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Proposed high-level programme budget 2020–2021 for Regional Committee consultations

This document provides the following:

- an overview of the process for preparing the programme budget (PB) 2020–2021, including the consultations with Member States on the strategic directions and priorities of the WHO European Region;
- a summary analysis of the prioritization results to date and an update on consultations with Member States on the Thirteenth General Programme of Work impact framework targets;
- an overall budget indication by major office and split by country and regional levels; and
- an outline of the next steps: the 68th Regional Committee for Europe is invited to review this document and provide its observations and recommendations, which will be taken into account in the development of the PB for consideration by the WHO Executive Board in January 2019; the final proposal will be presented for approval by the Seventy-second World Health Assembly in May 2019.

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Introduction

1. The Thirteenth General Programme of Work 2019–2023 (GPW 13) was adopted by the Seventy-first World Health Assembly in 2018 in resolution WHA71.1. Work is now focused on translating the bold vision of GPW 13 into a plan, action and results.

2. The programme budget (PB) is the primary instrument for translating the GPW into specific plans for its implementation. The first PB that fully articulates the implementation of GPW 13 will be the one for 2020–2021.

3. GPW 13 was adopted by the Health Assembly one year in advance to provide time for transition in 2019 and for steering the Organization towards full alignment with GPW 13 in the biennium 2020–2021.

4. GPW 13 outlines a clear vision to achieve the "triple billion" goals through three strategic priorities:

- 1 billion more people benefiting from universal health coverage;
- 1 billion more people better protected from health emergencies;
- 1 billion more people enjoying better health and well-being.

5. These goals provide a measurable target and a clear and single direction for the Organization, to ensure that its work is geared towards fulfilling its mission: to promote health, keep the world safe and serve the vulnerable.

6. GPW 13 endeavours to show how the Organization will lead a transformative agenda that supports countries in reaching all the health-related Sustainable Development Goal (SDG) targets.

7. The development of the proposed high-level PB 2020–2021[1] will be guided by the following principles outlined in GPW 13:

- WHO will focus on the SDGs;
- WHO will measure its impact on improving people's health;
- WHO will prioritize its work to drive impact in every country.

8. The proposed high-level PB 2020–2021 will define what it means for WHO:

- to step up leadership at all levels;
- to drive public health impact in every country;
- to strengthen normative work;
- to transform its approach to resource mobilization;
- to act with a sense of urgency, scale and quality.

[1] The proposed PB 2020–2021 is described as high level with budgetary data at the level of major office, with a regional office and country office split. The proposed PB 2020–2021 with full details will be submitted to the Executive Board at its 144th session in January 2019.

9. With an opportunity for a transition period, in which the PB is being developed for the first time subsequent to, and not alongside, the adoption of the GPW, the Organization has a better chance of translating the vision and strategy into plans, to turn plans into action and to consolidate actions into results.

10. The development of the PB will continue to be needs-based and results-driven. This time, there will be a sharpened focus on aligning WHO's work with country needs and achieving results at country level.

11. This document includes the following:

- an overview of the process for preparing the proposed high-level PB 2020–2021, including the consultations with Member States on the strategic directions and priorities of the Region;
- an analysis of the priorities and relevant targets to which each country will contribute as a result of the consultation process at country level;
- an overall budget indication by major office and level, consistent with the strategic budget space allocation (decision WHA69(16) (2016));
- an outline of the next steps, including further consultations and further opportunities for deliberations on the programme of work and budgets.

12. The document also provides more detailed information relevant to the regional context. It aims to further support the collective discussions of Member States at the regional level on their priorities. This will provide crucial information for the development of country support plans and the development of the draft proposed PB 2020–2021, Executive Board version, which will be submitted for consideration by the Executive Board at its 144th session in January 2019.

Setting priorities and driving public health impact in every country

13. The proposed high-level PB 2020–2021 is the first of the two biennial budgets under GPW 13. As in previous bienniums, its development has been based on a prioritization process that starts at country level. However, this time the prioritization process has been enhanced and sequenced in such a way as to ensure that country priorities drive the work at all levels of the Organization and that the capacity, expertise and resources of the Organization are coordinated to deliver public health impact at the country level. This is in line with the GPW 13 strategic shifts, whereby the focus is on identifying priority results with measurable targets in every country.

14. To facilitate both strategic and operational development of the PB, a GPW 13 planning framework was developed and shared with Member States (see Annex). The framework provides an organizational structure and a common basis for prioritization of results. The triple billion goals and a set of outcomes and scopes[2] were central to the planning.

[2] The outcomes are results that underpin each of the triple billion goals. These outcomes articulate the shared results which Member States, partners and the Secretariat should work towards achieving. This set of high-level outcomes provides a more integrated view of the results, which is consistent with the GPW 13 strategic shifts. To provide further definition, scopes have been outlined to bring clarity to the areas of focus – presenting the range of comprehensive approaches and interventions needed for achieving the outcomes.

15. The important first step was a structured consultation on the priorities at country level with the GPW 13 results framework as a basis, especially the triple billion goals and outcomes. The Secretariat engaged country counterparts and national partners to discuss priorities for the duration of GPW 13. In countries with a WHO country presence, the heads of WHO country offices led the exercise. Those without WHO country presence were engaged through the coordination of regional offices.

16. For each Member State, the priority-setting process was based on the available planning resources (national health policies, strategies and plans), SDG roadmaps, regional and global governing body commitments, biennial collaborative agreement and/or country cooperation strategy, and United Nations country team programming frameworks and tools, where available.

17. Priority results are being determined at the country level, especially the relative importance of the 10 technical outcomes and one cross-cutting outcome on Data and Innovation as outlined in the agreed planning framework for GPW 13 (see Annex). The degree of prioritization (high, medium or low), thus determined, will guide WHO's allocation of capacity, effort and resources to achieve those outcomes in each country. This is to ensure that the work of the WHO Secretariat is driven by country priorities and that it will have the greatest impact possible in each country.

18. Assessment of whether each outcome is of high, medium or low priority was based on whether: (1) it is a national priority; (2) there is a binding international commitment; (3) it would make a crucial contribution to regional and global targets; (4) it would make a contribution to narrowing health inequities; and (5) WHO has a comparative advantage. Equity, gender equality and human rights were important considerations in prioritization as they are embedded in all approaches and interventions contributing to the outcomes.

19. The results of the country prioritization process will be the foundation and starting point for the development of the PB for 2020–2021 and for subsequent planning and implementation. This will ensure that the focus on country impact – which is at the heart of the strategic shift in GPW 13 – can finally be made a reality.

Country priority-setting in the European Region

The prioritization process in the European Region

20. Following the adoption of GPW 13 by the Seventy-first World Health Assembly, and as has been the case in recent years, the WHO Regional Director for Europe launched a bottom-up prioritization consultation process with Member States in early June 2018. The aim of this process was to identify country priorities through careful review of the 10 technical outcomes and their related scopes as outlined in the agreed planning framework for GPW 13. This exercise has drawn on the experience and lessons learned through bottom-up planning in the last three bienniums.

21. Together with either the WHO representative and country office team, and/or the Regional Office, the country situation was analysed, national health plans and strategies were reviewed, and contributions to regional and global commitments were assessed, in order to determine where the emphasis of WHO's work should be, and to stratify the 9+1 outcomes

into three tiers of priority (five outcomes as high priority, three as medium priority and two as low priority).

22. In addition, the exercise provided an opportunity for Member States to signal their commitment and contribution to the GPW 13 impact framework targets.

