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Regional plan for implementation of programme budget 2016–2017 in the WHO European Region

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The programme budget (PB) 2016–2017 (see document A68/7) was approved by the Sixty-eighth World Health Assembly in resolution WHA68.1 in May 2015. This regional plan for implementation provides the contribution of the WHO European Region to the global outcomes and outputs defined in PB 2016–2017, with specific indicators of achievement at the regional level.

This document therefore constitutes a new iteration of the contract between Member States and the WHO Regional Office for Europe and, as such, forms the principal means for the programmatic and budgetary accountability of the Regional Office in 2016–2017. It should be noted that this plan contains objectives at both the outcome level (meaning joint responsibility of Member States and the Secretariat) and the output level (exclusive responsibility of the Secretariat), and that by approving it, Member States will undertake to work towards achievement of the joint objectives set out in this document.

This regional plan for implementation of PB 2016–2017 is submitted for approval by the Regional Committee.

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Executive summary

1. The programme budget (PB) 2016–2017 was approved by the Sixty-eighth World Health Assembly in resolution WHA68.1 in May 2015. The global PB 2016–2017 sets out the programmatic priorities of the World Health Organization for the biennium, including a detailed results chain with indicators to measure the achievements of the WHO Secretariat, and provides budget envelopes by major office and by programme area. The work of the WHO Regional Office for Europe is contained within the global PB 2016–2017, which is the principal means for the corporate accountability of WHO as a global entity. Compared to the WHA-approved PB 2014–2015, the global PB 2016–2017 includes an 8% increase for base programmes (a total 10.3% increase if emergencies, poliomyelitis (polio) and selected partnerships are included). While virtually equal to the current allocated budget for 2014–2015, the increase for the WHO European Region is 9.2% compared to WHA-approved PB 2014–2015 levels.

2. The main purpose of this regional plan for implementation (RPI) of PB 2016–2017, to be submitted to the 65th session of the Regional Committee for Europe (RC65), is to precisely specify the European Region's contribution to the results presented in the global PB, notably the performance indicators. Additionally, the RPI contains regional programmatic considerations by category and by programme area, as well as an overview of the budget situation in the Region. As such, the RPI corresponds to the global PB and forms the principal means for the accountability of the Regional Office to its Member States.

3. This document has been significantly updated from the draft presented to the fourth session of the Twenty-second Standing Committee of the Regional Committee for Europe in May 2015. The main changes are as follows:

- refinement and completion of the European contribution to the global performance indicators included in PB 2016–2017;
- consolidation and improvement of the narrative portions covering the categories and the programme areas; and
- adjustment to global budget figures by programme area in order to reflect bottom-up planning and regional priorities.

4. This RPI takes into account the resolutions in force that require budget consideration – an important element highlighted by European Member States during regional governing body meetings. Health 2020 provides an overarching strategic direction for the work of the European Region and, as such, is considered in this first document; the Health 2020 indicators are set out in document EUR/RC65/Inf.Doc./1.

5. To conclude this document, a budget and funding overview for the Region provides some comparisons with the previous biennium. The overview also highlights adjustments made to the global PB 2016–2017 figures for the European Region at the programme area level. It should be noted that while the development process for PB 2016–2017 involved bottom-up planning and regional inputs, the final budget levels across the Organization, as set out in the WHA-approved PB 2016–2017, were determined by strategic considerations at the highest level of WHO. Although global allocations by category of the WHA-approved PB 2016–2017 are well in line with regional priorities and outcomes of the bottom-up planning, several adjustments to

budget allocations by programme area have been made. These modifications are within the delegated authority of the Regional Director and are necessary in order to bring budget allocations by programme area in line with the priorities established by the bottom-up planning process, as well as with regional strategic considerations.

6. The Annex to this document provides a comparison of the WHA-approved PB 2016–2017 against adjusted levels by category and programme area in US dollars.

7. The details for each category and programme area and the European contribution to the global results chain set out in PB 2016–2017 are presented in document EUR/RC65/Inf.Doc./1, which should be considered together with this document. Each category contains an introductory section with regional strategic considerations and budget levels by programme area. These are followed by narrative segments for each programme area, containing an analysis of challenges and opportunities in the Region and implementation strategies to achieve the results (including indicators) proposed. The final part of each category consists of the global results chain and the European Region's contribution to the indicators given in the global PB 2016–2017. The latter forms the core of the RPI and the principal means for programmatic accountability in the Region.

