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# Draft Medium-term strategic plan 2008–2013 and

# Draft Proposed programme budget 2008–2009 – the WHO European Region's perspective

This document is a supplement to the global document containing WHO's Draft Medium-term strategic plan 2008–2013 and Draft Proposed programme budget 2008–2009 (EUR/RC56/10) and presents the European Region's perspective. The two documents should be read in conjunction, as this paper makes frequent references to the global document, and particularly, the tables in the introduction.

This paper seeks to emphasize the European perspectives of the Medium-term strategic plan (MTSP) and makes a comparison between the draft proposed programme budget 2008–2009, the endorsed programme budget 2006–2007, and the expenditures 2004–2005 for the European Region.

The Regional Committee is asked to comment on the global perspective and global financial picture as well as to provide input on the specific information concerning the European Region. Comments, concerns and requests for changes from all six regional committees will serve as input into the global process, the result of which will be a revised global document to be presented to the Executive Board in January 2007.

WORLD HEALTH ORGANIZATION • REGIONAL OFFICE FOR EUROPE
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark Telephone: +45 39 17 17 17 Fax: +45 39 17 18 18
Electronic mail: postmaster@euro.who.int World Wide Web address: http://www.euro.who.int

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# Draft Medium-term strategic plan 2008–2013

## Structure and periodicity

1. With the Medium-term strategic plan 2008–2013 (MTSP), WHO has moved away from its previous practice of presenting biennial budgets, each considered in isolation from the long-term objectives of the Organization. In the past five cycles, the WHO biennial budgets were presented as strategic documents to be operationalized nearer the time of implementation. However, as they each covered only a two-year period, they could hardly be seen as strategic documents. In addition, their structure changed each biennium, making direct comparison and evaluation of real progress in a specific domain difficult to measure over a longer period. The number of current Areas of Work (AOWs) remained relatively stable over time but underwent large changes in scope, and the underlying Organization-wide expected results (OWERs) changed in formulation with each cycle, making the real assessment of achievements difficult.

2. In recognition of this, and also in order to align WHO practice better to that of other United Nations organizations, it was thought advisable to develop a strategic plan covering a number of budgetary cycles. The vast majority of public health results are not achievable in only two years; thus, it was considered preferable to have clear Organization-wide results defined for a six-year period and to measure progress incrementally, in order to maintain focus and establish a system that would lend itself better to real monitoring of progress.

3. Internal discussions also showed that the relatively large number of AOWs (36 for 2006–2007) led to fragmentation and, in certain cases, inhibited the adoption of a horizontal approach to programme delivery. This was particularly true in country work. For example, if the objective at country level was to "Strengthen national surveillance of major communicable diseases", the related action could easily involve five AOWs (Health systems, HIV/AIDS, Malaria, Tuberculosis and Immunization). The activities would draw funds from five separate AOW sources and would need to be reported in five different AOWs. It is hoped that the tendency to work in vertical programmes will be remedied by replacing the AOW structure with only 16 strategic objectives (SOBs) that are more cross-cutting and results-oriented by nature. Likewise, the new structure of strategic objectives breaks the tradition of the budgetary structure mirroring the organizational structure of WHO headquarters.

4. Finally, with a plan covering three budgetary cycles, the preparation of the next two budgets covering 2010–2013 is expected to be less labour-intensive, freeing effort to focus on better delivery, monitoring and reporting.

## WHO's results-based management framework

5. There has been much debate over the past year regarding the fact that the starting dates of the Eleventh General Programme of Work (GPW) and the MTSP were not aligned. The Eleventh GPW has been endorsed by the World Health Assembly (WHA) and it covers, and hence governs, the entire six-year period of the MTSP now presented. Therefore it is of utmost importance that there should be good alignment between the Eleventh GPW and the MTSP.

- The Eleventh GPW (A59/25) outlines the global health agenda and describes seven priority areas that also feature in the global document (EUR/RC56/10). These priorities have been based on analysis of the past and our best understanding of present and future challenges. They are priorities for all stakeholders – the world at large.
- The MTSP, with its 16 strategic objectives, represents what WHO as a whole (the secretariat and the Member States) hopes to accomplish over a six-year period. The objectives are defined in terms of their scope, with accompanying indicators and targets. The best way to achieve the strategic objectives is outlined under the *Strategic approaches* section for each objective.

