporting under the Sustainable Development Goals on access to medicines;

- develop **data products**, for example, improved modelling, data and reporting on access to, and forecasting needs for, medicines, diagnostics and other commodities, including for HIV, hepatitis, sexually transmitted infections, tuberculosis and malaria; build a database of shortages and stockouts of essential medicines and vaccines; and provide an update of the Global report on access to hepatitis C treatment; and

- prepare a policy brief series that addresses key issues affecting access to safe, quality and effective health products.

Output 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved

A weak regulatory system can have an impact on patient outcomes and can potentially impair efforts to improve access to health products. Unfortunately, the capacity of many low- and middle-income countries to assess and approve health products remains limited: less than one third of national regulatory authorities globally have the capacity to perform all core regulatory functions for medicines. This hampers efforts to ensure timely access to the quality, efficacy and safety of health products. In addition, the rise in substandard and falsified products hampers efforts to ensure health products' quality, efficacy and safety. Key challenges include inadequate resources, overburdened staff members and incoherent policy frameworks.

Regulatory systems that differ from country to country may cause delays for manufacturers, who must navigate multiple regulatory systems to register the same health product in different countries. The introduction of new therapeutic classes such as biotherapeutics will require additional expertise and capacities. The underreporting of, and lack of reactive measures against, adverse drug reactions and adverse events highlight the need for better post-marketing surveillance.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by strengthening regulatory systems, market surveillance of quality safety and the efficacy of health products; and ensuring knowledge-sharing among countries.

The Secretariat will support countries to:

- design regulations that protect the public while enabling timely access to and innovation for quality products;

- ensure that national regulatory authorities meet international performance benchmarks (WHO listed authority) as assessed via WHO's global benchmarking tool;

- achieve greater efficiencies and more rapid registration of health products through synergies and reliance concepts;

- ensure that there is appropriate policy and regulatory capacity to enable the domestic production of safe and quality-assured health products;

- strengthen post-market surveillance, monitor substandard and falsified health products, collect safety data on adverse drug effects and build capacity for pharmacovigilance and safety reporting for the safety monitoring of drugs and medical devices;

- review national regulatory frameworks, policies, plans, treatment guidelines and formularies;

- ensure that the required laboratory infrastructure, laboratory supplies of high quality and training of laboratory workers are included in adequately budgeted plans for national laboratory services, including for high-impact diseases such as tuberculosis, malaria, hepatitis, noncommunicable diseases and antimicrobial infections.

In producing global public health goods, the Secretariat will:

- prepare a global report on effective access to assistive technology and provide a toolkit for collecting countrywide data, build a global database to measure progress on access to assistive technology and make available a comprehensive analysis of the importance of disability and the responses provided;

- develop a package of innovative solutions, policy options, procurement mechanisms and advocacy material and target product profiles of five top priority assistive products (eyeglasses, hearing aids, prostheses, SMART tablets and wheelchairs);

- strengthen databases, including the WHO Global database of Individual Case Safety Reports (Vigibase), the WHO Global Surveillance and Monitoring System for substandard/falsified products and WHO's complaint database for in vitro diagnostics, that Member States can use for their own national decisions to validate/confirm identified risks and elaborate strategies for risk management;

- develop tools for the classification of health products, including the Anatomical Therapeutic Classification (ATC DDD) system and vaccine safety classifications for maternal and child health; and

- finalize the Global Development and Stewardship Framework to combat antimicrobial resistance, in cooperation with partners.

Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities

The current market-driven research and development system does not deliver all the products most needed for health systems. In addition, progress in vaccine formulations has increased the need for innovative technologies that simplify vaccine delivery.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- playing a catalytic role in research and development in neglected areas, where there is a compelling unmet public health need for new products, in line with the above-mentioned Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, which recommends prioritizing needs for, and promoting, research and development of health products. The work of the Secretariat on research cuts across different areas;

- promoting appropriate ongoing priority-setting in research and development in order to catalyse public and private funding for research and development and accelerate global research and development strategies for the discovery of new antibacterial agents to treat multi-drug resistant tuberculosis and drug-resistant bacterial infections following the One Health approach;

- promoting the acceleration of research against emerging pathogens by promoting and facilitating timely and open sharing of research findings, as well as sharing of pathogens and pathogen sequences using appropriate mechanisms;

- coordinating the efforts of different actors so that needed products are developed in a timely fashion; and

- promoting the resourcing of public–private partnerships for investment in, and coordination of, product pipelines in priority areas, thus facilitating the development of affordable and suitable health products.

The Secretariat will support countries to:

- improve capacity for research and development, including translational and implementation research.

In producing global public health goods, the Secretariat will:

- generate a global medical and health product needs assessment aligned with the triple billion targets;

- develop WHO target product profiles for priority products;

- develop patent landscapes and an updated patent status database for all patented medicines in the WHO Model List of Essential Medicines, landscapes for paediatric medicines and diagnostics and for HIV and hepatitis medicines and diagnostics, and prevention technologies for children, adolescents and adults;

- update the WHO Priority Pathogens List, which was first published in 2017;

- develop a research and development road map for antibiotics, antifungals and diagnostics, including prioritization, pipeline and gap analysis, and develop target product profiles for missing products and a WHO priority list for antimicrobial resistance diagnostics, taking into account their use in animals and plants;

- shape product needs towards public health objectives in antimicrobial resistance, HIV, tuberculosis, malaria, neglected tropical diseases, noncommunicable diseases, including cancers, maternal and child health, reproductive health and vaccine research and development;

- develop the Global Observatory on Health Research and Development, which will be dedicated to setting priorities for product development, tracking product pipelines and contributing to coordinated actions on health research and development;

- update and expand its "Portfolio to Impact (P2I)" research and development modelling tool to support global efforts and guide planning and costing to facilitate achieving access to medicines, and work with the Drugs for Neglected Diseases initiative in the Global Antibiotic Research and Development Partnership to develop new treatments for bacterial infections; and

- prepare technical reports, for example, on access to different treatments and intellectual property barriers to generic entry in different countries or regions.

Output 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

Antimicrobial resistance is a growing global challenge that will have significant consequences for morbidity, mortality and economic activity. Antimicrobial resistance threatens the achievement of the Sustainable Development Goal targets on health, environment, economic development and sustainable production and consumption, and is also a risk that will impact the achievement of many of the GPW 13 targets.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- establishing policies and practices and advancing a One Health approach that will continue to support monitoring of antimicrobial resistance/antibiotic consumption and optimize the use of antibiotics;

- promoting the development and validation of an integrated antimicrobial resistance surveillance protocol for foodborne bacteria across the human, animal and environment sectors;

- increasing investments in new medicines, vaccines, diagnostics and other interventions; and

- partnering with other entities on antimicrobial resistance, such as the Global Antibiotic Research and Development Partnership and development banks.

The Secretariat will support countries to:

- develop and implement national action plans on antimicrobial resistance, with strong engagement by other sectors, including the private sector, civil society and other United Nations entities, in particular in the form of joint country level planning and programming through United Nations Development Assistance Frameworks;

- implement integrated antibiotic stewardship in countries, capacity-building of health care workers, and survey consumption and use;

- update national antimicrobial formularies to include WHO "AWARE" principles;

- build sustainable operational research capacity to generate and use evidence on the emergence, spread, health impact and effective containment of antimicrobial resistance;

- build functional national and regional antimicrobial resistance surveillance systems, including by providing support for reference laboratories that will contribute data to the Global Antimicrobial Resistance Surveillance System (GLASS);

- implement training programmes through the development of standard curriculums;

- raise public awareness through targeted global, regional and national efforts and by disseminating the inter-professional core competency framework for antimicrobial resistance education for health workers; and

- track their progress against specific indicators of the global antimicrobial resistance monitoring and evaluation framework.

In producing global public health goods, the Secretariat will:

- develop guidance on food safety and the stewardship of antibiotic use; how to set targets for antimicrobial resistance; the environmental impact of antimicrobial residues; preventing surgical antibiotic prophylaxis; preventing surgical site infection, surgical sepsis and antimicrobial resistance in surgical services; and establishing and implementing HIV drug resistance tools and systems in the context of broader antimicrobial resistance interventions and systems;

- develop normative products, for example, for harmonized One Health antimicrobial resistance surveillance, monitoring antimicrobial resistance in humans and an integrated model for antimicrobial resistance in the food chain, environment and humans;

- develop guidelines for strengthening recommended core components for infection and prevention control programmes, including the water, sanitation and hygiene strategy (WASH), in health care facilities;

- further develop the WHO AWARE model into a comprehensive framework for ensuring affordable access to essential antibiotics, while preserving existing and new antimicrobial medicines with options for supporting the appropriate use of antimicrobial medicines; and

- develop data products, for example, economic models of the value of investment in vaccines to reduce antimicrobial resistance and products for conducting, and reporting on, annual country self-assessment surveys to gauge country progress in addressing antimicrobial resistance.

ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

Countries are under constant threat from infectious diseases, conflict, food contamination, antimicrobial resistance and chemical or radionuclear events, and increasingly face threats related to the greater frequency and severity of natural disasters. WHO, together with partners, provides support to countries to prepare for, prevent, detect and respond to health emergencies.

Since 2011, there have been more than 1200 outbreaks of epidemic-prone diseases in 168 countries. Large-scale emergencies cause widespread death and suffering and disproportionately affect the poorest and most vulnerable populations. The impact of these emergencies on often-fragile health systems is considerable: they damage health facilities, interrupt health programmes and overburden services. The toll on people is huge.

- Every year, approximately 190 million people are directly affected by emergencies caused by natural and technological hazards, resulting in more than 77 000 deaths.

- More than 172 million people are affected by conflict annually.

- As at December 2017, an estimated 135 million people required humanitarian assistance.

An estimated 100 epidemic-prone events occur each year, including those caused by new or re-emerging infectious diseases. A severe influenza pandemic could cost the global economy between 1% and 5% of gross domestic product through its effects on productivity, trade and travel, which is comparable to the effects of threats such as climate change.

Many emergencies are complex and can have significant public health, social, economic and political impacts. Currently, an estimated 1.4 billion people live in fragile, conflict and vulnerable settings; this number is projected to increase to 1.9 billion by 2030. It is in these settings where the vast majority of current outbreaks occur and where people are most affected by health emergencies. Meanwhile, a record number of people around the world – more than 69 million – have been forcibly displaced and are cut off from accessing even many basic services.

Ensuring that core public health capacities for emergency preparedness and risk management are in place is critical. The resilience of national systems to emergencies depends on strong health systems, which is why the Secretariat and partners support countries not only to respond quickly to manage crises and prevent international spread of outbreaks but also to support efforts to strengthen national capacities and health systems before a crisis occurs.

Diseases know no borders; WHO's role is thus critical as a convener and leading health agency to ensure a swift, efficient response and effective international cooperation. Outbreaks of infectious diseases, natural and technological disasters, and conflict have highlighted that the world remains vulnerable to health emergencies that can have a global impact. Significant gaps remain in the capacity of many countries to manage all-hazards health emergencies and disaster risks. Transparent reporting of country capacity, increased information sharing and facilitating regular and open dialogue to build trust and mutual accountability between countries are critical.

The Secretariat's support remains flexible, with a "no regrets" policy that allows it to adjust its response to the severity of the crisis, to the Member State's capacity to respond and to the risk of international spread. Thus, the response to an outbreak of a high-threat pathogen in a conflict-affected fragile country with a weak health system will be very different from the response to the potential global spread of a virus with pandemic potential.

In recent years, the Secretariat has taken on a more operational role, especially to support countries with weak health systems. Protracted conflict and lack of national capacity mean that many countries cannot deliver basic health, nutrition and social services. It is in these vulnerable settings where most deaths among children under 5 years of age occur, as well as the highest rates of maternal mortality, unintended pregnancy, sexual and gender-based violence, malnutrition, mental disorders, under-immunization and infectious disease outbreaks.

As health emergencies continue to impact communities and countries around the world, the role of the Secretariat in coordinating and convening partners, providing technical guidance and preparedness and response support, sharing information, and conducting operational and logistical missions remains critical.

Outcome 2.1. Countries prepared for health emergencies

Indicators associated with outcome 2.1 are set out in Box 4 and the proposed budget by major office is set out in Table 11, below.

Box 4. INDICATORS ASSOCIATED WITH OUTCOME 2.1
2.1.IND.1. International Health Regulations (IHR) capacity and health emergency preparedness

TABLE 11. PROPOSED BUDGET FOR OUTCOME 2.1, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.1. Countries prepared for health emergencies	67.1	6.4	15.3	17.6	42.1	25.1	57.5	231.1
Total outcome 2.1	67.1	6.4	15.3	17.6	42.1	25.1	57.5	231.1

Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported

WHO's work in emergency preparedness builds on the International Health Regulations (2005), a set of provisions adopted by WHO's Member States to prepare for and respond to public health threats. Implementation of the Regulations is a national responsibility, part of fulfilling global obligations to ensure health security. International consensus has been achieved on the establishment of a global network of national focal points, health emergency notification mechanisms and verification procedures for public health risks, transparency and information sharing, and monitoring and reporting.

The Secretariat also supports Member States in assessing, monitoring and reporting the country implementation of all-hazard health emergency and disaster risk management and the Sendai Framework for Disaster Risk Reduction 2015–2030, including the respective health-related targets and indicators such as reducing mortality and morbidity due to all types of emergencies.

Significant progress has been made in the past few years on the form and frequency of monitoring and reporting on preparedness, using a range of qualitative and quantitative measures that include annual reporting by States Parties to the Health Assembly, voluntary joint external evaluations, after-action reviews and simulation exercises.

Developing standard methods of measuring country public health system capacity to manage health security is critical. These methods have served to improve confidence and trust in national assessments of core capacities while also promoting mutual accountability for improved global public health security.

The Monitoring and Evaluation Framework[1] is instrumental in evaluating the status of national preparedness capacities, monitoring areas of work, developing strategies and documenting best practices. It provides operational guidance for national action plans and country capacity-building and, importantly, considers the human–animal health interface through a One Health approach.

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[1] International Health Regulations (2005) IHR Monitoring and Evaluation Framework: Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/276651/WHO-WHE-CPI-2018.51-eng.pdf?sequence=1, accessed 16 April 2019).

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by producing the Global Preparedness Monitoring Board's annual report on the state of the world's preparedness and hosting the Board's secretariat at WHO headquarters.

The Secretariat will support countries to:

- monitor and report all-hazards emergency preparedness capacities, spanning both preparedness capacity for traditional health security risks and newer health security challenges including antimicrobial resistance, mass gatherings and changing patterns of natural hazards and known diseases due to climate change, and biosafety and biosecurity;

- improve their prevention, detection and response capacities by looking at gaps in systems already in place and identifying concrete solutions to strengthen them;

- conduct annual reporting, voluntary joint external evaluations, after-action reviews and simulation exercises on emergency preparedness capacities in coordination with national focal points;

- ensure that the results of their capacity assessments are continuously analysed against the actual outcomes of public health events and emergencies within the context of the changing risks that countries face; and

- assess, plan and report on the operationalization of all-hazards health emergency and disaster risk management and the global targets and indicators of the Sendai Framework for Disaster Risk Reduction 2015–2030.