Developing the WHO PB 2016–2017: bottom-up planning in the context of global reform

8. PB 2016–2017 was developed in the context of WHO reform, which had a major impact on the planning process and its outcome. The results chain defined in the Twelfth General Programme of Work is used again in PB 2016–2017, with certain elements revised and improved on the basis of lessons learned in 2012–2013 and 2014–2015. The aim of PB 2016–2017 is to present measurable objectives that accurately reflect the work of the WHO Secretariat and the impact of that work in the countries that the Organization serves.

9. A major global initiative that has had an impact on PB 2016–2017 is the work on strategic budget space allocation. The issue of finding a rational, fair and equitable methodology for allocating the biennial budget between headquarters and the six WHO regions was already a key reform topic in 2014. The Executive Board established the Working Group on Strategic Budget Space Allocation to coordinate and to manage the process.

10. As an outcome, the Executive Board adopted a model for technical cooperation at the country level. The agreed model would lead to an increase from the current 5% to 6.4% of the global allocation to budget segment 1 for the European Region.

11. The financing dialogue, used for the first time as the principal resource mobilization tool for PB 2014–2015, has an impact on how PB 2016–2017 has been formulated and on how it will be implemented. The objective of a fully funded programme budget increases the alignment of actual funding and implementation to the plans set out in the approved programme budget. While PB 2014–2015 is a transition biennium in that respect, it is expected that the groundwork laid in the preparation of

PB 2016–2017 will result in a much closer alignment of Member States' priorities with the actual work that is funded, and will hopefully attract additional donors.

12. Matrix management has been a challenge for WHO, as it has been for many other large organizations, both public and private. Nevertheless, the latest attempt to use a matrix approach for planning through the category and programme area networks as part of WHO reform was successful in the preparation of PB 2016–2017. These networks, composed of designated focal points at the country, regional and global levels, have been a cornerstone in the development of globally coherent objectives. The Regional Office for Europe participated actively in the networks and benefited from them through an increased role in setting global objectives and through knowledge-sharing opportunities. It is expected that the networks will continue to play an important role in the implementation and monitoring of and reporting on PB 2016–2017.

13. The bottom-up planning process began in April 2014 and has continued into 2015. There have been the following important phases in this process:

- Defining priorities at the country level. The exercise was launched through a communication from the Regional Director to all European Member States, seeking their collaboration and input in defining the priorities for the work of WHO at the country level during 2016–2017. The priorities were selected from among the programme areas in the Twelfth General Programme of Work.
- Costing of human and financial resource requirements. This was initially done to complement the definition of country priorities, and was later refined for all budget centres (country offices and regional divisions). This is the first time that a detailed bottom-up global costing exercise has been conducted during the preparation of the programme budget; in the past, this level of detail had been applied only in the context of operational planning, long after the programme budget had been approved by the World Health Assembly.
- Development of draft staff workplans for 2016–2017. These plans were drawn up in late 2014 and early 2015 as a means for fully costing the human resources component for 2016–2017. These draft workplans have been subsequently refined as part of the operation planning process that started in mid-2015.

14. The development of PB 2016–2017 has been an iterative process, with inputs from the bottom-up planning approach collated at the regional and global levels, and global strategic decisions providing high-level direction and budget envelopes that, in turn, required reassessment of priorities at the regional and country levels. The final budgets have also been prepared with a realistic view of funding prospects.

Resolutions

15. The preparation of PB 2016–2017 included the costing of existing commitments in the form of resolutions approved by both global and regional WHO governing bodies. At the regional level, the financial implications of the draft resolutions presented to RC64 (documents EUR/RC64/11 Add.1, EUR/RC64/12 Add.1, EUR/RC64/14 Add.1 and EUR/RC64/15 Add.1) totalling US$ 22.4 million and the draft resolutions to be presented to RC65 (documents EUR/RC65/9 Add.1, EUR/RC65/10 Add.1, EUR/RC65/13 Add.1 and EUR/RC65/17 Add.1) totalling US$ 41 million are

considered in PB 2016–2017 for the WHO Regional Office for Europe, as are previous governing body commitments. The costing for each draft resolution is being presented to governing bodies along with the working document itself.

Health 2020

16. The definition of the strategic health priorities for the WHO European Region for 2016–2017 is guided by Health 2020, the European policy framework for health and well-being, which was endorsed by RC62 in resolution EUR/RC62/R4 in September 2012. Health 2020 was designed as a value-based, evidence-informed policy and strategy that would continue to promote the health and well-being of the people of the European Region, while at the same time addressing the health inequalities that affect the Region. Fulfilling the promise and the potential of Health 2020's vision and approach has implications for the work of the entire Regional Office at both the technical and country levels.

