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Regional plan for implementation of programme budget 2018–2019 in the WHO European Region

The Seventieth World Health Assembly adopted programme budget (PB) 2018–2019 (document A70/7) in May 2017. This summary document outlines the regional plan for implementation (RPI) of PB 2018–2019 in the WHO European Region and is presented to the 67th session of the Regional Committee for Europe for consideration and approval.

The RPI outlines the European Region's contribution to the global outputs and outcomes defined in PB 2018–2019, with specific indicators of achievement at the regional level. It constitutes an updated iteration of the contract between Member States and the WHO Regional Office for Europe and, as such, forms the principal means of programmatic and budgetary accountability of the Regional Office for the 2018–2019 biennium. It should be noted that the RPI contains objectives at both the outcome level (that is, the joint responsibility of Member States and the Secretariat) and the output level (that is, the exclusive responsibility of the Secretariat) and that, by approving the RPI, Member States will undertake to work towards achieving the joint results set out in this document.

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Executive summary

1. As part of programmatic reform, the 65th session of the WHO Regional Committee for Europe (RC65) approved the regional plan for implementation (RPI) of the programme budget (PB) 2016–2017,¹ which specified the WHO European Region's contribution to the global PB results, notably the performance indicators and regional programmatic considerations by category and programme area. The RPI of PB 2016–2017 formed a contract for the joint accountability of the Regional Office and Member States for the delivery of PB results. The report of the Secretariat on budget and financial issues (document EUR/SC24(4)/20) prepared for the Twenty-fourth Standing Committee of the Regional Committee (SCRC) is a well-established mechanism for systematic feedback to ensure that the Regional Office is accountable to its governing bodies for the delivery of RPI outputs and that it receives guidance and direction from Member States throughout the biennium.
2. The document prepared for RC67 on the implementation of PB 2016–2017² provides an earlier assessment of the RPI 2016–2017 and outlines many of the achievements to date. The Regional Office will conduct a full assessment of the RPI for PB 2016–2017, including on indicators, after the financial closure of the biennium and will present its findings to RC68. That assessment will include an analysis of whether optimal deployment of effort and resources was achieved and, if so, whether outputs successfully contributed to the achievement of outcomes and had the desired impact in Member States, in other words, whether WHO achieved value for money.
3. This document is the next iteration of the RPI for PB 2018–2019. It is an integral part of the approved PB and provides further details about the work of the Regional Office in 2018–2019. Consideration of this document presents Member States of the Region with the opportunity to provide additional guidance on the focus of the work of the Regional Office for the 2018–2019 biennium.
4. While the major part of the RPI for PB 2018–2019 – the last two-year period of the Twelfth General Programme of Work – shows continuity in priorities, two key developments make it distinct from PB 2014–2015 and PB 2016–2017: the 2030 Agenda for Sustainable Development, adopted in September 2015, and the reform of the work of WHO in health emergencies, approved by the Sixty-ninth World Health Assembly in May 2016.
5. The RPI is presented in two parts: a summary document and a background document (EUR/RC67/DIV/3), which details the European contribution to the global results chain for each category and programme area, as set out in PB 2018–2019 (see Annex 1). Also outlined under each category is the European Region's contribution to the indicators of the global PB 2018–2019, which forms the core of the RPI and the principal means for programmatic accountability in the Region. The two documents should therefore be considered together.

¹ Document EUR/RC65/14.

² Information document EUR/RC67/Inf.Doc./2.

Developing PB 2018–2019: bottom-up planning in the context of WHO reform

6. PB 2018–2019 is the last of the three biennial budgets under the Twelfth General Programme of Work. As was the case for PB 2014–2015 and for PB 2016–2017, it has been developed and drawn up in the context of WHO reform, using an improved results chain that incorporates lessons learned from the two previous bienniums and making the linkages to the 2030 Agenda for Sustainable Development more explicit.

7. The 2018–2019 planning cycle was guided by the bottom-up priority setting processes at the country level and for regional public goods by the Regional Office and by the main global and regional commitments, resolutions, action plans, strategies, frameworks and available tools and instruments. This provided coherence and strategic direction throughout the bottom-up planning exercise and also led to roles and responsibilities being more clearly defined across the three levels of the Organization and the category and programme area networks.

8. The matrix management approach was pivotal in the planning process. The category and programme area networks – comprising designated focal points at the three organizational levels (country, regional, global) – ensured that the much needed coherence in objectives was adequately developed. As in previous planning cycles, the Regional Office actively participated in the various category and programme area networks, benefiting from knowledge sharing within those networks and enjoying an increased role in the global objective-setting process.