In producing global public health goods, the Secretariat will:

- develop normative guidance and tools, including revisions of the National IHR Focal Point Guide and toolkits for implementation of the International Health Regulations (2005) in national legislation, and guidance for national reporting of the Sendai Framework for Disaster Risk Reduction 2015–2030 by countries; and

- report regularly on the implementation of countries' core capacity requirements (e.g. the annual report on implementation of the International Health Regulations (2005) submitted to the World Health Assembly) and on implementation of the five-year global strategic plan to improve public health preparedness and response, 2018–2023.

Output 2.1.2. Capacities for emergency preparedness strengthened in all countries

Countries continue to face risks from infectious diseases, conflict, disasters associated with natural hazards, climate change, unplanned urbanization, migration, chemical or radionuclear incidents, and food contamination. Risks are dynamic and may emerge quickly and evolve, resulting in significant impacts on health systems and affected populations, and may also affect neighbouring countries and the international community. Building and maintaining core public health capacities for emergency preparedness and overall risk management for all types of emergencies and disasters are critical.

Under the International Health Regulations (2005) Member States have made commitments to develop, strengthen and maintain the national capacities for surveillance, and verification of and response to acute public health events with potential to threaten populations worldwide, while minimizing interference with world travel and trade. The Regulations are complemented by other frameworks, such as the Sendai Framework for Disaster Risk Reduction 2015–2030.

Strengthening emergency capacities reinforces the ability of public health systems to handle the initial impact of emergencies, as well as subsequent recovery. It provides opportunities for longer-term health systems strengthening and attainment of the targets of the Sustainable Development Goals, including the pathway to universal health coverage. Many of the capacities to prevent and contain outbreaks of multidrug-resistant

pathogens – such as infection prevention and control, and improved water and sanitation – overlap with those to prevent outbreaks of all infectious hazards.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by coordinating global and regional actions and initiatives with Member States and partners, stimulating synergies, avoiding duplications and gaps in the prioritization of capacity development for health emergencies by:

- strengthening coherent implementation of the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction 2015–2030, the Paris Agreement, the International Health Regulations (2005) and other frameworks at national, regional and global levels;

- mainstreaming work on health emergencies within all relevant health programmes and sectors that contribute to reducing health risks and consequences of emergencies and disasters;

- strengthening the integration of health system strengthening and health emergency and disaster risk management for achieving health security, universal health coverage, sustainable development and resilience;

- focusing on an inclusive, people- and community-centred approach to building community and country resilience; and

- strengthening the evidence base for increasing the investment in proactive prevention and preparedness activities.

The Secretariat will work with our partners to support countries to:

- develop, implement and monitor costed multisectoral national action plans for emergency preparedness and risk management based on assessments of country capacities, including identification of financing and partnerships to fill critical core capacity gaps;

- support emergency prevention, preparedness and response capacity-building through encouraging and facilitating collaboration among a range of specialized health programmes;

- implement an all-hazards preparedness approach by investing in health systems strengthening for health security at all administrative levels and by building resilience of communities and national health systems;

- conduct health facility assessments; generate rosters of experts; and establish and implement relevant safe hospitals policies and programmes;

- strengthen leadership and management of national, subnational and local strategies, and community capacities for health emergencies;

- develop and strengthen core capacities, such as laboratories, efficient national surveillance systems, rapid response and emergency medical teams, preparedness at points of entry, multisectoral cooperation and coordination, safe hospitals and risk communication;

- ensure that capacities are in place for routine and emergency situations of varying size and context, and introduce interventions and strengthen capacities to reduce the risk of future events and break the cycle of recurring emergencies; and

- ensure that standard operating procedures, legislation, institutional arrangements and domestic resources for emergency preparedness and risk management are in place.

In producing global public health goods, the Secretariat will:

- develop guidance and tools for multisectoral partnership coordination to support implementation of national action plans for mass gatherings, health sector implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030, strengthening health emergency and disaster risk management

strategies, public health laboratories, and assessment and management of internal contamination with radionuclides in emergencies;

- develop global strategies for integrating health systems strengthening and work on health emergencies across health policies, programmes and other sectors for health security, universal health coverage, resilience and sustainable development;

- develop, with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health (OIE), a tripartite guide and operational tool for addressing zoonotic diseases through a One Health approach;

- update the guidance in WHO's *International travel and health* with evidence-based advice for travellers, including recommendations for vaccination and prophylaxis for yellow fever, malaria and poliomyelitis;

- promulgate a policy framework on management of psychosocial consequences of radionuclear emergencies, update the WHO report *Development of stockpiles for radiation emergencies*, and issue a strategic research agenda for medical countermeasures against radionuclear threats; and

- develop minimum standards and recommendations on burns care and on maternal, newborn and child health for emergency medical teams.

Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities

Operational readiness is essential if countries, communities and organizations are to respond quickly and effectively to health emergencies of national priority. Strengthening operational readiness is based on the identification of risks with the highest likelihood, the understanding of the level of existing capacities and accelerating targeted preparedness activities for emergency response. Many countries currently lack the minimum capacities necessary to rapidly detect and respond to known vulnerabilities and likely events.

HOW WILL THE WHO SECRETARIAT DELIVER?

*The Secretariat will step up leadership b*y strengthening the use of risk profiles and multi-hazard early warning systems to anticipate and accelerate operational readiness activities in countries:

- strengthening human and financial resources and coordination mechanisms across the health sector and WHO for implementing operational readiness;

- mobilizing partners and donors to support operational readiness in countries in the event of a significant public threat, notably to support unaffected neighbouring countries and surrounding areas.

The Secretariat will support countries to:

- build a global health emergency corps with networks and partners that can be operationalized when national capacity has been exceeded;

- identify potential and expected risks using standardized tools, such as vulnerability and risk analyses, assessment and mapping, and, where necessary, accelerate the provision of support for an emerging or expected event;

- monitor country risks to identify operational and technical capacity gaps in their operational readiness and implement targeted activities to address them, including country readiness profiles;

- annually review country requirements for vaccinations and prophylaxis for specific diseases such as yellow fever, malaria and poliomyelitis and provide regular travel advice for international travellers;

- map and prioritize health emergency risks and strengthen surveillance, laboratory diagnostic capacity and alert mechanisms to ensure early warning of emerging/re-emerging high threat events;

- conduct training and simulation exercises to strengthen readiness capacities, interoperability with partners, measure progress and adjust strategies accordingly; and

- develop hazard-specific scenario-based contingency plans to address high, very high and imminent risks and ensure that sufficient resources are available to implement the plans and readiness measures.

In producing global public health goods, the Secretariat will:

- develop guidance and human and financial resource mechanisms to support all-hazards operational readiness and monitor levels of operational readiness of countries;

- make available the data on the availability of essential health resources and services in emergencies and fragile contexts on the Health Resources Availability Monitoring System platform;

- update the Classification and Minimum Standards for Emergency Medical Teams as the main reference for development of national and international emergency medical teams;

- develop guidance and instructions on developing and improving emergency operations centres for International Health Regulations response capacities and global health security agendas;

- develop the public health intelligence implementation framework to help to strengthen capacity for early detection, verification, assessment and communication of public health risks; and

- maintain the International Food Safety Authorities Network (INFOSAN), which links all national agencies and ministries involved in the management of food safety emergencies.

Outcome 2.2. Epidemics and pandemics prevented

Indicators associated with outcome 2.2 are set out in Box 5 and the proposed budget by major office is set out in Table 12, below.

Box 5. INDICATORS ASSOCIATED WITH OUTCOME 2.2

2.2.IND.1. Vaccine coverage of at-risk groups for epidemic or pandemic prone diseases

2.2.IND.2. Number of cases of poliomyelitis caused by wild poliovirus (WPV)

TABLE 12. PROPOSED BUDGET FOR OUTCOME 2.2, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.2. Epidemics and pandemics prevented	122.0	11.9	80.0	13.9	46.8	12.5	93.3	380.4
Total outcome 2.2	122.0	11.9	80.0	13.9	46.8	12.5	93.3	380.4

Output 2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards

As a result of increased human mobility, urbanization and climate change, the list of infectious hazards is growing. To tackle outbreaks at source so as to ensure that they do not develop into epidemics or pandemics, it is essential to be able to gather rapidly the best available knowledge and evidence on the pathogen and information on available countermeasures. For emerging pathogens, it is vital to harness the work of global expert networks to enable a timely international response to infectious threats and make the world safer.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- fostering research and information sharing for high-threat hazard prevention and control, including by developing and coordinating expert technical networks and advisory groups from various fields to provide

guidance, drive knowledge development and develop new countermeasures or update existing ones with the latest technological advances;

- convening, leading and coordinating global networks of expertise to support preparedness and response to outbreaks, including the Global Laboratories Alliance for the Diagnosis of High-Threat Pathogens (which allows for rapid sharing of biological materials); the Emerging Diseases Clinical Assessment and Response Network (which assesses risks in order to improve the treatment of patients and reduce mortality); SocialNET (a network of trained social scientists for risk communication and community engagement); and the Emergency Communications Network (which aims to build a cohort of trained, tested and trusted communication officers);

- driving the development of a public health research agenda to manage new and evolving high-threat infectious hazards, including by assessing social distancing measures and developing innovative interventions, such as safe and easy-to-use personal protective equipment for frontline health workers;

- providing recommendations on managing high-threat infectious hazards under the International Health Regulations (2005) through the Strategic and Technical Advisory Group for Infectious Hazards; and

- sharing and characterizing emerging viruses through the Global Laboratories Alliance for the Diagnosis of High-Threat Pathogens.

The Secretariat will support countries to:

- increase awareness and detection capacity for high-threat health hazards, and prepare their response in a timely manner, for example by procuring vaccines or medicines; and

- provide guidance, training, and operational support for implementing infection, prevention, and control strategies to mitigate the transmission of these high-threat pathogens. Infection, prevention and control measures are particularly important among health care workers, who are on the frontlines of disease control.

In producing global public health goods, the Secretariat will:

- under the R&D Blueprint develop clinical designs and protocols to evaluate efficacy of vaccines and medicines, target product profiles, road maps, an evidence base and knowledge for vaccines, therapeutics and diagnostics for priority diseases and an annual prioritization of emerging pathogen threats requiring research and development;

- work with research and development partners to develop new vaccines, therapeutics and diagnostics (e.g. Ebola virus vaccines and therapeutics);

- develop minimum standards and recommendations on clinical care in highly infectious disease outbreak settings for emergency medical teams, recommendations on risk communication and community engagement to implement effective social sciences interventions during epidemics of high-threat pathogens;

- develop guidance to enhance epidemic intelligence in high-priority countries and on operations for frontline health workers; and make evidence-based recommendations to implement effective social sciences interventions during epidemics of high-threat pathogens;

- develop the research agenda, identifying the gaps in knowledge and countermeasures for influenza pandemic preparedness and response;

- update WHO's guidance *Managing epidemics, key facts about major deadly diseases* to incorporate specific information for poliomyelitis, malaria and Nipah virus fever;

- create, with a range of stakeholders, epidemic forecasting tools to accelerate preparedness efforts by harnessing new technologies such as artificial intelligence and novel analytical techniques as well as a wide variety of data sources;

- create an epidemic vulnerability evaluation tool, integrating data sources on epidemic drivers to provide an overview of global infectious hazards vulnerability and guide investments in prevention and preparedness for epidemics; and

- produce the *Weekly Epidemiological Record*, a worldwide official reference for medical professionals which conveys original and reliable data on infectious diseases.

Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale

Since 2011, there have been more than 1200 outbreaks of epidemic-prone diseases in 168 countries. Large-scale emergencies cause widespread death and suffering, disproportionately affect the poorest and most vulnerable populations, and lead to social, economic and political disruption.

With increased human mobility, urbanization and climate change, even the known threats for which countermeasures exist continue to cause outbreaks with significant public health impact. In addition, for many developing countries, access to existing countermeasures remains difficult. Strengthening health systems – particularly where resources are scarce – is essential for these strategies to work over the long-term. WHO forms partnerships and alliances to ensure equitable management of scarce resources at global and regional levels.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- forming partnerships and alliances to ensure equitable management of scarce resources at the global and regional levels, as it does with the International Coordinating Group on Vaccine Provision to ensure vaccine stockpiles for cholera, yellow fever and meningitis;

- providing secretariat functions for the Pandemic Influenza Preparedness Framework and the global strategy to eliminate yellow fever epidemics 2017–2026 (EYE strategy), as well as being the coordinating body for the Global Influenza Surveillance and Response System, a 67-year old network comprising more than 150 institutions in 114 countries;

- forecasting vaccine stocks and negotiating vaccine prices through WHO's networks or partners;

- prepositioning reagents and medicines so that they are readily available and accessible; and

- managing global emergency vaccine stockpiles and evaluating interventions and standard protocols for managing diseases.

The Secretariat will support countries to:

- implement local prevention and control measures, ensuring access to life-saving interventions (for instance, vaccines, medicines and laboratory reagents);

- implement global strategies, including the global strategy to eliminate yellow fever epidemics, Ending Cholera: A Global Roadmap to 2030, the strategy for defeating meningitis by 2030, and the Global Influenza Strategy 2019–2030 at country level;

- develop innovative approaches to prevent and control epidemics and strengthen country core capacities for prevention, surveillance and control of epidemic- and pandemic-prone diseases;

- advance the elimination of measles and rubella as part of the global vaccine action plan;

- improve cooperation in and coordination of epidemic preparedness and response by working with partners such as the European Centre for Disease Prevention and Control, GAVI the Vaccine Alliance, UNICEF, the United States Agency for International Development, the United States Centers for Disease Control and Prevention, vaccine manufacturers and the World Bank Group;

- strengthen implementation of the Pandemic Influenza Preparedness Framework to contribute to country preparedness and global solidarity in the event of a pandemic by ensuring access to life-saving interventions in resource-limited countries;

- revise and update pandemic plans, adapting global response plans to regional and country levels; and

- developing country core capabilities for the prevention, detection and control of cholera, viral haemorrhagic fevers, meningitis, influenza and yellow fever.

In producing global public health goods, the Secretariat will:

- develop normative products, for example guidance for outbreak investigation to shorten the time to confirmation and response for influenza pandemic preparedness planning, and provide global influenza vaccine strain recommendations to inform the seasonal (or pandemic) vaccine composition; and guidance and standard protocols for managing diseases, based on evaluations of interventions;

- develop a global vision for defeating meningitis by 2030, in accordance with the strategy for defeating meningitis; and

- develop global strategies with partners from a wide range of fields to bring together all globally available resources (technical, human and financial) to prevent and control high-threat infectious hazards.