17. The bilateral collaborative agreements and the country cooperation strategies are important components that facilitate an understanding of how a country intends to promote the Health 2020 vision in the national context and how the Regional Office can support those efforts, at both the strategic level and with specific technical approaches. In 2016–2017, the Regional Office will continue to support Member States in developing new national health policies aligned with Health 2020 or in updating existing ones; at the same time, it will support countries in their policy development efforts in thematic areas, such as a multisectoral strategy for noncommunicable diseases (NCDs), a public health policy or strategy and national plans for health systems strengthening. The Regional Office will also support countries in building capacity for whole-of-government and whole-of-society approaches and in establishing and running multisectoral committees.

18. In 2014–2015, the Regional Office has prepared detailed roadmaps for the next steps in the strategic implementation of Health 2020 in each country. On the basis of lessons learned from that biennium, this work will continue in 2016–2017. The targets and indicators for Health 2020 are set out in the Annex contained in document EUR/RC65/Inf.Doc./1, as these relate to and provide the context for the indicators in the categories section.

Regional budget overview

19. The overall global budget for 2016–2017 is 8% higher than the WHA-approved PB 2014–2015 for the base programmes, excluding polio and outbreak and crisis response, as well as special arrangements such as tropical disease research and research in human reproduction. The regional budget for the WHO Regional Office for Europe is increased by 9.2% compared to the WHA-approved PB 2014–2015. The Regional Office's share of the global base programmes budget is 7%.

20. Table 1 below shows the regional PB 2016–2017 by category in relation to the WHA-approved and the current allocated PB 2014–2015. In line with country priorities as well as global priority setting, technical categories 1, 2, 4 and 5 will have an

increased budget in 2016–2017. These increases are in response to the lessons learned from the recent Ebola outbreak, as well as the scaling-up of work on antimicrobial resistance and hepatitis. The Regional Office's support to countries for combating the emerging epidemic of NCDs in 2016–2017 will require greater emphasis and resources, which is reflected in the increase for category 2. Similarly, the Regional Office's work to strengthen institutional capacity in emergency risk and crisis management and to establish a geographically dispersed office (GDO) for preparedness for humanitarian and health emergencies in Turkey will also require an increased budget in category 5.

21. In relation to governance and management (category 6), the Regional Office will focus on fulfilling the recommendation of the Joint Inspection Unit in 2012[1] to strengthen the WHO country presence, as well as on implementing reform-related initiatives, with a particular focus on transparency and accountability. These will require an increase in resources in 2016–2017.

22. The budget for polio eradication is presented as a separate budget line. The estimated budget requirement is based on the 2016–2017 biennium resource requirements outlined in the global Polio Eradication and Endgame Strategic Plan 2013–2018, resulting in the overall 85% increase in the budget of the Regional Office for this programme. The budget for outbreak and crisis response is fixed at US$ 3 million; this is an event-driven budget and will be adjusted during the 2016–2017 biennium based on actual needs as they emerge. Currently, the Regional Office has crisis response activities in Ukraine and Turkey (as a result of Syrian emergency operations); these activities are expected to be reflected in this budget line in 2016–2017.

23. The budget decrease in category 3 is a reflection of the slightly overestimated PB 2014–2015, which the Regional Office adjusted by decreasing the 2014–2015 budget, as seen in the current allocated budget.

24. Details of the budget for each programme area are included in each category description in document EUR/RC65/Inf.Doc./1 and are summarized in the Annex below. Member States may wish to note that while global allocations by category are in line with regional priorities, several modifications to budget allocations by programme area have been made in this submission for approval by RC65. These modifications have been made within the delegated authority of the Regional Director and are necessary in order to bring budget allocations by programme area in line with the priorities established by the bottom-up planning process, as well as regional strategic considerations.

25. There is a notable shift of ~10% in the base budget to country level in 2016–2017 as compared to 2014–2015. This reflects intensified country work for implementing Health 2020, aligned country priorities and regional policies and strategies put in place by the Regional Office following the resolutions approved by the Regional Committee in the past two bienniums. Based on the region-specific business model of providing technical assistance to countries, it is expected that a considerable portion of the

[1] Review of management, administration and decentralization in the World Health Organization, report by the Joint Inspection Unit. Geneva: World Health Organization; 2013 (EB132/5 Add.6, Annex; http://apps.who.int/gb/e/e_eb132.html, accessed 6 July 2015).