9. The aim of bottom-up planning between the Regional Office and Member States was to determine the country priorities for health outcomes during 2018–2019. In March 2016, Member States were asked to identify up to 10 priorities among the non-emergency outcomes of the Twelfth General Programme of Work; those priorities then became the basis of the approved PB 2018–2019.

10. Country priority setting for 2018–2019 was characterized by continuity of the 2016–2017 priorities, strong alignment with the Health 2020 policy framework and sound correlation between priorities and budget level by category. As with PB 2016–2017, all Member States identified category 2 (noncommunicable diseases) and category 3 (promoting health through the life-course) as the highest priorities for 2018–2019. Category 4 (health systems) followed closely thereafter, with almost all countries identifying priority outcomes in this category. Programme area 2.1 (noncommunicable diseases), followed by programme areas 4.2 (integrated people-centred health services) and 1.2 (tuberculosis) were the priority programmes most frequently selected by Member States.

11. In addition to country priority setting, the bottom-up planning process included priority setting by the Regional Office for regional public goods. The process was successful in identifying country, regional and global health priorities, which were collated for strategic review at the regional level prior to submission to the global level through the planning network and the category and programme area networks.

12. At both regional and country levels, the planning process necessitated estimating the human and financial resources required to achieve the proposed results, following the process introduced in 2016–2017. The costing of human resources was carried out using a

standardized approach and the costing of activities was adjusted on the basis of the experience and expenditure pattern of the current and previous bienniums in the context of agreed priorities. The consolidation of the estimates for the latter then informed PB 2018–2019.

13. In order to operationalize PB 2018–2019, Member States are currently reviewing and reconfirming the health priorities identified previously, with a particular focus on the WHO Health Emergencies Programme areas.

Health 2020 and the Sustainable Development Goals (SDGs)

14. In 2015, Member States adopted the 2030 Agenda for Sustainable Development and its 17 SDGs. Health 2020 is fully aligned with the 2030 Agenda and provides a foundation for pursuing the health-related SDGs. With Health 2020 as the unifying policy framework for collective efforts to achieve the SDGs, the Regional Office will continue to support Member States in 2018–2019 in developing, implementing and aligning their national policies on health with development policies, focusing on multisectoral collaboration to enhance the capacity to deliver high-quality, effective and integrated health services.

15. The health targets under the SDGs address most national public health-related concerns, all the main priorities of the Twelfth General Programme of Work and the majority of WHO programme areas. This has created the opportunity to address institutional arrangements for financing, produce global public goods, improve cross-border health security, improve the relevance and coherence of United Nations bodies in the field of health, address the causes of noncommunicable diseases, and enhance standardized measurements and accountability.

16. In outlining the category and programme areas, document EUR/RC67/DIV/3 shows how and in which areas mechanisms for improved collaboration among technical programmes could be established within the framework of Health 2020 and the SDGs and how Member States could be supported in accelerating their efforts to achieve the health-related SDGs throughout the 2018–2019 biennium and beyond.

17. In the process of putting the 2018–2019 RPI into operation, the Regional Office will include a monitoring mechanism in its workplans, which will allow for regular monitoring of and reporting on the Regional Office's contribution to the achievement of the health-related SDGs, both in technical and financial terms.

General considerations of PB 2018–2019

Regional budget overview

18. The overall approved PB 2018–2019 for the European Region is US\$ 261.9 million. With a 5.9% share of the overall global programme budget, the Region has the second lowest budget of all WHO regions – only the WHO Regional Office for the Americas has a lower share at 5.7%.

19. The approved base PB 2018–2019 for the European Region, a 2% increase over PB 2016–2017, is driven by two factors:

- an increase for the new WHO Health Emergencies Programme; and
- an increase due to the strategic budget space allocation.

20. In May 2016, the Sixty-ninth World Health Assembly adopted decision WHA69(16) on the strategic budget space allocation model for distribution of operational segment 1 of the programme budget (technical cooperation at the country level) among WHO regions. According to the adopted model, the share of budget allocated to the European Region in segment 1 is anticipated to increase over several bienniums. For 2018–2019, this increase is estimated at approximately US\$ 3 million.

