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Implementing the programme budget 2014–2015

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Introduction

Background

1. The strategy of the WHO Regional Office for Europe is to focus on areas of public health in which Member States and the WHO Secretariat together can make a critical impact. This focus is described in *Health 2020: a European policy framework supporting action across government and society for health and well-being* (document EUR/RC62/9), which was approved by the Regional Committee in 2012. It involves continued efforts to improve the performance of the Secretariat and to build trust by ensuring transparency and defining mutual responsibilities and accountability. At its sixtieth session, the Regional Committee requested the Regional Director to collaborate with the Standing Committee of the Regional Committee (SCRC) to submit lists of performance indicators and deliverables to the Regional Committee at its sixty-first session to strengthen its governance and oversight of implementation of the programme budget 2012–2013. In response, *The programme budget as a strategic tool for accountability* (document EUR/RC61/Inf.Doc./10), referred to below as the Contract, was prepared and pilot-tested in 2012–2013. With the SCRC, the Secretariat subsequently prepared a format for monitoring delivery.

Context

2. The Proposed programme budget 2014–2015 (document A66/7) is based on a number of the concepts outlined in the Contract and on lessons learnt from the pilot test. The programme budget 2014–2015 differs, however, from earlier budgets in several important ways that have implications for implementation for the Regional Office and for the rest of the Organization.

- For the first time, the World Health Assembly approved, rather than merely taking note of, the programme budget. This will result in a more focused, uniform WHO and make the Secretariat accountable to the World Health Assembly for outputs and deliverables.
- Also for the first time, the programme budget differentiates between what is to be provided by each of the three levels of the Organization. The deliverables of the country offices, regional offices and headquarters are specified for each output. Some of the deliverables of the country offices in the European Region will, however, continue to be provided by staff in the Regional Office according to its business model and mandate.
- The outputs and deliverables in the programme budget are defined as those that are to be financed and implemented. This will facilitate alignment of financing across programmes and locations and limit the effect of donor earmarking. It will, however, also limit the possibility of responding swiftly to new needs and opportunities.
- Regional differences will be reflected in the emphases in each World Health Assembly-approved output.

3. The Special programmes and collaborative arrangements segment of the programme budget is no longer included. This might reduce flexibility, in particular at country level, to respond to new needs and opportunities.[1]

[1] An exception is emergency situations, such as outbreaks of poliomyelitis, as the World Health Assembly resolution on the budget (resolution WHA66.2, paragraph 9) adds flexibility in the emergency budget segment.

The business model

4. WHO's work in Europe is directed by the Regional Office, located in Copenhagen, Denmark. There are also three geographically dispersed offices (in Barcelona, Bonn and Venice) and 29 country offices, a WHO office in Brussels responsible for coordinating relations with the European Union, and a sub-office of the Serbian Country Office in Pristina, which deals with the humanitarian situation in Kosovo. The budget of the European Observatory on Health Policies in Brussels is no longer part of the programme budget, however, as it is a partnership hosted in the Region in collaboration with technical units in the Regional Office.

5. The Regional Office's business model is based on its comparative advantages, primarily the high level of skill and technical capacity in European institutions and public services. The business model has two main characteristics.

- When feasible, an intercountry delivery model prevails if the technical capacity is available to address common needs in Region-wide approaches. It is expected that an increasing amount of the Regional Office's work will be delivered in this way. When a deliverable within an output is relevant to only a few countries, a multicountry model might be used, making optimal use of the resources available in the countries concerned. There are, and will continue to be, however, deliverables that are specific to the needs and circumstances of individual countries. In these cases, a country-specific mode of operation will be the choice.
- Systematic, intense work with the 284 WHO collaborating centres throughout the European Region will result in delivery of more outputs with these centres. Newly introduced practices include exploring the capacity of WHO collaborating centres before hiring external consultants or new staff. Outputs delivered in collaboration with the centres are identified in the work plans in the Global Management System.

6. This business model requires a critical mass of highly qualified technical expertise in areas of highest priority to convene, synergize and coordinate the work. This expertise is found predominantly at intercountry level. Only under specific circumstances will technical staff be posted to countries, and only for limited periods. Country work is planned with the Member State concerned and is covered by a biennial collaborative agreement, which specifies the result to be achieved, the outputs and the specific deliverables. During 2012–2013, country collaboration strategies began to be formulated, and these will eventually cover all Member States, starting with those that do not yet have a formal agreement with the Regional Office.

Operational planning and next steps

7. Implementation of the World Health Assembly-approved programme budget for 2014–2015 begins with identification, with Member States, of the content of each output. In the European Region, this process started before the programme budget 2014–2015 was approved, on the basis of 2012–2013 outcomes, which in most cases corresponded to outputs of the programme budget 2014–2015. The next steps are defining the deliverables to be produced by the Secretariat and the human and financial resources required for each deliverable, output and location. These steps are being completed as this document is written. The subsequent steps include fitting within the overall budgetary frame of the approved programme budget and further refinement on the basis of the priorities and capacities of Member States as well as the capacities of Regional Office staff. Several iterations will be required to complete this.

8. Operational planning in the European Region, with fully aligned funding from the programme budget, is thus well advanced and will be completed by early October, in preparation for a financing dialogue meeting in November. This document therefore does not

contain numbers for targets or budget breakdowns. An interim information document (document EUR/RC63/Inf.Doc./3)[2] containing the most up-to-date numbers available before the Regional Committee meeting will be prepared.

Public health priorities in the European region for 2014–2015

9. Transformation of the programme budget 2014–2015, as approved by the World Health Assembly in May 2013, into operational planning and action in the Regional context is guided by *Health 2020: a European policy framework supporting action across government and society for health and well-being* (document EUR/RC62/9). The values underpinning the policy framework are the right to the highest achievable standard of health, as expressed in the WHO Constitution, and a reduction of inequities in health. The approaches build on discussions at the Sixty-fifth World Health Assembly on mainstreaming social determinants of health and World Health Assembly resolution WHA62.14, which requests WHO "to make social determinants of health a guiding principle for the implementation of measures, including objective indicators for the monitoring of social determinants of health, across relevant areas of work and promote addressing social determinants of health to reduce health inequities as an objective of all areas of the Organization's work, especially priority public health programmes". Health 2020 takes into account and consolidates all previous resolutions and decisions by the WHO governing bodies and thus provides a unifying, action-oriented policy framework for improving health and well-being and reducing inequities in health in the Region. It is addressed to ministers of health and other ministers and policy-makers at all levels of government involved in the social, economic and environmental determinants of health. All policies, strategies and programmes in the Region will be developed within this policy framework, which will also guide the Regional Office's work with countries. Support for national health policy development and health system strengthening will be the main integrative focus, and determinants of health and equity will be mainstreamed through this policy into all technical areas and programmes.