Output 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens

Exposure to highly infectious pathogens and dangerous biological materials threatens global public health and security. Today, 75% of emerging pathogens are of zoonotic origin. New diseases, even if they remain localized, may have a disproportionate impact on some of the world's most vulnerable countries and regions, which may not have the capacity to respond rapidly to destructive outbreaks.

Health care workers are on the frontline and play an essential role in detecting outbreaks and reducing mortality through clinical management. They are also at risk of dying from emerging pathogens. Keeping health care workers and patients safe by preventing the spread of disease in health care settings is another important part of WHO's work.

WHO is working with its network of partners from a broad range of technical areas to mitigate the risks of the re-emergence of high-threat pathogens and the emergence of new and unknown pathogens. In addition to disease expertise, collaboration is needed between diverse sectors: health security; biosafety and biosecurity; virus sharing; biological and chemical agents; One Health – the human–animal interface, vector control; and social and behavioural sciences.

Another risk for the emergence and re-emergence of high-threat pathogens is the accidental or deliberate release of deadly pathogens such as variola virus (which causes smallpox), and the potential outcomes of dual-use research. These threats are complicated by rapid developments in science and technology and the facility with which even protected information can be accessed.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- promoting information sharing and collaboration among all partners, which will be critical to taking effective action to minimize these risks. Networks such as the Emerging and Dangerous Pathogens Laboratory Network, the Global Polio Laboratory Network, the Global Antimicrobial Resistance Surveillance System, the Global Infection Prevention and Control Network and the United Nations Model Regulations for the transport of infectious substances will play an important role in fostering collaboration, setting standards and improving the rapid characterization of dangerous pathogens.

The Secretariat will support countries to:

- improve patient management and outbreak control through rapid and accurate identification of pathogens achieved through the provision of clear and up-to-date guidance on the selection and use of laboratory technologies to respond to outbreaks;

- control endemic and epidemic high-threat pathogens;

- improve capacity to prevent, manage and treat diseases and scale up interventions across five main categories of disease;

- implement infection prevention and control strategies to ensure that core components needed are adequate and that sufficient water and sanitation facilities are in place in health care settings;

- better understand community beliefs and behaviours, and implement community engagement activities, so that when an outbreak occurs, affected communities understand the risks and know how to protect themselves and their families; and

- reduce health and security impacts of viral haemorrhagic fevers, emerging respiratory pathogens, vector-borne disease and biosecurity hazards.

In producing global public health goods, the Secretariat will:

- develop guidance and control strategies to prevent, manage and reduce health and security impacts of emerging pathogens and biosecurity hazards;

- develop guidance on disease-specific diagnostic strategies and on the prevention, management and reduction of the health and security impacts of:

    - viral haemorrhagic fevers (such as Ebola virus disease and Marburg, Lassa and Rift Valley fevers),

    - emerging respiratory pathogens (such as *Yersinia pestis*, which causes plague; Middle East respiratory syndrome coronavirus; Severe Acute Respiratory Syndrome and other coronaviruses, and other respiratory viruses with pandemic potential),

    - vector-borne diseases (such as Zika virus disease, Crimean-Congo haemorrhagic fever, chikungunya, Nipah virus disease), and

    - biosecurity hazards (such as plague, smallpox and monkeypox);

- develop guidelines and strategies for accelerating research on emerging pathogens;

- operate the WHO Advisory Committee on Variola Virus Research and oversee the biosecurity inspections of the two global repositories of variola virus where the last remaining stocks of live variola virus have been held since the eradication of smallpox; and

- develop recommendations on screening at point of entry, at international or national borders during outbreaks.

Output 2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Efforts are continuing to eradicate all remaining strains of wild poliovirus. The last reported case of poliomyelitis due to wild poliovirus type 2 was reported in 1999: wild poliovirus type 2 was officially certified as eradicated in September 2015. Wild poliovirus type 3 has not been detected globally since November 2012, when the last case of poliomyelitis due to this strain was reported in Yobe State, Nigeria. Since that time, all cases of paralytic poliomyelitis due to wild poliovirus have been caused by wild poliovirus type 1, which continues to circulate in three countries in which the disease is endemic: Afghanistan, Nigeria and Pakistan.

The Global Polio Eradication Initiative is a public–private partnership led by national governments with five core partners: the Bill & Melinda Gates Foundation, Rotary International, UNICEF, the US Centers for Disease Control and Prevention and WHO. It aims to: complete the interruption of wild poliovirus transmission globally; rapidly detect and interrupt any outbreaks due to vaccine-derived polioviruses; strengthen immunization services and increase population immunity against polioviruses; expand the use of inactivated rather than oral poliovirus vaccine in routine immunization programmes; certify polio eradication globally; and enhance long-term global security from poliomyelitis.

The Global Polio Eradication Initiative also oversees the transition and post-certification plans to sustain investments already made in polio eradication and its assets, ramping up immunization and disease surveillance and emergency preparedness capacities in priority countries to ensure that the world remains polio-free. It also contributes to future health goals and policy development by providing guidance to countries on best practices and lessons learned and the transfer of assets funded by the Global Polio Eradication Initiative.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership of the Global Polio Eradication Initiative to eradicate polio worldwide by 2023. The Director-General of WHO chairs the Polio Oversight Board that will approve the strategy to achieve eradication and sets the direction for implementation of the strategy.

The Secretariat will support countries to:

- transition polio-associated assets and functions in priority countries away from Global Polio Eradication Initiative resources through national transition plans;

- transition poliovirus containment functions to ensure the sustainability of support for the safe and secure retention of polioviruses in laboratories and vaccine production facilities for research, diagnostics and vaccine production; and

- strengthen national capacity to ensure the safe and secure retention of polioviruses in line with the global action plan for poliovirus containment (GAPIII), ensuring that facilities that retain polioviruses are fully certified, as outlined in the GAPIII Containment Certification Scheme.

In producing global public health goods, the Secretariat will:

- develop the investment case to meet national financial needs for the integration of health workforce-related capacities into other services and the transfer of knowledge across subject areas that are implicated;

- work with immunization programmes to strengthen population immunity through routine immunization to prevent outbreaks of circulating vaccine-derived poliovirus occurring in countries with weak health systems;

- develop a framework to monitor and evaluate implementation of the strategic action plan on polio transition 2018–2023;

- implement the research agenda for the continued development of a more efficacious vaccine; and

- develop guidance to national authorities to support the implementation of national polio transition plans.

In addition, the Secretariat will work through the Global Polio Eradication Initiative partnership to:

- revise the Initiative's strategy to achieve the certification of eradication by 2023;

- continue intensive interventions in Afghanistan and Pakistan, including several rounds of campaigns to immunize all children aged 5 years and younger and make additional efforts to reach missed children, for example through microplanning, expanding the role of community-based vaccinators and targeting mobile populations;

- sustain certification-level surveillance capacity in countries in which polio is not endemic and, as appropriate, support these polio-free countries in looking for other sources of support to sustain this essential activity both up to and after certification.

Outcome 2.3. Health emergencies rapidly detected and responded to

Indicators associated with outcome 2.3 are set out in Box 6 and the proposed budget by major office is set out in Table 13, below.

Box 6. INDICATORS ASSOCIATED WITH OUTCOME 2.3

2.3.IND.1. Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population

2.3.IND.2. Proportion of vulnerable people in fragile settings provided with essential health services

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TABLE 13. PROPOSED BUDGET FOR OUTCOME 2.3, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.3. Health emergencies rapidly detected and responded to	93.4	31.2	12.4	16.1	32.5	19.4	72.3	277.3
Total outcome 2.3	93.4	31.2	12.4	16.1	32.5	19.4	72.3	277.3

Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated

Rapid detection and verification of potential health emergencies is essential to save lives. The Secretariat manages a system of global event-based surveillance to detect all public health events and potential health emergencies. Once an event is verified, the Secretariat assesses the level of risk and sounds the alarm to help to protect populations from the consequences of outbreaks, disasters, conflict and other hazards.

This requires an enhancement of public health surveillance and improved cross-sectoral coordination, especially between the water, sanitation and hygiene, health and environment sectors in each country, as well as increased international cooperation to ensure early warning of acute events that have an impact on public health. Special focus is given to new and emerging diseases, particularly of zoonotic origin, which can be especially dangerous if they develop the ability to be transmitted between human beings, who may have little or no immunity to the novel infection.

Signals about potential public health events can come from many data sources, including the news media, social media, health facilities, schools, pharmacies, laboratories, community surveillance, sentinel surveillance, event-based surveillance, radiological agency data and poisons centres. Signals may also be provided by other disease-specific programmes, United Nations organizations and key partners (such as the US Centers for Disease Control and Prevention, the European Centre for Disease Prevention and Control, Public Health England, and the Global Outbreak Alert and Response Network), as well as radionuclear, chemical, food safety, disaster, security and clinical networks.

Not all signals generated describe real events, nor are all real events of public health importance. WHO triages newly detected events to assess the risk that an event may pose to public health. If the signal is detected quickly,

initial information may be limited. The initial triage process focuses on verifying the incoming signal(s) and whether the event described is a potential risk to public health that warrants investigation. Confirmation of an event does not automatically mean that it presents a risk to public health. Some events may have little or no effect on human health or may be related to chronic diseases or issues that do not pose an acute public health risk.

Operational communication and risk communication are integral parts of risk management. An authoritative analysis provides critical information for national decision-makers and health partners.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- leading collaboration across multiple governments and organizations in order to coordinate global efforts for early detection, verification, assessment and communication of public health risks and threats using the Epidemic Intelligence from Open Sources initiative to continuously detect and assess potential health events;

- tracking all potential and substantiated event through WHO's Event Management System, ensuring that all aspects of risks are considered by drawing on a broad range of expertise (such as epidemiology, toxicology, animal health, food safety, water and sanitation, or radiation protection);

- working with countries to link public health intelligence and risk assessment to timely decision-making through integration with health emergency operations centre capacity development;

- providing the global health situation reports for international public health events that effect multiple countries and have implications for an international audience. The situation reports are utilized mainly by the media and public health professionals as well as partners and the general public. These situation reports summarize and detail epidemiological information and response measures related to events such as outbreaks of Zika virus, Ebola virus disease and yellow fever;

- producing Disease Outbreak News, an external WHO information product that is published on the WHO website with information about acute public health events or potential events of concern to the general public; and

- securely communicating with National IHR Focal Points and United Nations partners information on outbreaks and public health emergencies through the Event Information Site in order to ensure timely preparedness and response to potential threats to populations and global public health.

The Secretariat will support countries to:

- track and report public health events and emergencies with the potential to spread across borders and threaten the world's health and economy;

- develop national surveillance systems using guidelines such as the Integrated Disease Surveillance and Response framework and the creation of a more integrated regional and global information system;

- build capacity at the national and subnational levels to collect and identify new, potentially threatening pathogens with cutting-edge technology and research; some samples will be analysed at WHO collaborating centre;

- link public health intelligence and risk assessment with timely decision-making through strengthened health emergency operations centres;

- conduct epidemiological field investigations and community-based risk assessments that systematically gather information on the hazard level, level of exposure and context of the event to provide the basis for action to manage and reduce the negative consequences of acute public health risks;

- monitor events that do not require an immediate response until there is an escalation that requires WHO's action, or the event no longer poses a threat; and

- widely disseminate information on signals and the results of risk assessments through a variety of platforms and information products, including internal and public communications, scientific literature and social media.

In producing global public health goods, the Secretariat will:

- provide a set of operational guidelines for frontline health workers (for example, epidemiologists, health care providers and laboratory staff) aimed at strengthening the implementation, monitoring and evaluation of early warning, alert and response at country level through the global Technical Working Group of the Early Warning Alert and Response Network;

- develop and rollout the Public Health Information Services toolkit to complement the Global Public Health Information Services Standards of the Global Health Cluster to provide guidance, templates and best-practice examples for each core, additional and context-specific public health information service, as outlined in the Global Public Health Information Services Standards;

- develop global strategy for the involvement of partners in the Global Outbreak Alert and Response Network in alerting the global community of emerging risks in order to strengthen the alert functions, provide public health agencies with access to information on disease risk and threats, improve information exchange and ensure early and accurate risk assessments that can inform response plans and strategies to control public health threats;

- develop, on a rolling basis, a public health taxonomy and ontology to help to standardize language across public health practice, specifically in the area of public health intelligence; and

- develop and deploy a new software to be used globally by the Secretariat, Member states and partners in the Global Outbreak Alert and Response Network, and stakeholders to support and facilitate international outbreak investigations, including field data collection, contact tracing and visualization of chains of transmission, and for multicountry acute events.

Output 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

Rapid response to health emergencies is crucial to managing a crisis within a country and preventing international spread of outbreaks. Health emergencies – including infectious disease outbreaks, conflicts, natural disasters, chemical or radionuclear events, and food contamination – affect hundreds of millions of people around the world each year, and the number of these events is increasing. A rapid operational response at country level, with support from WHO and partners, is required to save lives, minimize public health, social, political and economic consequences within the country and prevent the spread of disease across borders.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- continuously monitoring and assessing the risk of all acute public health events, guided by WHO's Emergency Response Framework, and escalating response actions as needed;

- leading the international coordination of a broad range of national, regional and global emergency response partners, in accordance with its mandates as the lead agency of the Inter-Agency Standing Committee Global Health Cluster and as custodian of the International Health Regulations (2005);

- convening an emergency committee under the International Health Regulations (2005) in the case of an extraordinary public health event, to advise the Director-General on whether to declare a public health emergency of international concern;

- issuing travel and trade advice during acute or mass gathering events for international traffic (travel and trade) to avoid or limit international spread of diseases and monitor implementation of that advice;

- issuing early warnings, pre-deploying staff, supplies and equipment and continuously monitoring the process in cases of some natural hazards (such as cyclones and drought) and societal hazards (such as civil unrest);

- advising the Secretary-General of the United Nations on humanitarian system-wide action under the Inter-Agency Standing Committee to help to control outbreaks and manage related humanitarian consequences for large-scale and complex events; and

- playing a key role in collaborative, inter-agency after-action reviews for outbreaks, as well as post-disaster and post-conflict needs assessments; these are systematically conducted to document lessons learned, enhance future readiness capabilities and guide the rehabilitation of countries' health systems.

The Secretariat will work with partners to support countries to:

- undertake a rapid situational analysis within 24 to 72 hours to determine the nature and scale of a health emergency, its health consequences and risks, the gaps in available response and coordination capacities, and the need for an operational response;

- develop and finance multisectoral response plans and establish effective coordination mechanisms;

- establish and run emergency operations centres and base camps including: telecommunications; air, water and land transportation; supply chain for essential medicines, commodities and equipment; specimen transport; and measures to ensure responder safety and security. The extent of these efforts vary and are adjusted according to the severity of a given health emergency, the capacity of the affected country or countries to respond, and the risk of international spread;

- ensure an adequate medical and technical workforce for key activities such as surveillance and epidemiology (including investigation and contact tracing), laboratory and rapid diagnostics, clinical management, trauma care, infection prevention and control, safe and dignified burials, social mobilization, community engagement, immunization and integrated vector control;

- ensure effectiveness of exit screening and entry screening during outbreak response; and

- determine when an acute emergency has ended and when to change the focus to transition and recovery.