Regional Office's country work will be delivered by technical staff based in Copenhagen and in the GDOs (rather than having an expert for each technical area in each country office). The country-level budget therefore includes, in quantitative terms, the full support provided to countries by the Regional Office, in addition to amounts directly budgeted in the country workplans.

Table 1. Comparison of PB 2014–2015 and PB 2016–2017 for the Regional Office for Europe by category (US$ millions)

Category	2014–2015		2016–2017	PB 2016–2017 versus WHA PB 2014–2015	
	WHA-approved PB	Allocated PB	WHA-approved PB	(US$ millions)	%
1. Communicable diseases	30.60	42.33	33.80	3.20	10.5%
2. Noncommunicable diseases	32.80	29.20	33.90	1.10	3.4%
3. Promoting health through the life-course	40.10	37.75	38.30	-1.80	-4.5%
4. Health systems	44.80	48.83	48.20	3.40	7.6%
5. Preparedness, surveillance and response	13.70	18.08	21.30	7.60	55.5%
6. Corporate services/ enabling functions	54.00	54.00	59.90	5.90	10.9%
Total	216.00	230.19	235.40	19.40	9.0%
Other – polio, tropical disease research, and research in human reproduction	4.00	6.93	7.40	3.40	85.0%
Outbreak and crisis response	5.00	9.65	3.00	-2.00	-40.0%
Grand total	225.00	246.77	245.80	20.80	9.2%

26. An analysis of past programme budgets and income levels, as shown in Table 2 below, shows the realistic nature of the regional budget: the Regional Office was successful in raising 100% of its approved PB 2012–2013 and 2014–2015, and has close to full funding of the allocated budget for 2014–2015. In addition, if the level of currently available funding for 2014–2015 is compared to PB 2016–2017, reaching 100% overall funding for PB 2016–2017 is a realistic prospect.

Table 2. Past programme budgets and income for the Regional Office for Europe (US$ millions)

	PB 2010–2011	PB 2012–2013	PB 2014–2015[a]	PB 2016–2017
WHA-approved PB	261.9	213.0	225.0	245.8
Allocated PB	265.9	253.3	246.8	NA
Funds available (plus projected) for biennium	223.0	213.0	242.0	TBD

NA: not applicable; TBD: to be determined
[a] For PB 2014–2015, funds available = actual funds available as of 31 March 2015, plus projected voluntary contributions.

Financing: prospects and challenges

27. In 2012–2013, the Regional Office's programmatic work depended largely on voluntary contributions, characterized by a high level of earmarking (only about half of the available funds were fully or highly flexible) and little flexibility to fund staff costs. The direct consequences of this unpredictability and the lack of flexible funds were notable funding shortfalls for some programmes despite excellent overall funding.

28. These issues were not specific to the WHO Regional Office for Europe: the financial resources of all WHO major offices were characterized by the same lack of predictability, flexibility and alignment with results.

29. The financing dialogue, begun in 2013, aimed to improve the quality of financing for PB 2014–2015 and to address issues related to predictability, flexibility, alignment, vulnerability and transparency. Overall, the financing dialogue has led to positive results and several encouraging trends can be seen, such as a higher level of firm funding projections at the start of the biennium; an increase in the core voluntary contributions account; the willingness of some Member States to consider reallocating their funds to underfunded areas; and greater transparency through the new programme budget web portal, which provides a basis for well-informed decisions by contributors. However, there are still "pockets of poverty" in specific programmes and the predictability of funding remains limited, as donations typically do not cover multiple programme budgets.

30. Effective resource mobilization is expected to lead to a fully funded PB 2016–2017, with further progress in aligning funding to the approved budget ceilings. Tools are available at the three levels of the Organization and across categories to increase the transparency of committed financial resources, including anticipated funds.

31. Actual resources for 2016–2017 will depend partly on the impact of the financing dialogue in November 2015, the donor environment and other external factors. As mentioned above, based on the level of funding already secured for PB 2014–2015, 100% funding of PB 2016–2017 should be realistic. The Regional Office will make further attempts to align available funding with the programme budget to ensure full funding of PB 2016–2017.

