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Regional plan for implementation of the proposed programme budget 2018–2019 in the WHO European Region

This document should be read in conjunction with Regional plan for implementation of the programme budget 2018–2019 in the WHO European Region (EUR/RC67/16). It contains details of each category and programme area and the European contribution to the global results chain set out in the global programme budget (PB) 2018–2019 (A70/7) approved by the World Health Assembly in resolution WHA70.1 in May 2017.

For each of the six categories, strategic considerations for the European Region are described and budget levels by programme area are reported. Recognizing the importance of engaging in consultation with Member States to validate the baseline and targets of the Regional plan for implementation of the PB 2018–2019, in this document the Secretariat attempted to only validate baselines and targets of the PB16-17 and presented baselines and targets for the newly established indicators. Regional achievements of the outcome and output indicators of the Regional plan for implementation of the PB 2016–2017 will be presented in the RC68 together with the final revisions of baselines and targets for PB2018-2019.

The European Region's contribution to the global outcomes and outputs defined in PB 2018–2019, with specific indicators of achievement at the regional level forms the core of the regional implementation plan and the principal means for programmatic accountability in the Region.

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Contents

Regional plan for implementation of programme budget 2018–2019 by category in the WHO European Region

1. This document provides detailed information about the Regional plan for implementation of the programme budget 2018–2019 in the WHO European Region (EUR/RC67/16). For each of the six categories and their programme areas it describes the Regional Office for Europe's contribution to the global results chain set out in the global programme budget (PB) 2018–2019 (A70/7), which was approved by the World Health Assembly in resolution WHA70.5 in May 2017.

2. An overview of strategic considerations in the European Region are described for each category and within each category, the budget levels by programme area are presented. Analyses of the challenges and opportunities faced in the Region are identified, along with implementation strategies to achieve the proposed results (including indicators). The latter forms the core of the regional implementation plan and the principal means for programmatic accountability in the European Region.

Category 1. Communicable diseases

3. The Regional Office will build on its interprogramme and interdivisional approaches to assist Member States in the implementation of endorsed regional action plans and frameworks in line with global strategies, prioritizing promotion, prevention, treatment and integrated care.

4. This will include capacity-building efforts to address comorbidities (communicable and noncommunicable diseases), antimicrobial resistance (AMR), social determinants of health and ensuring universal health coverage (UHC) through prevention, promotion, diagnosis, treatment, care, rehabilitation and financial protection in line with the Health 2020 and Sustainable Development Goals (SDGs), through whole-of-government and whole-of-society approaches, including the involvement of civil society organizations and patient and community representatives, as well as other sectors.

5. The Regional Office will support Member State contributions to evidence-base building and will continue to apply global norms and standards to the regional context. Meanwhile, it will provide country-tailored technical support through country and intercountry work, document and facilitate exchange of good practices among countries, and help the Region to move towards achieving SDG3 with improved equity and by leaving no one behind.

6. Support will also be provided to countries to improve financial sustainability, increase domestic resources and apply for external funding mechanisms such as GAVI and the Global Fund.

7. Programme reviews for selected countries will be conducted, providing them with findings and recommendations to improve their services.

1.1 HIV and Hepatitis

8. HIV continues to be a major public health concern in the WHO European Region. New HIV infections increased by 75% in the Region as whole and more than doubled in eastern Europe and central Asia between 2006 and 2015. Up to one third of the people living with HIV are unaware of their status; life-saving antiretroviral therapy coverage is as low as one fifth in eastern Europe and central Asia; and the epidemic has not been adequately addressed, particularly among key populations in some countries. Bold actions are needed to reverse these trends, and for this, the commitment of Member States and partners is essential.

9. Good progress has however been made regarding the elimination of mother-to-child transmission of HIV and congenital syphilis, and this area will continue to remain a regional priority.

10. During 2018–2019, the Regional Office will continue to promote a comprehensive prevention, testing and "treat all" approach and will support countries through fast-track actions, in line with the "Action plan for the health sector response to HIV in the WHO European Region", towards achieving the 2020 targets and the goal of ending the AIDS epidemic as a public health threat in the Region.

11. Member States will be guided and supported in delivering an essential package of HIV services that are people-centred, accessible and integrated, focused particularly on key populations, and are most appropriate to their HIV epidemics and national contexts while also strengthening political commitment and ensuring sustainable financing. The Regional Office for Europe will provide intercountry support and guidance to implement fast-track actions, including strategic information on epidemiological trends and country responses to HIV; regional dissemination of globally recommended policies, guidelines and practices; and support of implementation science and innovations to accelerate country uptake of effective interventions and technologies.

12. The Regional Office will actively engage in policy dialogue, development of normative guidance and innovative tools, dissemination of strategic information, and provision of technical support. A progress report on the implementation of the "Action plan for the health sector response to HIV in the WHO European Region" will be developed and submitted for consideration by the 69th session of the Regional Committee in September 2019.

13. With regard to viral hepatitis, the introduction of universal childhood hepatitis B vaccination has led to a substantial decrease in the prevalence of chronic hepatitis B virus infection in most high- and medium-burden countries in the European Region. Despite this achievement, approximately 15 million people in the Region are estimated to be living with chronic hepatitis B virus infection and approximately 14 million with chronic hepatitis C virus infection, with the consequent risk of liver cirrhosis and cancer.

14. The Regional Office will provide guidance to Member States in implementing the "Action plan for the health sector response to viral hepatitis in the WHO European Region", and will support the development of national strategies and plans, ensuring a

coordinated, comprehensive and efficient response, with the aim of eliminating viral hepatitis as a public health threat in the Region by 2030.

15. The Regional Office, in collaboration with partners, will continue to provide technical assistance in adopting and implementing updated WHO guidelines on viral hepatitis prevention, testing, care and treatment through the optimization of service delivery using a public health approach and in the context of UHC. It will also assist Member States in their efforts to ensure equitable and sustainable access to diagnostics and new effective treatment regimens.

16. Progress at the regional level in moving towards the targets set out in the Action plan for the health sector response to viral hepatitis in the WHO European Region will be reviewed and assessed, and presented for consideration by the 69th session of the Regional Committee in September 2019.

17. While there is an increasing demand from Members States for support and technical assistance in this area, as well as attention from civil society and patient groups, the funding for HIV and Hepatitis will remain a challenge in 2018-2019.

1.2 Tuberculosis

18. Tuberculosis (TB) incidence and mortality in the WHO European Region has the fastest decline in the world: respectively an annual decrease of 4.3% and 8.3% during the last five years. Nevertheless, TB remains a public health concern in the Region with 323 000 new TB cases and 32 000 deaths every year.

19. Over the period 2011-2015, treatment success rates in newly detected TB and multidrug-resistant TB (MDR-TB) patients have increased from 67% to 76% and 49% to 51% respectively, however they remain below the respective 85% and 75% target.[1] Universal access to treatment among these patients' cohorts is maintained.

20. A major public health concern is the continued increase in TB/HIV coinfection incidence and mortality, by an annual average of 6.2% and 3.6% during 2011-2015.

21. In line with the "Tuberculosis Action Plan for the WHO European Region 2016–2020" and the global End TB Strategy, the Regional Office will focus on the introduction of rapid diagnostic tests, evidence-building and scale-up of new and more effective treatment regimens, strengthening cross-border TB control, and care and preventive therapy. Through interdivisional collaboration, it will provide technical support to remove health system barriers, to foster and boost integrated people-centred TB care, strengthen coherent policies and practices for TB prevention and care among vulnerable groups, including children, migrants, prisoners and roma population among others.