In producing global public health goods, the Secretariat will:

- develop guidance on the effectiveness of exit and entry screening during outbreak response, on strengthening the operational integration and coordination of multi-cluster/sector emergency health responses (for example, water, sanitation and hygiene, nutrition, food security and protection), and on best practice for emergency health coordination mechanisms in acute and protracted emergency responses; and

- strengthen critical operational partnership networks including the Global Outbreak Alert and Response Network, emergency medical teams, the Global Health Cluster and standby partners to support countries in their response efforts.

Output 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings

More than 1.6 billion people live in fragile, conflict-affected and vulnerable settings where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to public health. Women, children and adolescents are among the most vulnerable and a disproportionate number of global maternal, newborn and child deaths occur in these settings. Forcibly displaced populations, such as refugees, internally displaced persons, migrants and asylum seekers, as well as neglected minorities, are particularly

vulnerable in fragile, conflict and vulnerable settings. In these settings acute events can easily disrupt health service delivery or overstretch an already weak health service delivery capacity.

Most fragile, conflict-affected and vulnerable settings are in countries with protracted crises. These settings are dynamic and complex with multiple health and humanitarian stakeholders operating in contexts with fragmented coordination and weak oversight. A response and recovery effort in these settings requires a long-term approach, with sufficient flexibility to address the emergence of new crises and challenges, and adapt to improvements as well as deteriorations in accessibility, capacities and security context. Health systems in fragile, conflict-affected and vulnerable settings are often hampered by poor infrastructure, limited human resources, disrupted supply chains, fragmented health information systems, and inequitable health financing. This is compounded by severely constrained state budgets, uncoordinated donor support, and sometimes serious governance weaknesses in the public and private sectors and limited community engagement. Given this lack of resilience, acute events can easily disrupt health service delivery or overstretch an already-weak capacity for health service delivery.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- accelerating work towards the 2030 Agenda for Sustainable Development which is committed to leaving no one behind. WHO will work with partners to mitigate the impact of protracted emergencies and prolonged disruption of health systems in fragile, conflict-affected and vulnerable settings by improving access to and quality and sustainability of health services; strengthening the consistency of life-saving and emergency operations and preparedness for acute events; strengthening health and other services that directly contribute to better health; and building capacity towards long-term health system recovery and resilience; and

- working with partners to conduct joint assessments and joint planning, identify collective outcomes and foster "joined-up" programming and multi-year financing, which are central to the humanitarian–development nexus approach. WHO has developed a multisectoral approach that integrates the work of governments, international actors and other humanitarian and development partners to ensure that health systems strengthening, emergency preparedness, response and recovery efforts are better coordinated between humanitarian, development and peace-building actors.

The Secretariat will work with partners to support countries to:

- strengthen national resilience in order to reduce health risks and prevent, prepare for and respond to shocks, working within a "do no harm" approach, reducing fragmentation and building on existing systems in fragile, conflict-affected and vulnerable countries, while working to progress towards the goal of universal health coverage and addressing social and environmental determinants of health;

- leverage the capacities of national systems and resources (such as infrastructure, data systems, planning and financing) to increase coverage of a minimum package of prioritized health services (preventive, curative, palliative and rehabilitative) based on a primary health care approach;

- invest in integrated health system strengthening for early recovery and resilience;

- align existing emergency operations platforms with national health system planning while prioritizing affected areas and populations;

- develop and implement monitoring and evaluation tools for assessing progress, performance and impact, in accordance with existing national health information management systems and monitoring related to the Sustainable Development Goals; and

- ensure that vulnerable populations have access to a minimum package of prioritized health services; and, where needed, fill gaps in health systems functioning, such as centralized supply management and oversight of health-pooled financial resources for payments to health workers.

In producing global public health goods, the Secretariat will:

- develop guidance on various aspects of health in the context of fragile, conflict-affected and vulnerable settings, for instance the minimum package of essential health services, health facility performance monitoring for quality improvement by partners and third party validation, conducting health system analyses, how to treat people living with noncommunicable diseases in humanitarian emergencies, the engagement and coordination of emergency medical teams and other forms of clinical response teams, cash transfer programming for health and continuity of care for refugees;

- conduct, with partners, joint assessments and joint planning, identify collective outcomes and foster "joined-up" programming and multi-year financing;

- develop technical guidance on mental health and psychosocial responses to public health emergencies; and develop a minimum service package for mental health in emergencies;

- compile the evidence base for and make recommendations on best practices, document attacks on health care facilities and workers, and provide an evidence-based policy document on the impact of attacks on health care facilities and workers;

- develop a resilience toolkit, a fit-for-purpose package for integration between health systems/services and health security, ranging from policy and planning to implementation and monitoring.

ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

The third "one billion" target is about healthier populations, and:

- is achieved through addressing determinants of and risks to health;

- includes nutrition, violence and injuries, road safety, gender, water, sanitation and hygiene (WASH), air pollution, climate, tobacco use, *trans*-fatty acids, harmful use of alcohol, obesity, and physical activity;

- is addressed through multisectoral actions that are not limited to the health system alone, often using the stewardship/policy, advocacy, and regulation functions of health and other ministries;

- is mostly focused on the effects of the Sustainable Development Goals beyond Goal 3 on health; and

- is focused on health, functioning and well-being and not mortality alone.

In addition to the above determinants (outputs 3.1.1 and 3.1.2) and risks (output 3.2.1), which constitute the first three of six outputs under the third "one billion" target, the remaining three outputs provide channels to address those determinants and risks, including: private sector and civil society engagement (output 3.2.2); healthy cities, schools, workplaces and other settings (output 3.3.1); and multilateral conventions (output 3.3.2). Also included under healthier populations, and closely linked to the determinants, are strategies to optimize functioning and well-being in the population, suicide prevention and child and adolescent development (in output 3.1.1), as well as antimicrobial resistance (in output 3.2.1).

Collectively, these determinants and risks influence mortality, but they also have a serious impact on morbidity. That is why they are measured in a healthier population index, which focuses on lives improved, and the target of one billion more people with better health and well-being.

Outcome 3.1. Determinants of health addressed

Health through the life-course is influenced by social, economic, cultural, political and environmental determinants, which can shape the conditions in which people are born, grow, work, play, live, age and die.

Determinants of health are responsible for much of the burden of disease. The question for WHO is where does it have a comparative advantage in addressing those determinants? Outcome 3.1 deals with a set of social

determinants (output 3.1.1) and environmental determinants (output 3.1.2) where WHO is in a unique position to contribute to addressing population health and health inequalities.

Although all WHO's work is underpinned by a commitment to equity, gender and human rights, social determinants tend to embody and exemplify inequities in the conditions for healthy lives. The indicators to be addressed by WHO's work on determinants are shown in Box 7 and the proposed budget by major office is set out in Table 14.

Box 7. INDICATORS ASSOCIATED WITH OUTCOME 3.1

3.1.IND.1. Mortality rate attributed to household and ambient air pollution

3.1.IND.2. Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)

3.1.IND.3. Mortality rate attributed to unintentional poisoning

3.1.IND.4. Proportion of population with primary reliance on clean fuels and technology

3.1.IND.5 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)

3.1.IND.6. Proportion of population using safely managed drinking water services

3.1.IND.7. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water

3.1.IND.8. Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age

3.1.IND.9. Prevalence of malnutrition (weight-for-height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (wasting)

3.1.IND.10. Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (overweight)

3.1.IND.11. Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex

3.1.IND.12. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month

3.1.IND.13. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

3.1.IND.14. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

3.1.IND.15. Death rate due to road traffic injuries

TABLE 14. PROPOSED BUDGET FOR OUTCOME 3.1, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.1. Determinants of health addressed	28.0	7.4	11.8	20.8	8.5	21.2	44.3	141.9
Total outcome 3.1	28.0	7.4	11.8	20.8	8.5	21.2	44.3	141.9

Output 3.1.1. Countries enabled to address social determinants of health across the life course

The health of all social groups is affected by multiple health determinants and by unequal distribution of strengths, exposures and vulnerabilities.

Investments in health and health equity need to be made across the life cycle. The interventions to address social determinants are wide-ranging. Critical areas of focus in addressing the social determinants of health and health equity include child and adolescent development, the youth and vulnerable populations, nutrition, road safety, prevention of violence, injuries and suicide, well-being, macroeconomics and Health in All Policies.

Demographic dividends from improved survival are not being achieved because of risk factors such as poverty, undernutrition and violence. As a result, 1.2 million adolescents die in the prime of their lives, while at least 250 million children under 5 years of age (43% of the child population in low- and middle-income countries) are at risk of suboptimal development due to poverty and stunting alone.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- advocating for public policies addressing the social determinants of health and health equity in multisectoral forums;

- engaging with relevant sectors and actors to influence market and development interests that have an impact on health outcomes;

- working with international and national partners to advocate for addressing the social determinants of health and health equity;

- promoting greater global visibility of health equity for the youth and vulnerable populations' health needs through production of thematic flagship reports addressing the social determinants of health and supporting Member States to use the flagship reports to advocate in global, regional and national policy dialogues;

- advocating for the crucial role that public health can play in addressing the causes and consequences of violence; and

- playing a global role in coordinating road safety across the United Nations system, and advancing a plan of action for the United Nations Decade of Action for Road Safety 2011–2020.

The Secretariat will support countries to:

- address social determinants of health at and across different life stages, and reach marginalized or underserved or minority populations through multisectoral action;

- use the Nurturing Care Framework to build enabling environments of relevant policies, interventions and practices, and align multisectoral interventions with the Framework;

- make investment case, scale and implement innovations that address factors limiting healthy early childhood development and improve related measurement approaches;

- implement the essential policy and programmatic elements needed for children aged 10 to 19 years to develop their full potential, as detailed in the Global Accelerated Action for the Health of Adolescents;

- expand coverage of effective interventions to improve nutrition across the life course, establish social protection policies with nutrition objectives (for example food vouchers, food banks, meals following dietary guidelines) and to monitor children's growth and childhood obesity, as well as antenatal care;

- develop road safety actions plans, improve legislation, trauma care and data collection, and on supporting international and national advocacy efforts, and implementing Save LIVES, a set of prioritized interventions to reduce road traffic deaths and injuries;

- advance evidence-based practices in the Global Partnership to End Violence Against Children, including by implementing INSPIRE, a set of strategies shown to successfully reduce violence against children; and

- prevent suicide by reducing access to means of harm, improving responsible media reporting and providing life skills education (in emotion regulation skills) for adolescents in schools through the LIVE LIFE strategy.

In producing global public health goods, the Secretariat will:

- develop **norms and standards** on, for example, the management of acute undernutrition in infants and children, acute undernutrition and the continuum of care, updated acceptable medical reasons for use of breast-milk substitutes, appropriate complementary feeding for optimal child growth and development, addressing social determinants that increase HIV and hepatitis vulnerability and risk (with a focus on key populations), addressing violence against women and girls, strengthening health workforce education for social determinants of health and health in all policies;

- build **data products**, for example, that enable links to be developed between new data (sources) on determinants of health, such as "big data" and data technologies from outside the health sector, and the formulation of policy options aimed at increasing health and health equity;

- prepare a report on child and adolescent mental health and review progress in implementing strategies, such as the Global Strategy for Women's Children's and Adolescents' Health, as it relates to child and adolescent development and well-being; and

- consolidate evidence, guides for well-being, macroeconomics and Health in All Policies dialogues to support the health sector and other sectors in addressing the social determinants of health and health equity and in sharing experiences.

Output 3.1.2. Countries enabled to address environmental determinants of health, including climate change

Globally, an estimated 24% of the burden of disease and 23% of all deaths can be attributed to environmental factors. The main environmental risks under this output are climate change, air pollution, and water and sanitation. Food contamination is another important risk to health.

Climate change affects other determinants of health, including air, safe water and food security, and is expected to have an overwhelmingly negative impact in years to come. Air pollution is the largest single environmental health risk, causing an estimated one in nine deaths worldwide. Having access to safe food and water not only improves health, but has an economic and social impact, as people incur fewer medical costs and spend less time collecting water.

There are other environmental threats to health, such as extreme weather events, hazardous chemicals in the environment and consumer products, occupational risks, and radiation. While environmental risks are commonly associated with communicable diseases, notably foodborne, waterborne and vector-borne diseases, it is now known that noncommunicable diseases, early child development and mental health conditions are also strongly impacted by air pollution, radiation, chemicals and occupational risks.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- building and disseminating evidence on the effectiveness and cost-effectiveness of interventions on addressing environmental risks;

- providing information on health aspects for advocacy in global climate negotiations, including on the renewal in 2020 of the Paris Agreement, and convening a global conference on health, climate change and air pollution;

- assessing health impacts of climate change and expected health benefits from climate change mitigation, and carrying out biennial monitoring and reporting of national progress, through WHO/UNFCCC climate and health country profiles;

- monitoring the extent to which countries have established enabling policy environments and funding for water, sanitation and hygiene and together with UNICEF, monitoring global access to WASH in communities, health care facilities and schools;

- implementing the WHO water, sanitation and hygiene strategy 2018–2025 to improve health through safely managed WASH services, working with partners and other sectors;

- mainstreaming food safety in the global public health agenda and encouraging multisectoral actions and investment in food safety, by performing risk assessment, and providing tools to countries to estimate the national burden of foodborne diseases; and

- continuing to engage in the FAO/OIE/WHO tripartite collaboration to address the public health risks at the animal-human-ecosystems interface.

The Secretariat will support countries to:

- develop and promulgate implementation plans for the WHO strategy on health, environment and climate change, building on United Nations and other partnerships;

- enhance capacity for assessing health vulnerability, risks and impacts due to climate change, particularly for small island States;

- implement the action plan for the WHO special initiative on climate change and health in small island developing States and scale up implementation for other vulnerable populations, access climate funds for health adaptation and mitigation, pursue accreditation to the Green Climate Fund, and seek alternative mechanisms to access support;

- promote water safety planning approaches in national policies, support the establishment of relevant national standards and improve surveillance of drinking water quality and waterborne disease;

- promote WASH in health care facilities, by supporting the development of national standards, monitoring and facility-based improvements;

- implement new sanitation guidelines for ending open defecation or for safe management of excreta;

- build health sector capacity to analyse and influence policy, including on the WHO Air quality guidelines; strengthen the capacity of the health and other sectors to design and implement policies, for example based on the software for health risk assessment Air Q+;

- leverage health sector leadership and coordinated action at all levels to address air pollution, such as through the BreatheLife campaign;

- facilitate health sector implementation of the WHO Chemicals Road Map through the Global Chemicals and Health Network;

- estimate national burden of foodborne diseases and make a robust case for investment in food safety, assess and build capacity to establish risk-based food safety systems with enhanced foodborne disease surveillance systems, put in place risk control measures along the food chain, including to contain antimicrobial resistance, and perform risk assessments on emerging food hazards or related subjects; and

- make use of tools and toolkits, such as for calculating estimates of disease burden caused by water, sanitation and hygiene and other key environmental risks to health, building business cases and projects for climate and health investments, assessing the resilience of health systems, describing global monitoring of sanitation, wastewater and WASH in households and health care facilities, chemical risk, for radiation health risk assessment, estimating national burden of foodborne diseases and climate-informed early warning systems, Clean Household Energy Solutions Toolkit (CHEST) and the FAO/WHO Food Control Systems Assessment Tool.