23. It should be noted, however, that not all Member States were in a position to fully engage in the process. Where this was the case, in the interim WHO representatives or staff in the Regional Office's Strategic Relations unit performed desk reviews and projected priorities based on national plans and SDG commitments.

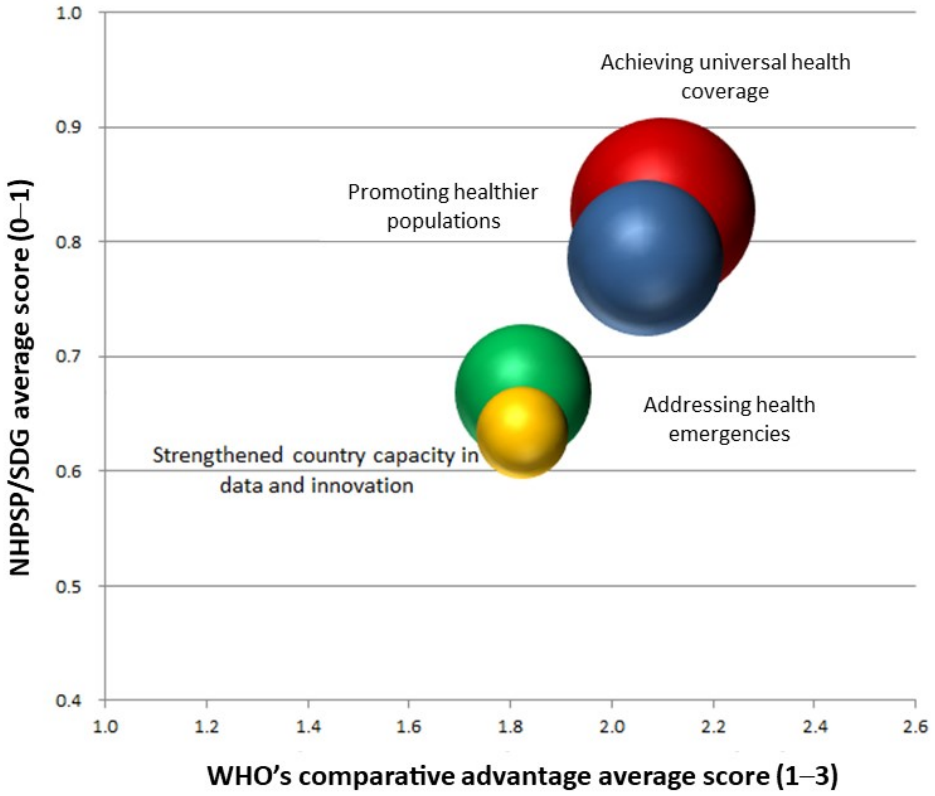
24. The tiered prioritization of outcomes will guide the Secretariat's interventions and contributions at all three levels of the Organization, aimed at driving impact in each country. The prioritization results, along with the necessary strategic and organizational shifts, will help to guide WHO's tailored responses in countries.

Results of the priority-setting exercise in the WHO European Region

25. The results of the priority-setting exercise show that the collective work of the Regional Office and Member States of the European Region in recent years, grounded in Health 2020, has paid off by setting the Region firmly on the right track. Within the Health 2020 framework, the Regional Office has reviewed and revised its policies and strategies so that they are fully aligned with the SDG targets and GPW 13.

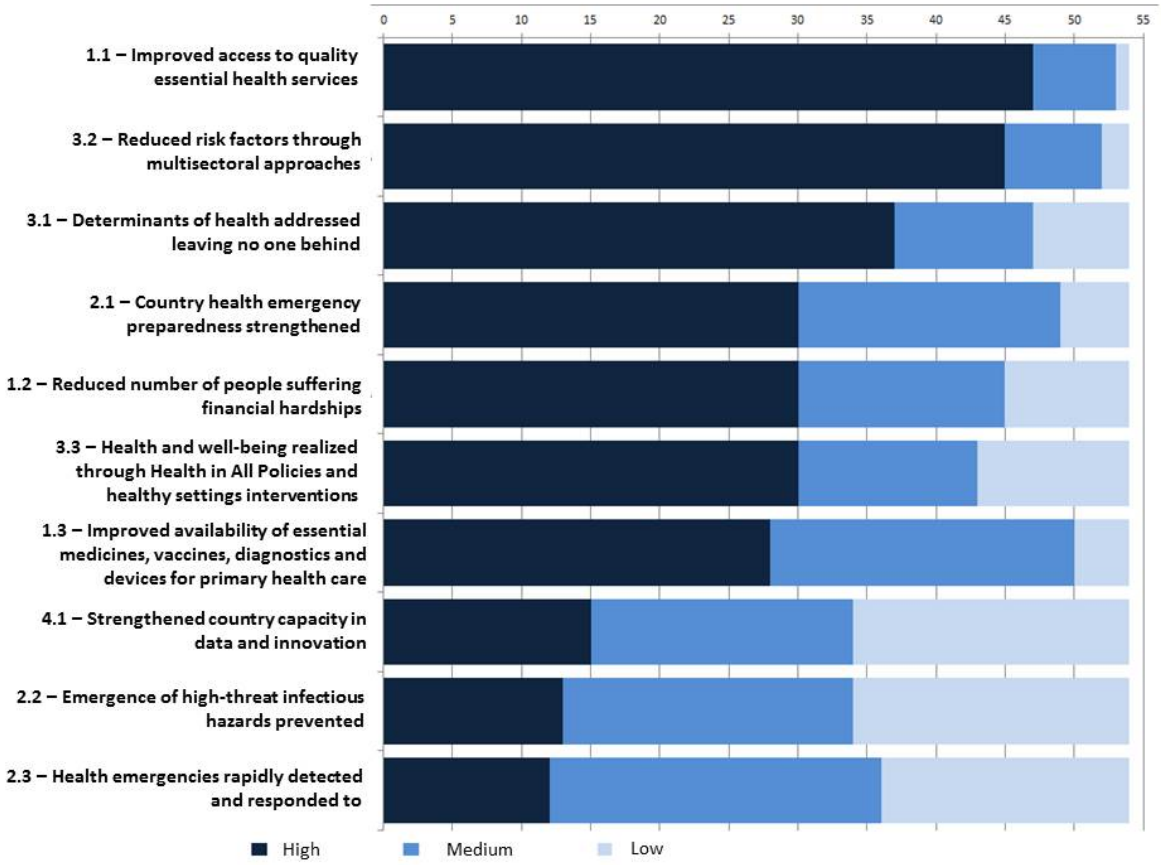
26. The initial analysis, based on the scoring of the outcome scopes and Member States' assessment of WHO's comparative advantage (Fig. 1), shows that in implementing national health policies, strategies and plans (NHPSPs) and given the commitments in the SDGs, countries in the European Region strongly emphasize the need to advance towards universal health coverage (UHC) along with efforts to achieve healthier populations, with strong support from the WHO Secretariat.