22. With the help of WHO collaborating centres and the involvement of a network of clinicians, laboratory and other relevant experts, the capacity of national programmes in

[1] http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-report-in-europe-2017

implementing the End TB Strategy and regional TB Action Plan 2016-2020 will be strengthened.

23. Even though the Regional Office prioritizes support to countries in eastern Europe and central Asia, including through the TB Regional Eastern Europe and Central Asia Project (TB-REP) (2016-2019) which supports countries in shifting towards an out-patient, people-centred mode of care, it will continue to support low-TB incidence countries, with particular attention to TB in large cities and among vulnerable groups.

24. A midterm progress report on the implementation of the "Tuberculosis Action Plan 2016–2020" will be developed and submitted for consideration by the 68th session of the Regional Committee in September 2018.

1.3 Malaria

25. The European Region has achieved the interruption of indigenous transmission of malaria by 2015; however, there is the continued threat of malaria reintroduction, which requires sustained political commitment, high vigilance and continued investment in health systems strengthening to ensure that any resurgence can be rapidly detected and contained.

26. The Regional Office will continue to assist Member States with the prevention of malaria reintroduction, maintenance of their malaria-free status and preparation for WHO certification of malaria elimination, as well as cross-border collaboration. In 2018–2019, the Regional Office will focus its support on certification of malaria elimination in Uzbekistan and Turkey. Taking into consideration the high receptivity and vulnerability of Tajikistan, particularly in the areas bordering Afghanistan, the Regional Office will continue to support cross-border collaboration activities between Tajikistan and Afghanistan.

1.3 Neglected tropical diseases

27. The work of the Regional Office in this area will focus mainly on emerging/re-emerging vector-borne diseases, leishmaniasis and soil-transmitted helminthiasis. The implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases in the WHO European Region 2014-2020 will be accelerated.

28. In line with the World Health Assembly Resolution WHA70.16 on *Global vector control response: an integrated approach for the control of vector-borne diseases*, the Regional office will support countries to develop national vector control and vector-borne diseases control strategies aligned to the strategic approach for integrated global and regional vector control and response.

29. The Regional Office will continue to provide technical assistance to countries in need, focusing on Armenia, Azerbaijan, Georgia, Kyrgyzstan and Tajikistan to strengthen their capacities for the surveillance, diagnosis and treatment of neglected tropical diseases.

1.4 Vaccine-preventable diseases and immunization

30. In the WHO European Region nine of every 10 children receive at least a basic set of vaccinations and, as a result, lead healthier, more productive lives. Despite the progress achieved, nearly half a million infants still do not receive the complete three-dose series of diphtheria, pertussis and tetanus vaccine by the age of 1 year and Member States continue to report cases and outbreaks of measles and rubella. Variable commitment to action is impeding further progress and the innovative solutions and extension of services are necessary to fulfil the rights of underserved, marginalized, migrant and disadvantaged children and families.

31. The Regional Office will intensify collaborative work with Member States to achieve the targeted progress against the objectives and goals of the "European Vaccine Action Plan 2015–2020".

32. It will assist in strengthening political commitment to immunization by supporting Member States in introducing and implementing appropriate legislative frameworks, through the integration of immunization plans into broader strategic health plans and by strengthening evidence-based decision-making for the introduction of new vaccines and technologies.

33. It will develop and disseminate advocacy tools and materials to enhance the profile of immunization and to increase knowledge of its value and benefits and scale-up assistance to tackle vaccination hesitancy and scepticism, and respond to vaccine safety concerns and crises in vaccine confidence when it manifests itself.

34. The Regional Office will strengthen measles and rubella verification activities, accompanied by work to control hepatitis B. It will actively support implementation of strategies that successfully reach and improve coverage of underserved populations, such as tailoring immunization service delivery and introduction of electronic immunization registries. It will enhance the sustainability of immunization programmes by facilitating resource mobilization and strengthening risk communication capacity and through improved access to quality-assured vaccines at affordable prices.

1.6 Antimicrobial resistance

35. Controlling antimicrobial resistance remains a priority of the Region, in line with the "European strategic action plan on antibiotic resistance 2011–2020", the "Global action plan on antimicrobial resistance" and the United Nations General Assembly declaration in support of the global action plan.

36. The Regional Office will provide tailored country support regarding the implementation of national action plans with a focus on implementing the core components of Infection Prevention and Control programmes, promoting antimicrobial stewardship and supporting awareness, educational and behaviour-change campaigns. In collaboration with the European Centre for Disease Prevention and Control (ECDC), support will also be provided for awareness-raising activities taking place during World Antibiotic Awareness Week in November, expanding the European Antibiotic Awareness Day throughout the Region. The work on strengthening of national capacities for AMR surveillance will continue.

37. The integration of regional data reported through the Central Asian and Eastern European Surveillance of Antimicrobial Resistance network and the Antimicrobial Medicines Consumption network into the Global Antimicrobial Resistance Surveillance System, launched in 2015, will be expanded in terms of the number of countries and pathogens under surveillance, contributing to containing cross-border threats and to increasing global health security.

38. The Regional Office will continue to support Member States in addressing health system-related barriers and in strengthening coordination across government and society, aligned with Health 2020 and the IHR (2005). To ensure a One Health approach throughout the implementation of the regional strategic action plan, it will expand collaboration with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health at the regional level.

Budget for category 1

Table 1. PB 2018–2019 for category 1 (Communicable diseases) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	2016–2017 RPI adjusted budget			2018–2019 WHA approved budget			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference 2016-17 / 2018-19**
1. Communicable diseases							
HIV and hepatitis	2.0	5.4	7.4	2.2	5.6	7.8	5%
Tuberculosis	6.0	5.5	11.5	5.7	5.8	11.5	0%
Malaria	-	1.0	1.0	0.2	0.8	1.0	0%
Neglected tropical diseases	-	0.4	0.4	-	0.4	0.4	0%
Vaccine-preventable diseases	3.9	9.6	13.5	4.1	10.2	14.3	6%
Antimicrobial resistance	1.3	3.0	4.4	1.5	3.2	4.7	7%
Category 1 total	**13.2**	**24.9**	**38.2**	**13.7**	**26.0**	**39.7**	**4%**

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**1.1. Increased access to key interventions for people living with HIV and viral hepatitis**					
Outcome indicator	**Number of new HIV infections per year**	**2.1 million (2015)**	**<500 000 (2020)**	**227 000 (2015)**	**<60 000 (2020)**	75% reduction in new HIV infections by 2020.
Outcome indicator	**Percentage of people living with HIV who are on antiretroviral treatment**	**46% (2015)**	**81% (2020)**	**21% (2015)**	**81% (2020)**	The baseline coverage estimate is for eastern Europe and central Asia.
Outcome indicator	**Number of new HIV infections per year among children**	**150 000 (2015)**	**<40 000 (2020)**	**1700 (2015)**	**425 (2020)**	The target follows the overall target of 75% reduction in new HIV infections from the Action Plan on the health sector response to HIV in the WHO European Region.
Outcome indicator	**Cumulative number of people treated for hepatitis B or C**	**< 2 million (2015)**	**8 million (2020)**	Not relevant for European Region		
Output	1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support					
Output indicator	Number of fast track countries that have adopted "treat all" recommendations	3 (2015)	35 (2019)	0 (2015)	2 (2020)	The global pool of “fast track” countries include two European Region countries (Russian Federation and Ukraine).