In producing global public health goods, the Secretariat will:

- develop guidelines or guidance on a range of related issues to environmental health and climate change, for example, identifying priority actions for improving health through healthier environments, managing ionizing radiation exposures through inhalation and ingestion; implementation of the Bonn Call for Action

to improve radiation protection in health care; safe recreational water environments, small water supplies, drinking water quality; increasing the climate change resilience of health systems and specifically health care facilities, climate-resilient water safety, air quality;

- develop normative products, for example, the WHO Recommended Classification of Pesticides by Hazard, International Chemical Safety Cards (with ILO), risk assessments of radiofrequency fields and of specific chemicals of international concern, and norms and standards for non-ionizing radiation protection;

- develop global research products, for example, research agendas on climate and health, urban health, on non-ionizing radiation and on radiation safety in health care;

- build data products, for example an analysis of the occurrence of microplastics in drinking water, global analysis of WASH, the preventable burden of disease attributable to chemicals, updated estimates on the impact of chemicals on health, information, guidelines and tools on poisoning prevention for lead, mercury and other chemicals of international concern, updated statistics on air pollution exposure (outdoor and household) and the related disease burden; and

- produce global reports, for example, reports of the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (with UNICEF), and reports on drinking water, sanitation and hygiene, including in schools, the performance of household water treatment technologies, occurrence and risks of microplastics in drinking water, global analysis of WASH and on health and climate change.

Outcome 3.2. Risk factors reduced through multisectoral action

Addressing known, modifiable risk factors can promote health and prevent premature deaths. The most effective interventions for tackling risk factors require engagement outside the health sector. Reducing prevalence of, and exposure to, risks, such as unhealthy diets, tobacco use, harmful use of alcohol, drug use, insufficient physical activity, obesity, hypertension, and violence and injuries, requires a multisectoral approach to influencing public policies in trade, social development, transport, finance, education, agriculture and other sectors. It requires population-based policy, and legislative and regulatory measures including fiscal measures. A whole-of-society approach, which includes governments engaging with the private sector and civil society, is critical for fostering a supportive environment and promoting individual behavioural change.

The Secretariat's delivery of support to countries, its norms and standards work, and advocacy for multisectoral actions are critical to the effective implementation of known interventions at country level. The expansion of best practices and technical packages through WHO's health leadership will be more effective in achieving noncommunicable disease risk factor targets, and, consequently, in making progress on the specific indicators, for example tobacco, harmful use of alcohol, *trans*-fatty acids and obesity. Indicators associated with outcome 3.2 are set out in Box 8 and the proposed budget by major office is set out in Table 15.

Box 8. INDICATORS ASSOCIATED WITH OUTCOME 3.2

3.2.IND.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older

3.2.IND.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

3.2IND.3. Percentage of people protected by effective regulation on *trans*-fatty acids

3.2.IND.4. Prevalence of obesity

3.2.IND.5. Percentage of bloodstream infections due to antimicrobial resistant organisms

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TABLE 15. PROPOSED BUDGET FOR OUTCOME 3.2, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.2. Risk factors reduced through multisectoral action	56.0	18.6	15.4	17.4	10.6	21.2	55.6	194.9
Total outcome 3.2	56.0	18.6	15.4	17.4	10.6	21.2	55.6	194.9

Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Every year, noncommunicable diseases cause the death of 15 million people between the ages of 30 and 70 years. Much of the morbidity – and most premature deaths – caused by noncommunicable diseases can be prevented or delayed through interventions to reduce the main risk factors: tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.

Emerging challenges, such as antimicrobial resistance, can only be met through coordinated, joint action between the human, animal, plant and environmental sectors, as well as strong public awareness and revised legislation. The Codex Alimentarius, a collection of international food standards, is the result of multisectoral work involving WHO, FAO, and Codex Members, addressing food safety, nutrition, labelling and other aspects of food in international trade, whether processed or raw.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership to

- maintain the political momentum generated on developing and implementing policies recommended by WHO and legislative and regulatory measures against the risk factors, such as tobacco taxes and restricting alcohol advertising; and

- ensure coordinated multisectoral actions to meet the commitments made during the **United Nations General Assembly high-level meeting on the prevention and control of noncommunicable diseases (2018)** to tackle noncommunicable diseases, including awareness campaigns to promote healthier lifestyles, human papillomavirus vaccination to protect against cervical cancer and treating hypertension and diabetes. It will also strengthen intersectoral collaboration and effectively engage in the work of the Codex Alimentarius Commission including through the Joint WHO/FAO Project and Trust Fund for Enhanced Participation in Codex (Codex Trust Fund).

The Secretariat will support countries to:

- develop national multisectoral action plans to reduce risk factors through strategic leadership and coordination of related work among all sectors;

- conduct targeted campaigns to support regulatory action on risk factors, and to empower populations to make informed choices, encouraging enabling environments and strengthening health literacy;

- reduce health burden, health care costs and generate a revenue stream for development through fiscal measures such as increasing effective taxation on tobacco, alcohol and sugar-sweetened beverages;

- implement a set of 16 cost-effective, affordable and evidence-based noncommunicable disease "best buys" and 70 "good buys" knowledge- and evidence-based technical packages that provide models of policy, legislative and regulatory measures, including fiscal measures;

- promulgate technical packages or recommendations on low sodium supplements, health literacy interventions to address noncommunicable disease risk factors and conditions at school settings, best buy interventions on oral health and prevention and control of noncommunicable diseases at the workplace;

- develop and implement multisectoral One Health national action plans on antimicrobial resistance in line with the five strategic objectives of the global action plan on antimicrobial resistance with FAO, OIE and UNEP and other stakeholders, including the private health sector;

- strengthen integrated surveillance to monitor antimicrobial resistance trends; calculate the burden of disease and share evidence; reduce infections through effective sanitation, hygiene, food safety, waste management and infection prevention and control measures; optimize the consumption and use of antimicrobial medicines in humans, and food producing animals and plants; improve awareness of antimicrobial resistance through communications and training for professionals, staff and workers in the human, animal, plant and environmental sectors; increase investment in new medicines, diagnostics, vaccines, and other interventions; and develop the economic case for combatting antimicrobial resistance; and

- strengthen assessment, communication of foodborne and zoonotic risks along the farm-to-table continuum, including through multisectoral actions to contain antimicrobial resistance, such as integrated surveillance, and through the implementation of relevant Codex standards.

In producing global public health goods, the Secretariat will:

- develop normative products for example on interventions on preventing growth failure, managing overweight and obesity in children and adolescents, reducing the harmful use of alcohol, suicide prevention strategies, promoting healthy diets, promoting physical activity, health sector action plans on female genital mutilation, preventing and managing falls and phasing down use of dental amalgam as a part of the Minamata Convention;

- develop the multisectoral global monitoring and evaluation framework for antimicrobial resistance and key indicators and provide guidance on the coordination of antimicrobial resistance as a multisectoral issue and on its integration into national plans and budgets;

- develop and promote international norms, standards and recommendations through the Codex Alimentarius Commission and serve as a secretariat for the International Food Safety Authorities Network (INFOSAN); and

- build data products on, for example, Road Safety, the International Code of Marketing of Breast-milk Substitutes, physical activity, Global Oral Health Report (2020), global tobacco epidemic and tobacco product regulation.

Output 3.2.2. Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society

The scale and ambition of the triple billion targets require an intensive global engagement bringing together governments, the private sector, civil society, the United Nations system and other actors and mobilizing all available resources. WHO acknowledges the role of the diverse private sector, ranging from micro-enterprises to cooperatives to multinationals, and that of civil society organizations and philanthropic organizations in the achievement of the triple target.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- engaging with civil society and the private sector for a meaningful and effective contribution to national responses;

- engaging the private sector to leverage its know-how and resources can advance common interests in promoting health at national and global levels across all the triple billion targets;

- engage more with civil society organizations, which are uniquely positioned to represent and reach vulnerable populations. The Secretariat will continue reviewing the recommendations of the WHO-Civil Society Task Team in order to strengthen engagement with civil society; and

- forging multistakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and raise awareness about people living with and affected by poor health. In accordance with WHO's Framework for Engagement with Non-State Actors, the Secretariat will establish or strengthen specific mechanisms with the food and non-alcoholic beverage industry; economic operators in alcohol production and trade; the pharmaceutical industry; consumer organizations; private health facilities and private practitioners; consumer organizations; investment industry (promoting health-related Sustainable Development Goals and innovation); information technology, telecoms and marketing industries (to identify opportunities for scaling up processes); and civil society organizations.

The Secretariat will support countries to:

- promote health education and health literacy and community empowerment;

- establish or strengthen national multistakeholder dialogue mechanisms for the implementation of health promotion plans and transparent national accountability mechanisms for prevention and control of noncommunicable diseases; and

- enhance domestic and development financing for scaling up action on health promotion and disease-related Sustainable Development Goals.

In producing global public health goods, the Secretariat will:

- develop norms and standards on, for example, health education and health literacy, strengthening national multistakeholder dialogue mechanisms for implementing multisectoral action plans, strengthening transparent national accountability mechanisms for the prevention and control of noncommunicable diseases, using fiscal measures to reduce health care costs and generate a domestic revenue stream for development, and social, behavioural and community engagement interventions;

- develop a comprehensive approach across themes to establish suitable implementation mechanisms at all levels, through engaging with the private sector and civil society;

- prepare data products, for example, a report on the progress made by countries in attaining target 3.4 of the Sustainable Development Goals, a register of the commitments made by Member States, United Nations entities and non-State actors towards the attainment of target 3.4 , and a final report of the WHO Working Group on health education and health literacy; and

- establish good laboratory practice accredited centres for the evaluation of vector control products, accreditation standards for product testing institutions, and guidelines, manuals and standard operating procedures to build laboratory capacity and pesticide management including a global survey on pesticide usage and practices by member countries.

Outcome 3.3. Healthy settings and Health in All Policies promoted

As well as engaging civil society and the private sector, the Secretariat will pursue two other specific channels in order to address determinants and risks: engaging cities and other settings (output 3.3.1); and participating in discussions on multilateral conventions (output 3.3.2).

Those outputs will make it easier for the Secretariat to address determinants and risks. They will also serve as channels for addressing issues under the other two "one billion" targets, such as antimicrobial resistance or ageing. The work will, in turn, contribute to most of the impact targets, and, eventually, to achieving 1 billion more people enjoying better health and well-being. The proposed budget by major office is set out in Table 16.

TABLE 16. PROPOSED BUDGET FOR OUTCOME 3.3, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.3. Healthy settings and Health in All Policies promoted	27.6	12.6	3.6	9.3	6.4	9.8	25.1	94.3
Total outcome 3.3	27.6	12.6	3.6	9.3	6.4	9.8	25.1	94.3

Output 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

Cities, households, schools, hospitals, prisons and workplaces provide an enabling environment for healthier populations. Health determinants and risks can be improved through action in these settings, which also present opportunities for reducing health inequalities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by implementing the key actions specified in the Shanghai Declaration on Health Promotion (2016) to make settings healthy through partnerships and collaboration at all levels.

The Secretariat will support countries to:

- develop a comprehensive approach across themes and help accelerate attainment of impacts related to air pollution, road traffic injuries, communicable diseases, noncommunicable diseases, ageing and health-promoting schools and kindergartens;

- implement cost-effective solutions in health-in-all policies at all levels, such as through networks of cities and communities;

- community engagement and social participation in decision-making processes;

- strengthening the institutional capacity, mechanisms and mandates of relevant authorities to implement population-based policy interventions, for example, to reduce tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity through bold whole-of-government and whole-of-society action and response; and

- develop policies for health and safety of workers including in the informal economy.

In producing global public health goods, the Secretariat will develop norms and standards on, for example, age-friendly cities and community programmes, implementing country frameworks for action across sectors, health and economic impact assessments of urban interventions (such as for transport, land use, waste), health and safety of workers in the informal economy, and standards for safe listening entertainment venues.

Output 3.3.2. Global and regional governance mechanisms used to address health determinants and multisectoral risks

Many global and regional instruments (see Box 9), in particular multilateral conventions, address health determinants and risks. Given its cross-cutting nature, health can be a vehicle for pursuing the objectives of other sectors; conversely, health can itself be advanced by actions taken in support of those same objectives. WHO works to ensure that the evidence on the determinants of health is taken into consideration in global and regional forums deliberating policies on the environment and socioeconomic issues.

Multilateral governance can help address growing multisectoral challenges such as antimicrobial resistance. Stronger engagement by the health sector is also needed in trade agreements to provide evidence and advocate for actions to promote and protect health and prevent health threats. The Organization follows up on implementation and monitoring of various international instruments to ensure health objectives are pursued and leverages governance mechanisms to promote healthier populations and address health determinants and risks.

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Box 9. Examples of global and regional instruments

Global instruments

- United Nations Framework Convention on Climate Change
- Paris Agreement on climate change
- Convention on Biological Diversity
- Minamata Convention on Mercury
- the Strategic Approach to International Chemicals Management
- International conventions on occupational health and safety
- Global Compact for Safe, Orderly and Regular Migration
- Global Compact on Migrant and Refugee Health
- Joint FAO/WHO Food Standards Programme (Codex Alimentarius Commission)

Regional instruments

- Convention on Long-range Transboundary Air Pollution
- ASEAN Agreement on Trans-boundary Haze Pollution
- Asia-Pacific Regional Forum on Health and Environment

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HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership to ensure that multilateral instruments are addressing health determinants and risks at all levels. The Secretariat will support the strengthening of multilateral governance, especially through advocating for Health in All Policies and the provision of evidence and data to aid decision-making. It will also help track the implications of policies from the vantage points of effectiveness, efficiency and equity, but especially on its impacts to people's health.

The Secretariat will support countries to:

- integrate whole-of-government, Health-in-All Policies and One Health approaches in the implementation of commitments contained in global and regional instruments; and

- establish multisectoral mechanisms to support whole-of-government, Health-in-All Policies and One Health approaches.