Fig. 1. Strategic priorities by score attributed to each scope (circle size), in terms of contribution to NHPSPs/SDGs, and WHO's comparative advantage



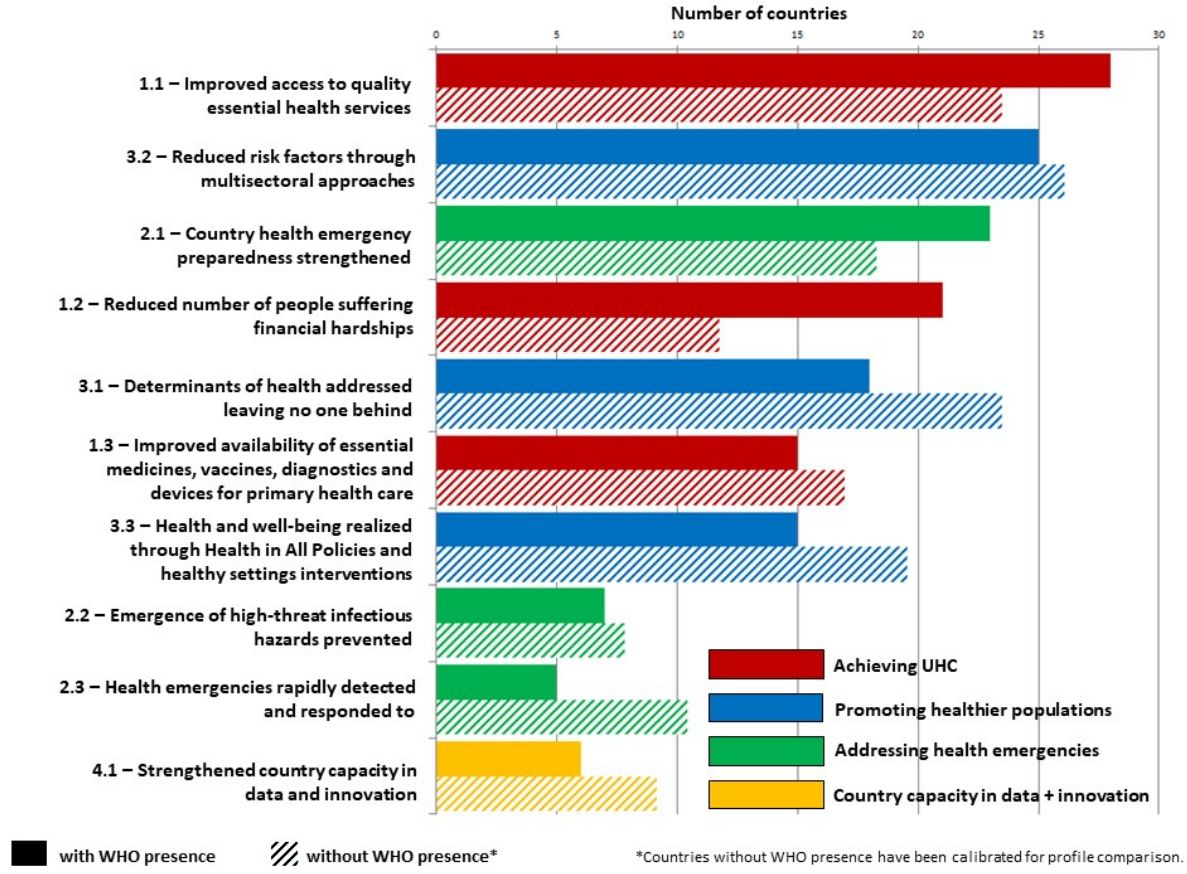
27. The top five most frequently selected high-priority outcomes (Fig. 2) are: (a) improved access to quality essential health services; (b) reduced risk factors through multisectoral approaches; (c) determinants of health addressed leaving no one behind; (d) country health emergency preparedness strengthened; and (e) reduced number of people suffering financial hardships.

Fig. 2. Results of GPW 13 outcome prioritization by Member States in the European Region



28. Member States with and without a WHO country presence presented slightly different stratification of the priority outcomes (Fig. 3). Nevertheless, improved access to quality essential health services and reduced risk factors through multisectoral approaches are consistently high on the list of priorities of all European Member States, continuing the work and the trends from GPW 12, and in particular from PB 2018–2019.

Fig. 3. Frequency of high-priority outcomes in Member States of the European Region with and without a WHO country presence



29. A significant number of European Member States have additionally signalled their commitments to GPW 13 impact framework targets. Discussions will continue, leading to the consolidation of the Region's commitments to the GPW 13 impact framework in time for the January 2019 Executive Board session, including country-specific baselines and targets.

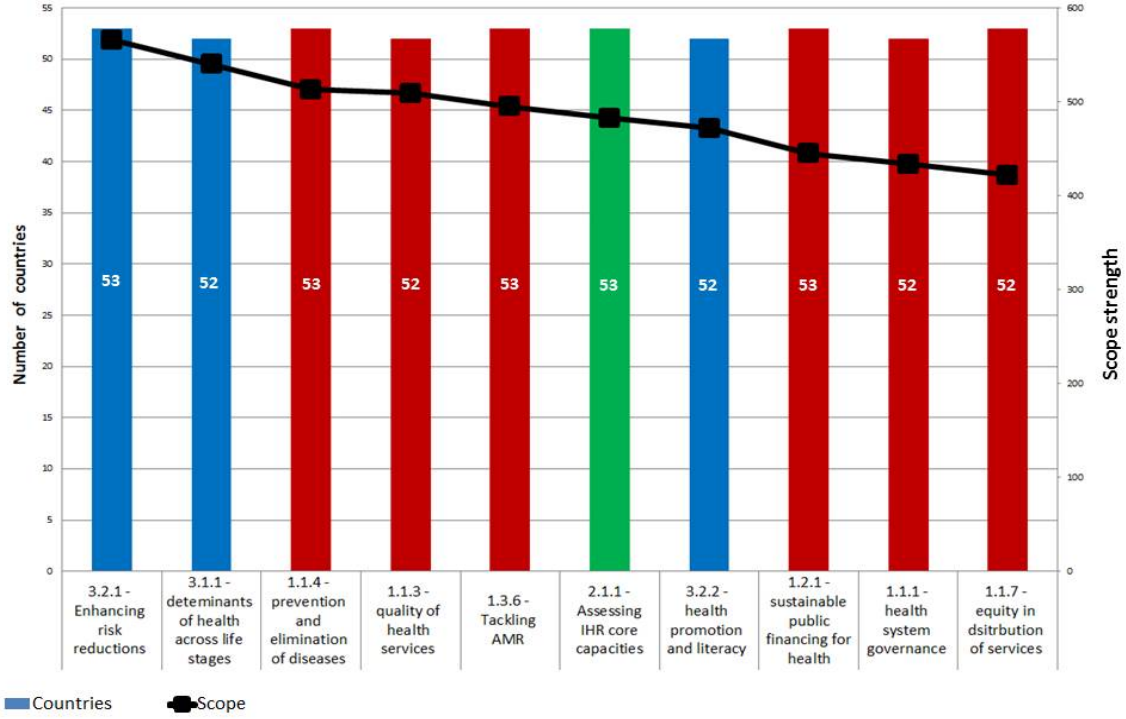
30. It should again be noted that these results are based on preliminary submissions and internal projections, which may change based on final reports from Member States. Further review and analysis will be carried out once the correspondence from all countries has been received.

Towards achievement of the GPW 13 strategic priorities

Implications for work by Member States

31. This initial prioritization exercise provides an indication of where Member States see the need for the most attention. Fig. 4 presents the top 10 outcome scopes (interventions) that Member States currently emphasize.