10. Health 2020 has two strategic objectives: firstly, to improve health for all and reduce the health divide, and second, to improve leadership and participatory governance for health. It identifies four priorities for action: (1) *Investing in health through the life-course approach and empowering people*, corresponding to category 3 of the programme budget 2014–2015; (2) *Tackling Europe's major health challenges in communicable and noncommunicable diseases*, corresponding to categories 1, 2 and 5; (3) *Strengthening people-centred health systems, public health capacity and emergency preparedness*, which is included in categories 4 and 5; and (4) *Creating supportive environments and resilient communities*, in categories 3 and 5.

11. Health 2020 proposes six targets: *Reduce premature mortality in Europe by 2020*; *Increase life expectancy in Europe*; *Reduce inequities in health in Europe*; *Enhance well-being of the European population*; *Universal coverage and 'right to health'*; and *Member States set national targets and goals*. While indicators and targets are not an end in themselves, they promote health and well-being by serving as a focus to drive performance and accountability. These targets are Regional in the sense that they are agreed on and will be monitored at Regional level. Depending on their circumstances, all Member States will contribute to attainment of these targets and will monitor progress accordingly. Likewise, the Secretariat will concentrate its resources and efforts on supporting Member States in meeting the targets by 2020. Some of the targets can be linked to a single category in the Twelfth General Programme

[2] Document EUR/RC63/Inf.Doc./3 will contain the best information on operational planning available at the end of August; however, some elements will be missing and the numbers provided might be subject to change.

of Work (document A66/6), while others can be achieved only with concerted effort by many actors and programmes.

12. During operational planning, Member States expressed their requirements for technical support on the basis of the Health 2020 policy framework and an assessment of their challenges to health and their capacity. This has further facilitated the setting of priorities, in particular in each programme area. A key area is support for shared governance for health and well-being, with a focus on building capacity for whole-of-government and whole-of-society approaches. To support acceptance and implementation of Health 2020, the Regional Office is preparing a nine-component package of materials and services for countries and various stakeholders (see also output 4.1.1).

Category 1

13. This category covers the programmes on HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, immunization and vaccine-preventable diseases.

14. The fight against infectious diseases in Europe is not yet won. The Region contains over half the countries in the world with the highest rates of drug-resistant tuberculosis, and the eastern part has the fastest growing HIV epidemic globally. In addition, vector-borne diseases such as dengue and leishmaniasis are re-emerging, and soil-transmitted helminthic infections remain an issue in some countries. While much progress has been made and malaria will probably be eliminated from the European Region by 2015, the Region still faces challenges in elimination of measles and rubella, both of which have returned. Inequities in socioeconomic status and general complacency about the risks posed by communicable diseases still hamper disease prevention and control.

HIV/AIDS

15. The increase in the reported number of cases of HIV infection shows the importance of sustaining, and in some areas (such as harm reduction, treatment and surveillance) increasing, the support provided to Member States to implement the European Action Plan for HIV/AIDS 2012−2015, even in times of economic austerity. The focus during 2014–2015 will be providing technical assistance to countries in setting priorities for interventions and target groups and tackling the social and structural causes of risk and vulnerability for HIV infection, including enforcing protective laws and enhancing efforts to protect human rights (output 1.1.2). The Regional Office will continue to support implementation of the European Action Plan by providing leadership, strategic direction and technical assistance to Member States. The Region will also continue to monitor and evaluate the progress of Member States in reaching the European goals and targets by harmonized data collection, reporting and analysis. The activities will include identifying best practices and experiences, facilitating information-sharing among Member States and finding evidence-based tools for an effective response to HIV infection (output 1.1.1).

Tuberculosis

16. Following endorsement by Member States in 2011 of the 5-year Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region, most countries in the Region with a high burden of multidrug-resistant tuberculosis have prepared action plans, which will be implemented during the next biennium with the support of the Regional Office. During 2014–2015, countries will also identify and address the social determinants of the disease and work on removing health system barriers to efficient prevention and control and care of people with the disease (outputs 1.2.1 and 1.2.2). Substantial resources will be required in countries to strengthen laboratory capacity, including

diagnostics, wider surveillance, especially for multidrug- and extensively drug-resistant tuberculosis, universal access to treatment and care and addressing the needs of special populations. Specific attention will be paid to the 18 high-priority countries[3] (output 1.2.2). The Regional Office will also continue to assist Member States in raising funds from bilateral agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Malaria

17. With the approach of 2015, the target for elimination of malaria in Europe, action in the remaining countries affected by malaria must be accelerated. The Regional Office will continue to provide strategic guidance and technical assistance to strengthen national capacity for malaria elimination and prevention of reintroduction of the disease (output 1.3.1). Emphasis will be placed on surveillance and monitoring of progress at national, sub-Regional and Regional levels and on the risk of spread of the disease to neighbouring countries (output 1.3.2). Coordinating cross-border activities with Member States in the WHO Eastern Mediterranean Region will be intensified. The rate of achievement of malaria elimination suggests that fewer inputs will be required during the 2014–2015 biennium.

Neglected tropical diseases

18. The prevalence of vector-borne diseases such as leishmaniasis and dengue has increased in the Region during the past biennium. Through the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020, the Regional Office will provide technical guidance to Member States and facilitate cross-border coordination. In addition, joint work will be conducted with category 3 on water and sanitation to address soil-transmitted helminths (output 1.4.1).

Vaccine-preventable diseases

19. As the target approaches and the incidences of measles and rubella are at or below the elimination threshold in most Member States, sustained efforts and resources will be needed during 2014–2015 for the final push to elimination. The activities include enhanced surveillance and investigation of suspected cases, extending vaccination to hard-to-reach populations and neglected cohorts of under-immunized adults, and running novel communication and advocacy campaigns, especially during European Immunization Week, to maintain public and political commitment in the face of declining prevalence. To achieve this, the Regional focus will be on providing technical assistance to Member States for vaccine procurement and financing, strengthening immunization systems, including evidence-based introduction of new vaccines in a life-course approach, and improving data generation for decision-making (output 1.5.2). Furthermore, in line with the Global vaccine action plan 2011–2020, Member States will be consulted on Regional adaptation of the Plan, to extend national immunization systems collectively from low- to high-income settings (output 1.5.1).

20. During 2014–2015 as compared with the biennium 2012–2013, there will be a shift in emphasis in category 1 from situation assessment and policy development to support and capacity enhancement for implementation of policies and practices to achieve and verify Regional and national objectives, especially for diseases that are targeted for elimination. Technical support will be provided in partnership with a number of international agencies, organizations and institutions, particularly the European Commission and its technical institutions, such as the European Centre for Disease Prevention and Control. Technical

[3] Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Romania, Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan

assistance at country level will be tailored to meet specific needs, in order to use resources efficiently; however, part of the work, including advocacy and communication, will be delivered in an intercountry approach.