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	1.1.2. Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support					
Output indicator	Number of focus countries with national action plans for viral hepatitis prevention and control that are in line with the global hepatitis strategy, 2016-2021	10 (2015)	28 (2019)	0 (2015)	4 (2019)	The global pool of focus countries include four European Region countries (Georgia, Kyrgyzstan, Ukraine and Uzbekistan).
Outcome	**1.2. Universal access to quality tuberculosis care in line with the End TB strategy**					
Outcome indicator	**Cumulative number of people with tuberculosis diagnosed and successfully treated since the adoption of the WHO-recommended strategy (1995)**	**80 million (2017)**	**90 million (end 2019)**	**2.7 million (2017)**	**3.1 million (end 2019)**	Successfully treated from all DOTS notification cohort since 1995 and DOTS+ treatment cohorts since 2012 because of the change in case definition.
Outcome indicator	**Annual number of tuberculosis patients with confirmed or presumptive multidrug-resistant tuberculosis (including rifampicin-resistant cases) placed on multidrug-resistant tuberculosis treatment worldwide**	**300 000 (2017)**	**350 000 (by 2019)**	**43 000 (2017)**	**62 0000 (2019)**	The European Region has reached universal treatment coverage.
Output	1.2.1. Worldwide adaptation and implementation of the End TB strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1					
Output indicator	Number of countries that have set targets, within national strategic plans, for reduction in tuberculosis mortality and incidence in line with the global targets as set in resolution WHA67.1	23 (2017)	194 (2019)	33 (2017)	53 (2019)	

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				**Contribution of the European Region**		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation					
Output indicator	Number of new and updated guidelines and technical documents supporting the global strategy developed and adopted in regions and countries	0 (2017)	10 (2019)	0 (2017)	8 (2019)	
Outcome	**1.3. Increased access of populations at risk to preventive interventions, diagnostic confirmation of malaria and first-line antimalarial treatment**					
Outcome indicator	**Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy**	**70%* (2014)**	**77% (2019)**	**100% (2013)**	**100% (2019)**	
Outcome indicator	**Percentage of suspected malaria cases in the public sector receiving a parasitological test**	**76% (2015)**	**85%*(2019)**	Not applicable to the European Region		
Outcome indicator	**Proportion of population in need of vector control interventions that has access to them**	**57% (2015)**	**80% (2019)**	**85% (2013)**	**100% (2019)**	
Outcome indicator	**Number of countries with ongoing malaria transmission in 2015 that report zero indigenous cases**	**0 (2015)**	**8 (2019)**	Not applicable to the European Region		

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				**Contribution of the European Region**		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	1.3.1. Countries enabled to implement evidence-based malaria strategic plans, with focus on effective coverage of vector control interventions and diagnostic testing and treatment, therapeutic efficacy and insecticide resistance monitoring and surveillance through capacity strengthening for enhanced malaria reduction					
Output indicator	Percentage of countries with more than 80% of public health facility reports received at national level	44% (2015)	80% (2019)	10/10 (2014)	10/10 (2019)	Malaria-endemic countries of the European Region are: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation, Tajikistan, Turkmenistan, Turkey and Uzbekistan.
Output	1.3.2. Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, including for hard-to-reach populations, integrated management of febrile illness, surveillance and disaggregation of data, epidemic detection and response for accelerated malaria reduction and elimination					
Output indicator	Proportion of malaria-endemic countries that are implementing WHO policy recommendations, strategies and guidelines	72/94 (2014)	85/94 (2019)	10/10 (2014)	10/10 (2019)	
Outcome	**1.4. Increased and sustained access to neglected tropical disease control interventions**					
Outcome indicator	**Number of countries certified for eradication of dracunculiasis**	**188/194**	**190/194**	Not applicable to the European Region.		

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				**Contribution of the European Region**		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome indicator	**Number of people requiring interventions against neglected tropical diseases**	**1.7 billion**	**1.5 billion**	**4 million (2013)**	**2 million (2019)**	
Output	1.4.1. Implementation and monitoring of the WHO road map for neglected tropical diseases facilitated					
Output indicator	Proportion of countries in which neglected tropical diseases are endemic that have used the WHO-recommended mechanism and standards for planning and reporting on implementation of preventive chemotherapy against neglected tropical diseases	70% (2017)	80% (2019)	10/15 (2014)	15/15 (2019)	
Output	1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support					
Output indicator	Number of countries in which neglected tropical diseases are endemic that have adopted WHO norms, standards and evidence in diagnosing and treating neglected tropical diseases	84 (2017)	88 (2019)	10/15 (2014)	14/15 (2019)	
Output	1.4.3. New knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries developed through strengthened research and training					
Output indicator	Number of new and improved tools, solutions and implementation strategies developed	Not applicable	7 (2019)	Not applicable	1 (2019)	
Outcome	**1.5. Increased vaccination coverage for hard-to-reach populations and communities**					

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome indicator	**Global average coverage with three doses of diphtheria, tetanus and pertussis vaccine**	**86% (2018)**	**≥90% (2019)**	**93% (2017)**	**≥95% (2019)**	
Outcome indicator	**Number of Member States whose achievement of measles elimination has been verified**	**77/194**	**88/194**	**30 (2017)**	**49 (2019)**	
Outcome indicator	**Proportion of the 75 priority Member States (as per Countdown to 2015) that have introduced pneumococcal and rotavirus vaccines**	**52/75(69%)**	**60/75(80%)**	**1/5**	**3/5**	
Output	1.5.1. Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines					
Output indicator	Number of lower- and middle-income Member States not reaching the immunization coverage targets of the Global Vaccine Action Plan that have been supported by WHO to develop annual workplans for improving coverage	0/94*(2017)	50/94 (2019)	5/20 (2015)	1/20 (2019)	
Output	1.5.2. Intensified implementation and monitoring of measles and rubella elimination hepatitis B control, and maternal and neonatal tetanus elimination facilitated					
Output indicator	Number of Member States that have been supported by WHO to establish a national or subregional measles verification committee	151/194 (2017)	138/194 (2019)	51 (2016)	53 (2019)	

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				**Contribution of the European Region**		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	1.5.3. Research priorities and comprehensive reviews of vaccination policies for new vaccines and other immunization-related technologies defined and agreed, in order to develop and introduce vaccines of public health importance and overcome barriers to immunization					
Output indicator	Number of target product profiles and preferred product characteristics established for priority new vaccines and immunization technologies during the biennium	0 (2017)	3 (2019)	Global indicator		
Outcome	**Outcome 1.6. All countries have essential capacity to respond to antimicrobial resistance**					
Outcome indicator	**Number of countries with national plans that have implemented activities for three global action plan strategic objectives**	**32 (2017)**	**80 (2019)**	**16 (2017)**	**33 (2019)**	
Output	1.6.1 All countries have essential capacity to implement national action plans to monitor, prevent and reduce infections caused by antimicrobial resistance					
Output indicator	Number of countries supported to participate in World Antibiotic Awareness Week during the biennium	Not Applicable	25/194 (2019)	47/53 (2016)	53/53 (2019)	
Output indicator	Number of countries with a national antimicrobial resistance surveillance system contributing antimicrobial resistance surveillance data to the global antimicrobial resistance surveillance system	35/194 (2017)	77/194 (2019)	16/53	31/53	