Fig. 4. Top 10 outcome scopes by strength (assessed on the basis of overall scores) of prioritization and by number of countries



32. Member States support the aim of GPW 13 to fast-track progress towards the SDGs. The data shown in Fig. 4 suggest that the SDG 3 targets can be achieved with greater attention to and investment in:

(a) enacting policies, legislation and regulations for reduction of risk factors;

(b) reaching marginalized or underserved populations by tackling determinants of health at and across different life stages;

(c) strengthening prevention, control, elimination and eradication of diseases through sustainable health systems;

(d) ensuring good quality people-centred health services and use of health technologies for UHC;

(e) strengthening policies and systems for tackling antimicrobial resistance;

(f) assessing and reporting on all-hazards emergency preparedness, including International Health Regulations (2005) core capacities;

(g) improving people's participation and engagement in reducing risk factors through health promotion and rights literacy;

(h) raising adequate and sustainable public financing for health;

(i) strengthening health systems governance, national health policies, strategies and plans, as well as regulatory frameworks;

(j) improving equity in the distribution of health systems resources and services.

33. Given the mature and responsive nature of the health systems in the European Region, Member States will continue to step up their health leadership, governance and advocacy to encourage other sectors and partners to adopt more collaborative, multisectoral approaches.

34. Further joint work in the coming months will validate these initial findings.

Implications for the European Region

35. Implementation of GPW 13 in the European Region provides opportunities for continuation of close cooperation with valued partners and networks in order to deepen and expand best practices and innovative approaches to build resilient and sustainable health systems. It also provides opportunities for continuation of efforts to build and draw on national capacities to address ongoing, new and emerging challenges in health while protecting public health gains made so far. In line with the directions set by the prioritized outcomes, adjustments will be made as necessary to support Member States in improving access to services, reducing risk factors and tackling underlying determinants of health.

36. The renewed focus in GPW 13 on priorities and impacts in countries also provides a platform for deepening the existing culture of accountability for results at all levels in the Region, in order to reach a renewed compact with Member States on providing value for money through technical excellence.

37. Together with partners and in close collaboration with line ministries in Member States, WHO should focus in the European Region on the priority health outcomes as a key driver for achieving the GPW 13 and health-related SDG targets at country level. The Region will assist its Member States as necessary and as requested in all areas, including through policy dialogues, normative guidance and service delivery, when needed, in emergency settings.

38. The Regional Office will continue to build on results-based planning, monitoring and reporting in partnership with Member States. In implementing GPW 13, the Regional Office will also continue to advocate for Member States to enhance their monitoring and accountability functions, in order to maximize WHO’s contribution to health. The Secretariat will also continue to monitor the Health 2020 and SDG indicators.

39. The alignment of GPW 13 with the SDG agenda and existing targets to track progress in the countries and the Region as a whole will facilitate reporting on results at the country and regional levels while contributing to the initiatives at the global level.

40. The Regional Office will continue to consult Member States and to work in and with networks to determine country-specific contributions to achieving the GPW13 strategic priorities. This work will include developing guidance on how to measure Member States’ contributions to the GPW targets and how to address populations who are left behind.

41. Investing in GPW 13 will also extend to improving the efficiency and effectiveness of WHO in the European Region. The country-led approach, along with close monitoring, will streamline operations and reduce inefficiencies and gaps in health programming, building stronger health systems that prevent any reversals in progress. Better management of risks under GPW 13 will make WHO programmes more responsive to changing environmental, social and economic circumstances.

42. WHO will continue strengthening its country presence as one of the enabling factors to deliver the GPW 13 commitments. Transformation at country level within the context of United Nations reform will continue. The Regional Office, within the framework of the regional business/operating model, will continue to assess the country-specific interventions, addressing them through such means as multicountry approaches. In reorganizing its workforce, the Regional Office envisages the establishment of multidisciplinary teams to support countries in tackling common health needs and health gaps.

Budget overview – global perspective

43. The total proposed high-level PB 2020–2021 amounts to US$ 4687.8 million (Table 1). Of this, US$ 3987.8 million represents the base programmes and US$ 700 million is for the polio eradication programme. A budget for humanitarian response plans and appeals is now shown as a budget line. This was not presented in the previous biennium given the difficulty of providing estimates for an event-driven budget line. This estimate for the biennium 2020–2021 is based on spending patterns in previous bienniums and a provisional needs assessment to ensure that WHO has capacity to respond in this area.

Table 1. Comparison of PB 2018–2019 with the proposed high-level PB 2020–2021 (US$ millions)

Segment	PB 2018–2019	Proposed high-level PB 2020–2021	Increase or (decrease)
Base	3 518.7	3 987.8	469.1
Polio	902.8	700.0	(202.8)
Total	**4 421.5**	**4 687.8**	**266.3**
Humanitarian response plans and appeals	–	1 000.0	–

44. The proposed high-level PB 2020–2021 provides an overall direction for the investments needed to implement the transformative agenda of GPW 13. Implementing the strategic and organizational shifts requires the PB to:

(a) refocus its investments to implement the strategic priorities, which are in line with the SDGs;

(b) increase resources in countries to drive public health impacts in every country;

(c) give more emphasis to stepping up leadership, therefore investing in more diplomacy and capacity to achieve greater political commitment to health issues;

(d) make investments in normative work to drive change and achieve greater impact in countries;

(e) recognize the need to maximize partnerships to leverage all resources available to support countries;

(f) drive efficiency through making investment and allocation decisions based on delivering value for money.

45. The proposed high-level PB 2020–2021 represents a change driven by the above principles. The overall proposed budget reflects an increase, but it is important to note the reallocation and shifts between levels, between the core budget and special programmes, and changes that strengthen certain functions of WHO to deliver impact (that is, global public goods, data and innovation, and technical assistance) in countries.

46. The following points explain these changes in more detail:

(a) The proposed high-level PB 2020–2021 for consideration by the regional committees provides further breakdown of the PB envelopes by major office and by level.

(b) These budget envelopes are set within the current scope of GPW 13. Furthermore, the proposed high-level PB aims to significantly strengthen operations, especially at the country level. In order for this increased budget to be realistic, WHO will also push to secure significant commitments up front, to generate certainty about programme viability, through enhanced resource mobilization efforts.

47. GPW 13 outlines five major areas for increased investment in the base component of the PB. The budget shifts between PB 2018–2019 and the proposed high-level PB 2020–2021 are described below.

(a) Strengthening of WHO's capacity to deliver in countries, with an estimated cost of US$ 132 million, would allow the country offices to strengthen their capacity in line with GPW 13 implementation. This infusion of resources at the country level will be needed to reorient and implement a new operating model in countries – one that will respond better to country support needs.

(b) Significant investment (US$ 227.4 million) is needed to support routine immunization and health systems that will be affected by the scaling down of polio activities.

(c) Additional investments (US$ 108 million) will be made to expand WHO's work in supporting data and innovation. The proposed additional investments aim to operationalize the strategic shift in GPW 13 of focusing global public goods on impact, including through normative guidance, data, research and innovation. Accurate and timely data are an essential resource for Member States to achieve the SDG targets and goals on universal health coverage, health emergencies and healthier populations. WHO is the steward and custodian of work on monitoring progress towards the health-related SDGs, and data are needed to measure performance, improve programme decisions and increase accountability. The Secretariat will need to augment its activities to support: capacity-building to strengthen data systems and analytical capacity to track and monitor progress towards universal health coverage and the health-related SDGs, including ensuring equity and data disaggregation; reporting at national and subnational levels; and developing timely high-quality normative guidance that drives impact on the GPW 13 priority areas at the three levels of the Organization.

(d) The United Nations reform levy to support strengthening the resident coordinator system (as per United Nations General Assembly resolution 72/279 (2018)) is estimated at US$ 42.4 million. This amount is an estimate based on that resolution and includes both the increase to support strengthening the resident coordinator system and WHO's increased cost sharing arrangement for the United Nations Development Group.