- Organization-wide expected results (OWERs) articulate what the WHO secretariat will commit itself to deliver in the overall six-year horizon of the MTSP. In the Proposed programme budget 2008–2009, the subset of deliverables for the first two-year cycle is laid out, together with resources required for their achievement.

6. While the above represents the planning framework, six core functions have also been defined in the Eleventh GPW. These describe how WHO will fulfil its work; they stem directly from the Organization's constitutional mandate and an analysis of its comparative advantage. The six core functions of the Eleventh GPW are not substantially different from those of the last four-year period (Tenth GPW 2002–2005). They are implemented throughout the Organization but vary in relative importance by technical domain and across the different regions. Over the last two biennia, the Regional Office for Europe (EURO) has systematically used the core functions for internal monitoring of the relative efforts it has put into the different areas.

## Ensuring cohesion in delivery

7. The major challenge for EURO in operationalizing the MTSP is undoubtedly to ensure cohesion between the different levels in the planning hierarchy and to ensure a best fit with country needs and priorities.

8. A translation of the MTSP into what the Regional Office will actually deliver in terms of products and services over the six-year period and, in particular, in the immediate two-year period of the Proposed programme budget 2008–2009, uses the strategic health needs assessments from European Member States as its point of departure. The operational plans (EURO's workplans) are then elaborated through the commitments made in the biennial collaborative agreements (BCAs) and those concerning normative work stemming from resolutions adopted by the Regional Committee and the World Health Assembly. In putting together these operational plans, it is important to keep in mind the need for an overall balance between the six core functions as well as the seven priorities of the Eleventh GPW.

9. The Standing Committee of the Regional Committee (SCRC) has, in its debates, emphasized the general need to make explicit the links between the Eleventh GPW and the MTSP. This was also stated during the regional consultation on the Eleventh GPW (January 2006, Copenhagen).

10. In response to this request, and in relation to the work of only this Region, it is proposed to encourage more profound discussion of this issue by the Office in the coming months. This analytical work of making more explicit the linkages between the Eleventh GPW and the MTSP is considered an essential step before the detailed operational planning for 2008–2009 can commence. In this process, other initiatives specific to the Region must also be considered (the 11 developmental processes, the update of the European Health for All policy framework, the Future of the Regional Office until 2020). Only by considering all these inputs can real cohesion be achieved in delivery of EURO's work.

11. It is proposed that this work should be presented to the SCRC for comments and guidance.

## The European Region's priorities in the Medium-term strategic plan

12. Although each strategic objective (SOB) covers a distinct domain, they are all interrelated and mutually supportive. The definition of both the individual SOB and the underlying Organization-wide strategic result (OWER) is relatively broad. The Regional Office has been involved in both formulation and peer review of the SOBs and believes that the regional specificity can be encompassed within this framework. The individual OWERs are different in nature, and in operational and financial volume; and it is clear that not all OWERs will have input from the Office. Given the diversity of the European Region, EURO's proposed activities under each objective will be highly tailored to the different needs of the Member States. However, the overall emphasis will continue to be on supporting those eastern European and central Asian Member States that are in greatest need.

13. In the global document, both textual and financial reference is made to “five main areas”. These come about through an aggregation of the 16 SOBs in the following manner:

| | |
|---|---|
| Area 1 | Public health interventions (SOBs 1, 2, 3 and 4) |
| Area 2 | Global health security (SOB 5) |
| Area 3 | Determinants of health (SOBs 6, 7, 8 and 9) |
| Area 4 | Health systems (SOBs 10, 11, 12 and 13) |
| Area 5 | Leadership and governance (SOBs 15 and 16) |

14. While this categorization may be practical, it is clear that the categories cannot be considered in isolation. Work in one area can only be achieved through interaction with other areas. For example, in Area 1, the emphasis is on provision of universal access to effective health interventions, which naturally needs interaction with and support from Health systems (Area 4).

### *Area 1. Providing support to countries in moving to universal coverage with effective health interventions (strategic objectives (SOBs) 1, 2, 3 and 4)*

15. This area includes the totality of the traditional communicable disease area, maternal, child and adolescent health, and elements of noncommunicable diseases. The emphasis in the Regional Office will be on moving more towards providing high-level policy advice while reducing activities in which the Office is the actual implementing partner. This direction will particularly affect activities in the Tuberculosis and HIV/AIDS programmes. It also includes activities to support Member States in achieving the capacities required by the International Health Regulations, which are an area of focus in the Office’s work.