Table 2. Global PB 2018–2019 results structure: Category 1. Communicable diseases				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of countries that provide data on antimicrobial consumption to the global antimicrobial resistance surveillance system	20/194 (2017)	55/194 (2019)	Not applicable	15/53 (2019)	
Output indicator	Number of countries with national infection prevention and control programmes that build on the WHO core components for infection prevention and control programmes and are implemented in health facilities to control antimicrobial resistance	0 (2017)	24 (2019)	16 (2017)	19 (2019)	
Output	1.6.2 Appropriate use and availability of antimicrobial medicines in human health and food production settings as a contribution to improving access to and maintaining effectiveness of treatment					
Output indicator	Number of countries with a national policy and regulations for improving access to and responsible and appropriate use of antibiotics developed and implemented in health care settings	54 (2017)	87 (2019)	35 (2017)	40 (2019)	Information 2017 based on global AMR self-assessment survey for 2017 WHA.
Output	1.6.3 High-level political commitment sustained and effective coordination at the global level to combat antimicrobial resistance in support of the Sustainable Development Goals					
Output indicator	Number of Member States with a national policy on antimicrobial resistance	32/194 (2017)	80/194 (2019)	15/53	25/53	
Output indicator	Active tripartite collaboration between FAO, OIE and WHO for combating antimicrobial resistance	No (2017)	Yes (2019)	Yes (2017)	Yes (2019)	
Output indicator	Demonstrated active collaboration with the United Nations interagency coordination group on antimicrobial resistance	No (2017)	Yes (2019)	No (2017)	Yes (2019)	

Category 2. Noncommunicable diseases

39. Building on and extending the voluntary targets of the Global Monitoring Framework on NCDs and on Health 2020 and its targets, the SDGs adopted in 2015 broadened the global mandate and commitments in the health domains covered by category 2. Relevant targets under SDG3 are:

- by 2030, reduce by one third premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and promote mental health and well-being;
- strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol;
- by 2020, halve the number of global deaths and injuries from road traffic accidents; and
- strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

40. Achieving these targets, together with those on health financing, gender equity, air pollution and others, requires the strengthening of intercountry and country actions. The period 2016–2019 will be crucial in setting countries and the Region on track to attain the SDG targets by 2030. While the Region as a whole is on target to achieve the SDG target on premature mortality, for others, tobacco in particular, the European Region is at risk of not delivering on these targets or not demonstrating an acceptable level of achievement by 2030.

2.1 Noncommunicable diseases

41. The regional approach to achieving these targets centres on a four-pronged strategy that:

- addresses the social determinants of health and the policy environment and sustainability of NCD prevention and control plans;
- enhances surveillance to improve the ability to monitor interventions as well as progress towards the targets;
- reduces specific risks at the population level; and
- strengthens health systems to deliver clinical prevention and care.

42. The 2018–2019 biennium represents the fourth and fifth years of operation of the geographically dispersed office on NCDs in Moscow, Russian Federation, which will complete the first phase of implementation of a country package structured along these lines.

43. In relation to the SDG target, at the time of writing, premature mortality from NCDs is declining at a steady rate in all countries where there is good data – a reduction that has been taking place at least since 2000 – and which is leading to a steady convergence of rates between the eastern and western parts of the Region. In 2018–2019, the imperative will be to accelerate action in the population group with the

highest mortality, that is, men aged 30–69 years. The focus on cardiovascular risk reduction and cancer control will therefore be of the highest priority.

44. In 2018, the United Nations General Assembly will again discuss NCDs, including progress achieved since 2011. At that meeting, the European Region will be able to report a high level of achievement of the time-bound commitments under the 2014 United Nations comprehensive review. The European experience will be presented at international forums in 2018 as a contribution to forging WHO leadership in the last 12 years of the SDGs.

45. Major strides are being made on tobacco control in the European Region. Advances in national legislation in many countries, the downward trend of adult tobacco use and some reports of reductions in adolescent use are extremely hopeful. At the time of writing, the European Region leads among WHO regions in the number of countries that have adopted standardized packaging of tobacco products. A number of countries have introduced legislation towards the achievement of a tobacco-free society. At the same time, a resurgence of the tobacco industry is significantly impeding progress and the decline in tobacco use being recorded is too slow to fully achieve the global targets.

46. The emphasis in 2018–2019 will be to accelerate the decline in tobacco use by further strengthening the implementation of the WHO Framework Convention on Tobacco Control. Stronger use will be made of pricing, legislation, advocacy and trade expertise being built up in countries over 2016–2017. The Regional Office will provide technical support to countries on combating illicit trade, on the assumption that the Protocol to Eliminate Illicit Trade in Tobacco Products has come into force in the interim.

47. Alcohol consumption per capita is declining at a slow rate in Europe. During the period 2010 to 2016 the overall alcohol consumption decreased by 8% in Europe to 10.2 litres of pure alcohol for the adult population. During this period 12 Member States have achieved the goal of a 10% decrease, 19 Member States have decreased between 0 and 10% and 19 Member States have increased alcohol consumption. During the same period an increasing number of Member States have implemented effective alcohol policies and 38 Member States have a national policy on alcohol. Furthermore, in relation to other drugs, the discussion on decriminalization or legalization will have intensified by 2018 and will present important challenges for public health leaders.

48. By 2018, the Regional Office will have completed a wide range of policy analyses and built up a strong epidemiological basis for action. The emphasis in 2018–2019 will be on motivating concerted regional responses to such challenges as highly affordable alcohol, heavily marketed products (including digital marketing targeted at young people) and availability of alcohol.

2.2 Mental health and substance abuse

49. There is a discernibly greater level of Member State awareness and acceptance of the need for more concerted action in the area of mental health, as reflected most recently by its inclusion in the SDGs (and the motto that “no one will be left behind”) and in other documents and reports of the United Nations, the Organisation for

Economic Co-operation and Development (OECD) and the European Commission (EC). In the European Region, this seems to reflect an appreciation of the clear-cut consequences of widespread economic recession and, more recently, large-scale migration on mental health. There are a number of globally available tools to help Member States to guide and monitor mental health system and service development, including guiding frameworks for action (such as the European Mental Health Action Plan 2013-2020 and the recently endorsed Global Plan of Action on the Public Health Response to Dementia 2017-2025), standards (for example, the WHO Quality Rights Tool Kit), clinical decision-making (for example, the Mental Health Gap Action Programme Intervention Guide) and reporting (for example, the Mental Health Atlas). Mental Health Atlas is being used to monitor progress towards the objectives and agreed targets of the Comprehensive Mental Health Action Plan 2013-2020, as well as a number of the Outcome Indicators indicated below for work area 2.2.

50. In 2018–2019, a health systems and life-course approach to mental health will be emphasized, with a focus on a number of topical issues, including promotion and protection of mental health in childhood and adolescence, suicide prevention, e-health, and enhanced access and quality of care for adults with intellectual, psychosocial and cognitive disabilities (including dementia).

2.3 Violence and injury prevention

51. In relation to the SDG3 target, rates of deaths and injuries from road traffic crashes in the European Region are also on the decline, apart from in eight countries where the rates have been increasing since 2010. The rates of decline are slow and the global targets appear unrealistic from the European perspective. The 2018–2019 biennium therefore needs to see action by Member State governments to be more accountable for their record in addressing this entirely avoidable mode of death.

52. Beyond only road traffic accidents, the broad spectrum of violence and injuries is the leading cause of death among people aged 5–44 years; this constitutes a major public health challenge in the European Region and a major cause of inequality. Car crashes (SDG 3.6) and violence against women (SDG 5.2) and children (SDG16.2) are integral to the SDGs and to Health 2020. In the European Region a greater emphasis will be given to preventing violence against children in view of the adoption of Investing in Children: the European child maltreatment prevention action plan 2015-2020 and the Minsk Declaration on Life-course approach in order to prevent the consequences of such violence (mental illness, violence and NCDs) in later life. In 2018–2019, the approaches for these areas will be similar to those for other NCDs, namely, improved surveillance, policy dialogues, risk reduction training and technical support to targeted interventions for vulnerable groups as well as universal interventions, for example through legislation and enforcement to reduce risks for the whole population. There will be an effort to identify and to report on the avoidable segment of deaths in each country in order to generate debate, accountability and action.