Category 2

21. This category covers the programme areas noncommunicable diseases (including cardiovascular disease, cancer, chronic lung disease and diabetes and their main risk factors, tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity), mental health and substance abuse, violence and injuries, and nutrition. The disability and rehabilitation programme area (outputs 2.4.1 and 2.4.2) is not covered by the Regional Office.

22. Noncommunicable diseases account for more than 80% of deaths in Europe, putting increasing strain on health systems, economic development and the well-being of large parts of the population, in particular, people aged 50 years and older. These diseases are also responsible for many of the growing health inequalities within and among countries of the Region. Overweight, including obesity, affects more than 50% of the population in most Member States; approximately one in every three children is overweight (or obese). More than 40% of Europeans do not take the minimum amount of physical activity. Noncommunicable diseases in the European Region are due mainly to physical inactivity, excessive intake of saturated fats and trans-fats, free sugars and salt, as well as low consumption of fruit and vegetables. The highest proportion of all deaths among adults attributed to tobacco use is found in the Region, 16%, while globally the proportion is 12%. The European Region also has the highest daily smoking prevalence rate among adults, 32%, and the second highest rate among people aged 13–15 years, with alarming acceleration of smoking rates among women and young people. Most Member States in the European Region have adopted national policies on use of alcohol and other substances, but there is a wide variety in priorities for policy, in implementation and in enforcement. As a result, there is strong demand from Member States for technical support in the programme area of noncommunicable diseases.

23. Neuropsychiatric disorders account for 19% of the total number of disability-adjusted life-years lost in the Region and mental disorders affect more than 25% of the population every year, the commonest being depression and anxiety. The suicide rates in some European countries are the highest in the world. Violence and injuries prematurely kill 670 000 people in Europe and are the leading causes of death among people aged 5–44 years. Road traffic accidents account for a tenth of these deaths and poisoning, falls, drowning and burns are also frequent causes of death among young people in the Region. Undernutrition still exists in parts of the Region, affecting 7–39% of young children in certain Member States.

Noncommunicable diseases

24. Some Member States in the European Region have seen large, rapid reductions in mortality from circulatory diseases. The success of these countries should be documented, to demonstrate that the global goal is indeed achievable. Strengthening existing synergies and identifying new links among risk factors are crucial for efficient delivery of this programme area at country level and this will be the focus in the coming biennium.

25. In 2014–2015, country deliverables will be emphasized and many Member States have requested guidance and technical support to prepare and implement comprehensive, multisectoral action plans on noncommunicable diseases, including physical activity, salt reduction, marketing of food to children, saturated fat reduction and trans-fat elimination, childhood obesity, tobacco and harmful alcohol use and affordable basic technologies and essential medicines (output 2.1.1). To create and support a situation conducive for implementation, extensive Regional and national advocacy will be required, with technical

support to countries for meeting relevant legal obligations under international law, such as the WHO Framework Convention on Tobacco Control (output 2.1.2).

26. Monitoring, analyses, databases and reporting are needed to ensure that Member States improve policies to reduce risk factors of and inequities in noncommunicable diseases. The Regional Office has a good system for collecting and using data in the European health for all database. Work is required, however, to devise an integrated surveillance system for noncommunicable diseases, aligned with the targets of the Global Monitoring Framework and Health 2020 and indicators for monitoring, evaluation and reporting (output 2.1.3).

Mental health and substance abuse

27. Several countries in the European Region have a comprehensive network of community services, while many still rely on large psychiatric hospitals to provide services for people with mental health problems or intellectual disabilities, many of which have been associated with neglect and abuse. These countries are struggling to implement their strategies and are requesting technical support from the Regional Office. An important focus during the biennium will therefore be strengthening country capacity to prepare and implement national policies and plans (output 2.2.1), including those for disorders due to alcohol and substance abuse (output 2.2.3). The European Mental Health Action Plan 2014–2020, to be presented to the Regional Committee at its sixty-third session, will provide the strategic directions for technical support to Member States.

28. At this time of austerity measures, the incidence of mental health problems is increasing, due to factors such as unemployment, and the capacity to offer an adequate response is decreasing, due to reductions in mental health services. Therefore, advocacy, better guidance and tools for integrated mental health services are needed (output 2.2.2).

Violence and injuries

29. United Nations General Assembly resolution 64/255 proclaimed 2011–2020 as the Decade of Action for Road Safety. Fifteen countries in the European Region have prepared plans for the Decade and more have requested technical support from the Regional Office for such plans (output 2.3.1). Other countries have requested technical support to prepare programmes and plans to prevent child injuries (output 2.3.2) and violence against women, young people and children (output 2.3.3).

30. Health 2020 and Regional Committee resolution EUR/RC55/R9 on the prevention of injuries in the European Region call for public health action to reduce inequalities in deaths and disability. During the biennium, the Secretariat will work with Member States to set national policies and build public health capacity, with evidence-based programming.

Nutrition

31. The prevalence of deficiencies in micronutrients such as iron and vitamin D is still unacceptably high and the prevalence of exclusive breastfeeding is lower than in other WHO regions. The Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 states that now is the time to address implementation and evaluation. A number of Member States have requested technical support to prepare, implement and monitor action plans on maternal, infant and young child nutrition and breastfeeding (output 2.5.1).

32. The European Region is fortunate to have strong institutions, networks of focal points, nongovernmental organizations and pools of experts covering all the programme areas in category 2. They include active, dynamic WHO collaborating centres. All the institutions, networks and collaborating centres will be fully utilized and collaboration will be further

strengthened. Therefore, delivery of the high-priority outputs can be speeded up with only a small increase in staffing at the Regional Office.

Category 3

33. Category 3 comprises five programme areas: reproductive, maternal, newborn, child and adolescent health; ageing and health; mainstreaming gender equality, equity and human rights; social determinants of health; and health and the environment.

34. Despite tremendous progress, there is still a significant environmental burden of disease due to contaminated water, air and soil, poor housing and unhygienic, unsafe working conditions. These hazards are responsible for about one quarter of the burden of disease and almost 20% of deaths. In the European Union alone, an estimated 348 000 premature deaths occur due to air pollution, with a monetary value of damage to human health from air pollution estimated at €190–610 billion annually. Every year, 330 000 cases of water-related diseases are reported in the European Region, and 68 000 people die from water-related causes. Annually, 2.2 million years of healthy life are lost to water-related diseases and 85 million people, including 20 million in the European Union, do not have toilets at home. The mandate of the European environment and health process, of which the Regional Office acts as the Secretariat, is to improve public health in this programme area.

