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## **Implementing the programme budget 2014–2015: supplementary information**



## Introduction

This information document is a supplement to document EUR/RC63/21, Implementing the programme budget 2014–2015, and should thus be read in conjunction with it. It aims to provide a snapshot of the status of operational planning as at August 2013. At this stage, operational planning is not complete and workplans still need to be finalized. Changes are therefore to be expected by the time of the Financing Dialogue. The enclosed annexes present the World Health Assembly budget and the current level of planning for staff and activities at Regional and country levels. In addition, an overview of expected engagement with countries with which the Regional Office has a biennial collaborative agreement (BCA) is provided. The resulting demand for the Regional Office’s technical programmes is also presented.

### ***Table 1(a) – Country programme engagement: programme areas***

1. The table and corresponding graph show the number of technical programme areas in which each BCA country has expressed its engagement (demand). The demand level is assessed through ongoing discussions between the heads of WHO Country Offices and respective ministries of health and internal planning is done by the Regional Office’s technical programmes. As the figures show, demand levels vary from country to country, ranging from 8 to 20 programme areas per country, and further prioritization is required.

### ***Table 1(b) – Country programme engagement matrix***

2. Expanding on Table 1 (a), this matrix shows the specific programme areas of interest for each country.

### ***Table 1(c) – Demand for programme areas***

3. Focusing on the technical programmes, this table shows the level of demand for each programme area.

### ***Table 2 – Implementation 2014–2015: initial planning***

4. This table presents the World Health Assembly-approved programme budget for the Regional Office for Europe, including preliminary Regional and country level allocations. The current status of operational planning is shown at both levels, together with the planned activities and associated staff costs: this is unadjusted operational planning. The staff costs are then adjusted to take account of the anticipated time (effort) of Regional programme staff spent supporting BCA implementation in countries.

5. Currently, prior to finalizing the BCAs, only category 5 shows an overall requirement for budget increase to accommodate the increased demand for Regional Office support on antimicrobial resistance. As expected, however, given that the approved programme budget is based chiefly on historical expenditures cross-walked from 2012–2013 to 2014–2015, the detailed operational planning has provided more accurate estimates of required budgets at the programme area level. Consequently, the Regional Director will propose to the Director-General the reprogramming of budgets across programmes, within categories.

### ***Table 3 – 2014–2015 preliminary resource overview***

6. Recorded voluntary contribution instalments for the European Region are the known available resources for 2014–2015 and are shown per programme area for Regional and country programmes. Based on projected expenditures and projected income for 2012–2013, the

estimated carry-forward funding is US\$ 25 million. The actual amount, however, will also depend on negotiations between award managers and donors and a final figure will only be available in the first quarter of 2014.

**Table 1(a)**

**Operational planning 2014–2015: country programme engagement**

Country Offices	Programme Areas
Albania	10
Armenia	13
Azerbaijan	13
Belarus	9
Bosnia and Herzegovina	9
Bulgaria	8
Croatia	10
Czech Republic	8
Estonia	12
Georgia	11
Hungary	9
Kazakhstan	13
Kyrgyzstan	16
Latvia	8
Lithuania	8
Montenegro	10
Poland	8
Republic of Moldova	20
Romania	13
Russian Federation	16
Serbia	16
Slovakia	11
Slovenia	8
Tajikistan	20
The former Yugoslav Republic of Macedonia	11
Turkey	11
Turkmenistan	13
Ukraine	20
Uzbekistan	18
<b>Grand Total</b>	<b>352</b>