2.4 Disability

53. This is an area of increasing importance, as demonstrated by the ratification of the Convention on the Rights of Persons with Disabilities by most Member States in the European Region. The WHO global disability action plan 2014-2021: better health for

all people with disabilities and the European Declaration on the Health of Children and Young People with intellectual Disabilities and their Families: Better Health, Better Lives, demonstrate the commitment of WHO and its Member States in this area. A growing number of countries are asking for support in using the International Classification of Functioning, Disability and Health in order to evaluate the need for improved access for people with disability, as well as for the reform of social benefit systems, which is as cross-cutting health and social concern.

54. During the biennium, continued support will be provided to Member States to develop rehabilitation services. Work in the disability and rehabilitation area will be in cooperation with other programmes, such as mental health, health technology (assistive devices), monitoring of disability policies within SDGs and non-communicable diseases. This work also benefits from close partnership with colleagues at headquarters and in the country office of Tajikistan.

2.5 Nutrition

55. The scope of nutrition has evolved significantly in recent years, thanks in part to the Second International Conference of Nutrition (ICN2). The ICN2 highlighted the importance of malnutrition in all its forms, including the rise of overweight, obesity and diet-related noncommunicable diseases (NCDs). Member States also recognized the importance of sustainable food systems for healthy diets. Meanwhile European Region Member States have adopted a Regional Framework for action, the European Food and Nutrition Action Plan 2015-2020 with a set of action oriented 5 priority action areas notably: create healthy food and drink environments; promote the gains of a healthy diet throughout life, especially for the most vulnerable groups; reinforce health systems to promote healthy diets; support surveillance, monitoring, evaluation and research strengthen governance, alliances and networks to ensure a health-in-all-policies approach.

56. The Global Monitoring Framework on NCDs aims for a halt in the increase of obesity and diabetes in the European Region. However, the strong surveillance system on childhood overweight and obesity (COSI) built as a unique feature of the European response to childhood obesity shows that, unless there is concerted action between 2016 and 2020, the incidence in nearly all European countries will still be increasing by 2030. Both the WHO European Childhood Obesity Surveillance Initiative demonstrates that 20–50% of children below 10 years of age are overweight or obese and the HBSC trend report on obesity showed a generalized increase of the problem with a focus on Eastern European countries whiles levels remain high over time.

57. At the same time, significant advances are being made in the European Region, with increasing attention to physical activity, marketing controls, food product improvement (food reformulation) the elimination of *trans* fatty acids, salt reduction, price interventions and clinical nutritional approaches, including guidance and capacity-building on nutrition in pregnancy and a healthy start to life as well as interventions in primary care context. Even as the overall trend shows significant momentum, concentrating on a focused set of actions such as these will start to slow down the increase in obesity and diabetes, directly contributing to the reduction of the risk of premature death.

58. The work of the Regional Office around nutrition in 2018-2019 will be based in 6 priorities underpinning WHO role in leadership, guidance and monitoring namely: shape the narrative of the global nutrition agenda; leverage changes in relevant non-health sectors to improve and mainstream nutrition; leverage the implementation of effective nutrition policies and programmes in all settings, including in situations of emergencies and crisis; define healthy sustainable diets and guide the identification and use of effective nutrition actions; improve the availability of nutrition actions in health systems and support the establishment of targets and monitoring systems for nutrition.

2.6 Food safety

59. The Regional Office will continue to support Member States, particularly the Central Asian republics, Ukraine and the south-eastern European countries, in building food safety capacity in accordance with the WHO Strategic Plan for Food Safety Including Foodborne Zoonoses 2013–2022.

60. The Regional Office will support Member States in strengthening their capacity for the prevention, surveillance and management of foodborne and zoonotic diseases and hazards. This includes establishing intersectoral mechanisms to strengthen cooperation, communication and sharing of surveillance, in particular between the health and the agriculture/veterinary sectors; this will support food safety risk assessment and risk management and the application of a One Health approach. The strengthening of preparedness and response functions related to foodborne and zoonotic outbreaks and contamination in the food chain will be a priority, supporting the implementation of the IHR’s all-hazards approach and promoting the participation in and use of the International Food Safety Authority Network to ensure effective and timely intersectoral exchange of information relevant to food safety events.

61. Promoting and supporting the work of the Codex Alimentarius Commission (Codex) in the Region, including facilitating the involvement of Member States, will continue to be a priority. The Regional Office will support capacity-building funded by the Codex Trust Fund 2 in an aim to strengthen national food safety systems and to make them more risk-responsive, holistic and aligned with the Codex text. It will continue to promote the use of the Russian language in all Codex work.

62. The Regional Office will strengthen and build on its effective collaboration with the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health and the EC and its institutions, particularly the European Food Safety Authority and the ECDC, to further intersectoral and interdisciplinary collaboration at national and international levels, applying a One Health approach, which is crucial for effective and cost-efficient prevention and management of foodborne and zoonotic diseases and hazards.

Budget for category 2

Table 3. PB 2018–2019 for category 2 (Noncommunicable diseases) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	2016–2017 RPI adjusted budget			2018–2019 WHA approved budget			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference 2016-17 / 2018-19**
2. Noncommunicable diseases							
Noncommunicable diseases	9.8	10.2	20.0	11.3	10.5	21.8	9%
Mental health and substance abuse	2.6	3.2	5.8	1.8	4.1	5.9	2%
Violence and injuries	2.0	3.6	5.6	0.4	2.2	2.6	-54%
Disability and rehabilitation	0.4	0.1	0.5	1.0	0.1	1.1	120%
Nutrition	0.3	1.7	2.0	1.1	1.6	2.7	35%
Food Safety	0.3	0.7	1.0	0.3	0.7	1.0	0%
Category 2 total	**15.4**	**19.5**	**34.9**	**15.9**	**19.2**	**35.1**	**1%**

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors**					
Outcome indicator	**At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context**	**6.2 litres (2010)**	**At least 10% reduction (2025)**	**10.9 litres (2010)**	**10.0 litres (2017)**	Total average alcohol consumption per capita.
Outcome indicator	**A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years**	**22% (2010)**	**30% reduction (2025)**	**29% (2010)**	**27% (2017)**	
Outcome indicator	**A 10% relative reduction in prevalence of insufficient physical activity**	**25% (2010)**	**10% reduction (2025)**	**25% (2010)**	**5% reduction (2017)**	
Outcome indicator	**A 25% relative reduction in the prevalence of raised blood pressure, or contain the prevalence of raised blood pressure, according to national circumstances**	**40% (2008)**	**25% relative reduction (2025)**	**45% of persons 25 years and over (2008)**	**34% relative decrease (if a 2% per year relative reduction is kept) (2025)**	Raised blood pressure or under treatment.
Outcome indicator	**Halt in the rise in diabetes and obesity**	**10% diabetes/fasting plasma glucose (2008); 12% obesity (2008)**	**0% increase (2025)**	**10% diabetes/fasting plasma glucose (2008); 12% obesity (2008)**	**0% increase (2017)**	
Outcome indicator	**At least 50% of eligible people receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes**	**Unknown**	**At least 50% coverage (2025)**	**Unknown from current data**	**At least 50% coverage (2025)**	