Annex. Programme budget 2016–2017 for the WHO European Region by programme area (US$ millions)

	WHA-approved PB 2016–2017			WHA PB 2016–2017 adjusted			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference approved/ adjusted**
1. Communicable diseases							
HIV and hepatitis	1.9	5.0	**6.9**	2.0	5.4	**7.4**	7%
Tuberculosis	8.0	2.8	**10.8**	6.0	5.5	**11.5**	6%
Malaria	0.2	2.9	**3.1**	-	1.0	**1.0**	-68%
Neglected tropical diseases	-	0.6	**0.6**	-	0.4	**0.4**	-33%
Vaccine-preventable diseases	3.6	8.8	**12.4**	3.9	9.6	**13.5**	9%
Category 1 total	**13.7**	**20.1**	**33.8**	**11.9**	**21.9**	**33.8**	**0%**
2. Noncommunicable diseases							
Noncommunicable diseases	9.7	9.5	**19.2**	9.8	10.2	**20.0**	4%
Mental health and substance abuse	2.8	2.4	**5.2**	2.6	3.2	**5.8**	12%
Violence and injuries	1.9	5.0	**6.9**	2.0	3.6	**5.6**	-19%
Disabilities and rehabilitation	0.4	0.1	**0.5**	0.4	0.1	**0.5**	0%
Nutrition	0.3	1.8	**2.1**	0.3	1.7	**2.0**	-5%
Category 2 total	**15.1**	**18.8**	**33.9**	**15.1**	**18.8**	**33.9**	**0%**
3. Promoting health through the life-course							
Reproductive, maternal, newborn, child and adolescent health	3.0	3.5	**6.5**	3.2	3.7	**6.9**	6%
Ageing and health	0.4	1.0	**1.4**	0.4	1.0	**1.4**	0%
Gender, equity and human rights mainstreaming	0.1	0.9	**1.0**	0.1	1.0	**1.1**	10%
Social determinants of health	2.0	5.9	**7.9**	2.0	5.8	**7.8**	-1%
Health and the environment	4.1	17.4	**21.5**	4.0	17.1	**21.1**	-2%
Category 3 total	**9.6**	**28.7**	**38.3**	**9.7**	**28.6**	**38.3**	**0%**
4. Health systems							
National health policies, strategies and plans	5.2	9.8	**15.0**	5.6	10.5	**16.1**	7%
Integrated people-centred health services	6.3	9.1	**15.4**	6.6	9.5	**16.1**	5%
Access to medicines and other health technologies	1.1	6.0	**7.1**	0.8	4.4	**5.2**	-27%
Health systems information and evidence	2.7	8.0	**10.7**	2.7	8.1	**10.8**	1%
Category 4 total	**15.3**	**32.9**	**48.2**	**15.7**	**32.5**	**48.2**	**0%**

	WHA-approved PB 2016–2017			WHA PB 2016–2017 adjusted			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference approved/ adjusted**
5. Preparedness, surveillance and response							
Alert and response capacities	3.2	5.0	**8.2**	2.8	4.3	**7.1**	-13%
Epidemic- and pandemic-prone diseases	2.5	5.5	**8.0**	2.3	5.1	**7.4**	-8%
Emergency risk and crisis management	1.7	2.4	**4.1**	2.4	3.4	**5.8**	41%
Food safety	0.3	0.7	**1.0**	0.3	0.7	**1.0**	0%
Category 5 total	**7.7**	**13.6**	**21.3**	**7.8**	**13.5**	**21.3**	**0%**
6. Corporate services/enabling functions							
Leadership and governance	20.1	13.0	**33.1**	20.1	13.0	**33.1**	0%
Transparency, accountability and risk management	0.4	2.4	**2.8**	0.4	2.4	**2.8**	0%
Strategic planning, resource coordination and reporting	1.2	3.4	**4.6**	1.2	3.4	**4.6**	0%
Management and administration	7.1	9.3	**16.4**	7.1	9.3	**16.4**	0%
Strategic communications	0.9	2.1	**3.0**	0.9	2.1	**3.0**	0%
Category 6 total	**29.7**	**30.2**	**59.9**	**29.7**	**30.2**	**59.9**	**0%**
Total categories 1–6	**91.1**	**144.3**	**235.4**	**89.9**	**145.5**	**235.4**	**0%**
Polio	1.4	6.0	**7.4**	1.4	6.0	7.4	0%
Subtotal	**1.4**	**6.0**	**7.4**	**1.4**	**6.0**	**7.4**	**0%**
Outbreak and crisis response	0.7	2.3	**3.0**	0.7	2.3	**3.0**	0%
Outbreak and crisis response total	**0.7**	**2.3**	**3.0**	**0.7**	**2.3**	**3.0**	**0%**
Total PB 2016–2017	**93.2**	**152.6**	**245.8**	**92.0**	**153.8**	**245.8**	**0%**

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