**Engagement – programme areas**

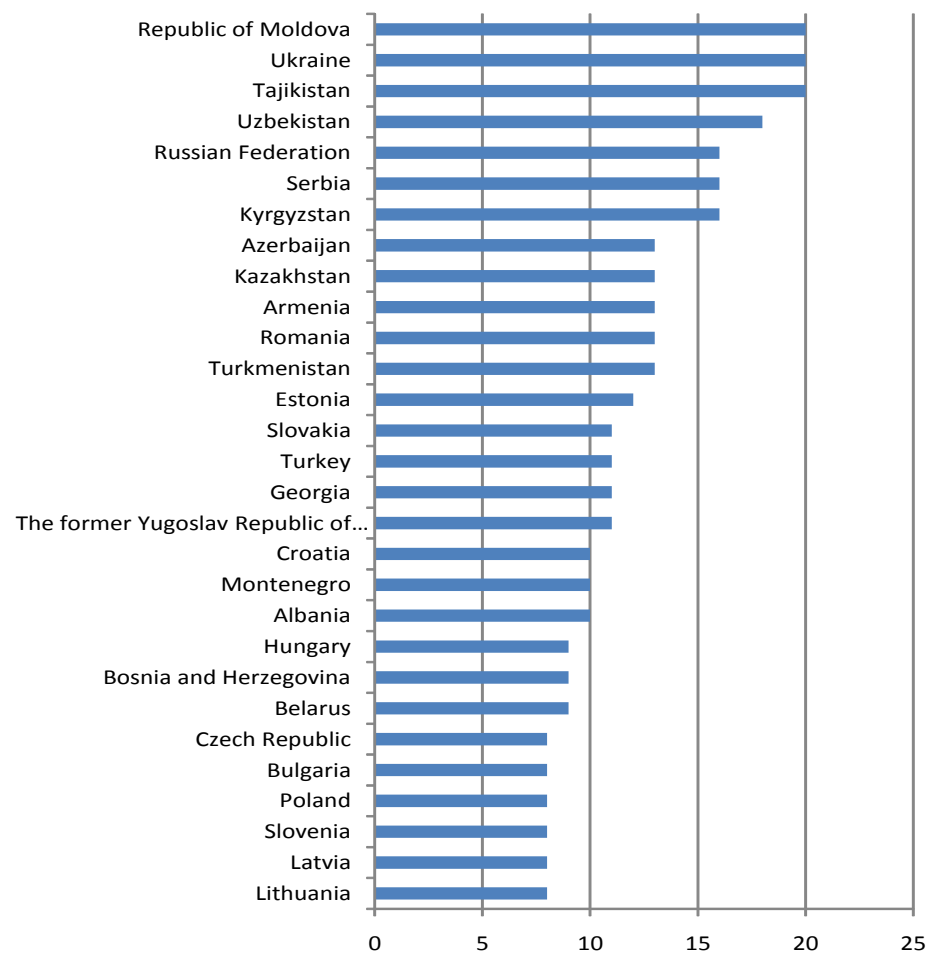
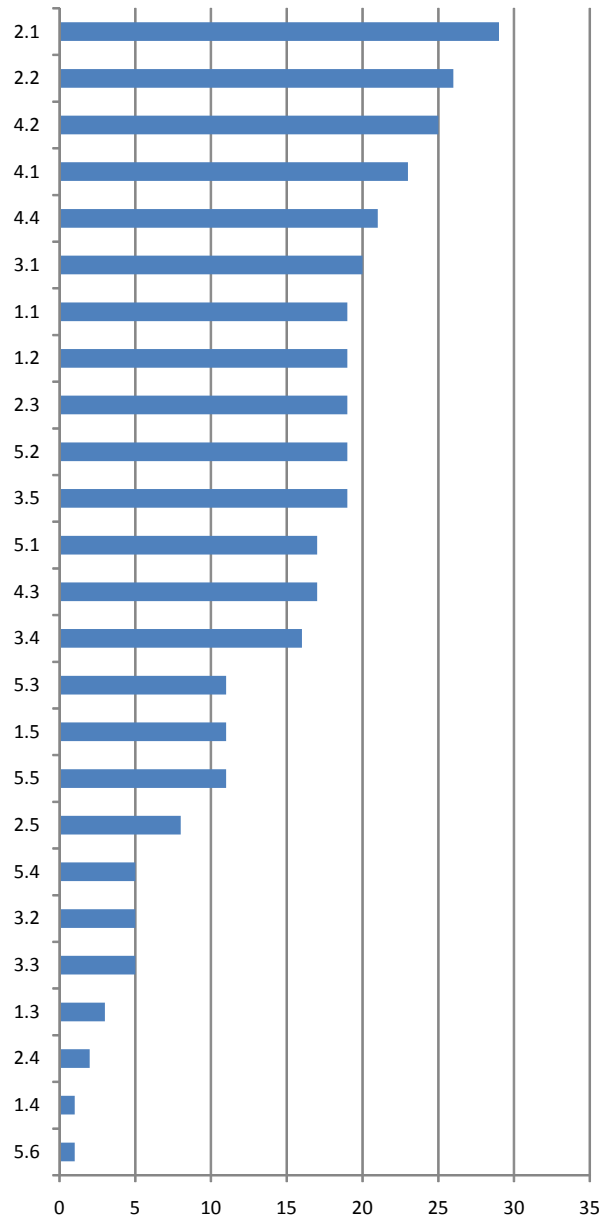