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome indicator	**A 30% relative reduction in mean population intake of salt/sodium**	**10 grams (2010)**	**30% reduction by 2025.**	**10 grams (2010)**	**15% reduction (2017)**	
Outcome indicator	**An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities**	**Unknown**	**At least 80% (2025)**	**Unknown with current data**	**At least 50% (2025)**	
Output	2.1.1. Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated					
Output indicator	Number of countries with at least one operational multisectoral national policy/strategy/action plan that integrates several noncommunicable diseases and shared risk factors	72/194 (2017)	86/194 (2019)	37/53 (2017)	42/53 (2019)	
Output indicator	Number of countries which have set time-bound national noncommunicable disease targets and indicators based on WHO guidance	59/194 (2017)	70/194 (2019)	30/53 (2017)	35/53 (2019)	
Output indicator	Number of countries with at least one operational national multisectoral commission, agency or mechanism for coordinated prevention and control of noncommunicable diseases	60/194 (2017)	72/194 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output	2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants					

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of countries that have strengthened and expanded their implementation of population-based policy measures to reduce the harmful use of alcohol	71/194 (2017)	80/194 (2019)	42/53 (2017)	45/53 (2019)	Adopted national alcohol plan or other type of comprehensive strategy notably roadmaps.
Output indicator	Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	124/194 (2017)	136/194 (2019)	40/53 (2017)	47/53 (2019)	
Output indicator	Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	128/194 (2017)	141/194 (2019)	41/53 (2017)	48/53 (2019)	
Output indicator	Number of countries that have implemented the following four demand-reduction measures in the WHO Framework Convention on Tobacco Control at the highest level of achievement: tobacco taxation, smoke-free environments, warnings, banning advertising and sponsorship	2/194 (2017)	4/194 (2019)	0/53 (2017)	4/53 (2019)	
Output	2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors including in crises and emergencies					
Output indicator	Number of countries that have recognized/government approved evidence-based national guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases	50/194 (2017)	60/194 (2019)	29/53 (2017)	34/53 (2019)	

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				**Contribution of the European Region**		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of countries that have incorporated early detection, referral and management of noncommunicable diseases into primary health care	38/194 (2017)	45/194 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output indicator	Number of countries that have included the following essential noncommunicable disease medicines (aspirin, statins, angiotensin converting enzyme inhibitors, thiazide diuretics, long-acting calcium channel blockers, metformin, insulin, bronchodilators and steroid inhalants) and technologies (blood pressure measurement devices, weighing scales, blood sugar and blood cholesterol measurement devices with strips and urine strips for albumin assay) are generally available in the public health sector	28/194 (2017)	34/194 (2019)	34/53 (2017)	39/53 (2019)	WHO Country Capacity Survey 2017
Output	2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020					
Output indicator	Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets	52/194 (2017)	62/194 (2019)	38/53 (2017)	48/53 (2019)	
Output	2.1.5. Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases					

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of countries incorporating noncommunicable diseases in their national development agenda, including in United Nations Development Assistance Frameworks, as appropriate	35/194 (2017)	42/194 (2019)	11/53 (2015)	13/53 (2017)	
Output indicator	Number of functional global and regional knowledge-sharing mechanisms convened with Member States, United Nations system organizations and non-State actors on multistakeholder action for the prevention and control of noncommunicable diseases	11 (2017)	17 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Outcome	**2.2. Increased access to services for mental health and substance use disorders**					
Outcome indicator	**Percentage of persons with a severe mental disorder (psychosis, bipolar affective disorder, moderate-severe depression) who are using services**	**35% (2017)**	**40% (2019)**	**50% (2015)**	**55% (2017)**	To be updated on basis of national survey data.
Outcome indicator	**Suicide rate per year per 100 000 population (linked to Sustainable Development Goal indicator 3.4.2)**	**10.8 per 100 000 (2017)**	**10.5 per 100 000 (2019)**	**14.1 per 100 000 (2017)**	**13.4 per 100 000 (2019)**	Regional baseline data based on Global Health Estimates for the year 2015

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	2.2.1. Countries' capacity strengthened to develop and implement national policies, plans and information systems in line with the comprehensive mental health action plan 2013–2020 and other governing body resolutions and action plans					
Output indicator	Number of countries with a national policy and/or plan for mental health that is in line with the comprehensive mental health action plan 2013–2020	116 (2017)	136 (2019)	30 (2015)	35 (2017)	To be validated /updated on basis of WHO ATLAS 2017 survey.
Output indicator	Number of countries with a national policy/plan/strategy for dementia	29 (2017)	45 (2019)	This indicator will be assessed at the end of the biennium 16-17 on basis of Global Dementia Observatory Survey (2017)		
Output	2.2.2. Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery					
Output indicator	Number of countries with functioning programmes for intersectoral mental health promotion and prevention of mental disorders	115 (2017)	140 (2019)	30 (2015)	35 (2017)	To be validated / updated on basis of WHO ATLAS 2017 survey.
Output indicator	Number of countries using the QualityRights capacity-building materials to train stakeholders in mental health and related fields	10 (2017)	40 (2019)	20 (2017)	25 (2019)	

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of countries using the mental health Gap Action Programme (mhGAP) for scaling up services	60 (2017)	90 (2019)	3 (2017)	5 (2019)	
Output	2.2.3. Countries have technical capacity and policy development strengthened for expanding country strategies, policies and systems to increase coverage and quality of prevention and treatment interventions for disorders caused by alcohol, psychoactive drugs and addictive behaviours					
Output indicator	Number of countries with prevention and treatment strategies, systems and interventions for psychoactive substance use and disorders caused by alcohol, drugs and addictive behaviours expanded and strengthened	80 (2017)	85 (2019)	25 (2015)	30 (2017)	
Output indicator	Number of countries that have increased coverage of treatment interventions for substance use disorders	70/194 (2017)	80/194 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Outcome	**2.3. Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence**					
Outcome indicator	**Percentage of countries with comprehensive laws tackling the five key risk factors for road safety**	**15% (2010)**	**46% (2019)**	**48%**	**52%**	
Outcome indicator	**Percentage of countries implementing six or more interpersonal violence prevention programmes**	**48% (2014)**	**63% (2019)**	**48%**	**55%**	

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	2.3.1. Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011–2020					
Output indicator	Number of countries with funded road safety strategies	119/194 (2010)	153/194 (2017)	40/53	44/53	
Output	2.3.2. Countries and partners enabled to develop and implement programmes and plans to prevent unintentional deaths and injuries from burns, drowning and falls					
Output indicator	Number of countries receiving an assessment of their child injury prevention policies	13/194 (2017)	28/194 (2019)	Not applicable	2 (2017)	
Output	2.3.3. Development and implementation of policies and programmes to address violence against women, youth and children facilitated					
Output indicator	Number of countries implementing at least half of the interpersonal violence prevention programmes surveyed by the global status report on violence prevention 2014	54/194 (2017)	74/194 (2019)	20/53	23/53	
Output	2.3.4. Improved pre-hospital and facility-based emergency care systems to address injury					
Output indicator	Number of countries performing a standardized national emergency care system assessment to identify gaps and set priority actions for system development (using WHO's Emergency Care Systems Assessment tool, or similar)	10/194 (2017)	20/194 (2019)	0	1	

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**2.4. Increased access to comprehensive eye care, hearing care and rehabilitation services**					
Outcome indicator	**Number of countries strengthening rehabilitation policies and services in collaboration with WHO**	**41/194 (2017)**	**58/194 (2019)**	**7**	**9**	
Outcome indicator	**Number of countries reporting implementation of national plans for eye and hearing care in collaboration with WHO**	**6/194 (2017)**	**18/194 (2019)**	**Not applicable to the European Region.**		
Output	2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities					
Output indicator	Number of countries collecting comprehensive data on disability using the Model Disability Survey	4/194 (2017)	15/194 (2019)	n/a	3	
Output	2.4.2. Countries enabled to strengthen comprehensive eye care services in the framework of health systems					
Output indicator	Number of countries with a documented assessment of comprehensive eye care service delivery	25/194 (2017)	40/194 (2019)	**Not applicable to the European Region.**		
Output	2.4.3. Countries enabled to strengthen prevention and management of ear diseases and hearing loss in the framework of health systems					
Output indicator	Number of countries implementing ear and hearing care strategies in collaboration with WHO	12/194 (2017)	22/194 (2019)	**Not applicable to the European Region**		