35. There are considerable discrepancies in health outcomes between and within countries in the Region. For example, the difference between the highest and lowest maternal mortality ratio in the region is estimated to be 35 times, while that for child mortality is estimated to be 30 times. More than half of all child deaths are preventable. Limited data are available on adolescent risk behaviour; however, one fifth of all 15-year-olds drink alcohol at least once a week and use of contraceptive pills at last intercourse in sexually active 15-year-olds varies in the European Region from 2% to 62%. Many Member States have asked for technical support, as 2015 is the target year for achieving the goals of the programme of action of the 1994 International Conference on Population and Development and Millennium Development Goals 4 (child health) and 5 (maternal health).

36. Ageing and health is a relatively new programme area in the Region, having gained momentum after endorsement of the Regional strategy and action plan for healthy ageing in Europe 2012–2020. The Region is committed to promoting the bottom-up movement for age-friendly cities and communities in Europe, which is particularly relevant in the current economic situation in many countries, where the populations continue to age rapidly.

37. Category 3 also includes two cross-cutting programme areas that reflect the basic values for all work in the Region, as reflected in Health 2020, namely mainstreaming gender equality, equity and human rights and social determinants of health. While much of the work will be to inform and integrate within other technical programmes, Member States are requesting greater capacity to use the health-in-all-policies approach, for intersectoral action and for shared governance and social participation to address the social determinants of health.

Reproductive, maternal, newborn, child and adolescent health

38. A number of tested intervention packages are available in this programme area to reduce morbidity, mortality and inequity. Many countries have requested technical support to implement the WHO Effective Perinatal Care package for care 24 hours around delivery, regular assessment of the quality of maternal and newborn health care, with special attention to vulnerable population groups (output 3.1.1); the Integrated Management of Childhood Illnesses (output 3.1.2); and Regional Office tools for comprehensive health education, including sexuality, family planning and prevention of unsafe abortion (output 3.1.3).

39. Although these tools have generally been shown to work, some countries have requested capacity-building in conducting research to determine which work best (output 3.1.4).

Ageing and health

40. Updated and new WHO tools for local action, target setting, monitoring and evaluation will be prepared in 2014–2015 as a joint project with the European Commission Directorate-General on Employment, Social Affairs and Inclusion. After adoption of the strategy and action plan for healthy ageing in Europe, 2012–2020, some Member States requested technical support for preparing policy documents and action plans on healthy ageing. Support will be given for policy coordination and cross-sectoral action, in line with Health 2020, including exchange of good practices in implementing priorities in the WHO action plan for healthy ageing (output 3.2.1). The Regional Office will provide technical support to Member States in implementing evidence-based health and social policies through a life-course approach.

41. A number of countries have also requested technical support for implementing the WHO-recommended measures and models for monitoring and quantifying the diverse health needs of older people in order to shape and guide future national strategies, interventions and services (output 3.2.2).

Mainstreaming gender equality, equity and human rights

42. This programme area is a key cross-cutting area and one of the pillars of Health 2020. The focus of the Regional Office is twofold: to mainstream gender equality, equity and human rights approaches throughout the Secretariat and programme areas of the Regional Office as part of the WHO reform process (output 3.3.1) and to strengthen country capacity to integrate and monitor gender equality, equity and human rights in their health policies (output 3.3.2). This will include mainstreaming of gender equality and human rights in implementing Health 2020.

Social determinants of health

43. Social determinants of health are integral to all programme areas; however, established, results-oriented, intersectoral dialogue and cooperation are necessary among Member States, as recommended in World Health Assembly resolution WHA62.14 in 2009 and by the Helsinki Statement on Health in All Policies in 2013. Many countries in the Region have requested technical assistance in order to assess their governance mechanisms and their effect on the social determinants of health, to exchange experiences and share best practices with other countries and to expand the knowledge of officials at all levels of government through country assessments and capacity-building, including training and knowledge development and sharing (outputs 3.4.1 and 3.4.2).

Health and the environment

44. Modern approaches to environmental health recognize the complexity of the effects of the environment on human health and of human activity on the environment, indicating the use of broad multisectoral action in addressing environmental health determinants. The aim of technical work in 2014–2015 will be to increase recognition of how public health is affected by policies in sectors other than health, such as transport, energy, urban planning, land and water management, industry and employment.

45. The Secretariat will continue to work with countries and partners on a broad range of environmental risks to health that require cross-border collaboration and collective action, including the longer-term threats posed by climate change, loss of biodiversity, scarcity of water and other natural resources, chemicals and new technologies such as nanotechnologies and industrial pollution (output 3.5.1). Member States will be supported in meeting their

commitments made at the Fifth ministerial conference on environment and health held in Parma in 2010, monitoring progress towards those targets and producing evidence. The Regional Office will provide Regional and global normative guidance in its areas of unique expertise, such as air quality and noise (output 3.5.2).

46. WHO will continue to support the joint secretariats of multilateral programmes and agreements, such as the Protocol on Water and Health and Transport and Health Pan-European Programme, and the operations of the European Environment and Health Ministerial Board and Task Force and their subsidiary bodies; facilitate engagement of a broad range of stakeholders in the process; advocate across sectors for national and international action on health and environment and health in sustainable development; and lead in preparing the agenda for the sixth ministerial conference in 2016 (output 3.5.3).

47. Within category 3, technical support to countries will be tailored to each country's context and, when feasible, provided in collaboration with or through Regional networks and WHO collaborating centres. Owing to the cross-cutting nature of several of the programme areas in this category, however, support will also be provided through other Regional Office programmes.

Category 4

48. Category 4 covers four programme areas: national health policies, strategies and plans; integrated people-centred health services; access to medicines and health technology and strengthening regulatory capacity; and health systems, information and evidence.

49. Health systems are themselves important social determinants of the level and distribution of health, and some of the inequities observed in the health outcomes in categories 1–3 and 5 have their roots in inequitable health systems. These include the way health systems are organized, their policies, how they are financed, how services are delivered and the skills and attitudes of the staff. Health systems across the Region are also under external pressure due to lack of financial sustainability in times of austerity, greater vulnerability of large segments of the population due to the economic crisis, and noncommunicable and communicable diseases in an ageing population, many of whom have co-morbid conditions.

50. WHO is recognized in this area for its neutrality and the specificity of its advice to Member States and there is extensive demand from all parts of the Region for technical support in the programme areas in this category. In responding to this demand, the aim of the Regional Office is to reduce the health divide among countries and draw on and strengthen their capacity for policy formulation and change.