Table 1(c) Operational planning 2014–2015: demand for programme area

Programme Area	No Countries
1.1	19
1.2	19
1.3	3
1.4	1
1.5	11
2.1	29
2.2	26
2.3	19
2.4	2
2.5	8
3.1	20
3.2	5
3.3	5
3.4	16
3.5	19
4.1	23
4.2	25
4.3	17
4.4	21
5.1	17
5.2	19
5.3	11
5.4	5
5.5	11
5.6	1
<b>Grand Total</b>	<b>352</b>

### Overview – engagement by programme area



**Table 2. Implementation 2014–2015: initial planning**

Outcomes	PB 2012-2013 <sup>1</sup>	PB2014-2015 <sup>2</sup>			Operational Planning (unadjusted) <sup>3</sup>						Operational Planning (adjusted) <sup>4</sup>						
		Regional office	Country offices	Total	Regional office		Country offices		Total	Regional office		Country Office		Total			
					Activities	Staff	Activities	Staff		Activities	Staff	Activities	Staff				
<b>Category 1</b>	29 877	20 400	10 200	30 600	6 781	12 724	6 255	4 838	30 597	6 781	8 688	6 255	8 874	30 597	100%		
1.1 Increased access to key interventions for people living with HIV	7 030	3 300	2 500	5 800	690	3 081	1 277	576	5 624	690	1 753	1 277	1 904	5 624			
1.2 Increased number of successfully treated tuberculosis patients	8 809	5 800	5 200	11 000	1 608	3 338	3 789	3 337	12 071	1 608	1 760	3 789	4 915	12 071			
1.3 Increased access to first-line antimalarial treatment for confirmed malaria cases	1 867	900	200	1 100	135	785	10	180	1 110	135	642	10	323	1 110			
1.4 Increased and sustained access to essential medicines for neglected tropical diseases	399	300	100	400	400		10		410	400		10		410			
1.5 Increased vaccination coverage for hard-to-reach populations and communities	11 771	10 100	2 200	12 300	3 948	5 520	1 169	745	11 383	3 948	4 533	1 169	1 733	11 383			
<b>Category 2</b>	31 922	23 800	9 000	32 800	11 758	7 896	6 717	6 341	32 713	11 758	7 698	6 717	6 540	32 713	100%		
2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors	16 780	14 700	1 700	16 400	4 880	4 577	2 541	4 253	16 251	4 880	5 667	2 541	3 162	16 251			
2.2 Increased access to services for mental health and substance use disorders	6 942	4 200	3 000	7 200	485	1 980	1 767	1 067	5 299	485	1 181	1 767	1 866	5 299			
2.3 Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	5 618	3 200	3 500	6 700	4 705	820	1 635	977	8 137	4 705	410	1 635	1 387	8 137			
2.4 Increased access to services for people with disabilities	461		500	500	469		661		1 130	469		661		1 130			
2.5 Reduced nutritional risk factors	2 121	1 700	300	2 000	1 219	520	113	45	1 896	1 219	440	113	125	1 896			
<b>Category 3</b>	36 199	35 100	5 000	40 100	11 973	20 443	6 052	1 045	39 513	11 973	16 638	6 052	4 850	39 513	99%		
3.1 Increased access to interventions for improving health of women, newborn, children and adolescents	8 934	5 500	1 500	7 000	1 440	1 520	2 957	734	6 650	1 440	876	2 957	1 377	6 650			
3.2 Increased proportion of older people who can maintain an independent life	1 640	1 400	100	1 500	300	943	135		1 378	300	771	135	172	1 378			
3.3 Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes	490	1 100	200	1 300	568	803	185		1 555	568	552	185	251	1 555			
3.4 Increased intersectorial policy coordination to address the social determinants of health	6 134	6 500	1 100	7 600	1 070	4 774	876		6 720	1 070	3 182	876	1 592	6 720			
3.5 Reduced environmental threats to health	19 000	20 600	2 100	22 700	8 595	12 405	1 899	311	23 211	8 595	11 257	1 899	1 459	23 211			