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**2.5. Reduced nutritional risk for improved health and well-being**					
Outcome indicator	**Number of stunted children below five years of age (linked with indicator 2.2.1 under the Sustainable Development Goals)**	**165 million (2011)**	**102 million (2025)**	**7.2%**	**≤5%**	Absolute numbers are not relevant for the European Region where stunting is in general already very low. We aim for stunting below 5% which is a virtual elimination.
Outcome indicator	**Proportion of women of reproductive age (15–49 years) with anaemia**	**30% (2015)**	**15% (2025)**	**20%**	**12% (2019)**	
Output	2.5.1. Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals					
Output indicator	Number of countries that are implementing national action plans consistent with the comprehensive implementation plan on maternal, infant and young child nutrition	74/194 (2017)	84/194 (2019)	43/53	48/53	

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	2.5.2. Norms and standards and policy options for promoting population dietary goals and the global nutrition targets 2025 and nutrition-related Sustainable Development Goals developed, adopted and integrated into current national health and development plans					
Output indicator	Number of countries adopting WHO guidelines and recommended policies for addressing malnutrition in all its forms	70 (2017)	80 (2019)	42/53	50/53	
Outcome	**2.6 All countries are adequately prepared to prevent and mitigate risks to food safety**					
Outcome indicator	**Number of countries that have adequate mechanisms in place for preventing or mitigating risks to food safety**	**123/194 (2017)**	**129/194 (2019)**	**39/53**	**44/53**	
Output	2.6.1. Countries enabled to control the risk and reduce the burden of foodborne diseases					
Output indicator	Number of countries that have a food safety system with an appropriate legal framework and enforcement structure	149/194 (2017)	155/194 (2019)	42/53	47/53	
Output	2.6.2. International standards set and a global information exchange platform as well as multisectoral collaboration in place for effectively managing foodborne risks					
Output indicator	Number of countries with a mechanism for multisectoral collaboration on reducing foodborne public health risks	152/194 (2017)	158/194 (2019)	42/53	47/53	
Output	2.6.3. Scientific advice in food safety to support the work of the Codex Alimentarius Commission and Member States to develop food safety standards, guidelines and recommendations					

Table 4. Global PB 2018-2019 results structure: Category 2. Noncommunicable diseases.				**Contribution of the European Region**		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Percentage of high-priority requests from the Codex Alimentarius Commission for scientific advice addressed	0.8 (2017)	0.9 (2017)	NA	NA	

Category 3. Promoting health through the life-course

63. Category 3 programme areas are at the core of the life-course approach and cross-cutting priorities of the Organization. Within the European Region, Health 2020 will continue to act as an overarching policy framework for implementation within the health sector, supported by strong intersectoral action. The SDGs and their targets encompass all category 3 aspects.

64. Category 3 has the dual role not only of implementing specific sectoral and cross-sectoral activities in support of Member States but also of ensuring policy coherence across all other categories in the implementation of Health 2020 and the 2030 Agenda for Sustainable Development.

65. Participatory intersectoral governance for health is an essential element of strengthening health and well-being in the European Region. Throughout all its programme areas, category 3 will continue to foster this approach in 2018–2019 in order to implement effective policies and interventions that address the social, economic and environmental determinants of health and well-being. It also directly supports intersectoral governance through long-standing processes such as the European Environment and Health Process (EHP), the Transport, Health and Environment Pan-European Programme (THE PEP) and the WHO European Healthy Cities and Regions for Health networks, as well as a number of legally binding instruments (conventions and protocols).

3.1 Reproductive, maternal, newborn, child and adolescent health

66. The new Global Strategy on Women's, Children's and Adolescents' Health (2016–2030) of the United Nations Secretary-General, launched during the General Assembly Sustainable Development Summit in September 2015, and the 2030 Agenda address child and adolescent health and universal access to sexual and reproductive health, and health care services and rights in countries. This necessitates building national core capacity, for which the Regional Office plans to provide support; however, the extent of such assistance will depend on funding.

67. The European child and adolescent health strategy 2015–2020, adopted in 2014 in resolution EUR/RC64/R6, and the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (resolution EUR/RC66/R7), adopted by the 66th session of the Regional Committee in 2016, will guide the work of the Regional Office in this programme area. This new Action plan and a number of regional and country activities planned for 2018–2019 seek to enable children and adolescents in the European Region to realize their full potential for health, development and well-being and to reduce the avoidable burden of disease and mortality. This will be achieved by supporting governments in developing national strategies and evidence-informed action plans for children and adolescents, for sexual and reproductive health that ensure access to quality care and the creation of a health-literate generation, which can address its own health risks throughout the life-course.

68. In follow-up to resolution EUR/RC64/R6, the Regional Office will present an interim report on progress in the uptake of the European child and adolescent health strategy and the situation of child and adolescent health in the European Region in 2018. The reporting process will further assist Member States in their efforts to make children's lives visible through improved documentation of the disease burden and risks that children and young people face, particularly among vulnerable groups.

69. The Regional Office will continue to support Member States in promoting quality primary care and hospital and school health services in line with the United Nations Convention on the Rights of the Child and other human rights documents, thereby addressing the unfinished agenda of preventable deaths and infectious diseases. At the same time, ensuring mechanisms for supporting healthy growth and development in childhood and adolescence, including through educational settings, will remain an important focus.

70. The Regional Office will support countries in decreasing sexual and reproductive health inequalities among and within countries, with a special focus on the prevention of maternal and newborn mortality and morbidity and the reduction of unmet needs in family planning. Technical assistance will include the development of new national policies, monitoring and the improvement of access to and quality of sexual and reproductive health services for all, leaving no one behind.

71. The implementation of the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (EUR/RC66/R7) and of the Minsk Declaration on the Life-course Approach in the Context of Health 2020 (EUR/RC66/R3) will actively involve a broad network of stakeholders promoting and improving sexual, reproductive, maternal, newborn, child and adolescent health through the life-course and ensuring the health and well-being of this and future generations.

72. Twenty-two countries have chosen programme area 3.1 as a priority for 2018–2019. Further improvement of sexual, reproductive, maternal, newborn, child and adolescent health and achievement of the relevant SDGs require intersectoral collaboration. Several country and regional activities are being planned jointly with other programmes within the Regional Office (Noncommunicable diseases, including risk factors, Health systems, Vaccine-preventable diseases, Violence and injury prevention, and others) and with other sectors, such as education and social welfare.

3.2 Ageing and health

73. Work on ageing and health is directly linked to a number of Health 2020 and SDG targets (such as increasing lifespan and quality of life; reducing inequalities; and fostering intersectoral partnerships) and is essential for achieving not only the health targets but also others, including gender equality, poverty reduction and resilient and sustainable cities and human settlements.

74. The work in 2018–2019 will focus on progress in addressing the health and living situations of older people in Europe, which remains uneven. For example, while more countries now provide public support to informal caregivers of frail persons, coverage

rates of influenza vaccination for older people have generally been falling. Increases in disability-free life expectancy have been stagnating in recent years.

75. The publication of the World report on ageing and health in 2015 and the adoption of the Global strategy and plan of action on ageing and health by the Sixty-ninth World Health Assembly in May 2016 have raised the profile of WHO's work on ageing and health globally and are expected to provide a strong impetus for implementation in the European Region in 2018–2019.