21. The proposed PB 2018–2019 shows an increase in all technical categories, in accordance with the priorities set by Member States. Even after the overall global decrease in the budget for noncommunicable diseases, under category 2, the budget for this programme area, and for category 2 overall, increased in response to its strong prioritization by Member States and consistent with the respective burden of disease and with global mandates adopted to address noncommunicable diseases. Based on Member States' feedback during RC66, the Regional Office increased the budget for the health and the environment programme area and category 3 overall, which is reflected in the programme budget approved by the World Health Assembly. It should be noted, however, that category 3 has been the most underfunded category in the European Region in 2016–2017 and, with a significant drop in voluntary contributions financing, particularly for the health and the environment area, the challenge will persist in 2018–2019. While most activities in category 3 are considered high priorities and cross-cutting in nature, donor interest has not matched the prioritization made by Member States.

22. The budget increase in category 1 reflects an unfinished agenda, manifested primarily in the prioritization of programme areas 1.1 (HIV/AIDS) and 1.5 (vaccine-preventable diseases), and a budget increase in programme area 1.6 (antimicrobial resistance) in response to Member States' desire to prioritize this area. Category 4 retains the largest share of the budget for technical categories, reflecting its overarching mandates under the umbrella of health systems, universal health coverage and public health. The budget for programme area 4.4 (health systems information and evidence) decreased globally as a result of chronic underfunding and with little prospect to increase the flow of funds. At the Regional Office, the programme area has seen only a very marginal decrease of 1%.

23. The global budget reduction of US\$ 18 million in the corporate services/enabling functions (despite an additional US\$ 5 million of investment for the SDGs) translated into a 1% decrease in category 6 for the European Region. Given the ongoing work in the three work streams of WHO reform (programmatic, managerial and governance) at the Regional Office, this decrease could pose challenges to the progress made in strengthening the Region's managerial structure, particularly with regard to stronger leadership at the country level. Nevertheless, the Regional Office remains committed to achieving greater efficiency in category 6 and protecting the gains already made through reforms. WHO is developing a value-for-money plan, which will articulate how the Organization as a whole will achieve greater results within an environment of constricted budget and funding.

24. Programme budget details for each programme area and category are presented in Annex 2 and are included in the description of each in document EUR/RC67/DIV/3.

25. The European Region is committed to continuing its strong country focus by allocating 36% of its total PB 2018–2019 to work at the country level. As with PB 2016–2017, while this allocation primarily reflects the work undertaken at the country level, it partially reflects the country work done by technical staff at the Regional Office and by geographically dispersed offices as a result of the geographical distribution of the Region’s workforce and technical expertise. Given the level of skill and technical capacity within European institutions and public services, common country needs are often addressed through Region-wide (intercountry) approaches that supplement the direct country support. The total country investment therefore comprises not only the total country budget allocation but a partial proportion of regional and global budget allocations.

Financing: prospects and challenges

26. Table 1 compares the level of available resources with the approved and allocated base budgets and shows expenditure levels for the past four bienniums, starting with PB 2010–2011.

Table 1. Base programme budgets, income and expenditures of the Regional Office for Europe for five consecutive bienniums (US\$ million)

	WHA-approved base PB	Allocated base PB	Funds available (plus projected)	PB financing (available/approved)	Expenditures	Expenditures (% of WHA-approved PB)
PB 2010–2011	254	250	218	85%	205	81%
PB 2012–2013	202	242	220	109%	205	101%
PB 2014–2015	216	216	193	89%	185	86%
PB 2016–2017^a	235	250	213	91%	139	59%
PB 2018–2019	256.4					

^a For PB 2016–2017, “Funds available (plus projected)” refers to actual available and projected voluntary contributions. “Expenditures” indicate both expenditures and encumbrances as of 30 June 2017.

27. Although, as Table 1 shows, the current funding outlook for 2016–2017 for the Regional Office is encouraging, the high level of funding masks serious issues in specific programme areas that continue to fail to attract voluntary contributions. While the programme budget is drawn up with a strategic prioritization orientation, resource mobilization efforts tend to be more successful for certain well-established programme areas and resources frequently continue to be highly earmarked, contributing to poor alignment of resources with actual activity and staff costs.

28. As a way to offset this imbalance in financing, the Regional Office strategically uses flexible funding in order to keep underfunded programme areas operational; however, this can be done only to a certain degree. To illustrate, in 2016–2017, the Regional Office received 8% fewer flexible funds from the global level compared to the previous biennium. Additionally, the amount received in flexible funds and the timing of their distribution lack predictability, adding to the overall funding uncertainty.