<b>Category 4</b>	28 852	36 800	8 000	44 800	11 679	19 653	8 707	3 017	43 054	11 679	13 621	8 707	9 048	43 054	96%		
4.1 All countries have comprehensive national health policies, strategies and plans updated within the last five years	12 008	14 100	3 500	17 600	4 231	8 571	2 339	2 166	17 307	4 231	6 238	2 339	4 499	17 307			
4.2 Policies, financing and human resources are in place to increase access to integrated people-centred health services	4 570	8 300	3 400	11 700	2 640	3 582	4 695	851	11 768	2 640	1 942	4 695	2 491	11 768			
4.3 Improved access to and rational use of safe, efficacious and quality medicines and health technologies	3 498	6 300	700	7 000	2 885	1 568	605		5 058	2 885	824	605	745	5 058			
4.4 All countries have properly functioning civil registration and vital statistics systems	8 776	8 100	400	8 500	1 923	5 932	1 067		8 921	1 923	4 617	1 067	1 315	8 921			
<b>Category 5</b>	16 364	9 100	4 600	13 700	3 412	7 519	2 585	955	14 471	3 412	5 452	2 585	3 023	14 471	106%		
5.1 All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response	7 856	4 900	2 600	7 500	970	2 883	1 240		5 093	970	1 884	1 240	999	5 093			
5.2 Increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics	1 426	1 200	200	1 400	1 668	2 767	605	267	5 307	1 668	2 372	605	662	5 307			
5.3 Countries have the capacity to manage public health risks associated with emergencies	3 203	2 200	1 200	3 400	572	1 694	490	644	3 400	572	1 096	490	1 242	3 400			
5.4 All countries are adequately prepared to prevent and mitigate risks to food safety	3 879	800	600	1 400	202	175	250	45	671	202	100	250	119	671			
<b>Category 6</b>	52 656	35 300	18 700	54 000	11 278	24 502	5 169	13 050	54 000	11 278	24 502	5 169	13 050	54 000	100%		
6.1 Greater coherence in global health, with WHO taking the lead in enabling the many different actors to play an active and effective role in contributing to the health of all	25 895	12 400	12 900	25 300	3 886	13 579	250	8 658	26 373	3 886	13 579	250	8 658	26 373			
6.2 WHO operates in an accountable and transparent manner and has well-functioning risk-management and evaluation frameworks	879	1 100		1 100	43	2 189			2 232	43	2 189			2 232			
6.3 Financing and resource allocation aligned with priorities and health needs of the Member States in a results-based management framework	3 230	3 400		3 400	720	3 096			3 816	720	3 096			3 816			
6.4 Effective and efficient management administration established across the Organization	19 288	15 600	5 800	21 400	6 269	2 106	4 669	4 392	17 437	6 269	2 106	4 669	4 392	17 437			
6.5 Improved public and stakeholders' understanding of the work of WHO	3 363	2 800		2 800	360	3 532	250		4 142	360	3 532	250		4 142			
<b>Subtotal</b>	195 870	160 500	55 500	216 000	56 880	92 738	35 485	29 246	214 349	56 880	76 598	35 485	45 386	214 349			
<b>Emergencies</b>	6 461	4 200	4 800	9 000	2 162	1 297	1 425	522	5 406	2 162	940	1 425	879	5 406	60%		
5.5 No cases of paralysis due to wild or type-2 vaccine-related poliovirus globally	5 185	2 900	1 100	4 000	2 032	1 297	285	522	4 136	2 032	940	285	879	4 136			
5.6 All countries adequately respond to threats and emergencies with public health consequences	1 277	1 300	3 700	5 000	130		1 140		1 270	130		1 140		1 270			
<b>TOTAL</b>	202 331	164 700	60 300	225 000	59 042	94 035	36 910	29 768	219 754	59 042	77 538	36 910	46 264	219 754			

