



Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Health 2020 – The European policy framework for health and well-being

1.	Draft resolution number:	EUR/RC62/Conf.Doc./8		
2.a	Link to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)			
	<p>Health 2020 is a policy framework and strategy supported by overarching regional targets. It will provide the umbrella and strategic direction for the work of the WHO Regional Office for Europe. It emphasizes reducing health inequalities, improving governance for health, life-course approaches, tackling the Region's major health challenges, strengthening public health capacity and people-centred health systems, and creating resilient communities. These objectives and priorities are fully in accordance with the WHO reform process and consistent with the Global Programme of Work and will influence and shape future programme budgets of the Regional Office.</p> <p>Implementation of Health 2020 as outlined in the draft resolution will be coordinated from an operational hub in the Office of the Regional Director. A small team has been operating since the beginning of the process of developing and consulting on Health 2020. The team also houses expertise pertaining to Health 2020's two strategic objectives, namely reducing health inequalities and improving governance for health.</p> <p>The costing made for this resolution takes account of the operational costs of implementing the Health 2020 resolution, including monitoring and evaluating progress towards the Health 2020 targets. It does include costs relating to the specific technical implementation of Health 2020 policy priorities. The challenge is that Health 2020 cuts across all the Regional Office's activities: mostly, it will be a matter of doing things differently, rather than doing additional things.</p> <p>Therefore, although this resolution links to work towards all the strategic objectives in the 2012–2013 programme budget, the operationalization of Health 2020 would specifically involve the following:</p> <table><tr><td>Strategic objective(s): 6, 7 and 10</td><td>Organization-wide expected result(s): 6.001, 7.001, 10.002 and 10.005</td></tr></table> <p>How would this resolution contribute to achieving the Organization-wide expected result(s)?</p> <p>This resolution will serve as a guiding framework and a focus for directing all the technical work of the Regional Office and will contribute directly to achieving the following Organization-wide expected results as defined in the programme budget:</p> <p>6.001 Advice and support provided to Member States to build their capacity for health promotion across all relevant programmes and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.</p>		Strategic objective(s): 6, 7 and 10	Organization-wide expected result(s): 6.001, 7.001, 10.002 and 10.005
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7.001 Significance of social and economic determinants of health recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.

10.002 National capacities for governance and leadership improved through evidence-based policy dialogue, effective governance and leadership, institutional capacity-building for policy analysis, greater transparency and accountability for performance and more effective intersectoral collaboration.

10.005 Better knowledge and evidence for health decision-making assured through consolidation and publication of existing evidence, facilitation of knowledge generation in priority areas and global leadership in health research policy and coordination, including with regard to ethical conduct.

2.b **Linkage to the WHO European Region outcome portfolio for 2012–2013 (see <https://intranet.euro.who.int/policies-and-procedures/programme-management/programme-and-resource-management/biennium-2012-2013/operational-planning-2012-2013/euro-outcome-and-output-portfolio>)**

Key priority outcome (KPO):

KPO 17: Member States develop comprehensive national (national health plans) and subnational policies, strategies and plans for health and well-being based on/or aligned with the Health 2020 policy framework and develop capacity to implement whole-of-government and multistakeholder governance processes and mechanisms for Health 2020. All Member States will have endorsed Health 2020 – the new European policy for health at the sixty-second session of the WHO Regional Committee for Europe in Malta (September 2012).

KPO 23: Increased quality of and capacity for health situations analysis, including collection, use of standards, analysis and dissemination of health information in Member States.

KPO 16: Greater capacity and commitment among Member States to better meeting the right to health and health needs of poor, vulnerable and socially excluded groups, with particular emphasis on action for migrants and Roma populations and addressing inequities in progress towards the Millennium Development Goals (MDGs).

Other priority outcome (OPO):

OPO 61: Multisectoral health and well-being strategies and plans developed and capacity for health promotion and health equity strengthened at the local level in Member States in line with Health 2020 principles and approaches. Completion of Phase V of the Healthy Cities Programme.