16. SOB 3 deals with integrated prevention of noncommunicable diseases (NCDs). Noncommunicable disease prevention and control actions will require much attention throughout the whole period covered by the MTSP. The direction of the Regional Office’s work in this area will be governed by the NCD strategy, as discussed in EUR/RC56/8. However, not all NCD actions are encompassed in SOB 3. Much work in the NCD area will be implemented through affiliated strategic objectives, notably SOB 6, dealing with risk factors, and SOB 9 covering nutrition. EURO is proposing to increase the funding for all the strategic objectives supporting work on NCDs, but has allocated the greatest funding increase to SOB 3, which represents a more integrated approach.

17. EURO’s work in maternal, child and adolescent health is described in SOB 4. Here, the Office’s actions will follow the line laid down in the recently adopted European strategy for child and adolescent health and development (EUR/RC55/R6), as well as the strategies described in *The world health report 2005 – Make every mother and child count*.

18. Universal coverage of effective health interventions is equally dependent on effective health systems. Implementation of the four strategic objectives in this area therefore requires strong health systems input and is also closely linked to the objectives in Area 4.

### *Area 2. Strengthening global health security (SOB 5)*

19. This area is made up of a single objective related to response to man-made and natural disasters. In the event of emergencies, EURO will continue to work closely with WHO headquarters and, through headquarters, align its humanitarian action with that of other United Nations agencies. The Regional Office’s response will also, as demonstrated in the current biennium, include deployment of EURO staff to other regions, as appropriate to the situation. While funds for actual emergencies normally come from consolidated appeals, the increased funding for this area is needed to greatly enhance the Office’s capacity to support Members States in upgrading national preparedness plans for various health crises. The importance of adequate and integrated system preparedness and response will be debated at this session of the Regional Committee. Document EUR/RC56/9 on Enhancing health security, outlines the

volume and the complexity of the problem, the effects of health system capacity, and the proposed role of WHO.

### *Area 3. Generating and sustaining action across sectors to modify the behavioural, social, economic and environmental determinants of health (SOBs 6, 7, 8, and 9)*

20. This area deals with the social determinants of health and here, too, the strategic objectives are also interlinked with those of other areas. In particular, SOB 6, dealing with risk factors, needs to be seen in combination with SOB 3, dealing with noncommunicable disease prevention. While EURO supports an integrated approach, there is also a need to address certain aspects of individual risk behaviour.

21. SOB 7 focuses on social determinants. This objective is not very large in absolute financial terms, as actions often lie in other sectors than health. The Regional Office's emphasis will be on providing leadership for intersectoral action through strengthened governance and stewardship. The report of the Commission on Social Determinants of Health (to be published in early 2008) will shape the future work. EURO expects to focus on a regional interpretation of the report, the development of implementation tools, and capacity building to support concrete proposals for country action.

22. SOB 8 deals with environmental health, a domain in which EURO historically has a substantive programme, including regular Ministerial Conferences every five years. Actions in environmental health will continue, with increased emphasis on direct interventions in countries. At the proposed level of funding of US$ 18 million for 2008–2009, this strategic objective accounts for 6.5% of EURO's total budget, in comparison to the global budget figure of 3%. Despite the unchanged financial envelope for strategic objective 8, the overall work portfolio for all environmental issues continues to be high for 2008–2009, as environmental issues are also represented in other objectives related to emergencies (SOB5) and food safety (SOB 9).

23. SOB 9 deals with food safety and nutrition. From the European perspective, the results foreseen in this strategic objective could preferably have been integrated into related objectives to promote an even greater cross-cutting focus. However, given the importance of these issues, the financial envelope has been increased, in particular in anticipation of intense follow-up at country level of recommendations from the Ministerial Conference on Counteracting Obesity.

### *Area 4. Increasing institutional capacities to deliver health system functions under the strengthened governance of ministries of health (SOBs 10, 11, 12, 13 and 14)*

24. The increasing recognition of the cardinal role of health systems is clearly described in the Eleventh GPW. Strengthening health systems is a prerequisite for achievement of the Millennium Development Goals. The increased emphasis placed on health systems strengthening in the MTSP is therefore in line with both global initiatives and the European Region's priorities, as seen in responses from our Member States and in the document on the Future of the Regional Office until 2020 that will be discussed during this session of the Regional Committee. *The world health report 2006* has clearly shown the need for greater action to build up a competent health workforce, while the need to ensure sustainable financing mechanisms continues to be a problem in many Member States in the European Region.