29. Considering the above, the outlook for 2018–2019 funding is uncertain. Many issues pertaining to the 2016–2017 biennium will persist in 2018–2019, including misalignment of funding with the approved PB, vulnerability resulting from the small donor base and a lower level of flexible funding. The Regional Office is currently analysing projections for the implementation of voluntary contributions in 2016–2017 in order to determine the carry-over to the next biennium and to ensure a smooth start to the 2018–2019 biennium. The multibiennial agreements for the geographically dispersed offices in Almaty (Kazakhstan), Barcelona (Spain), Bonn (Germany) and Venice (Italy), the project office in Moscow (Russian Federation), and possibly the new geographically dispersed office in Istanbul (Turkey), whose host agreement was recently finalized, have secured biennial funding to ensure the smooth operation of these offices. There has also been a commitment at the global level that the first tranche of flexible funding will be distributed before the start of the 2018–2019 biennium, but the regional offices have been advised to plan for a possible 10% reduction in flexible funding in 2018–2019 compared to 2016–2017.

30. Nevertheless, by analysing the current biennium and by taking into account lessons learned in the past three bienniums, the full financing of PB 2018–2019 must be approached realistically. In the 2018–2019 biennium, the Regional Office will ensure that more is done to improve value for money and to establish benchmarks for achieving PB implementation. The Regional Office will make every effort to further align resource mobilization with the improved financing of chronically underfunded areas, with a specific focus on resource mobilization at the country level. There is also a need for better alignment and distribution of the globally mobilized resources at the three levels of the Organization, and the Regional Office will continue to advocate for this.

Annex 1. Structure of programme budget 2018–2019

Category	Programme area	
1 Communicable diseases	1.1	HIV/AIDS
	1.2	Tuberculosis
	1.3	Malaria
	1.4	Neglected tropical diseases
	1.5	Vaccine-preventable diseases
	1.6	Antimicrobial resistance
2 Noncommunicable diseases	2.1	Noncommunicable diseases
	2.2	Mental health and substance abuse
	2.3	Violence and injuries
	2.4	Disabilities and rehabilitation
	2.5	Nutrition
	2.6	Food safety
3 Promoting health through the life-course	3.1	Reproductive, maternal, newborn, child and adolescent health
	3.2	Ageing and health
	3.5	Health and the environment
	3.6	Equity, social determinants, gender equality and human rights
4 Health systems	4.1	National health policies, strategies and plans
	4.2	Integrated people-centred health services
	4.3	Access to medicines and health technologies and strengthening regulatory capacity
	4.4	Health systems, information and evidence
6 Corporate services/enabling functions	6.1	Leadership and governance
	6.2	Transparency, accountability and risk management
	6.3	Strategic planning, resource coordination and reporting
	6.4	Management and administration
	6.5	Strategic communications
E WHO Health Emergencies Programme	E.1	Infectious hazard management
	E.2	Country health emergency preparedness and the International Health Regulations (2005)
	E.3	Health emergency information and risk assessment
	E.4	Emergency operations
	E.5	Emergency core services

Annex 2. Programme budget 2018–2019 for the European Region by category and programme area (US\$ million)

Category/programme area	2016–2017 RPI-adjusted budget			2018–2019 WHA-approved budget			Difference PB 16–17/ PB 18–19
	Country offices	Regional Office	Total	Country offices	Regional Office	Total	
1 Communicable diseases							
1.1 HIV and hepatitis	2.0	5.4	7.4	2.2	5.6	7.8	5%
1.2 Tuberculosis	6.0	5.5	11.5	5.7	5.8	11.5	0%
1.3 Malaria	0	1.0	1.0	0.2	0.8	1.0	0%
1.4 Neglected tropical diseases	0	0.4	0.4	0	0.4	0.4	0%
1.5 Vaccine-preventable diseases	3.9	9.6	13.5	4.1	10.2	14.3	6%
1.6 Antimicrobial resistance (AMR)	1.3	3.0	4.4	1.5	3.2	4.7	7%
Category 1 total	13.2	24.9	38.2	13.7	26.0	39.7	4%
2 Noncommunicable diseases							
2.1 Noncommunicable diseases	9.8	10.2	20.0	11.3	10.5	21.8	9%
2.2 Mental health and substance abuse	2.6	3.2	5.8	1.8	4.1	5.9	2%
2.3 Violence and injuries	2.0	3.6	5.6	0.4	2.2	2.6	-54%
2.4 Disability and rehabilitation	0.4	0.1	0.5	1.0	0.1	1.1	120%
2.5 Nutrition	0.3	1.7	2.0	1.1	1.6	2.7	35%
2.6 Food safety	0.3	0.7	1.0	0.3	0.7	1.0	0%
Category 2 total	15.4	19.5	34.9	15.9	19.2	35.1	1%
3 Promoting health through the life-course							
3.1 Reproductive, maternal, newborn, child and adolescent health	3.2	3.7	6.9	3.4	4.0	7.4	7%
3.2 Ageing and health	0.4	1.0	1.4	0.5	1.0	1.5	7%
3.5 Health and the environment	4.0	17.1	21.1	4.5	17.0	21.5	2%
3.6 Equity, social determinants, gender equality and human rights	2.1	6.8	8.9	2.4	6.9	9.3	4%
Category 3 total	9.7	28.6	38.3	10.8	28.9	39.7	4%