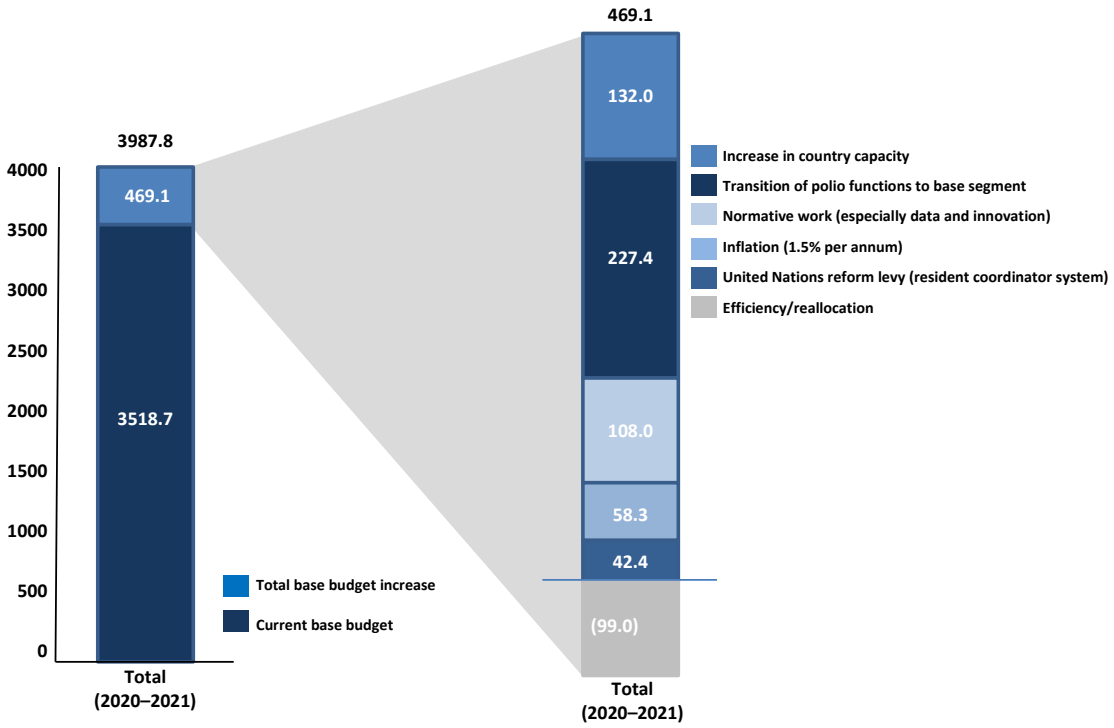
(e) Inflation rates have been estimated at 1.5% per annum to maintain WHO's purchasing power during the biennium, which leads to a total increase of US$ 58.3 million. This is

considered to be realistic as the Secretariat works in many places where inflationary pressures are high. Further details by location will be prepared for the next iteration of the PB.

(f) A proposal for an efficiency/reallocation target of US$ 99 million will offset part of the budget increase suggested for 2020–2021.

48. The above details are reflected in Fig. 5.

Fig. 5. Proposed high-level PB 2020–2021 increases explained (US$ millions)



49. Table 2 provides details of the increases by major office for the base segment of the PB, as noted in paragraph 47. The table highlights the major investment in the transition of polio functions to the base segment, especially in the African and South-East Asia regions. The budget increases intended to strengthen country capacity are clearly demonstrated in all regions. The majority of the increase in the budget for WHO's normative work (especially data and innovation) is at headquarters (40%), with the remaining amount split evenly across the regions. More work is required to detail the specific requirements by region. This will be taken forward based on the discussions during the 2018 sessions of the regional committees.

Table 2. Proposed high-level PB 2020–2021, base segment only, by major office (US$ millions)

Base segment	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Current base budget	834.1	190.1	288.8	256.4	336.0	281.3	1 332.0	3 518.7
Increase in country capacity	57.1	14.0	19.0	8.2	18.7	15.0	–	132.0
Normative work (especially data and innovation)	10.8	10.8	10.8	10.8	10.8	10.8	43.2	108.0
Transition of polio functions to base segment	90.4	0.9	69.9	2.5	25.7	2.1	35.9	227.4
Inflation, at 1.5% per annum	14.7	3.2	5.0	4.1	6.8	4.6	19.9	58.3
Efficiency/reallocation	–	–	–	–	–	–	(99.0)	(99.0)
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
Proposed high-level PB 2020–2021 base segment	**1 007.1**	**219.0**	**393.5**	**282.0**	**398.0**	**313.8**	**1 332.0**	**3 987.8**

50. It is proposed that the efficiency/reallocation target indicated above (US$ 99 million) be absorbed mainly at headquarters. As a result, the overall proposed high-level PB 2020–2021 base segment at headquarters remains at the same level as that in the PB 2018–2019 (US$ 1332 million).

51. The proposed high-level PB 2020–2021 demonstrates the essence of the new strategy, whereby a significant budget increase is suggested for the country level. Table 3 shows an increase (base programmes) in the allocation at the country office level from 38.0% to 42.7% (an increase of 4.7% or US$ 348.4 million). It is proposed that the regional offices and headquarters budgets decrease by 0.6% and 4.1%, respectively, compared with the 2018–2019 base segment.

Table 3. Proposed high-level PB 2020–2021, base segment only, by level of the Organization, (US$ millions)[a]

Major office	Country offices		Regional offices		Headquarters		Total	
	PB 2018–2019	Proposed high-level PB 2020–2021	PB 2018–2019	Proposed high-level PB 2020–2021	PB 2018–2019	Proposed high-level PB 2020–2021	PB 2018–2019	Proposed high-level PB 2020–2021
Africa	551.7	698.1	282.4	309.0	–	–	834.1	1 007.1
The Americas	118.0	133.1	72.1	85.9	–	–	190.1	219.0
South-East Asia	186.5	281.3	102.3	112.2	–	–	288.8	393.5
Europe	94.0	119.1	162.4	162.9	–	–	256.4	282.0
Eastern Mediterranean	223.8	271.7	112.2	126.3	–	–	336.0	398.0
Western Pacific	163.7	182.8	117.6	131.0	–	–	281.3	313.8
Headquarters	–	–	–	–	1 332.0[b]	1 332.0	1 332.0	1 332.0
Total	**1 337.7**	**1 686.1**	**849.0**	**927.3**	**1 332.0**	**1 332.0**	**3 518.7**	**3 945.4**
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
Grand total	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**3 987.8**
Allocation by level (%)	38.0	42.7	24.1	23.5	37.9	33.8	100.0	100.0

[a] Unless otherwise specified.
[b] The PB 2018–2019 base segment for headquarters includes the budget for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. The budget for these programmes are integrated into the proposed high-level PB 2020–2021.

52. The major increases at the country office level are in the African and South-East Asia regions: US$ 146.4 million and US$ 94.8 million respectively. The large increase in the South-East Asia Region is mostly due to the transition of polio functions, especially in India and Bangladesh.

53. The proposed high-level PB 2020–2021 reflects the GPW 13 strategic shift towards delivering impact at the country level and the continuing trend of increasing resources at the country level.

54. Table 4 shows the growth in US dollar terms of the investment in country offices technical capacity (that is, segment 1, as defined in document EB137/6, which is all of the work in the base segment of the proposed high-level PB, less category 6 at the country office level). This growth demonstrates a serious intent to increase country capacity, with a substantial budget shift towards the country office level. This component of the budget will grow from US$ 906.9 million in 2014–2015 to US$ 1431.8 million in 2020–2021. The biggest increase biennium to biennium is from 2018–2019 to 2020–2021, with a proposed increase of US$ 317.3 million. If this trend is realized, the country-level budget would be increased by more than 60% over the three bienniums.