25. EURO will fully incorporate its broad health systems approaches in the five interrelated strategic objectives and is intending to increase the collective financial envelope to this traditionally underfunded area, from US$ 40 million in 2006–2007 to US$ 55 million in 2008–2009. This will allow the necessary expansion of work on governance and stewardship of health systems in order to provide policy support for actions on equity, access, quality and safety, financing, service delivery, health workforce, pharmaceuticals and technologies, responsiveness and related priority issues.

26. The Office's actions will continue to be focused primarily on the countries and will respond to new and ongoing requests for support. The Ministerial Conference on Health Systems will take place in 2008.

27. SOB 10 aims at improving the organization, management and delivery of health services. EURO will provide assistance to Member States to help them develop country-specific strategies and policies, establish performance monitoring systems, promote regional exchange of experiences, and build national capacity to expand access, improve quality and reduce inequities. Particular emphasis will be given to the integration of services and improved coherence between public health and personal health services.

28. SOB 11 deals with strengthening evidence-based governance and leadership. Under this objective, EURO will provide support to Member States in: developing effective health system policies that are aligned to current challenges and take anticipated changes into account; building capacities in health system performance assessment; strengthening the effectiveness of regulatory functions; and improving the effectiveness of intersectoral collaboration at various levels of governance.

29. SOB 12 aims at improving access to and, quality and use of medical products and technologies. The Office will focus on horizontal issues such as comprehensive supply systems, selection of drugs, pricing and reimbursement policies and rational use. Special emphasis will be given to antiretroviral medicines, antimicrobial resistance, quality and safety.

30. SOB 13 aims at ensuring an available, competent, responsive and productive health workforce in order to improve heath outcomes. The Office will support Member States in achieving an appropriate mix of health workers responsive to current and future population needs and in improving the management of the workforce. It will also focus on support for implementing, monitoring and evaluating new workforce development programmes at the country level in order to improve workforce retention, motivation and performance. Special emphasis will be put on the issue of health worker migration in the European Region.

31. SOB 14 focuses on health financing, to which EURO has been giving increased attention in its health system strengthening initiative. Work under this SOB will be oriented towards WHO's core functions, and will consist principally of providing technical leadership, support and capacity strengthening in the area of health financing policy, and strengthening the information base on country health expenditures as a global public good to promote evidence-based policy making.

### *Area 5. Strengthening WHO's leadership at the global and regional levels and supporting the work of governments at the country level (SOBs 15, 16)*

32. These two SOBs are also interrelated and encompass the country presence and leadership of the Organization, as well as all the traditional administrative domains. These two objectives serve to facilitate the work in the other strategic objectives.

33. WHO reports have verified that, for historical reasons, and due to the lack of common WHO criteria for defining WHO's scale of country presence, EURO still lags far behind the other regions in terms of country presence. Upgrading the EURO country offices to a level commensurate with that of other WHO regions is an urgent priority and a necessity in the work to achieve the current overall WHO goal of decentralizing resources to level where the most cost-effective actions can be taken. EURO's past experience has also shown that in the neediest countries, impact is highly correlated to the competences of the staff in the country offices.

34. SOB 15 covers leadership, governance and partnership. Here the Regional Office's emphasis will be to continue to work in close partnership with our governing bodies, ministries of health and others to see that the health agenda, as set forth in resolutions adopted by the United Nations, the World Health Assembly and the Regional Committee, is effectively pursued. To do this, the EURO secretariat must strive for technical excellence and be seen to provide trustworthy leadership based on robust evidence. These directions are not new but rather a continuation of the current direction.

35. The overall administration and daily management of the Regional Office, the geographically dispersed offices and the country offices is no longer covered by several distinct areas of work, but is now

integrated in SOB 16. Here work will continue to focus on administrative streamlining as well as creating a supportive environment for staff. Specific initiatives will include preparation for and alignment to global WHO initiatives such as the Global Management System (GSM), the introduction of new financial rules and, above all, scaling up the EURO country presence. The financial increase in this area is a result of inflationary increases in overall operational expenses as well as, most importantly, the upgrading of infrastructure and staffing levels in the country offices.