OPO 62: Improved capacity and uptake for governance for action on the social determinants of health and health inequities within the Health 2020 policy framework and consistent with resolution WHA62.14

OPO 63: Member States systematically use analyses of social and economic determinants and health inequalities to inform the development, implementation, monitoring and evaluation of health policies and programmes.

OPO 64: Greater capacity and commitment in Member States to apply a gender approach in the development and implementation of health policies and programmes, as per resolution WHA60.25.

OPO 65: Greater capacity and commitment in Member States to apply a human rights-based approach in the development and implementation of health policies, plans and programmes, including a specific focus on populations experiencing poverty and social exclusion.

OPO 80: Member States utilize the information and analytical products provided by the WHO Regional Office for Europe to Member States for planning, monitoring and evaluation of the health situation and inequalities at country level.

How would this resolution contribute to achieving the priority outcome(s) for the WHO European Region?

This resolution would serve as a point of departure and guide for defining the role of the Secretariat in implementing Health 2020. Operative paragraph 5 of the resolution contributes directly to implementing regional key priority outcome 17 mentioned above.

Moreover, applying the Health 2020 policy framework to the work of the Regional Office will have implications for identifying and balancing priorities, as well as for the approaches and choice of strategies and interventions to tackle the public health challenges of the Region and take advantage of opportunities for promoting health and well-being. Health 2020 identifies reducing health inequalities and strengthening leadership and governance for health (the whole-of-government and whole-of-society approaches) as strategic objectives. Further, it emphasizes the social determinants of health and gender and rights-based approaches as cross-cutting strategies for reducing health inequities. This implies that the resolution will contribute directly to the direction and achievement of several other priority outcomes as listed above.

The resolution will also help to strengthen capacity at country level to collect, monitor and report health outcomes and indicators, which will translate into the computation of regional targets.

Does the outcome already include the outputs requested in this resolution? (Yes/no) Yes

In the planning process, outputs related to operationalization of Health 2020 have been defined and included in regional and country work plans. This resolution will further guide and specify the content of these outputs.

3. Estimated cost and staffing implications in relation to the programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Nine years (covering the period 2012–2020)

(ii) Total US\$ 21 074 900 (staff US\$ 16 514 900; activities: US\$ 4 560 000)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3(a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

Total US\$ 4 722 000 (staff US\$ 3 672 000; activities: US\$ 1 050 000)

Indicate whether the costs would be incurred at the regional or country level, identifying specific countries where relevant: Calculations include intercountry, multicountry and country-specific work.

Is the estimated cost fully included within the approved outcome budget 2012–2013? (Yes/no) No

If “no”, indicate how much is not included.

US\$ 382 000 for PCR

(c) Staffing implications

Could existing staff implement the resolution? (Yes/no)

The posts allocated to the Health 2020 Secretariat and operational team are adequate in profile and number to implement the resolution. However, at present four of these posts are vacant. Two of the vacant posts are under recruitment, and two are at the stage of having the post descriptions finalized. In the area of health information, these could be covered providing the recruitment of posts goes ahead (selection is under way, although recruitment is pending availability of funds).

If “no”, indicate how many additional staff – [full-time equivalents] – would be required, identifying specifically whether regional or country level and noting the necessary skills profile(s), where relevant.

We have included the posts under recruitment as “existing staff”.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3(b) fully funded? (yes/no)

No. The two posts in PCR are only accommodated in part with the SO7 budget ceiling and not under the funding that is currently available. The posts in health information (DIR-SO10), however, are included in the budget ceiling for DIR, although not within currently available funding.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ 495 000 for 12 months incumbency of the posts in PCR and US\$ 220 000 for the posts in DIR. Since these posts are regarded as mission-critical, every effort will be made to mobilize/identify additional voluntary funds. Alternatively, reprioritization within current corporate funds will have to be made.

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