Table 4. Evolution of WHO budgets for technical capacity in country offices, segment 1[a] (US$ millions)

Region	2014–2015 (Model C)[b]	2016–2017[c]	2016–2017 Revised[d]	2018–2019	Proposed high-level PB 2020–2021	Increase from 2018–2019 to 2020–2021
Africa	368.9	446.6	482.5	469.6	603.1	133.5
The Americas	78.3	98.1	98.3	105.4	119.0	13.6
South-East Asia	146.4	157.6	154.3	158.5	252.2	93.7
Europe	42.0	57.4	62.4	68.2	85.7	17.5
Eastern Mediterranean	133.3	148.2	164.6	175.0	219.2	44.2
Western Pacific	138.0	135.6	135.0	137.8	152.6	14.8
Total	**906.9**	**1 043.5**	**1 097.1**	**1 114.5**	**1 431.8**	**317.3**

[a] As outlined in document EB137/6.
[b] Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.
[c] Without the WHO Health Emergencies Programme.
[d] Revised in 2016, taking into account the WHO Health Emergencies Programme.

55. The increases aim to bring the required support to countries in a way that is most effective, efficient, comprehensive and timely. They are intended to ensure that country offices have the right capacity to support achieving the health-related SDGs.

56. Table 5 demonstrates the relative share of the strategic budget space allocation, specifically for segment 1. The relative share of the country-level budget per region is within the trajectory of the agreed percentage share that should be achieved by 2022–2023, in line with decision WHA69(16).

Table 5. Evolution of strategic budget space allocation (%) for technical cooperation at country level, segment 1[a]

Region	2014–2015 (Model C)[b]	2016–2017[c]	2016–2017 Revised[d]	2018–2019	2020–2021	2022–2023 (Model C)[b]
Africa	42.3	42.8	44.0	42.1	42.1	43.4
The Americas	8.4	9.4	9.0	9.5	8.3	11.3
South-East Asia	15.7	15.1	14.1	14.2	17.6	14.1
Europe	4.5	5.5	5.7	6.1	6.0	6.4
Eastern Mediterranean	14.3	14.2	15.0	15.7	15.3	14.2
Western Pacific	14.8	13.0	12.3	12.4	10.7	10.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[a] As outlined in document EB137/6.
[b] Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.
[c] Without the WHO Health Emergencies Programme.
[d] Revised in 2016, taking into account the WHO Health Emergencies Programme.

57. However, the relative size of the budget space in the South-East Asia Region grows substantially compared with that in other regions, due to the transfer of the budgets for certain polio functions to the base segment. In the case of the Region of the Americas, the budget for segment 1 falls in percentage terms; however, it increases in overall US dollar amount.

Polio capacity and transitioning polio functions to the base segment of the PB

58. The draft strategic action plan on polio transition and post-certification, which has a five-year scope of work, is aligned with GPW 13. The investments in continuing the work on polio and the related implications of the transition can be grouped into three main sections:

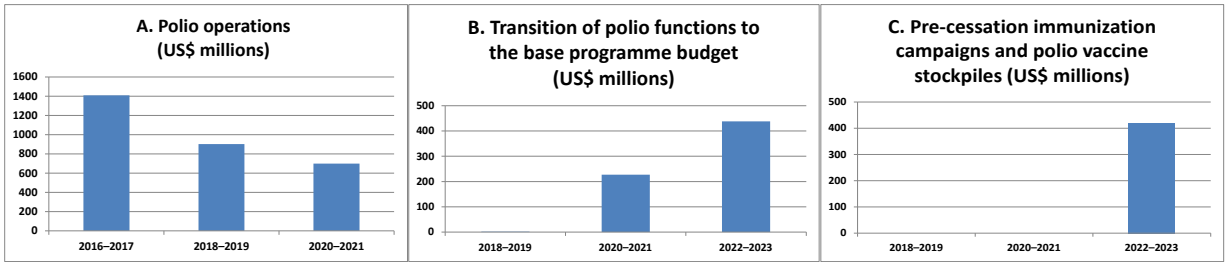
(a) continued polio eradication operations;

(b) transition of polio functions to the base segment of the PB;

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

59. The evolution of these budgets is reflected in Fig. 6, which shows the phased approach: to reduce polio operations over the course of GPW 13 (Fig. 6A); to increase WHO's capacity to strengthen immunization systems, including surveillance for vaccine-preventable diseases and strengthening emergency preparedness, detection and response capacity (Fig. 6B); and to sustain a polio-free world after the eradication of poliovirus (Fig. 6C).

Fig. 6. Evolution of WHO polio-related budgets



Realistic budget and financing

60. The figures for the WHO polio-related budgets for 2020–2021 and 2022–2023 are provisional until the Polio Oversight Board approves later in 2018 a new multiyear budget from 2019 for the polio programme. The approved polio budget may affect the timing and amount of the shift of costs into WHO base programmes. These sums will be used to sustain essential functions such as disease surveillance that had been supported by the polio programme.

61. Considering the ambitious goals set by GPW 13, the suggested increase of 12% in the proposed high-level PB 2020–2021 is at the lower end of the estimated cost of implementing the GPW 13 in 2020–2021. Several considerations, including realistic financing, have enabled the proposed high-level budget for implementing GPW 13 to be set at this low level. Further increases in investments to fully implement GPW 13 and scale up efforts to achieve the health-related SDGs will be needed in subsequent bienniums.

62. Finance levels for PB 2018–2019 (as at 30 June 2018) are currently 92% for the base PB or US$ 3120.7 million. This is an improvement in financing of US$ 270.7 million compared with the level at the same time in 2016. However, more efforts are required to broaden the donor base and to increase flexibility in funding, which will enable a more efficient use of funds and ensure a more balanced resource allocation for all priorities of GPW 13.

63. WHO is therefore working to transform its interaction with donors, including requesting that more funds be unearmarked or have soft-earmarking, so that closer alignment with the higher-level strategic priorities of the triple billion goals can be achieved.

64. Ambitious goals require bold investments. The proposed high-level PB 2020–2021 represents a strong move towards increasing resources at the country level, coupled with a strategic investment in much-needed global public goods, that are synergistic in delivering results in countries. The ambitious goals and bold strategy will need to be matched by strong commitment and new approaches for resource mobilization and financing. These are all being implemented as part of the transformation plan of the Organization. The envisaged financing of the proposed high-level PB 2020–2021 is reflected in Table 6. All of the increases in the budget are expected to be met from ambitious targets set for voluntary contributions. As a result, there will be no request to increase assessed contributions for this proposed high-level PB.

Table 6. Financing of the proposed high-level PB 2020–2021 (US$ millions)

Funding	Proposed high-level PB 2020–2021
Assessed contributions	956.9
Core voluntary contributions	300.0
Voluntary contributions specified	2 730.9
Total	**3 987.8**

Next steps

65. The change in the approach to the consultations and the presentation of the proposed high-level PB 2020–2021 will allow the Organization to take into account the results of two critical steps in the process. These steps will ensure that the proposed high-level PB takes full account of country priorities and the programmatic work that is needed at each level to support those priorities and drive impact at the country level, as envisaged in GPW 13. Both steps (described below) will take place between August and October 2018. The results of these steps will provide critical inputs to the development of the draft proposed PB 2020–2021 to be submitted to the Executive Board at its 144th session in January 2019.