## Draft Proposed programme budget 2008–2009

### Financing mechanisms

36. Work to strengthen WHO's ability to mobilize the financial resources needed to carry out its activities in line with the programme budget has proceeded on a number of complementary fronts during this biennium. The overall aims have been to increase transparency and to facilitate the decision-making process related to disbursement of funds from all sources across the Organization. In parallel, better monitoring systems have been put in place to monitor gaps and hence facilitate the rapid channelling of funds to where they are most needed. Guiding principles for strategic resource allocations, including a validation mechanism, have also been put in place. Within this overall framework, the proposed programme budget 2008–2009 is intended to be financed from the three main sources of funding outlined below.

- The regular budget (RB), which is made up of assessed contributions – by far the largest part – and miscellaneous income.
- Negotiated core voluntary contributions. These would ideally be negotiated for a number of years and be largely unearmarked. They could therefore be used to align resources more equitably across the Organization, based on needs.
- Voluntary contributions linked to projects and programmatic areas, which by nature have a higher degree of specificity. These funds are made available to the Organization to achieve specific results.

### Global financial overview

37. It is proposed that the global budget should be increased to a total envelope of US$ 4263 million. This represents an increase of 17.2% above the **expected expenditures of 2006–2007**, which are estimated to be US$ 3636 million. However, the increase is 29% over the endorsed 2006–2007 budget set at US$ 3313 million.[1]

38. The major bulk of this increase is expected to come from voluntary contributions. The projected increase in voluntary contributions between the 2006–2007 budget and the 2008–2009 budget is US$ 950 million. For the RB, the proposal is an increase of US$ 85 million, from US$ 915 million to US$ 1000 million, representing an overall rise of 9.3%. The proposed sources for these additional RB funds are: US$ 77 million through an increase in assessed contributions, and the remaining US$ 8 million from an increase in miscellaneous income.

### Regional financial overview

39. The overall proposed budget for the Regional Office for 2008–2009 is set at US$ 277 million; compared with the budget 2006–2007 of US$ 201 million, and this represents a 38% increase. Although global figures have been given for the Organization, EURO does not feel in a position to estimate expected expenditures for 2006–2007 at this point in time, when we have data for only the first quarter of

[1] EUR/RC56/10, *Table 1: Proposed evolution in the financing of the programme budget during the period of the Medium-term strategic plan*

the biennium. The figure of US$ 277 million came about through two mechanisms. Firstly, the technical programmes responsible for the 16 strategic objectives made a needs-based "bottom-up" costing of individual objectives. Secondly, these proposals were aggregated and the resultant overall picture was reviewed in the light of EURO's priorities, aligned to the total global budgetary framework and a realistic assessment of our capacity to scale up implementation.

40. At its session in spring 2006, the SCRC expressed the wish to see the proposed programme budget 2008–2009 compared with the figures for 2006–2007, despite the shift in structure from 36 AOW to 16 SOBs.

41. EURO has completed such a crosswalk exercise and the results are presented in Annexes 1 and 2. The conversion from 36 Areas of Work to 16 strategic objectives is not merely an aggregation exercise. The new objectives are more horizontal and hence actions related to a single AOW are now dispersed in several objectives. Annex 2 gives the expenditure 2004–2005, the endorsed budget 2006–2007, and the proposed budget 2008–2009 for EURO in a comparative structure across the 16 strategic objectives. Such crosswalks cannot be perfect matches, but the information in Annex 2 is felt to be robust enough to allow a meaningful overall comparison over three biennia.

## Regional allocation

42. In the European Region, there has been much debate over the years on regional allocations. For several biennia this discussion was around resolution WHA51.31. This resolution was subsequently superseded by the introduction of the *Guiding principles for strategic resource allocations*. These guiding principles and the accompanying validation mechanism have also been the subject of much debate and only after several iterations was a consensus reached in the Executive Board in May 2006. The final validation range and the accompanying calculation methodology are described in EB118/7. Through this mechanism, the percentage of the total global budget for the Regional Office for Europe was set at an average of 6.9% for the six-year period of the MTSP, with a range of between 6.2% and 7.5%.

