Information note on GPW 13 planning process in WHO European Region and development of PB 2020–2021

Background

Following the endorsement of the GPW13 by the World Health Assembly in May 2018, a new planning process with Member States was launched.

In WHO European Region, planning through a bottom-up process for priority-setting has been the practice over the last few bienniums. Priorities discussed and agreed with the Member States have always been the starting-point to drive the secretariat's work through an iterative process of consultation and agreement.

What is different this time is that the priority-setting is based on the GPW13 Outcomes and not on Categories and Programme Areas. What is also new is that priority-setting is for the 5 year (period of the GPW13 from 2019–2023) which will drive the Programme Budget 2020–2021 (PB20–21).

The Results Chain



Within the **results chain**, the GPW13 **3 Strategic Priorities** and one Corporate goal constitute the long-term vision and target for planning. This is the starting-point for the planning exercise. The Strategic Priorities are achieved through a set of nine broad technical **Outcomes** and one cross-cutting Outcome on Data and Innovation. The Outcomes represent the changes and improvements in countries to services, level and distribution of health. Due to the broad nature of the outcomes **Outcome Scopes** were elaborated to provide further definition and bring clarity to the areas of focus, presenting the range of comprehensive approaches and interventions needed to be undertaken by Member States in order to achieve the outcomes. The **Outputs** define the deliverables of the Secretariat in terms of the support and contribution of the Secretariat to the achievement of the Outcomes, and consequently the Strategic Priorities. Please see Annex for further details.

Accountability for delivering the Outputs lies with the Secretariat, while both the Outcomes and the Strategic Priorities are a joint responsibility between the Secretariat and Member States.

Process

In her letter of 15 June to all 53 Member States, the Regional Director launched the prioritization process in the WHO European Region. It was expected that at the end of this phase, respective countries would identify the Priority Outcomes that the country and the WHO Secretariat will be jointly working to achieve. Immediately after the launch, two simultaneous processes were initiated: one with countries where there is a WHO country presence and the second where there is no WHO presence.

In countries with WHO presence the WHO Representatives and Heads of Country Offices led the prioritization exercise process and engagement within the country. In countries without WHO presence, WHO National Counterparts led the exercise supported by a focal point from the Strategic Relations with Countries in the Regional

Office for each country. These focal points established communication mechanisms and provided backgrounds and technical backstopping to the National Counterparts including briefing sessions via Web-ex.

Throughout the process there was interaction and dialogue with WHO staff supporting the process and responding to queries as they arose.

The prioritization exercise aimed to:

- 1. determine Member States priorities within the GPW13 Outcomes, based on national health policies, strategies and plans and the respective SDG agendas;
- 2. identify, using the Outcome Scopes as a guide, what were the specific intentions planned by Member States for the GPW13 duration;
- 3. where possible, at this stage, identify where the Secretariat should/could provide assistance;
- 4. where possible, at this stage, gather information on which of the targets in the GPW13 Impact Framework the Member State would contribute to.

The prioritization exercise has been a dynamic process, with preparatory work by reviewing existing plans and strategies to facilitate the formal and informal discussions. What we have now is the first snapshot to share with the Regional Committee. The exercise is not final. It will continue in the coming weeks to advance in confirming priorities with all 53 Member States and proceed with next steps.

At the current status of planning, discussion with 34 Member States are at final stage, with 24 Member States formally confirmed their GPW 13 priorities to the Regional Office and 10 still to confirm. Further discussions are ongoing and nearing finalization with three Member States with a further 16 at varied levels of the process.

Next Steps

The prioritization exercise with all Member States will be advanced and finalized in the coming weeks. This is key to develop the Outputs and concrete deliverables.

As consultation process across three levels of the Organization will advance, it is expected that Country Support Plans (CSP) for the 5-year GPW13 period will be further elaborated. Following this, next steps would focus on the **first two years of these plans.** A detailed PB20–21 based on costed outputs will be developed through this iterative process of engagement with all Member States. This will as well include the plans for intercountry, regional and global work. The detailed PB20–21 will be submitted to the Executive Board in January 2019.

In preparing the budget estimates for 2020-2021 within a proposed increased envelope, the integral aspect of Human Resources planning will be addressed by the Regional Office with the continue pursuance of the **European Business Model** for efficiencies. The EURO business model is constituted of strong technical capacity at Regional Office, supplemented by geographically dispersed offices in key priority areas, and compared to other Regions, relatively small country offices in 30 out of 53 Member States and this will continue. Major modes of delivery would continue to be addressing common needs through multi-country approaches as well as focusing on specific needs and circumstances of individual countries to maximize high quality delivery in the most effective and efficient manner.

Thus, increases in capacity and coverage will therefore be incremental and sustainable, and will follow the principles of efficiency and realistic approach to maximize the impact at country level and keeping the cost manageable. In the Annex, figure 3 illustrates the next steps and timeline.

Annex

Figure 1. The GPW13 Planning Framework (results chain)

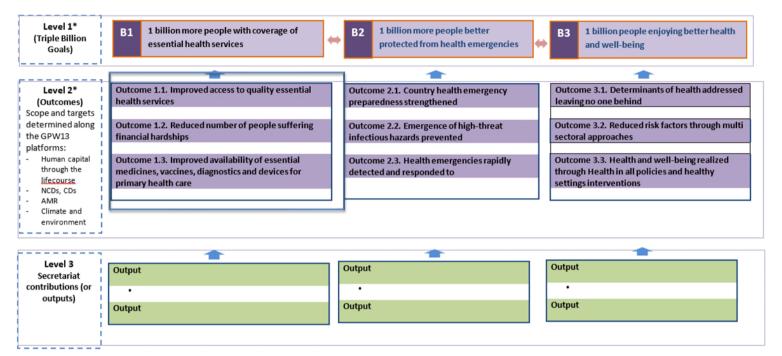


Figure 2. Outcome Scopes

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 73% Premature NCD-related mortality ↓ by 20% 	 Strengthening of health systems governance, national health policies and strategies, regulatory frameworks Strengthening or transformatio 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 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

Figure 3 Next steps in the process