In producing global public health goods, the Secretariat will:

- develop guidance on optimizing any necessary trade-offs between health, environmental and socioeconomic objectives;

- develop guidance, tools and information products to support implementation of the Minamata Convention on Mercury;

- develop international norms, standards and recommendations through the Codex Alimentarius Commission and provide strategic guidance and scientific advice for the development of food standards; and

- provide secretariat functions to the Inter-organization Programme for the Sound Management of Chemicals, which coordinates the policies and programmes of nine intergovernmental organizations on sound chemicals management, including maintenance of its toolbox on chemicals management.

MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

Outcome 4.1. Strengthened country capacity in data and innovation

Data, research and innovation serve to accelerate the attainment of the Sustainable Development Goals. Accurate and timely data and health information are essential to the achievement of the health-related Sustainable Development Goals and the triple billion targets of the Thirteenth General Programme of Work, 2019–2023 (GPW 13). WHO serves as the neutral broker, the steward and custodian for monitoring progress towards the health-related Sustainable Development Goals and advancing relevant classifications and health information standards. The monitoring of health trends and their determinants is a core function of the Organization. Innovation expedites the implementation of all of the programmes described above and research evidence underpins WHO norms and standards.

WHO will strengthen country capacity in data and innovation by working to improve:

- countries' data and health information systems to facilitate the use of such data and information in policy-making and to deliver impacts;

- the monitoring of global trends, with special attention to the health-related Sustainable Development Goals and data related to the three level measurement system of GPW 13;

- research systems and innovations to scale.

The work geared towards achieving this outcome cuts across and supports the achievement of all outcomes that contribute to achieving the triple billion targets. The proposed budget for outcome 4.1, by major office, is set out in Table 17.

TABLE 17. PROPOSED BUDGET FOR OUTCOME 4.1, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.1 Strengthened country capacity in data and innovation	53.4	12.8	21.6	14.0	29.9	18.0	137.9	287.6
Total outcome 4.1	53.4	12.8	21.6	14.0	29.9	18.0	137.9	287.6

Output 4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Gaps in data impede the effective monitoring of progress on the targets and indicators of the Sustainable Development Goals and GPW 13. Reliable, timely, accessible and disaggregated data are critical to delivering on the triple billion targets and outcomes of GPW 13 through strengthening country capacity. The GPW 13 aims to identify and fill data gaps, using systematic tools and technical packages such as those that leverage ongoing surveillance systems (population and facility-based surveys and disease surveillance). While tracking and forecasting are critical analytics functions, it is also essential to deliver impacts and problem-solving and learning outcomes, as well as capacity-building in countries.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership to strengthen and institutionalize the capacity of countries' data and health information systems; ensure that optimal methods are used to fill data gaps in countries by leveraging global, regional and national partners and establishing data governance functions; and lead the streamlining of data exchange between the Secretariat and Member States. The Secretariat will:

- improve the quality and timeliness of data by upgrading, providing and disseminating norms, standards and tools for data governance, collection, storage, analysis, dissemination and transparency;

- link WHO standards to core classifications in order to standardize the recording of interventions, conditions and disability;

- establish WHO's data governance function and streamline data exchange between WHO and Member States; and

- engage with global, regional and national partners to institutionalize and support countries' data and health information systems.

The Secretariat will support countries to:

- strengthen country data systems and capacities to identify and address critical data gaps;

- improve sustainable country capacity in health information systems, including to facilitate efficient data collection, analysis, dissemination, evidence-informed policy-making and the delivery of impacts at the country level;

- strengthen civil registration and vital statistics and cause of death reporting;

- develop tools and support implementation of the World Health Survey Plus or harmonized health surveys;

- strengthen routine facility reporting on primary health care, including patient monitoring systems and related administrative systems;

- implement information standards and classifications set out in the Eleventh Revision of the International Statistical Classification of Diseases and Related Health Problems;

- implement an open data policy;

- work with the United Nations Statistical Commission, the International Household Survey Network, national statistical offices and related ministries to ensure that the optimal methods are used to fill critical survey data gaps in countries; and

- improve statistical capacities to analyse and use data.

In producing global public health goods, the Secretariat will:

- update classifications in country information systems, keeping content appropriate to evolving country needs and using suitable technology to ensure the use of updated standards;

- develop and manage the integrated one-stop shop gateway for data and health information, including harmonized data repository and tools for data exploration, visualization and communication;

- develop a standard maintenance and digital infrastructure for health information to ensure easier access to WHO standards and improved quality of coded information in special and routine documentation, for use in health statistics;

- develop and update tools such as the Health Equity Assessment Toolkit to facilitate and build capacity for monitoring health inequalities at country, regional and global levels and promote the strategic disaggregation of health data; and

- create information products such as products to link new data (sources) on determinants of health, for example, big data and data technologies from outside the health sector.

Progress will be tracked using the following measures:

- the GPW 13 triple billion targets and Programme budget outcome indicators;

- number of countries supported to leverage and implement World Health Survey Plus tools and strengthen their civil registration and vital statistics systems;

- number of countries supported to improve data, statistical and analytics capacities; and

- number of countries supported in delivering impacts on the triple billion targets through a delivery institute.

Output 4.1.2. GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored

The impacts and outcomes of GPW 13 will be measured using a three-level measurement system that enables measurement through health-adjusted life expectancy (HALE), the triple billion indices and the 46 outcome indicators, 38 of which are identical to the Sustainable Development Goals. This measurement system will potentially transform the way WHO works by anchoring commitments in data and accountability, thereby increasing the likelihood that the world will achieve the triple billion targets and outcomes of GPW 13. In addition, this measurement system will enable the Organization to monitor progress towards achieving the desired targets so that implementation may be adjusted in response to challenges and will facilitate the analysis of options for solving problems and unlocking bottlenecks to delivering impacts.

*HOW WILL THE **WHO** SECRETARIAT DELIVER?*

The Secretariat will step up leadership to ensure that the best methods are used to produce global health estimates, while working with Member States and partners in keeping with the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER).

The Secretariat will support countries to:

- implement and track the results framework's three-level measurement system (healthy life expectancy (HALE) at birth, triple billion targets, outcome measurements), with a focus on data disaggregation and inequality monitoring;

- monitor the achievement of impacts and outcomes in line with countries' priorities;

- conduct projections and forecasting to support policy dialogue based on projections of how specific policy changes will influence countries' health outcomes; and

- work on advanced analytic techniques, including machine learning and artificial intelligence, to address health problems.

In producing global public health goods, the Secretariat will:

- produce the World Health Statistics reports and report on GPW 13 and Sustainable Development Goals milestones on an annual basis; and

- expand WHO's descriptive global database and visualization of country data across the life course to be inclusive of older adults.

Progress will be tracked using the following measures:

- number of countries that have been supported to enhance their information and data systems so that they are able to measure and report annually on the GPW 13 three-level measurement systems, with data disaggregated by age, sex and other equity stratifiers of interest to the country; and

- number of countries that have been supported to report data on universal health coverage, health and the health-related Sustainable Development Goals, including the GPW 13 targets.

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

WHO has as a core function for the delivery of norms and standards to support countries in attaining the highest possible level of health, including achieving universal health coverage, promoting health and responding to emergencies. To fulfil this function, it is essential that all norms and standards products are appropriately quality assured, fit for purpose and have measurable impacts, irrespective of whether they are produced at the global, regional or national level.

Norms and standards include, but are not limited to, standards for food, biological, pharmaceutical and similar products, standards for diagnostic procedures, guidelines concerning the choice of clinical and public health interventions, advice on the implementation of health policies and scientific advice provided in collaboration with other organizations. To ensure that these norms and standards have impacts at the country level, they need to be produced in a timely and efficient fashion that responds to country needs in a way that maximizes dissemination, uptake and eventual impacts. In addition, countries need to have the capacity to adapt the norms and standards, as appropriate, to national health systems and contexts.

WHO's role in the promotion and coordination of research on global public health priorities is part of the Organization's constitutional mandate. It is critical that research be ethically sound and inclusive, with strong gender and human rights components, and that it adopt a forward-looking focus that can optimize and accelerate the impacts of innovations on health and harness the power of cutting-edge science and digital technologies for maximum public health impact.

In addition, to ensure that evidence-based practice in all aspects of public health is a reality, there is a critical role to be played in building the capacity of the next generation of researchers. Countries should have sustainable and equitable research capacity to generate evidence for new innovations such as digital health, strengthening health systems and implementing solutions to achieve universal health coverage. Countries need to be able to carry out research so that they can respond to emergencies and promote healthy lifestyles.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership by:

- coordinating global partners to implement research activities according to agreed priorities;

- reinforcing partnerships (such as the Special Programme of Research, Development and Research Training in Human Reproduction, the Special Programme for Research and Training in Tropical Diseases and the Alliance for Health Policy and Systems Research), as well as universities and WHO collaborating centres, in order to help mentor students and scientists; and

- focusing education and training on implementation research.

The Secretariat will support countries to:

- identify areas requiring WHO norms and standards and promote their dissemination;

- adapt new norms and standards, as appropriate to national contexts;

- measure the impact of WHO norms and standards on health outcomes;

- build research and innovation capacity and implementation research capacity to enable evidence-based innovations to be scaled up and integrated into health systems;

- strengthen ethical standards and oversight mechanisms for health research and innovation and public health programmes that integrate public health and research ethics into health systems;

- increase the use of evidence for policy and practice, including in disease control and elimination programmes;

- enable a culture of innovation and capacity for bringing innovations to scale through training activities, events, awards and partnership mechanisms, and bring countries, donors and partners together to discuss country needs, match them with recommended innovations and envisage how to finance and bring to scale such innovations; and

- establish or strengthen national systems to prioritize, strengthen ethics capacities and undertake implementation research, and support countries to bring innovations (including science and technology, service delivery, digital, medical products, social, financial or business innovations) to scale rapidly and integrate them into health systems.

In producing global public health goods, the Secretariat will:

- develop **norms and standards** on, for example, the quality assurance of methods used in the development of norms and standards products, such as evidence synthesis methods, consensus methods, pilot testing and public consultation, and methods for monitoring the dissemination, uptake and impact of normative and standard-setting products;

- develop standards and tools for national research capacity strengthening that will provide a core set of research-related information parameters focused on allowing countries to have access to information required to develop and strategically plan their national health research systems;

- develop normative guidance on ethical issues that arise in research and public health programmes and novel technologies and innovations (such as big data, artificial intelligence and genomics);

- develop regional research and innovation information portals; the Global Observatory on Health Research and Development, which aggregates regional portals and global analyses; and the International Clinical Trials Registry Platform, which sets global standards for clinical trial registries;

- develop clear criteria, specifying circumstances under which WHO will directly support orphan areas of research;

- conduct horizon-scanning for innovations in the areas of newborn survival, prioritization and implementation research and of child health and development;

- publish the *Bulletin of the World Health Organization*, one of the world's leading public health journals, with a special focus on developing countries and an impact factor of 6.361;

- update and further develop the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases Portfolio to Impact (P2I) research and development modelling tool to support global efforts to achieve access to medicines;

- develop a global public health research agenda compiled on the basis of research needs identified through the WHO guideline development process;

- further develop the WHO Digital Health Atlas, a global registry of digital innovations that supports the multilateral coordination of investments; and

- develop global public health research agendas aligned with the GPW 13 targets.

Progress will be tracked using the following measures:

- number of norms and standards that reach the appropriate target audience in countries;

- number of countries supported by WHO to build research and innovation capacity in order to enable the scaling up and integration of innovations into health systems, as well as information derived from case studies of effectiveness;

- number of countries with oversight mechanisms that integrate public health and research ethics into the functioning of health systems, as well as information derived from case studies of effectiveness;

- number of innovations catalysed by WHO and matched with prioritized country health needs;

- number of such innovations available to low- and middle-income countries with global access or preferential pricing and/or as open-source software, as global goods; and

- number of countries that scale up innovations supported by WHO into health systems to benefit more than 10 000 people.

Outcome 4.2. Strengthened leadership, governance and advocacy for health

Achieving the triple billion targets requires strong leadership, external relations, governance and advocacy for health on the part of WHO. The Secretariat will need to demonstrate leadership on critical health matters and engage in partnerships, where needed. Moreover, it will need to advocate for health as a human right and advance the vital role of health in human development at the highest political level. The Secretariat will bring a gender, equity and human rights lens to all its programmatic and corporate functions. It will work with a network of alliances and coalitions – engaging non-State actors, foundations, the private sector and academic institutions – to advance the health agenda. It will strengthen its diplomacy to promote the health and Sustainable Development Goals agenda in global political forums such as the G7 and G20.

The Secretariat will focus on driving impacts at the country level, in line with the Sustainable Development Goals and United Nations reform. It will strengthen its ways of working, not only in terms of being accountable and transparent but also as an adaptable and agile entity that is able to learn in order to reinforce its legitimacy and enhance its performance. It will continue to improve its planning, resource mobilization, resource allocation and performance monitoring in order to ensure that it is working effectively and delivering value for money. The proposed budget for outcome 4.2, by major office, is set out in Table 18.

TABLE 18. PROPOSED BUDGET FOR OUTCOME 4.2, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.2 Strengthened WHO leadership, governance and advocacy for health	115.2	15.5	32.2	52.5	38.9	34.9	154.2	443.6
Total outcome 4.2	115.2	15.5	32.2	52.5	38.9	34.9	154.2	443.6

Output 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

As the directing and coordinating global agency for public health matters, the Secretariat will make organizational shifts in order to enhance its leadership at all levels, in particular by making country offices the driving force behind impacts in every country, and in order to improve governance and external relations with a view to expediting the achievement of the Sustainable Development Goals and the GPW 13 strategic priorities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will step up leadership to coordinate the implementation of the draft global action plan for healthy lives and well-being for all, a joint initiative of leading multilateral organizations in health and development, aimed at supporting countries to accelerate progress toward the health-related Sustainable Development Goals through collective action, to be submitted to the United Nations General Assembly in September 2019. The Secretariat, through its regional and country offices, will drive the effort to convert the commitment of leading health and development organizations to work more closely together, as set out in the draft global action plan, into tailored collective actions in support of the implementation of national priorities to accelerate progress towards the health-related Sustainable Development Goals.

The Secretariat will engage all countries in policy dialogue, based on high-quality data and projections, in order to highlight how specific changes in policy could affect their health outcomes.

The Secretariat will promote more effective leadership at all levels, including by strengthening country office leadership, developing a fit-for-purpose staffing structure, providing appropriate delegation of authority and re-engineering business processes that facilitate effectiveness and efficiency.

The Secretariat will convene the governing bodies in a manner that aligns the WHO work agenda with the Sustainable Development Goals through effective and efficient processes. In addition, it will implement the outcomes of the ongoing Member State consultations on governance reform in a timely, efficient and cost-effective manner. The Secretariat will bring a gender perspective to leadership and governance and encourage the participation of young people. It will provide effective support to governing body sessions, with efficient and aligned agendas focused on the Sustainable Development Goals and United Nations reform.