43. In Table 3 of the global document, EURO is seen to be at 6.5% for 2006–2007 with an increase to 6.6 % for 2008–2009. Hence, overall, EURO is within but at the lower end of, the range for the two-year period of 2008–2009. While 0.1% is perceived as a small percentage increase, the absolute increase in the Office's budget between 2006–2007 and 2008–2009 is US$ 76 million, as described above. The total budget 2008–2009 for EURO of US$ 277 million is considered prudent and realistic. With this sum, the Office believes that the right balance can be struck between fulfilling our mission and critically assessing our implementation capacities.

44. Should the governing bodies wish to reduce the overall budgetary envelope for the whole Organization, EURO would argue that the total proposed figure for this Region should be retained, as it was conservatively estimated and would probably still remain within the ranges established by the validation mechanism.

45. To exemplify this: in the event of an overall reduction of even US$ 500 million in WHO's global budget (from US$ 4263 to US$ 3763 million), EURO's total of US$ 277 million would still keep EURO within the validation range, but nearer to the top, with 7.4% of the global budget.

## Distribution of the regular budget

46. The validation mechanism looks only at the totality of funds and does not specifically address the proportion of regular budget versus voluntary contributions. However, the SCRC has debated this on several occasions and considered that the validation mechanism should also apply to the relative distribution of the regular budget, with the aim of achieving greater clarity and fairness across the Organization regarding this source of funds.

47. However, the increase in regular budget proposed for 2008–2009 is seen to be distributed proportionally along historical lines and has not been aligned to the principles agreed in the validation mechanism. This means that the variation in threshold value of regular budget to total budget varies for the different offices. This is evident in Table 2 of the global document. Particularly noticeable is the fact that two WHO locations, very similarly sized in terms of total budget, can have great variation in the regular budget allocation. The difference between EURO and the Regional Office for the Americas (AMRO) is more than US$ 20 million.

48. There are many ways to approach a fair and transparent distribution of the regular budget. One suggestion would be to distribute the proposed regular budget 2008–2009 according to the validation percentages presented in Table 3 of the global document. Such a distribution would lead to the following changes: five regions would experience increases while AMRO and WHO headquarters would experience reductions, as demonstrated in Table 1 below.

Table 1. Distribution of the regular budget 2008–2009 in line with the validation percentages, in US$ millions.

| Location | Proposed regular budget | Validation % * | Adjusted regular budget per validation mechanism | Approximate net change |
|---|---|---|---|---|
| AFRO | 222.5 | 26.0 | 260 | +37.5 |
| AMRO | 85.0 | 6.8 | 68 | - 17.0 |
| SEARO | 108.4 | 11.4 | 114 | + 5.6 |
| EURO | 63.6 | 6.6 | 66 | + 2.4 |
| EMRO | 95.5 | 10.6 | 106 | + 10.5 |
| WPRO | 83.6 | 8.6 | 86 | + 2.4 |
| HQ | 341.4 | 29.9 | 299 | - 42.4 |
| Total | 1000 | 99.9 | 999 | |

* The validation percentages are taken from Table 3 in the global document and are rounded.

49. Given the difficulty of managing with a very low threshold value for the regular budget, efforts should be made both to increase the overall level of regular budget and ensure greater equity in threshold values of secure funding.

## Summary

50. The Medium-term strategic plan 2008–2013 is a novel arrangement that EURO believes will help concentrate actions and promote combined delivery of results, in particular at the country level. It will also facilitate comparative analysis over time and will ease the budget preparations in the two last biennia of the period it covers.

51. The first two-year budget under this plan, the Draft Proposed programme budget 2008–2009 is presented. This budget, at both global and regional level, proposes substantive funding increases. It is

proposed that the increase should be financed through an increase in assessed contributions as well as a major increase in voluntary contributions.

52. The Regional Committee is invited to comment on both the global document (EUR/RC56/10) and this Regional perspective. The comments from all the regional committees will provide input for a revision of the global document. The revised global document will be presented for further consultation to the Executive Board in January 2007, after which it will be transmitted to the World Health Assembly in May 2007.