Note 1: As per WHA resolution (WHA64.3) - cross-walked to 2014-2015 Outcomes. The European Health Observatory has been removed to facilitate comparison

Note 2: As Approved by WHA (resolution WHA66.2)

Note 3: Showing situation as per 31 August. The operational planning data for the Financing dialogue will only be frozen per 30 September and might therefore vary from what is shown here. The budget figures reflect the current accounting practices

Note 4: Staff costs at Country level have been adjusted to reflect the investment of regional office staff time (effort) expended in support of implementation of the Biennial Collaborative Agreements. The final staff cost adjustments according to EURO's business model and RBM principles can only be made once the operational planning has been completed. However, the adjusted costs are indicated here as this will form part of the SCRC Oversight report



**Table 3. 2014–2015 Preliminary resource overview**

Outcomes	2012-2013 biennium (as per August 2013)				2014-2015 biennium (as per August 2013)						Total		
	PB 2012- 2013 <sup>1</sup>	Projected expenditures	Available resources <sup>2</sup>	Funding gap	Regional office			Country office					
					Approved <sup>3</sup>	Planned <sup>4</sup>	Available	Funding gap <sup>5</sup>	Approved <sup>3</sup>	Planned <sup>4</sup>		Available	Funding gap <sup>5</sup>
<b>Category 1</b>	29 877	33 235	34 992	-1 757	20 400	19 505		19 505	10 200	11 093	269	10 824	30 328
1.1 Increased access to key interventions for people living with HIV	7 030	6 217	6 315	-98	3 300	3 771		3 771	2 500	1 853	62	1 791	5 562
1.2 Increased number of successfully treated tuberculosis patients	8 809	10 627	11 877	-1 249	5 800	4 946		4 946	5 200	7 126	207	6 919	11 865
1.3 Increased access to first-line antimalarial treatment for confirmed malaria cases	1 867	1 782	1 803	-21	900	920		920	200	190		190	1 110
1.4 Increased and sustained access to essential medicines for neglected tropical diseases	399	390	517	-127	300	400		400	100	10		10	410
1.5 Increased vaccination coverage for hard-to-reach populations and communities	11 771	14 219	14 482	-263	10 100	9 468		9 468	2 200	1 914		1 914	11 383
<b>Category 2</b>	31 922	21 095	22 187	-1 091	23 800	19 654	49	19 606	9 000	13 058	241	12 818	32 424
2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors	16 780	10 386	11 099	-713	14 700	9 457	10	9 447	1 700	6 794	181	6 613	16 061
2.2 Increased access to services for mental health and substance use disorders	6 942	5 191	5 210	-19	4 200	2 465		2 465	3 000	2 834	35	2 799	5 264
2.3 Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	5 618	4 146	4 351	-205	3 200	5 525		5 525	3 500	2 612		2 612	8 137
2.4 Increased access to services for people with disabilities	461	9	11	-2		469		469	500	661		661	1 130
2.5 Reduced nutritional risk factors	2 121	1 364	1 516	-152	1 700	1 739	39	1 700	300	158	25	133	1 832
<b>Category 3</b>	36 199	30 258	33 811	-3 553	35 100	32 416	1 405	31 011	5 000	7 097	909	6 189	37 199
3.1 Increased access to interventions for improving health of women, newborn, children and adolescents	8 934	5 951	6 581	-630	5 500	2 960		2 960	1 500	3 691	593	3 098	6 057
3.2 Increased proportion of older people who can maintain an independent life	1 640	996	1 114	-118	1 400	1 243		1 243	100	135		135	1 378
3.3 Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes	490	990	887	104	1 100	1 371		1 371	200	185		185	1 556
3.4 Increased intersectoral policy coordination to address the social determinants of health	6 134	5 792	6 855	-1 064	6 500	5 844	870	4 973	1 100	876	270	606	5 579
3.5 Reduced environmental threats to health	19 000	16 529	18 374	-1 845	20 600	21 000	534	20 466	2 100	2 210	45	2 165	22 630