51. The largest proportion of the budget for this category is allocated to national health policies, strategies and plans. The aim of this programme is to provide advice to Member States on policy for using the multisectoral approach to address the determinants of health and strengthen health systems, as foreseen in Health 2020 and in support of universal health coverage. The programme area also covers policies and strategies for health financing and the sustainability of health systems, which is essential in the current economic situation of Member States. The second largest budget allocation is for integrated people-centred health services, which addresses health services themselves, including access, avoiding fragmentation, overly focusing on hospital curative care and poor continuity of care. The growing prevalence of chronic noncommunicable conditions and ageing populations calls for affordable long-term care, high-quality palliative care and better links between medical and social services.

52. About one third of the budget is allocated to access to medicines and health technologies and strengthening regulatory capacity and to health systems, information and evidence. Both

programme areas have high demands from Member States and are the basis for evidence-based policy and operational decision-making. In addition, the latter is essential for monitoring progress and achievements in the health of the populations of the Region, including for Health 2020.

National health policies, strategies and plans

53. Comprehensive policies for health and well-being that involve different sectors at national and subnational levels are essential for implementing Health 2020. Such policies provide an "umbrella" of shared values, fostering synergy, coherence and integration and promoting transparency and accountability. It will be particularly important to strengthen the leadership of the health sector in collaborating with other sectors. Moving health up the government agenda, making Health in All Policies a reality and promoting intersectoral action to address the determinants of health require appropriate processes, structures and institutional arrangements at all levels of governance. This can be achieved by improving capacity for whole-of-government and whole-of-society approaches. In order to support uptake and implementation of Health 2020, the Regional Office is preparing a nine-component package of materials and services for countries and stakeholders to assist them in devising national health policies, working with other sectors and introducing shared governance approaches. The Health 2020 package will provide a standard menu of guidance tools and services to achieve agreed outcomes and a framework for making links between outcomes. The support provided by the Regional Office will include awareness events or launches (country or intercountry); courses in leadership and diplomacy; and dialogue, consultations by accredited experts, strategic workshops and tailor-made events for groups of countries on policy. Various means of communication and platforms, knowledge transfer events and forums will be used (output 4.1.1).

54. Health financing and the sustainability of health systems are critical aspects of the work of the next biennium. The main initiatives will be reporting on universal coverage, lessons learnt from the response to the global economic crisis, technical assistance to strengthen Member States' institutional capacity to address health financing, and policy briefs on health financing arrangements to better address priorities such as noncommunicable diseases (output 4.1.2).

Integrated people-centred health services

55. Many countries have requested technical assistance for the two outputs in this programme area, in line with Health 2020: high-quality, people-centred public health services under the umbrella of universal health coverage in a continuum from promotion to palliation. A specific focus will be overcoming barriers to achieve better outcomes in noncommunicable diseases and multidrug-resistant tuberculosis and preparation of an action framework for coordinated, integrated services delivery (output 4.2.1).

56. The role of nursing in primary health care will be extended and technical guidance will be given for requalification of the health workforce to integrate public health actions into primary health care (output 4.2.2).

57. Output 4.2.3, Patient safety, quality of services and patient empowerment, will not be pursued as a separate output in the 2014–2015 biennium.

Access to medicines and health technology and strengthening regulatory capacity

58. Access to essential medical products and high-quality technology is part of the right to health and is a key component of equity, especially for vulnerable groups. Many Members States have requested technical assistance in this area. Member States vary widely with respect

to access to diagnostics and medications. Increases in out-of-pocket expenditure have been seen in several countries, with a negative impact on universal health coverage. Production of evidence as a basis for policy decisions is a priority in the programme area, including creation of a database on use of antimicrobial agents in non-European Union countries, collection and analysis of data and assessment of national pharmaceutical capacity, assistance in devising policy, rational use, regulation reviews and pricing studies (output 4.3.1).

59. The Regional Office will continue to report on research and development for implementing the global strategy and plan of action on public health, innovation and intellectual property (output 4.3.2). Regulatory assessments, strengthening the capacity of national authorities and prequalification of medicines are improving access to good-quality, affordable medicines and promoting transfer of technology and innovation, for which some Member States have requested technical support (output 4.3.3).

Health systems, information and evidence

60. With adoption of Health 2020 and targets and indicators, the WHO Regional Office for Europe will increase its support to Member States for describing the distribution of health and well-being in their populations. Good information on health is the basic condition for reporting on targets, including the new area of well-being. Many countries have requested technical support for this area (output 4.4.1). The Regional Office has increased its capacity to support Member States in formulating e-Health strategies and implementing the recent World Health Assembly resolution WHA66.24 on eHealth standardization and interoperability (output 4.4.2). Many Member States have requested technical support for capacity-building in knowledge translation and evidence for policy-making through the newly established EVIPNet Europe. In addition, a health information strategy for Europe is being prepared for the 2014–2015 biennium by an ad hoc working group led by Member States. Within the strategy, the Regional Office will continue to publish high-quality training materials, Regional serials, information products and reports, support use of the Regional Index Medicus databases and manage the Regional collaborating centres and advisory committees (output 4.4.3).

61. The re-established European Advisory Committee on Health Research reports to the Regional Director and advises her on setting the health research agenda for the Region. Mapping of research capacity in the Region will be completed and the Committee will provide guidance on responding to the recommendations of the Consultative Expert Working Group on Research and Development and the subsequent World Health Assembly resolution WHA66.22, in which demonstration projects across the Region are identified for the upcoming biennium (output 4.4.4).

62. The Regional Office's contributions to the outputs and outcomes in category 4 will be made through extensive consultation, internal peer review and external expert panels, joint planning with WHO collaborating centres, strong partnerships with institutions such as those of the European Union and the Organisation for Economic Co-operation and Development, knowledge transfer between countries, inter- and multicountry approaches and technical support to countries, when requested.

Category 5

63. Category 5 covers the programme areas alert and response capacity, epidemic- and pandemic-prone diseases, emergency risk and crisis management, food safety and two emergency areas, eradication of poliomyelitis and outbreak and crisis response.

64. The growth of the world's population, coupled with unprecedented increases in travel, trade and migration around the world, make the European Region more vulnerable to the risks

of disease importation and spread. Recent decades have seen the emergence of new challenges for cross-border disease control, such as pandemic influenza, the resurgence of poliomyelitis, emerging pathogens, armed conflicts and natural disasters. These can have major health, political, social and economic repercussions. Antimicrobial resistance, and particularly resistance to antibiotics, is an increasing problem for public health. In some countries in the Region, resistance has been found in over 50% of some pathogens, and new resistance mechanisms are emerging and spreading rapidly. Food contamination is common throughout the Region, even in the most developed countries, and foodborne diseases have reached epidemic proportions in several Member States.