Category/programme area	2016–2017 RPI-adjusted budget			2018–2019 WHA-approved budget			
	Country offices	Regional Office	Total	Country offices	Regional Office	Total	Difference PB 16–17/ PB 18–19
4 Health systems							
4.1 National health policies, strategies and plans	5.6	10.5	16.1	5.6	11.1	16.7	4%
4.2 Integrated people-centred health services	6.6	9.5	16.1	7.4	9.2	16.6	3%
4.3 Access to medicines and other health technologies, and strengthening regulatory capacity	0.8	4.4	5.2	1.0	4.5	5.5	6%
4.4 Health systems information and evidence	2.7	8.1	10.8	2.8	7.9	10.7	-1%
Category 4 total	15.7	32.5	48.2	16.8	32.7	49.5	3%
5 Preparedness, surveillance and response (excluding AMR and food safety)							
5.1 Alert and response capacities	2.8	4.3	7.1				
5.2 Epidemic- and pandemic-prone diseases (excluding AMR)	1.0	2.1	3.0				
5.3 Emergency risk and crisis management	2.4	3.4	5.8				
Category 5 (excluding AMR and food safety) total	6.2	9.8	15.9				
E WHO Health Emergencies Programme							
E.1 Infectious hazard management	0.5	3.2	3.8	0.9	5.4	6.3	66%
E.2 Country health emergency preparedness and the International Health Regulations (2005)	2.5	3.7	6.2	6.1	6.9	13.0	110%
E.3 Health emergency information and risk assessment	0	1.6	1.6	0.5	3.4	3.9	144%
E.4 Emergency operations	0.4	1.8	2.2	2.9	2.9	5.8	164%
E.5 Emergency core services	0	1.4	1.4	0.6	3.6	4.2	200%
WHO Health Emergencies Programme total	3.4	11.7	15.2	11.0	22.2	33.2	118%

Category/programme area	2016–2017 RPI-adjusted budget			2018–2019 WHA-approved budget			Difference PB 16–17/ PB 18–19
	Country offices	Regional Office	Total	Country offices	Regional Office	Total	
6. Corporate services/ enabling functions							
6.1 Leadership and governance	20.1	13.0	33.1	19.4	14.1	33.5	1%
6.2 Transparency, accountability and risk management	0.4	2.4	2.8	0	2.4	2.4	-14%
6.3 Strategic planning, resource coordination and reporting	1.2	3.4	4.6	0	2.5	2.5	-46%
6.4 Management and administration	7.1	9.3	16.4	6.4	10.1	16.5	1%
6.5 Strategic communications	0.9	2.1	3.0		4.3	4.3	43%
Category 6 total	29.7	30.2	59.9	25.8	33.4	59.2	-1%
Subtotal base minus category E, 5.1, 5.2, 5.3, plus AMR	83.7	135.7	219.5	83.0	140.2	223.2	2%
Subtotal base programmes	93.3	157.2	250.6	94.0	162.4	256.4	2%
Polio and special programmes							
Polio eradication	1.4	6.0	7.4	0.6	4.9	5.5	-26%
Polio and special programmes total	1.4	6.0	7.4	0.6	4.9	5.5	-26%
Outbreak and crisis response							
Outbreak and crisis response	0.7	2.3	3.0				
Polio eradication and outbreak and crisis response total	0.7	2.3	3.0				
Grand total	95.4	165.5	261.0	94.6	167.3	261.9	0%

PB: programme budget; RPI-adjusted budget: regional plan for implementation of the adjusted programme budget; WHA-approved budget: global programme budget approved by the World Health Assembly.

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