*Annex 1*

## Five-area comparison global draft proposed programme budget 2008–2009 with draft EURO proposed programme budget 2008–2009 and EURO endorsed programme budget 2006–2007 (in US$ millions)

| | Main areas | Draft global PB 2008–2009 | | Draft EURO PB 2008–2009 | | Endorsed EURO PB 2006–2007 | |
|---|---|---|---|---|---|---|---|
| | | US$ | % | US$ | % | US$ | % |
| 1 | **Public health interventions** (SOBs 1, 2, 3, 4) | 2129.7 | 50.0 | 96.0 | 34.7 | 70.5 | 35.1 |
| 2 | **Global health security** (SOB 5) | 219.5 | 5.1 | 21.0 | 7.6 | 10.7 | 5.3 |
| 3 | **Determinants of health** (SOBs 6, 7, 8, 9) | 488.2 | 11.5 | 40.0 | 14.4 | 32.8 | 16.3 |
| 4 | **Health systems** (SOBs 10, 11, 12, 13, 14) | 644.4 | 15.1 | 55.0 | 19.9 | 40.4 | 20.1 |
| 5 | **Leadership and governance** (SOBs 15, 16) | 781.2 | 18.3 | 65.0 | 23.5 | 46.6 | 23.2 |
| | Total | **4.263.0** | 100 | **277.0** | 100 | **201.0** | 100 |

*Annex 2*

## EURO Proposed programme budget 2008–2009
## (Comparison with expenditure 2004–2005 and budget 2006–2007)

| | | 2004-2005 Expenditure | | 2006-2007 PB Endorsed | | 2008-2009 PB Draft | |
|---|---|---|---|---|---|---|---|
| SOB | Strategic Objective | US$ million | % | US$ million | % | US$ million | % |
| 1 | Reduce the health, social and economic burden of communicable diseases | 14.0 | 8.8 | 20.2 | 10.0 | 30.0 | 10.8 |
| 2 | Combat HIV/AIDS, malaria and tuberculosis | 19.1 | 11.9 | 28.4 | 14.1 | 36.0 | 13.0 |
| 3 | Prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries | 8.0 | 5.0 | 9.6 | 4.8 | 16.0 | 5.8 |
| 4 | Reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals, using a life-course and addressing equity gaps | 4.5 | 2.8 | 12.4 | 6.2 | 14.0 | 5.1 |
| 5 | Reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact | 8.4 | 5.3 | 10.7 | 5.3 | 21.0 | 7.6 |
| 6 | Promote health and development, prevent and reduce risk factors for health conditions associated with tobacco, alcohol, drugs and other psychoactive substance use, unhealthy diets, physical inactivity and unsafe sex | 6.6 | 4.1 | 8.3 | 4.1 | 10.0 | 3.6 |
| 7 | Address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches | 1.1 | 0.7 | 3.4 | 1.7 | 6.0 | 2.2 |
| 8 | Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health | 16.4 | 10.2 | 17.8 | 8.9 | 18.0 | 6.5 |
| 9 | Improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development | 1.9 | 1.2 | 3.4 | 1.7 | 6.0 | 2.2 |
| 10 | Improve the organization, management and delivery of health services | 5.7 | 3.6 | 5.8 | 2.9 | 12.0 | 4.3 |
| 11 | Strengthen leadership, governance and the evidence base of health systems | 23.5 | 14.7 | 21.3 | 10.6 | 22.0 | 7.9 |
| 12 | Ensure improved access, quality and use of medical products and technologies | 3.2 | 2.0 | 4.5 | 2.2 | 7.0 | 2.5 |
| 13 | Ensure an available, competent, responsive and productive health workforce in order to improve health outcomes | 1.9 | 1.2 | 2.9 | 1.4 | 6.0 | 2.2 |
| 14 | Extend social protection through fair, adequate and sustainable financing | 4.1 | 2.6 | 5.9 | 2.9 | 8.0 | 2.9 |
| 15 | Provide leadership, strengthen governance and foster partnership and collaboration in engagement with countries, to fulfil the mandate of WHO in advancing the global health agenda as articulated in the 11th General Programme of Work | 16.9 | 10.6 | 25.0 | 12.4 | 25.0 | 9.0 |
| 16 | Develop and sustain WHO as a flexible, learning Organization, enabling it to carry out its mandate more efficiently and effectively | 24.6 | 15.4 | 21.6 | 10.7 | 40.0 | 14.4 |
| | **TOTAL** | 160.0 | 100.0 | 201.0 | 100.0 | **277.0** | 100.0 |