65. The Regional Office will address these issues by continued implementation of the *International Health Regulations (2005)* (IHR) and improving national core capacity for surveillance and response, improving influenza surveillance and pandemic preparedness, implementing the Regional strategic action plan on antibiotic resistance, sustaining its polio-free status and eradication strategies, including changing from live to inactivated polio vaccines and strengthening health sector preparedness for mass gatherings and humanitarian crises. Laboratory capacity, addressed in several programmes in categories 1 and 5, will be critical in providing support for rapid detection and response to infectious disease outbreaks.

66. Multilateral agreements, such as IHR and Codex Alimentarius, and World Health Assembly and Regional Committee resolutions on polio eradication, influenza and pandemic preparedness, the pandemic influenza preparedness framework and the Regional strategic action plan on antimicrobial resistance, will guide the work during 2014–2015.

67. While the European Region enjoys polio-free status, the large outbreak in 2010 in central Asia and environmental surveillance findings of wild poliovirus in sewage samples in the absence of clinical cases underline the vulnerability of the Region. Until poliovirus is eradicated worldwide, all polio-free regions, including the European Region, remain at risk of importation.

Alert and response capacity

68. During 2014–2015, work will continue in advocating and increasing the awareness and commitment of health authorities regarding IHR and its implementation at national and international levels, supporting national capacity strengthening and developing regional and national tools, training, guidelines and action plans for disease surveillance, risk assessment, preparedness and response, including pandemic preparedness. National IHR focal points and other national staff will be trained in events-based surveillance and policy and technical support will be given for national laboratory networks to ensure high-quality systems, laboratory diagnoses and biosafety (output 5.1.1).

69. The Regional Office will continue to ensure that the IHR contact point for the European Region is operational 24 hours a day, 7 days a week and to support Member States in timely sharing of information on any public health event in the Region that may constitute a public health emergency of international concern (output 5.1.2).

Epidemic- and pandemic-prone diseases

70. The focuses in this programme area are influenza and other respiratory pathogens and antimicrobial resistance. Many Member States have requested technical support for strengthening intersectoral coordination and preparing operational plans for improved national resilience and preparedness for pandemic influenza, epidemic and emerging diseases and antimicrobial resistance (output 5.2.1).

71. Work on influenza and other respiratory pathogens will be focused on strengthening virological and epidemiological surveillance for seasonal influenza, influenza-like illness and

severe acute respiratory infections; using surveillance to estimate the burden of influenza in order to set priorities for national influenza vaccination programmes; and strengthening pandemic preparedness in all countries in collaboration with Regional partners and organizations, such as the European Union. Monitoring will continue of the emergence of other pathogens that could cause human cases and person-to-person transmission, such as the Middle East respiratory syndrome coronavirus. In view of the fact that there has been no systematic collection of data on the burden of antimicrobial resistance in much of the European Region, the focus during 2014–2015 will be setting up or strengthening surveillance of antimicrobial resistance through implementation of the European Strategic Action Plan (output 5.2.2).

Emergency risk and crisis management

72. Although disasters are often unpredictable, the harm they cause can be mitigated or partly prevented. The Regional Office health crisis management framework combines early warning, surveillance and monitoring of infectious diseases and humanitarian and environmental events. Many Member States have requested technical support for capacity assessment and strengthening for all-hazard emergency and disaster risk management for health (output 5.3.2). During 2014–2015, further emphasis will be given to maintaining, strengthening and updating procedures and infrastructure, in line with the global WHO emergency response framework, which relies on regional capacity for emergency preparedness, alert and response (output 5.3.3).

73. Outputs 5.3.1 and 5.3.4 will not be addressed separately during the coming biennium.

Food safety

74. Several Member States have requested technical support for multisectoral collaboration to reduce foodborne risks to public health (output 5.4.2) and to increase national capacity to establish and maintain risk-based regulatory frameworks (output 5.4.3). The Regional Office will also continue to support the work of the Codex Alimentarius Commission, guiding countries in implementing food standards, guidelines and recommendations (output 5.4.1).

Eradication of poliomyelitis

75. The Regional Office will continue to assess and address Regional risks for importation of poliovirus. It will also provide support to Member States to sustain the polio-free status of the Region and be prepared for the polio end-game by coordinating and monitoring surveillance and immunization, providing technical guidance and helping to ensure sustained political commitment to the global polio eradication initiative (output 5.5.1). Technical assistance will be provided to Member States in the context of planned withdrawal of live polio vaccine with the introduction of inactivated polio vaccine, including regulatory, operational and associated decision-making assistance (output 5.5.2).

76. Outputs 5.5.3 and 5.5.4 will not be addressed in 2014–2015.

Outbreak and crisis response

77. The new global WHO emergency response framework sets out the changes and resources that will be necessary at all three levels of the Organization so that they can fulfil their roles as leaders of health clusters and in humanitarian and public health emergencies. The Regional Office will support Member States in responding to and recovering from disasters and health crises, following an “all-hazard, whole-health” approach (output 5.6.1).

78. The Regional Office will contribute to category 5 by close collaboration with WHO headquarters, the other WHO regional offices, United Nations bodies, the World Organisation for Animal Health, other Regional partners and particularly the European Commission and its

technical institutions, such as the European Food Safety Authority and the European Centre for Disease Prevention and Control. Given the interconnectivity of countries in the European Region, strengthening the health sector's capacity for preparedness, prevention, surveillance and response, including environmental emergencies, is of importance to all 53 Member States. The contribution of the Regional Office in this area will be delivered in three modes–country-specific, multicountry and intercountry–according to country needs. In general, country-specific support will be provided to those that need it most and particularly to Member States that have requested an extension for IHR core capacity-building, the preparation of preparedness plans and the strengthening of surveillance and response capacity.

79. Activities to strengthen preparedness will be based on an all-hazards approach and conducted in partnership with WHO collaborating centres, specialized offices such as the WHO Lyon Office for IHR capacity-building, other relevant institutions and countries with greater experience in this area. The activities will include on-site assessments in countries, complemented by capacity-building at regional and national levels, training programmes and technical support. In emergencies, WHO will give direct support to the affected countries, particularly in risk assessment, risk communication and emergency response.

Category 6

80. Category 6 covers managerial priorities for 2014–2015 in five areas: leadership and governance; transparency, accountability and risk management; strategic planning, resource coordination and reporting; management and administration; and strategic communication.

81. Since 2010, the WHO Regional Office for Europe has tried to reduce costs in the areas covered by category 6, while maintaining the level and quality of service and to shift resources to technical work. The main emphasis has been to improve efficiency while meeting increasing demand, for example, for governance. It has not been possible to maintain the capacity in some areas, however, such as core staffing of country offices, monitoring and evaluation and some managerial and administrative functions. One result has been that technical units have an increased administrative burden as some functions are no longer centralized.