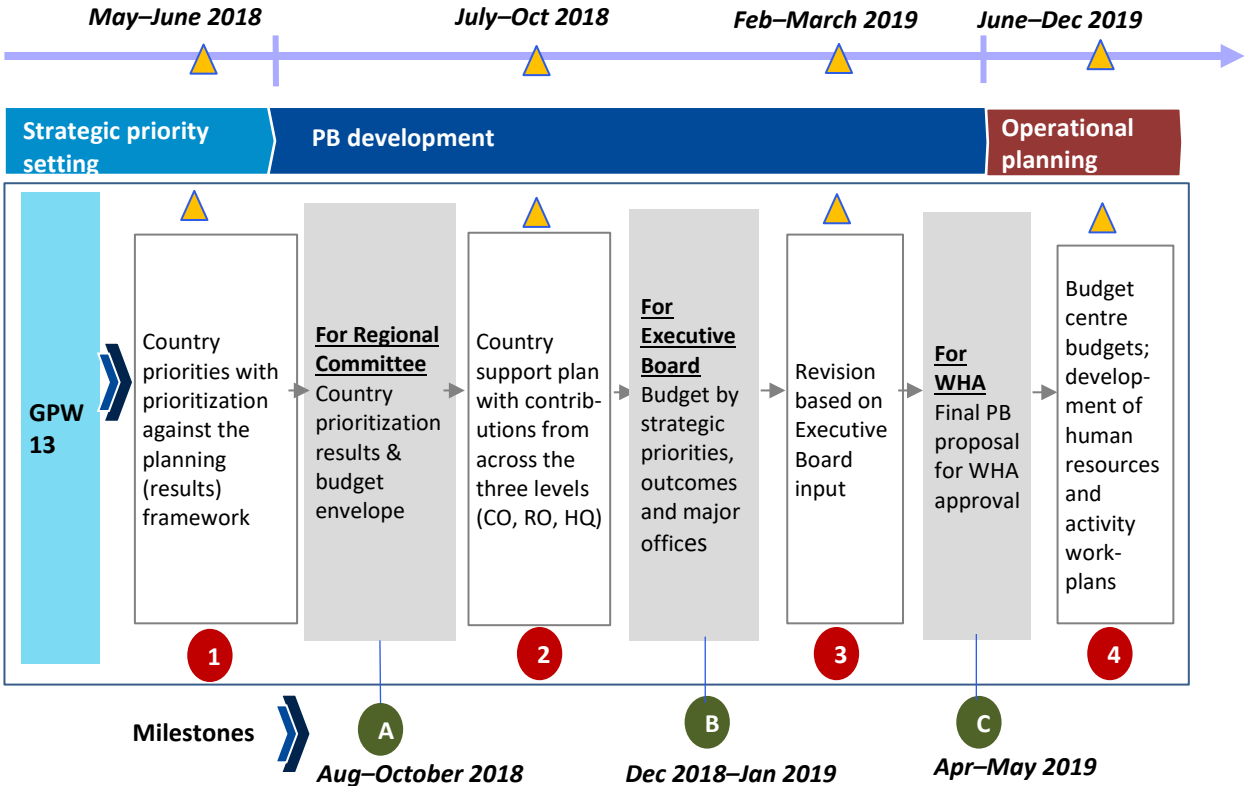
- During the consultations on country priorities in each region, Member States will give specific advice on further refinements of priorities, programmatic work and the budget.
- The development of country support plans will be a key new element in the planning process. The country support plans aim to ensure that the support required for countries to achieve priority results is captured and planned for across the three levels of the Organization, and that the entire capacity and expertise of all levels are leveraged to support these priorities. This step in the process determines not only the support that should be delivered, but also how best to deliver it, where it should be delivered and how the three levels of the Organization should work together to do so. It will also determine the cost for the Organization to achieve the greatest impact.

66. The results of the two steps described above, together with priority setting for delivering global public goods, will provide critical inputs to the development of the full budget for presentation to the Executive Board in January 2019.

67. Additional country-level consultations and mission briefings are envisaged during the development of the draft proposed PB 2020–2021, in order to prepare the Executive Board version. It is expected that the budget estimates will be adjusted further, to take into account the advice of Member States during the consultations and a more thorough costing during the development of the country support planning.

68. The timeline and process for PB 2020–2021 development are summarized in Fig. 7 below.

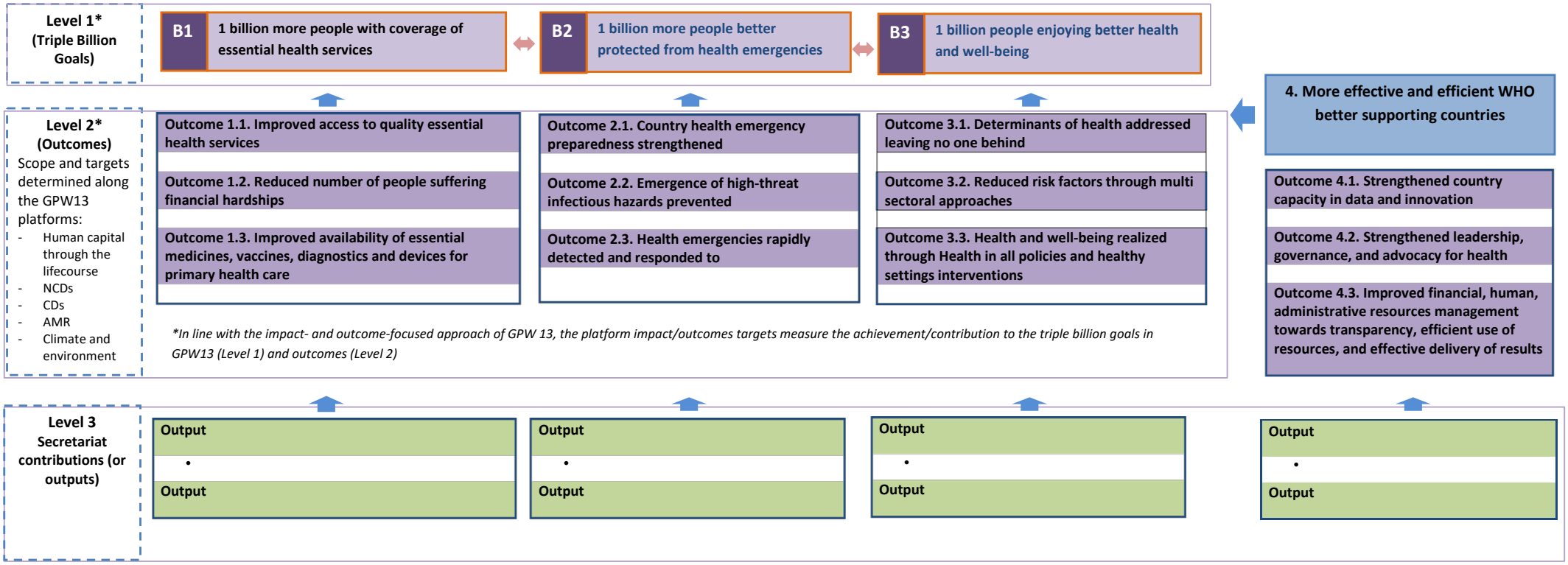
Fig. 7. Timeline and process for PB 2020–2021 development



Action by the Regional Committee

69. The Regional Committee is invited to note this consultation document.

Annex. GPW 13 planning and budgeting framework



Scope and Impact Framework Targets for each outcome

PRINCPLES:

(1) **Health systems strengthening** underpins all three strategic priorities and '9+1' outcomes (incl. data and innovation)
(2) **Equity, gender equality, and human rights integration** should be embedded in all approaches and interventions contributing to the outcome, be it in the design, implementation, monitoring and reporting (e.g. through data disaggregation to identify population groups most affected by health inequalities and target actions to reduce those inequalities)
(3) The scope and targets demonstrate how the platforms, i.e., human capital through the lifecourse, noncommunicable diseases, communicable diseases, climate and environment and antimicrobial resistance, contribute to the strategic priorities /the triple billion goals
(4) The scope and targets will help guide the prioritization of outcomes that will be undertaken at the country level.
(5) Although the targets are placed where they make most sense, this should not limit work related to these targets, especially the mortality targets, which could be programmed in multiple places.
(6) Countries may adapt targets to suit their national situations and context

B1 **1 billion more people with coverage of essential health services**

Outcome 1.1. Improved access to quality essential health services	
Impact Framework Targets	**Scope of the outcome**
• Essential health services among women and girls in the poorest wealth quintile ↑to 70% • Increase equitable access to health workers by xx% • Older adults 65+ yrs who are care dependent ↓ by 15 million • Women with family planning needs satisfied ↑ to xx% • Treatment coverage of RR-TB ↑ to 80% • Treatment for severe mental illness ↑ to 50% • Measles containing vaccine↑90% • Maternal mortality ratio ↓ by 30% • Newborns and children death ↓ by 30% • Eliminate at least one neglected tropical disease • Tuberculosis deaths ↓ by 50% • Malaria deaths ↓ by 50% • HBV or HCV related deaths ↓ by 40% • New HIV infections ↓ by 73% • Premature NCD-related mortality ↓ by 20%	• Strengthening of **health systems governance, national health policies and strategies, regulatory frameworks** • Strengthening or transformation of **human resources for health** • Ensuring good quality **people-centred health services and use of health technologies** for UHC • Strengthening **prevention, control, elimination, and eradication of diseases** through sustainable health systems • Empowering **people and communities** to share responsibilities for shaping and improving health services • Improving **intersectoral governance** for universal health coverage • Establishing institutional mechanism for better defining **health services benefits and entitlements** package • Improving **equity in the distribution of health systems resources and services** • Addressing barriers to access, availability, acceptability, quality, including gender and discrimination, through participation and empowerment

Outcome 1.2. Reduced # people suffering financial hardships	
Impact Framework Targets	**Scope of the outcome**
• Stop the rise in percent of people suffering financial hardship in accessing health services	• Raising **adequate and sustainable public financing** for health • Improving equity and efficiency through **governance for intersectoral and public-private partnerships**. • Improving **health and public finance authorities** engagement for shared responsibility and accountability • Enhancing **transparency and accountability** through monitoring and evaluation

Outcome 1.3. Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care	
Impact Framework Targets	**Scope of the outcome**
• Availability of essential medicines for primary health care ↑ to 80% • Coverage of HPV vaccine among adolescents ↑ to 50% • Oral morphine for palliative care ↑ from 25% to 50% • Bloodstream infection due to AMR organisms ↓ by 10%**	• Improving **governance and stewardship of pharmaceutical services and other health technologies** • Assuring **quality, effectiveness and safety of medicines and health technologies** • Protecting **intellectual property and leveraging on TRIPS** flexibilities • Promoting **rational dispensing, prescribing, use of medicines and other health technologies** • Ensuring availability, affordability of medicines and other health technologies (i.e., efficient procurement and **supply chain**, pricing, etc) • Strengthening **policies and systems for tackling antimicrobial resistance**

B2 **1 billion more people better protected from health emergencies**

Outcome 2.1. Country health emergency preparedness strengthened	
Impact Framework Targets	**Scope of the outcome**
• Increased IHR capacity and health emergency preparedness	• Assessing and reporting on **all-hazards emergency preparedness including IHR core capacities** • Establishing **minimum core capacities for emergency preparedness and disaster risk management** in all countries • Ensuring **operational readiness to manage to manage identified risks and vulnerabilities** at the country level • Ensuring **regulatory preparedness for public health emergencies**

Outcome 2.2. Emergence of high-threat infectious hazards prevented	
Impact Framework Targets	**Scope of the outcome**
• Cholera and yellow fever epidemics eliminated • No outbreak becomes an epidemic or 95% of detected outbreaks are contained (tbd) • Polio eradicated	• Assessing and monitoring **drivers for epidemics and pandemics** • Strengthening **research and development for infectious hazard management** • Scaling up **prevention strategies for priority epidemic-prone diseases** • Mitigating/reducing **emergence/re-emergence of high-threat infectious pathogens**

Outcome 2.3. Health emergencies rapidly detected and responded to	
Impact Framework Targets	**Scope of the outcome**
• Coverage of people in FCvs with essential health services ↑ to xx% • Reduced number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	• Strengthening capacity for **rapid detection and risk assessment** for potential health emergencies • Putting in place systems for **rapid response to acute health emergencies** • Maintaining **essential health services and systems in fragile, conflict and vulnerable settings**

B3 **1 billion people enjoying better health and well-being**

Outcome 3.1. Determinants of health addressed leaving no one behind	
Impact Framework Targets	**Scope of the outcome**
• Mortality due to air pollution ↓ by 5% • Mortality from climate-sensitive diseases↓ by 10% • Access to safe drinking water for 1 billion more people • Access to safe sanitation for 800 million more people • Stunted children ↓ by 30% • Wasting among children ↓ to <5% • Children developmentally on track in health ↑ to 80% • Children subject to violence ↓ by 20% • Intimate partner violence ↓ to 15% • Women making informed reproductive health decisions, etc. ↑ to 60%	• Reaching the marginalized or underserved populations through tackling **determinants of health at and across different life stages** • Strengthening **intersectoral governance for investments public health** • Conducting impact analyses of **social and economic health challenges across sectors** • Strengthening **monitoring, including health inequality monitoring**

Outcome 3.2. Reduced risk factors through multi sectoral approaches	
Impact Framework Targets	**Scope of the outcome**
• Current tobacco use ↓ by 25% • Harmful use of alcohol ↓ by 7% • Salt/sodium intake ↓ by 25% • Raised blood pressure ↓ by 20%** • Eliminate industrially produced trans fats • Halt and begin to reverse the rise of childhood overweight and obesity • Insufficient physical activity ↓ by 7%	• Enacting **policies, legislation, regulations** for reduction of risk factors • Improving people's participation and engagement for reducing risk factors through **health promotion and rights literacy** • Engaging **non-state actors and sectors outside health** on risk factor reduction • **Evidence generation** for cost-effective multisectoral policies and actions

Outcome 3.3. Health and well-being realized through Health in all policies and healthy settings interventions	
Impact Framework Targets	**Scope of the outcome**
• Road traffic accidents ↓ by 20% • Suicide mortality ↓ by 15%	• Implementing '**Whole-of-government approach'** to health policies and programs • Developing and implementing **cost effective policy solutions and implementation of health in all policies and programs** at national, sub-national and local levels • Establishing **regional platforms to promote networks and evidence** for key settings-based issues for health • Implementing **'Healthy setting' approaches to health promotion**

4	4. More effective and efficient WHO better supporting countries

Outcome 4.1. Strengthened country capacity in data and innovation	
Targets	**Scope of the outcome**
•	• Establishing global norms and standards for health data. • Strengthening national statistical capacities and ensure effective use of disaggregated data at subnational levels. • Improving national capacities for evidence-informed policy making and implementation research. • Ensuring open and transparent access to data. • Catalysing investments to address data gaps and improve data quality. • Harmonizing processes for more effective and efficient production of data products.

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