The Secretariat will place countries squarely at the centre of its work and will drive impact in each country. This means that the country cooperation strategies and country support plans, which will be aligned with national priorities and strategic plans, will have clear actions, measure results in every country and provide resources where needed. Furthermore, the Secretariat will work with Member States and non-State actors on country-specific priorities in order to achieve GPW 13.

Strategic communications will improve understanding and appreciation of the role and impact of WHO. This will strengthen the Organization's position within the wider global health landscape and advance its normative, technical and emergency preparedness and response work. The Secretariat will increase its internal capacity in health diplomacy, strengthen coherence in its external relations and increase its support to Member State delegations for health diplomacy and participation in governing body meetings. The Secretariat will work with Member States and non-State actors to ensure that WHO bases country cooperation on national priorities, policies and plans and that such cooperation is in line with United Nations reform.

Progress will be tracked using the following measures:

* the efficient and effective conduct of governing body meetings;

* alignment of the work of WHO with SDG action plan partners and other United Nations organizations to achieve the Sustainable Development Goals in the context of United Nations reform; and

* performance measures on the implementation of United Nations reform [to be determined].

Output 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

The Secretariat is committed to being more accountable, transparent and responsive, as reflected in GPW 13. An unwavering commitment on the part of the Secretariat to best practices related to risk management, ethics, internal controls and evaluation is central to the success and resilience of this shift.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to promote and foster ethical principles as the basis of the work of WHO, improving adherence to internal controls and compliance with the regulatory framework, while also identifying and mitigating risks, including legal risks, to the Organization's objectives and mandate that could affect the Secretariat's performance. Emphasis will be given to the prevention of fraud and protection from retaliation, sexual exploitation and abuse and sexual harassment. The Secretariat will continue to conduct due diligence and risk assessments in accordance with the Framework of Engagement with Non-State Actors, further strengthening the capacity of staff members to engage more while managing risks.

The Secretariat will continue to enhance its capacity for audits and investigations, including the capacity to respond to audit observations at the country level. Furthermore, its evaluation policy (2018) will continue to inform independent corporate and decentralized evaluations.

The findings and recommendations arising from the oversight and accountability functions will allow overarching and systemic issues to be identified and promote organizational learning.

Furthermore, the goals, targets and indicators of GPW 13 will be aligned with the Sustainable Development Goals and metrics approved by the Health Assembly. The Secretariat will measure the impact of strategic and organizational shifts. In addition, it will identify risks that may impact agreed results with Member States, including those associated with the areas of ethical behaviour, professional conduct and fairness, irrespective of the nature of the contract.

The oversight functions allow the Secretariat to continually identify successes and best practices to be communicated, as well as new risks, challenges and areas for improvement. The mitigation of the risks identified and managed, the audit and evaluation findings and recommendations, and the strategies to address these will promote organizational learning.

Progress will be tracked using the following measures:

- percentage of critical risks with a mitigation plan;

- percentage of audit observations responded to in a timely manner, with an emphasis on addressing systemic issues;

- recommendations in corporate and decentralized evaluations implemented within agreed time frames; and

- effective and timely response by the Secretariat to allegations of sexual exploitation and abuse.

Output 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships

A new external engagement model, in line with GPW 13, will bring together resource mobilization functions, technical programmes and communications at all three levels of the Organization in order to ensure an informed and coordinated approach through strategic interactions with Member States, donors, multilateral stakeholders, non-State actors and the general public. The Secretariat will continue to focus on securing predicable, adequate and more flexible financing to deliver impacts at the country level.

HOW WILL THE WHO SECRETARIAT DELIVER?

Leveraging the enhanced external engagement model, including through enhanced strategic communication and targeted partnerships, the Secretariat will work to broaden the Organization's funding base and increase the flexibility and predictability of its financing.

This approach will allow the Secretariat to deliver on commitments identified through strategic priority-setting carried out with Member States, driving actions towards achieving country impacts.

Adequately resourced priorities will allow the Secretariat to deliver in a reliable way, making it a dependable partner.

Progress will be tracked using the following measures:

- measurable progress of successful outcomes from WHO advocacy with Member States to mobilize additional, flexible and more predictable funds needed beyond assessed contributions; and

- increased donor and partner visibility on contributions made to support the work of WHO, through innovative and effective communications channels and platforms.

Output 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

Implementation of GPW 13 is about delivering measurable impacts to people's lives at the country level. A new planning process has been developed and is now being implemented to ensure that the work of the Secretariat across its three levels is planned on the basis of country priorities, which are in line with GPW 13. For the first time, the Secretariat is developing a country support plan for each country. Plans at country office, regional office and headquarters levels will be developed through a sequenced process, taking country priorities as a starting point. The planning for country support, global goods and leadership are focused on delivering results. The monitoring and reporting of results will be transformed by applying a new methodology that promotes greater accountability by linking it to performance at all levels. The new methodology for measuring Secretariat accountability is aligned with the strategic shifts set out in GPW 13 and reinforces the agenda of mainstreaming gender, equity and human rights and value for money.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will align the programmatic results framework and budget more closely so that investment decisions and resource allocation are geared towards delivering results and delivering them with value for money. It will use a more integrated results framework so that shared results will drive integrated work and collaboration for greater effectiveness. The budget will clearly signal the intention to deliver results at the country level through synergies across the three levels of the Organization, and will set out the investments needed so that it can fulfil its leadership role, perform normative work and provide country support. Such support will be tailored to country needs, capacities and technical expertise and will take into account the maturity of individual country health systems.

The Secretariat will measure impacts in each country to ensure that the investments on which the returns are monitored and reported are those that matter to people. It will demonstrate accountability not only for results, by establishing its contribution to outcomes and impacts, but also for resources. It will do so by allocating resources based on what is required to deliver results and what is needed to deliver optimal value for money, and it will monitor and report on clear measures of performance in these areas.

The Secretariat will monitor and report on its direct contribution to outcomes and impacts at each of the three levels of the Organization. It will use an innovative approach that measures more directly the Secretariat's accountability for delivering its leadership and normative functions and support to countries and for linking progress in these areas with their contribution to outcomes and impacts. Results monitoring and reporting will also provide information on reaching specific efficiency targets and adherence to value for money commitments. The Secretariat will continue to use innovative approaches in reporting, including the programme budget web portal, and to improve its performance in line with International Aid Transparency Initiative measures.

Progress will be tracked using the following measures:

- proportion of priority outcomes at the country level with at least 75% funding by the end of the first quarter of the biennium;

- percentage of technical expertise required at the country level agreed in budgeted and funded country support plans; and

- percentage of priority global goods with detailed plans, including resource requirements.

Output 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

GPW 13 represents a radical shift from the way in which WHO has worked previously. In order to achieve results, an Organization-wide cultural transformation is required. All three levels of the Organization will work together closely, with a clear focus on global outcomes with maximized country impacts, results and accountability. The vision and strategy of WHO and the daily activities of its workforce will be brought into closer alignment through enhanced organizational values and an environment that fosters more mutual support, open and transparent dialogue, autonomy and collaboration. Furthermore, WHO will promote a more innovative culture, with a fully engaged, empowered and connected workforce that is able to contribute as one to the Organization's goals by adopting a more digital, network-intensive and agile model of operation. This new model will better equip WHO to deliver on the Sustainable Development Goals in alignment with specific country needs and priorities.

HOW WILL THE WHO SECRETARIAT DELIVER?

On the basis of the principles set out in the WHO Constitution, informal and formal mechanisms for propagating and upholding corporate values, including the induction of new staff members, recruitment processes and performance management, will facilitate the alignment of the Organization's workforce around its values and goals. These mechanisms will nurture a "One WHO" culture that is able to translate the Organization's mission and vision into a reality.

Internal communications will focus on corporate direction and workforce needs in order to engage and empower the entire workforce, using the most appropriate technologies and channels. The workforce will have collective ownership of the Organization's mission and goals.

Streamlined processes, including country cooperation, norms and standards, resource mobilization, recruitment, performance management and supply chain management, will yield benefits and the Secretariat will work to continuously improve such processes on the basis of ongoing feedback and learning.

Output 4.2.6. "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored

Equity, gender and human rights will be addressed across the spectrum of the Organization's work with a view to achieving the triple billion goals.

As part of its commitment to leave no one behind, the Secretariat will seek to identify the most vulnerable among those who are being left behind and to identify and address the root causes. Systematic attention to equity, gender and human rights in health are key elements that will contribute to closing coverage gaps, enhancing participation and resilience, and empowering individuals and communities.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will seek to identify who is being left behind in WHO programmes and policies by building evidence that can be used to address barriers. To this end, the Secretariat will:

- disaggregate health-related data by sex and at least two other stratifiers, such as age, location and education level;

- analyse existing data and, if necessary, collect evidence on policies and practices in order to identify barriers and disadvantages;

- prioritize actions to reduce differentials and promote the meaningful participation of diverse individuals and communities in WHO programme budgets, strategies, frameworks, technical support and other activities;

- make the evidence collected publicly available and share it with international human rights bodies and relevant monitoring processes across the United Nations system in order to increase accountability;

- establish independent and participatory processes to review data, analysis and actions taken;

- work with Member States to ensure that WHO country cooperation is based on national priorities, policies and plans and includes equity, gender and human rights considerations.

In addition, WHO offices across all levels will incorporate equity, gender and human rights standards in their annual performance assessments. The new output measurements have incorporated gender, equity and human rights as one dimension for assessing every office's contribution to achieving the outputs. The extent to which this dimension is mainstreamed into the work of the Secretariat will be monitored against well-defined criteria. and reported upon.

Lastly, the Secretariat will promote capacity-building and knowledge transfer for equity, gender and human rights in various ways, including by requiring senior staff members to participate in at least one training session per biennium.

Progress in mainstreaming the gender, equity and human rights dimension across the offices and in contributing to the entire set of programme budget outputs will be tracked using the new output measurement approach.

Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner

Management and administration enable the implementation of the Organization's technical programmes and undergirds its ability to respond to public health emergencies. The continued improvement of administrative efficiency is an important goal of the Organization and an essential element of delivering value for money to Member States and donors. The proposed budget for outcome 4.3, by major office, is set out in Table 19.

TABLE 19. PROPOSED BUDGET FOR OUTCOME 4.3, BY MAJOR OFFICE (US$ MILLION)

Outcome	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	71.3	23.9	35.4	21.5	45.1	19.1	142.5	358.9
Total outcome 4.3	71.3	23.9	35.4	21.5	45.1	19.1	142.5	358.9

Output 4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework

Good stewardship of the Organization's resources is at the very heart of delivering GPW 13. Accordingly, the Secretariat is committed to the efficient, transparent and sound management of the funds entrusted to it by Member States and donors.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to implement sound financial management practices and robust internal controls in order to manage, account for and report on the Organization's assets, liabilities, revenue and expenses. The Secretariat will manage the corporate treasury and all accounts in a transparent, competent and efficient manner and will ensure that it is delivering value for money in the Organization's financial management. It will further ensure that all contributions received by the Organization are properly accounted for, spent and reported in accordance with International Public Sector Accounting Standards (IPSAS) and donor requirements.

The Secretariat will continue to strengthen internal controls and further improve the timeliness and quality of financial reporting.

Progress will be tracked using the following measures:

- obtaining of an unmodified audit opinion that the financial statements are presented in accordance with IPSAS;

- issuance of an annual statement of internal control that addresses the effectiveness of internal controls and identifies any significant risks;

- further improvements to the quality and timeliness of direct financial cooperation reporting, with overdue reports constituting less than 3% of the total number of reports issued in the previous biennium; and

- assured compliance of 98% of global imprest accounts with imprest reconciliations requirements and attainment of an A rating.

Output 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

The Organization's workforce, which includes staff members and non-staff members, is its most important resource. The Secretariat will continue to implement the human resource strategy, which aims to strengthen the Organization's human resources management.

HOW WILL THE WHO SECRETARIAT DELIVER?

In order to implement GPW 13, the Organization needs to ensure that its workforce is flexible, mobile, high-performing, fully trained and fit for purpose. Selection processes will be streamlined and made more efficient in order for the Organization to meet the staffing needs of programmes and enable corporate functions. Improved performance management, combined with career development that will drive excellence and culture change, will be at the centre of the agenda in order to ensure that the Organization can rely on and retain a talented workforce. Mobility across the three levels of the Organization will enrich the capacity and knowledge of staff members and ensure that country needs are met effectively. Human resource distribution will be in line with the GPW 13 country focus and organizational priorities. Diversity and gender balance will remain a priority.

Building on success and learning from past challenges, the Secretariat will improve or develop new policies and procedures, strengthen existing initiatives or launch new ones.

Progress will be tracked using the following measures:

- increased mobility will be measured in terms of the increase in the number of international staff members moving between major offices;

- progress towards achieving gender parity will be measured in terms of improvements in the overall male/female ratio of international professional staff;

- progress towards achieving balanced geographical representation will be measured in terms of the percentage of international professional staff from unrepresented and underrepresented countries; and

- accelerated recruitment process will be measured in terms of the reduction in the average duration of the selection process from the date of publication of a vacancy notice to the issuance of a letter of offer to the successful candidate.

Output 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

The increasing focus on supporting countries requires better use of information management and technology services.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will ensure that WHO information systems, processes and tools facilitate the implementation of the GPW 13 vision of agility, interoperability and managed integration in order to facilitate the work of staff members and partners at the country level. It will also ensure that support for the programmatic work of the Organization is central to the strengthening of information management and technology, and will help to streamline administrative processes through relevant systems that facilitate implementation and achieve efficiency gains. Improved data management and visualization platforms are of crucial importance to the measurement and reporting of the Organization's plan of work and the facilitation of timely decision-making. The Secretariat underscores the need for secure and resilient information technology systems that are capable of delivering intended outcomes by providing continuous critical services and managed cybersecurity risks.

Efficient, effective and reliable information systems are of paramount importance as they enable WHO to better support countries. In order to ensure that its information systems are effective and efficient, the Secretariat will:

- strengthen and optimize information technology platforms and services that address user and business needs;

- make innovative use of digital systems to facilitate and enable the work of the Organization at all levels;

- protect WHO's information assets through the management of cybersecurity and related risks;

- improve business continuity planning for IT and related functions.

Progress will be tracked using the following measures:

- number of IT services repurposed and delivered as shared, global services;

- number of new platforms and services introduced in support of innovation;

- amount of productivity time lost due to security incidents; and

- updates to the Organization's business continuity plan.

Output 4.3.4. Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care

Operations and support services remain a focus for enabling the Organization's work at all levels and continuously improving efficiencies.

HOW WILL THE WHO SECRETARIAT DELIVER?

The Secretariat will continue to develop and implement its supply chain policy, including its procurement practices and logistics, at all levels of the Organization. Mainstreamed policies and standard operating procedures will enable WHO to reduce the cost of support services and supply chains and increase their efficiency.