<b>Category 4</b>	28 852	27 061	28 026	-964	36 800	31 332	1 003	30 329	8 000	11 724	2 341	9 383	39 712
4.1 All countries have comprehensive national health policies, strategies and plans updated within the last five years	12 008	12 167	12 441	-274	14 100	12 802	906	11 896	3 500	4 505	1 075	3 430	15 326
4.2 Policies, financing and human resources are in place to increase access to integrated people-centred health services	4 570	4 222	4 862	-639	8 300	6 222		6 222	3 400	5 546	928	4 618	10 840
4.3 Improved access to and rational use of safe, efficacious and quality medicines and health technologies	3 498	3 950	3 957	-7	6 300	4 453		4 453	700	605	165	440	4 893
4.4 All countries have properly functioning civil registration and vital statistics systems	8 776	6 722	6 767	-45	8 100	7 855	97	7 758	400	1 067	173	894	8 653
<b>Category 5</b>	16 364	15 960	17 391	-1 430	9 100	10 931		10 931	4 600	3 540	281	3 259	14 190
5.1 All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response	7 856	7 617	8 786	-1 169	4 900	3 853		3 853	2 600	1 240	56	1 184	5 038
5.2 Increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics	1 426	4 096	4 525	-430	1 200	4 435		4 435	200	872	17	855	5 290
5.3 Countries have the capacity to manage public health risks associated with emergencies	3 203	2 805	2 700	105	2 200	2 266		2 266	1 200	1 134	109	1 025	3 291
5.4 All countries are adequately prepared to prevent and mitigate risks to food safety	3 879	1 443	1 380	64	800	377		377	600	295	100	195	571
<b>Category 6</b>	52 656	51 163	50 990	172	35 300	35 781		35 781	18 700	18 219		18 219	54 000
6.1 Greater coherence in global health, with WHO taking the lead in enabling the many different actors to play an active and effective role in contributing to the health of all	25 895	27 113	28 037	-924	12 400	17 465		17 465	12 900	8 908		8 908	26 373
6.2 WHO operates in an accountable and transparent manner and has well-functioning risk-management and evaluation frameworks	879	841	884	-43	1 100	2 232		2 232					2 232
6.3 Financing and resource allocation aligned with priorities and health needs of the Member States in a results-based management framework	3 230	2 270	2 013	257	3 400	3 816		3 816					3 816
6.4 Effective and efficient management administration established across the Organization	19 288	17 422	16 475	947	15 600	8 375		8 375	5 800	9 061		9 061	17 437
6.5 Improved public and stakeholders' understanding of the work of WHO	3 363	3 517	3 581	-64	2 800	3 892		3 892		250		250	4 142
<b>Subtotal</b>	195 870	178 773	187 397	-8 624	160 500	149 618	2 456	147 163	55 500	64 731	4 040	60 691	207 854
<b>Emergencies</b>	6 461	4 965	5 343	-378	4 200	3 459		3 459	4 800	1 947		1 947	5 406
5.5 No cases of paralysis due to wild or type-2 vaccine-related poliovirus globally	5 185	3 659	4 248	-588	2 900	3 329		3 329	1 100	807		807	4 136
5.6 All countries adequately respond to threats and emergencies with public health consequences	1 277	1 305	1 095	210	1 300	130		130	3 700	1 140		1 140	1 270
<b>TOTAL</b>	202 331	183 737	192 739	-9 002	164 700	153 077	2 456	150 622	60 300	66 678	4 040	62 638	213 260
					225 000			219 755				6 497	

Note 1: As per WHA resolution (WHA64.3) - cross-walked to 2014-2015 Outcomes. The European Health Observatory has been removed to facilitate comparison

Note 2: Available resources are those funds that are currently budgeted in activity and salary workplans

Note 3: As Approved by WHA (resolution WHA66.2)

Note 4: Showing [unadjusted] situation as per 31 August. The operational planning data for the Financing dialogue will only be frozen per 30 September and might therefore vary from what is shown here. The budget figures reflect the current accounting practices

Note 5: This is "Planned" less (available and projected funds)