82. There are two reasons for this situation. Firstly, the European Region has the smallest overall budget of any region[4], but the largest number of Member States. Second, the resources that can be used for category 6, that is, assessed contributions, programme support cost revenue and post occupancy charges, have not kept up with price increases. It is expected that the situation will improve once new budget allocation mechanisms are in place for the 2016–2017 biennium.

Leadership and governance

83. WHO representatives and heads of country offices will receive regular, effective training for implementation of Health 2020 and other technical areas. Country offices will therefore be able to take a stronger role in managing and providing technical support to Member States. Five countries, Belgium, Cyprus, Greece, the Russian Federation and Turkey, have requested country cooperation strategies in 2014 in setting priorities for WHO technical cooperation. The Swiss country cooperation strategy will start implementation alongside the biennial collaborative agreements being established with more than 29 countries. Global assessments of the performance of country offices will be followed by a strengthened team for strategic relations with countries. Further inter- and multicountry work will be conducted to ensure exchanges of

[4] Except for the WHO Regional Office for the Americas, where WHO provides only about one third of the combined budget with the Pan American Health Organization.

expertise and lessons learnt. Bilateral and multilateral country partnerships and networks, such as the South-eastern Europe Health Network, will continue to be assisted by the Regional Office to ensure continued strategic dialogue and cooperation among countries with similar geopolitical and epidemiological backgrounds (output 6.1.1).

84. Since 2010, the Regional Office has strengthened its cooperation with partners such as the European Union and its institutions, the Organisation for Economic Co-operation and Development, the Global Fund, United Nations agencies and many nongovernmental organizations. It will be important to find ways of increasing collaboration with other entities, such as parliaments and civil society. Joint efforts with United Nations agencies through the United Nations Regional Directors Team and the Regional Coordination mechanism to achieve the Millennium Development Goals are being explored. Support will be given to make WHO country offices even more effective members of United Nations country teams, including within United Nations Development Assistance Frameworks. Partnerships will also be used for implementation of WHO reform, including "hosted partnerships", and for finding strategies and mechanisms to facilitate WHO's collaboration with nongovernmental organizations and other non-state actors (output 6.1.2).

85. The Regional Office will continue to support Member States at governing body functions and meetings at both global and Regional levels by providing communications in the official languages of the Region and giving briefings for sessions of the World Health Assembly, the WHO Executive Board and the Regional Committee. Alignment with global debates will be assured by Regional reporting on categories during the Regional Committee meeting and by explicit inclusion in the Regional Committee agenda of items referred by the World Health Assembly for regional input. Transparency and communication with Member States on the work of the SCRC will be further strengthened (output 6.1.3).

86. Since 2010, the Regional Office has been changing, including many elements of WHO reform, such as: better integration and performance of country offices, results-based management with enhanced accountability internally and to the governing bodies on results and use of resources and a greater, better defined role of the SCRC and the Regional Committee itself. These efforts are fully aligned with WHO-wide reform, including the recently approved General Programme of Work and the programme budget. An area of great importance to WHO and the Regional Office, which is still outstanding, is financing reform (output 6.1.4).

Transparency, accountability and risk management

87. A compliance team is in place and will continue to manage the risks associated with the procurement of goods and services in the next biennium. For complete implementation of the risk management framework, a system of focal points working with standard, uniform procedures has been devised. A group of finance and administrative staff from country teams are pilot-testing the training material, which will be used more widely in the next biennium. In collaboration with WHO headquarters and the country offices, the Regional Office is now preparing its own risk register (output 6.2.1).

88. The Regional Office is an active participant in the Organization-wide evaluation network, in close collaboration with the United Nations Office of Internal Oversight Services, to implement the evaluation policy and further develop and strengthen a technical evaluation culture in the Regional Office. An evaluation plan for the coming biennium will be discussed with the SCRC later in 2013 (output 6.2.2).

89. The Regional Office is committed to ethical behaviour, decent conduct and fairness and supports the activities of the Regional board of appeal, the Ombudsperson and the Staff

Association on internal justice in the Regional Office and in country offices. It is fully committed to the global work in this area (output 6.2.3).

Strategic planning, resource coordination and reporting

90. Efforts will continue to ensure that the revised results-based framework and related operational planning are fully implemented and aligned with the global timetable to ensure readiness for strategic, bottom-up operational planning in 2016–2017 and alignment of human resources plans and budgets with Regional priorities. The Regional Office will further strengthen performance monitoring and accountability management, including the quarterly executive management reports covering all aspects of programme budget implementation. The main findings will be presented at regular intervals to the SCRC to assist it in its supervisory role. A 6-monthly performance assessment cycle will continue to ensure timely, accurate information for decision-making (output 6.3.1).

91. Resource mobilization, coordination and management are immediately affected by WHO reform, which includes: approval of the programme budget in its entirety by the World Health Assembly; the shift of assessed contributions from the budget appropriated by the World Health Assembly to a corporate resource managed by the Director-General; and the newly established corporate financing dialogue, with the expectation that the programme budget will be nearly fully funded at the start of the biennium. Resource mobilization will therefore take on a more corporate shape and resources will be allocated to fund the approved budget rather than by donor earmarking or by resource mobilization by individual programmes. The Regional Office is already well equipped for these changes, having in place effective management tools, routines and practices for resource allocation and monitoring. Further, a process to improve the quality of donor proposals and agreements and the quality and timeliness of reporting to donors has been devised for the supplementary resource mobilization that will remain after the financing dialogue (output 6.3.2).

Management and administration

92. The Global Management System opened the way for more transparent, effective tracking of expenditures and income and, in general, more accurate accounting and management of the budget. Faster, more accurate tracking of resources and expenditures will improve the basis for management decisions on resource coordination and management (output 6.4.1).

93. Effective, efficient human resources management systems and procedures will continue to be a high priority, particularly as about 60% of all expenditure in the Region is related to staff. This includes facilitating workforce planning within results-based management, follow up with timely staffing, outreach and talent management programmes. In addition, organizational development activities will be promoted to strengthen and motivate the workforce, improve performance management and ensure appropriate implementation of staff rules, regulations, policies and procedures (output 6.4.2).

94. In 2014–2015, the focus of information and communication technology (ICT) will be harmonization and modernization of solutions in the areas of communication, collaboration, information-sharing, availability of services and solutions for remote locations and universal access to ICT services. Further, the ICT support provided by the Regional Office will be consolidated and harmonized across the Region. The approach will be based on using global, shared solutions, while ensuring that the model accommodates specific needs. The coming biennium will see phase II of the United Nations City, accommodating additional United Nations organizations and providing ICT services to both United Nations campuses in Copenhagen. The work will include establishing relevant ICT governance and appropriate support mechanisms (output 6.4.3).