An integrated set of operational support services are essential to the performance of the Organization's mandate at all locations. The Secretariat will ensure that the duty of care is met at headquarters, regional offices and country offices. Direct and sustained support will be provided to ensure the safety and security of the thousands of staff members deployed in the field. The Secretariat will strengthen its safety and security policies and continue to focus on improving the working environment of WHO.

The Secretariat will set security standards, while anticipating risks, providing high-quality safety and security training, and maintaining and updating infrastructure.

Progress will be tracked using the following measures:

- rate of compliance with mandatory security trainings;
- rate of compliance with United Nations Minimum Operating Security Standards;
- implementation of sound inventory control and warehouse management systems;
- efficient delivery of goods to country operations, as measured by the time from the creation of a purchase order to the delivery of the product to the country warehouse; and
- transparency and fairness of the procurement process, as assessed by the number of formal complaints received from vendors through the established mechanism, against the baseline in 2019.

ANNEX

OUTPUT MEASUREMENT THROUGH A BALANCED SCORECARD

The present Annex provides further details of the measurement criteria for each attribute of a dimension in the balanced scorecard, which will be used to measure the Secretariat's output.

Elements of the new balanced scorecard approach

The "balanced scorecard" approach structures the assessment of performance holistically, in three steps:

- performance is defined and structured around six key **dimensions of performance** that reflect what is strategically important for WHO;

- performance is assessed for each dimension on a **four-point scale** by a combination of self-assessment and validation, using a clear set of **performance attributes and criteria** in the form of checklists;[1]

- performance is **summarized visually** for each output to show the extent of progress in various areas.

The six dimensions of performance have been chosen to relate directly to areas that are strategically important for WHO across all its work.

- As is to be expected, they measure results and effectiveness, i.e. **what** is being delivered against each output.

- Given that effectiveness is such an important part of WHO's work, the dimensions show how **effectively** WHO is delivering on its technical work at different levels, in terms of both global goods and support at country level and its leadership functions.

- Equally importantly, they also look at **the way WHO works**, an aspect which is missing in the current performance system. These added dimensions look at the extent to which WHO is making the key "strategic shifts" aimed for in the Thirteenth General Programme of Work, 2019–2023 and delivering in areas that are important for WHO and its stakeholders, including gender, equity and human rights and delivering value for money.

In summary, the six dimensions cover the following areas:

- A. effective leadership

- B. effective delivery of global goods

- C. effective technical support at country level

- D. effective mainstreaming of gender, equity and human rights (GER)

- E. ensuring value for money (VFM)

- F. delivery of results in ways leading to impact.

For each dimension, an assessment will be made on a scale of 1 to 4. The appropriate labels for the scale are to be agreed. Because of its four-point scale, the assessment specifies whether performance needs to improve or not (i.e. it is a forced-choice scale), as opposed to a three-point or five-point scale, where the middle ranking is inconclusive.

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[1] Following the approach used in the Multilateral Organisation Performance Assessment Network (MOPAN), this process depends on being able to unpack each dimension into attributes and checklists of criteria which define clearly when a particular performance level is justified and when it is not.

Usability of performance data is also key – the approach proposes the use of accessible infographics as a visual way of showing a balanced scorecard assessment: the "spider" or "radar" diagram has been tested and selected for this purpose, as illustrated below.
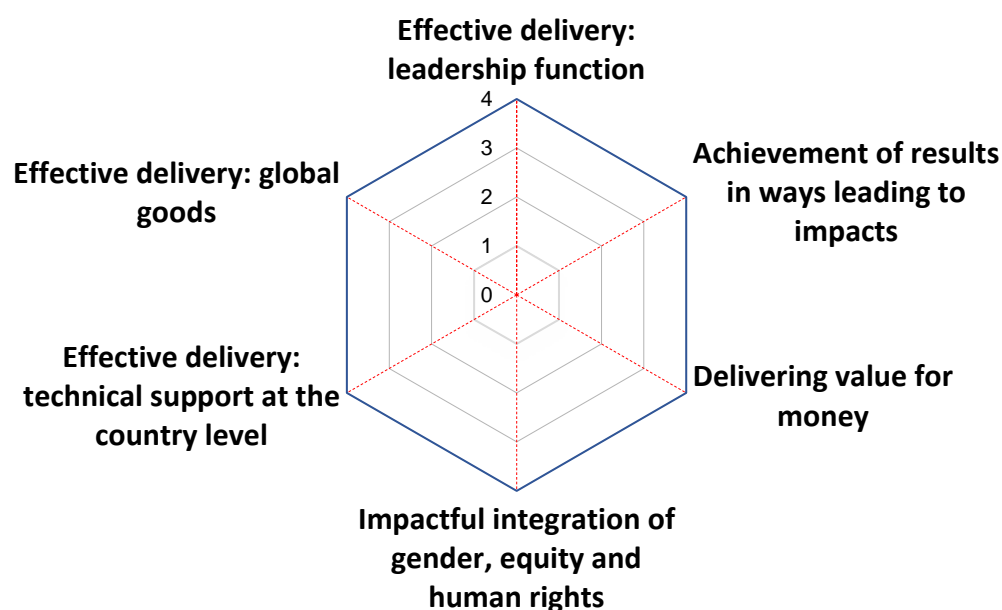
Unpacking the six performance dimensions into specific "attributes"

As already noted, the six dimensions of performance are intended to reflect WHO's strategic shifts and other priorities. This section discusses each performance dimension in more detail, including the ways in which each dimension will be further unpacked into specific **attributes** that can be assessed.

Pilot testing is ongoing and this may lead to some refinement of the various elements, especially the criteria for measurement.

A	Effective leadership
	Authoritative advice
A1.1	Advice by WHO leadership is recognized as authoritative by external independent experts
A1.2	Advice is compliant with latest best-available evidence and best practice
A1.3	WHO advice is seen as useful/ "go-to" source by key stakeholders (Member State and partner feedback)
A1.4	WHO has regular and frequent access to key decision-makers and is closely involved in key discussions
A1.5	WHO advice is relevant, responsive and well tailored to national and subnational contexts and needs
	Convening
A2.1	Key events delivered on time and well focused
A2.2	High level of participation and engagement
A2.3	Effective networks developed and sustained
A2.4	Capacity built in key networks/relationships
A2.5	Events effectively planned and chaired

A	**Effective leadership**
	Negotiating and finding solutions
A3.1	WHO is well positioned to play a key negotiating role
A3.2	Good balance of challenge and constructive approach to move sensitive issues forward
A3.3	Identifies options and possible solutions to promote win-win outcomes in sensitive negotiations
A3.4	WHO is transparent and trusted, and shows integrity
A3.5	WHO well understands the needs and approaches of the different parties
	Driving the agenda
A4.1	WHO ensures health issues are on the agenda at key events convened by stakeholders
A4.2	Able to drive the health agenda through influencing role in discussions at key events
A4.3	Effective targeting and influencing of planning for key events to ensure that WHO is present and influential
A4.4	Anticipating issues in a timely way to focus attention on the most important issues as they arise
A4.5	Plays active and prominent role in leading sessions at key events
	Mobilizing and aligning resources
A5.1	Able to align budget funding and human resources to strengthen capacities
A5.2	Uses available channels to mobilize and advocate for necessary resources
A5.3	Resources effectively deployed to key priorities within available earmarked and flexible resources
A5.4	WHO staffing levels (quantity and quality) well aligned with country needs

B	**Effective delivery of global goods**
	Initiation
B1.1	Identification of global goods gathered from regional offices and headquarters provides sufficient coverage of this output area
B1.2	Identification process is consultative and consistent with country support plans (reflects country prioritization)
B1.3	Alignment of priorities to organizational priorities (triple billion targets) and emerging global public health issues; links to World Health Assembly resolutions; addresses research gaps
B1.4	Priority global goods reviewed and consolidated and agreed across the three levels
B1.5	Additional emerging global goods align with organizational priorities and create impact at country level
	Completion
B2.1	Work on priority global goods started on time
B2.2	Realistic workplan for completion developed
B2.3	Quality standards identified and appropriate
B2.4	Engagement with relevant stakeholders/potential audience for global goods
B2.5	Prioritized global goods delivered on time and within agreed resource parameters
	Quality
B3.1	Global goods are relevant and meet identified need (headquarters; regional offices)
B3.2	Global goods delivered to agreed quality standards
B3.3	Global goods provide useful contribution to public health discourse
	Uptake and influence
B4.1	Identify uptake objectives (indicators for uptake and impact)
B4.2	Integrate uptake objectives into monitoring, learning and evaluation plan
B4.3	Assess internal and external capacity to transmit and understand/take up global good knowledge
B4.4	Effective communication and dissemination
B4.5	Effective monitoring

	Effective technical support at country level
	Planning and prioritizing
C1.1	Priorities align with national plans and context
C1.2	Priorities are realistic and can be delivered
C1.3	Planning processes engage with key partners effectively
C1.4	Priorities are affordable within budget envelopes
C1.5	Clear processes for follow-up
	Capacity-building
C2.1	Capacity analysis informs intervention design and implementation, and strategies are employed to address any weaknesses found
C2.2	Skills transfer from WHO to country partners is purposefully built into the approach and is effectively achieved
C2.3	Financial sustainability is considered and effectively addressed
C2.4	Intervention is effective in achieving and sustaining country ownership
C2.5	Partner organizational capability is built through effective learning activities
	Implementation
C3.1	Support is in line with original plans and objectives and meets relevant quality standards
C3.2	Support delivered on time
C3.3	Support delivered within agreed budget and with effective disbursement
C3.4	Effective monitoring is built in on the provision of support
C3.5	Human resources are used effectively, including recruitment of suitably qualified staff, effective use of consultants and ensuring professional development
	Adaptive and agile
C4.1	Design and implementation and programming/reprogramming respond in a timely way to changes in country context and new evidence as it arises
C4.2	Monitoring and evaluation data are used for continuous improvement and feed into programming decisions
C4.3	Human resources are adjusted and realigned in response to changes in context/monitoring data
C4.4	Financial resources are reallocated flexibly where required to support delivery and programming decisions
C4.5	Feedback from country partners is used effectively to improve decision-making in WHO support
	Leveraging partnerships
C5.1	Clear agreement with government and country partners on shared purpose, goals and approaches
C5.2	Clear agreement on comparative advantage and roles in line with agreed mandates, which then informs effective division of labour
C5.3	Regular and effective communication among partners, including at senior leadership level, both formal and informal
C5.4	Effective information sharing in strategies, planning, programming decisions and results
C5.5	Mutual support to ensure joint programming where appropriate, catalytic use of resources to support partners and facilitation of access and entry points according to roles and comparative advantage

D	Effective mainstreaming of gender, equity and human rights (GER)
	Evidence and analysis of GER
D1.1	Disaggregate health-related data by sex
D1.2	Disaggregate health-related data by at least two other variables
D1.3	Analyse existing evidence on barriers to health services and disadvantages faced by specific populations
D1.4	Where necessary, collect evidence to fill gaps related to barriers
	Reduce inequities
D2.1	Include in programmes adequate integration of GER to reduce inequities, discriminatory practices and differentials in health outcomes, and improve programme quality
D2.2	"Nothing about us, without us": promote and support meaningful participation of individuals and communities in WHO work
D2.3	Progress achieved in reducing key targeted inequities according to WHO's role, mandate and agreed contribution
	Accountability for GER mainstreaming
D3.1	Facilitate the public availability of GER data and evidence
D3.2	Accountability for GER mainstreaming in the programme area is clear and enforced
	Management – capacity and resources for GER mainstreaming
D4.1	Undertake systematic and effective capacity-building for GER mainstreaming
D4.2	Programme area allocated adequate level of resources to implement the above, at each of the three levels of the Organization
D4.3	Effective and visible leadership specifically on GER is provided within the programme area
D4.4	Awareness and understanding of GER issues is at the required level to support the above

E	Ensuring value for money (VFM)
Overall VFM	
E1.1	Effectiveness (in delivery of country support and global goods) relative to resources used
E1.2	Equity (based on mainstreaming of GER and other relevant data) relative to resources used
E1.3	Economy in procurement and staffing decisions and use of inputs including travel
E1.4	Efficiency – interventions assessed as resource-/cost-efficient
Choices to drive VFM	
E2.1	Information is gathered and analysed to identify opportunities to improve VFM
E2.2	Management follows up effectively with specific actions to address bottlenecks and gaps that reduce VFM
E2.3	Systems and processes are designed/redesigned as required to improve efficiency
E2.4	Management choices are informed by data on relative costs and seek to improve cost-effectiveness directly
Timeliness	
E3.1	Institutional procedures (systems for engaging staff, procuring project inputs, disbursing payment, logistical arrangements, etc.) positively support speedy implementation
E3.2	Leadership ensures timely decisions to facilitate strategic planning and resolve key issues as required
E3.3	Resources are allocated in a timely fashion to allow efficient programming and delivery
E3.4	Procurement processes are carried out in a timely fashion to support delivery
E3.5	Staffing decisions and recruitment are carried out in a timely fashion to support delivery
Flexibility of resources	
E4.1	Organizational structures and staffing ensure that human and financial resources are continuously aligned and adjusted to key functions
E4.2	Resource mobilization efforts consistent with the core mandate and strategic priorities
E4.3	Decisions on resource allocation can be made at the appropriate level, including decentralized where required
E4.4	Appropriate balance between flexible resourcing and earmarked resources, in discussion with donors
Management and mitigation of risk	
E5.1	Key strategic and operational risks identified, based on high-quality analysis of business environment
E5.2	Appropriate risk management strategies in place and well understood by staff
E5.3	Risks monitored regularly at the appropriate level within the Organization
E5.4	Business-critical risks addressed through appropriate actions and mitigation

F	Delivery of results in ways leading to impact
	Results indicators – selection of relevant indicators from output and outcome indicators
F1.1	Indicator 1 e.g. proportion of births attended by skilled health personnel
F1.2	*Indicator 2*
F1.3	*Indicator 3*
F1.4	*Indicator 4*
F1.5	*Indicator 5*
	Regional/country key performance indicators (KPIs)
F2.1	KPI 1 – to be extracted from current KPIs used by regional offices
F2.2	*KPI 2*
F2.3	*KPI 3*
F2.4	*KPI 4*
F2.5	*KPI 5*
	Early impact/programmatic outcomes
F3.1	Programmatic outcome indicator 1 e.g. increased health workforce density
F3.2	Programmatic outcome indicator 2 e.g. improved distribution of health workforce
F3.3	*Programmatic outcome indicator 3*
F3.4	*Programmatic outcome indicator 4*
F3.5	*Programmatic outcome indicator 5*
	Results-based management (RBM)
F4.1	RBM approach is built into the programming and planning approach
F4.2	Principles of resource-based budgeting applied
F4.3	Effective monitoring systems built and implemented
F4.4	Effective evaluation of programmes and interventions is planned, prioritized and delivered
F4.5	Evidence from monitoring and evaluation is fed into resourcing, programming and implementation

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