95. The operational and logistical system in place will be consolidated to ensure effective support to all functions of the Regional and country offices. The procedures were recently reviewed to better focus on preventive measures and more effective provision of logistics support, procurement and asset management. The workforce is now being trained in the new procedures, so that 2014–2015 can start on healthy, sustainable grounds (output 6.4.4).

Strategic communications

96. The Regional Office's communications strategy, aligned with the global strategy, will strengthen strategic communication, media relations and marketing of WHO's identity. It will include advocacy, communications during emergencies, managing media relations, capacity-building in countries, news releases, social media outreach and public health campaigns. Guidance and training will be conducted to increase the competence of staff across the Region, including media relations, risk communication and web and social media. Networks and partnerships will be strengthened with communications, media and other relevant practitioners at Regional level, coordination with WHO headquarters and support to countries (output 6.5.1).

97. The public web site will be maintained, with high-quality content and modern, innovative technology, in order to remain an effective support for the Organization's programme objectives and to support the Member States in the Region. In-house multimedia production capacity will be strengthened to both modernize and capitalize on current multiple-media trends and thereby increase communication and information outreach (output 6.5.2).

Budget and financing

Budget

98. The breakdown provided in the programme budget 2014–2015 is an allocated budget based on past numbers with some strategic adjustments. The allocation, however, does not take into account shifts in country needs.

99. The current operational budgeting is based on detailed costing of inputs, including staff time required to produce each deliverable for each output in each country. Once operational costing at a detailed level has been completed and aggregated, the budgets for programme areas will probably differ from those in the approved programme budget. It is assumed, however, that budgets can be shifted across programme areas within the same category and, to a lesser degree, across categories if required.

Financing

100. The financing situation and modalities in early August were radically different from those at the same time in the past biennium. As part of its reform, WHO has embarked on a process that includes "financing dialogue" with both Member States and other contributors of voluntary resources, with the goal of ensuring full, upfront funding of the programme budget. Further, also as part of the reform, the World Health Assembly has for the first time not appropriated the assessed contributions, and the approved programme budget does not indicate the allocation of assessed contributions by major office.

101. The aim of this reform is to ensure better alignment of resources with approved priorities and to enhance predictability. The short-term effect, however, is that little is known about actual funding for the coming biennium. For example, the total resources currently available to the WHO Regional Office for Europe for 2014–2015 are US$ 8.3 million. At the time of the

Regional Committee meeting, an information document will provide more details, including a breakdown by Programme and output area, as well as voluntary funds expected with some certainty as they are earmarked for the Regional Office. It is assumed that the financing dialogue will lead to fully aligned funding of the programme budget and, if there is any shortfall, that the assessed contributions and funding from the core voluntary contributions account will be allocated to major offices and categories to compensate for any misalignment.

Accountability

Global framework

102. Global monitoring of the programme budget will focus on delivery of outputs and use of strategically allocated resources. For each output, the programme budget defines an indicator with which progress will be measured. It further states the baseline and the target for each indicator to be achieved by the end of the biennium. The process for assessment and review will continue to be used; however, the tools and processes will be strengthened to increase rigor, including introduction of greater objectivity in reporting and, where appropriate, use of independent expertise and more robust methods, in line with WHO's new evaluation policy. An Organization-wide mid-term review will take place at the end of the first year of the biennium, with a more comprehensive performance assessment at the close of the biennium.

103. Priorities for in-depth evaluations will be agreed with Member States by the Evaluation Management Group in the context of the new evaluation policy. The priorities may be Programme areas, cross-cutting themes or leadership. In line with the evaluation policy, each exercise will be designed to ensure objectivity, with independent expertise used as required.

104. The results of monitoring and evaluation will be used to address under-performance or to form the basis for strategic scaling-up of activities to achieve results or to guide subsequent planning cycles.

Framework of the WHO Regional Office for Europe

105. The Regional Office's accountability is defined within the global accountability framework. Thus, the focus of technical delivery is the outputs, their indicators and their baselines and targets as they pertain to the Region. The measures used in 52 (78%) of the 67 output indicators in the technical categories (1–5) are numbers, proportions or percentages of countries. The measure of output achievement is thus similar to that of the Regional Office outcomes for 2012–2013, namely "uptake by countries". Member States and the Regional Office programmes are therefore already familiar with the basis for the framework. It also means that achievement of the output indicator targets is not the sole responsibility of the Secretariat but a joint responsibility with individual Member States, as for the current Regional Office outcomes. Work is under way to determine which countries are part of the baseline and the target for the biennium and which will work to maintain their status or be part of the target for the coming biennium. The result will, of course, be verified with the Member States concerned.

106. The Regional Office has a well-established framework for accountability, developed with Member States and the SCRC during the past few years, which could readily be adapted to the programme budget 2014–2015.

107. **Biennial collaborative agreements** with individual Member States define which outputs[5] the Member State and the Secretariat will achieve during the biennium and also specify which "deliverables" will be provided by the Secretariat. These agreements are an integral product of operational planning and are thus the basis for direct accountability with regard to the Member State as well as for aggregate accountability.

108. Two internal management instruments are in place to monitor technical, financial, administrative and managerial performance. **Executive management reports** are prepared quarterly; they mainly summarize data from the Global Management System and analyse them to provide early warnings and suggest possible corrective managerial action. The **6-monthly office-wide performance assessment reviews** primarily document technical achievements, opportunities and constraints. They form the basis for any reprogramming required, that is, adjustments to operational plans. The second and fourth office-wide performance assessment reviews are integral parts of the global mid-term and end-of-biennium reviews.

109. While pilot-testing use of the programme budget for accountability (document EUR/RC61/Inf.Doc./10), the Secretariat and the SCRC prepared a format for an **SCRC oversight report**, to be prepared twice a year, covering technical achievements, opportunities and constraints and important financial, performance and administrative aspects. This report is part of the SCRC's supervisory function, including reporting to the Regional Committee. As part of WHO's new evaluation policy, a **WHO Regional Office for Europe evaluation plan** will be prepared and will be discussed with the SCRC. The SCRC will also monitor its implementation. The Regional Office plan will be a component of the Organization-wide evaluation plan.

110. This document does not contain numbers for *inter alia* results, budgets and financing because operational planning is still under way. Shortly before the Regional Committee meeting, an information document will be issued, containing the latest data from operational planning, including:

- Member State engagement by output;
- budget information, including comparisons between the programme budgets 2012–2013 and 2014–2015 and operational planning for 2014–2015; and
- the financial situation for 2012–2013 and the current outlook for 2014–2015.

111. The content of the information document may change, however, as discussions on priorities with Member States will continue until shortly after the Regional Committee meeting.

[5] Referred to as "outcomes" in the 2012–2013 biennial collaborative agreements.