76. The focus of the global plan of action on work towards creating long-term care systems in all countries is consistent with the demand expressed by Member States in the European Region for technical assistance to foster the understanding and development of policies and plans to build sustainable long-term care systems. This will require further strengthening of cross-sectoral cooperation to realign health systems so that they deliver person-centred and integrated care for older persons, an area of work where the ageing programme cooperates closely with health systems and WHO global initiatives.

77. The publication of a handbook and policy tool on age-friendly environments in Europe in the current biennium will support local authorities and various levels of government that have embarked jointly on initiatives for intersectoral actions to create age-friendly environments, many of them as members of the WHO European Healthy Cities Network. This work will continue in cooperation with a broad range of partner organizations and initiatives, such as the EC European Innovation Partnership on Active and Healthy Ageing and the WHO Global Network of Age-friendly Cities and Communities.

3.5 Health and the environment

78. The environmental burden of disease carries considerable economic and social costs, consumes significant resources, prevents the attainment of optimal health and well-being and undermines societal and economic development. WHO estimates that in 2012, approximately 12.6 million deaths globally – 23% of all deaths – were attributable to environmental factors, of which at least 1.4 million deaths – 16% of all deaths – in the WHO European Region. The greatest impacts of the environmental determinants of health in the European Region are related to noncommunicable diseases (NCDs), disabilities and chronic conditions, and unintentional injuries. There is also growing concern about the impact of climate change and biodiversity loss on changing patterns of existing and emerging communicable diseases. The growing health impacts of climate change, chemical and physical agents, economic activity and waste generation, overuse of water and other natural resources, and unsustainable production and consumption patterns, suggests that the significance of these environmental factors is greater than previously thought.

79. The Regional Office addresses the environmental determinants of health and well-being through the only long-standing structured intersectoral process – the European Environment and Health Process (EHP), which is steered by the Member States through periodic ministerial conferences and the WHO and UNECE governing bodies. The European Environment and Health Task Force – to which WHO/Europe provides the secretariat – coordinates the implementation of the commitments from the ministerial

conferences. The key non-health sectors engaged in the EHP such as environment, transport, land and water management, labour and employment, industry, trade– and in collaboration with the local communities, academia and the civil society are part of a whole-of-society response to the environmental determinants of health.

80. The Sixth Ministerial Conference on Environment and Health, which took place in June 2017, defined the EHP as the mechanism for the attainment of health- and environment-related goals and targets of the 2030 Agenda through the implementation of Health 2020 and the WHO resolutions and decisions related to health and the environment in the regional context. The consensus among Member States and stakeholders in the EHP set the foundations for technical work aimed at implementing the relevant evidence-based public health and environmental policies in seven priority areas: indoor and outdoor air quality; water and sanitation; chemical safety; waste and contaminated sites; climate change and health; safe, sustainable and resilient cities, and environmental sustainability of health systems. Member States committed to developing national portfolios for improving health and environment in the context of SDGs. A close partnership with the most directly relevant United Nations agencies, such as the United Nations Economic Commission for Europe and the United Nations Environment Programme, and greater convergence with their work will strengthen the EHP.

81. The Regional Office and the EHP will continue to provide technical and policy support to national environment and health governance mechanisms and platforms and will actively support the development and implementation of national environment and health portfolios for action that reflect country-specific priorities as defined in the Ostrava declaration. WHO will also steer the monitoring and evaluation of the progress in implementing the Ostrava declaration based on the SDG monitoring mechanisms and provide knowledge, evidence and normative guidance to support the Member States and partners in their work in the agreed priority areas. Twenty-six Member States of the European Region indicated this area of work as a priority for further collaboration with the Organization in 2018-2019.

3.6 Health equity, gender, rights and social determinants

82. Gender and human rights, together with social and environmental determinants of health are among the cross-cutting approaches prioritized by the Regional Office to support implementation of the Health 2020 equity goals in order to continue to increase life expectancy while reducing differences in life expectancy within and among countries in the European Region.

83. As initiated in 2016–2017, a merge in planning and joint work between the former programme area 3.3 and 3.4 is pursued to strengthen the synergies and joint actions towards implementation of Health 2020 and the 2030 Agenda with respect to equity, gender equality, human rights and social determinants.

84. The Regional Office has made significant advancement to mainstream the four intersecting elements equity, gender, human rights and social determinants approaches through an internal equity mainstreaming review in 2016 and the adoption of an internal action plan to scale up its evidence, policy and partnership work on equity and to support Member States in systematically integrating equity, gender and rights in national health policies and programmes.

85. Global, regional and national efforts to advance equity, gender, rights and social determinants are taken forward in particular through SDG3 on health and well-being, SDG5 on achieving gender equality and empowering all women and girls, and SDG10 on reducing inequities within and among countries. These provide a renewed impetus in addressing critical issues including violence against women, discrimination on the basis of gender, ethnicity, sexual orientation, gender identity and exclusion related to socioeconomic status.

86. Assistance to Member States will build on the strategic developments in the area of gender equity and rights that took place in 2016 and 2017 in the context of the Strategy on women's health and well-being in the WHO European Region, which establishes the links between SDG3, SDG5 and SDG10. The work will include technical support on gender-responsive approaches to improve women's health and well-being through policy measures and health systems strengthening.

87. Further strategic work will occur through the process of developing a strategy on men's health, which will consider the impact of gender, socioeconomic and environmental determinants on the health of men in the Region.

88. The capacities of WHO country offices in Gender and Human Rights will be increased through collaboration with other United Nations agencies under the Europe and Central Asia Regional Working Group on Gender and in accordance with the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women.

89. In 2016-2017 the Region has intensified commitment to multisectoral partnerships, scientific collaborations and platforms for knowledge exchange to strengthen policy action for increasing equity in health. This will continue with a focus to scale up systematic and coordinated policy responses, which address the links between poverty, material deprivation, stigma and health within countries across the region, and to ensure that health equity is taken into account and monitored in health and development policies.

90. The development of a regular regional health equity status report in 2018-2019 will create a formal instrument to monitor progress to improve health equity at the individual and neighborhood levels, and report on the implementation of key policies designed to impact on the conditions in which people grow up, live, work and grow older. The findings will stimulate further dialogue on health equity within the context of pursuing inclusive and sustainable communities and nations, and contribute to strengthening policy-relevant knowledge and partnerships for health equity action across the Region.

91. The review of social determinants of health and the health divide, undertaken by the Regional Office in 2012, and the 2017 Health Evidence Network (HEN) paper on *Key policies for addressing the social determinants of health and health inequities* set out the evidence and policy options for acting on the social determinants of health across government and through the broader engagement.

92. The launch of the SDGs (particularly SDG 1 End poverty in all its forms everywhere, SDG 4 Ensure inclusive and equitable quality education and promote

lifelong learning opportunities for all, SDG8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all and SDG10 Reduce inequality within and among countries) and the focus on leaving no one behind provide an unprecedented opportunity to strengthen WHO's work to integrate health and health equity into social and economic policies and into development plans.

93. In 2018–2019, the priority for country support and regional partnerships for action on social determinants will be through cross-sectoral assessments, policy advice and capacity-building in a Health-in-All-Policies approach and support to Member States in integrating health equity into national and local sustainable development agendas. Regional interagency and cross-sectoral platforms will be further strengthened to bridge social, economic and health interests in order to create more enabling conditions for country action on the social determinants of health to reduce health inequities and support inclusive development.

94. Work started in 2016-2017 on methods to quantify the direct and indirect benefits from policies and investments addressing the social determinants of health will be scaled up. A multidisciplinary partnership with academic and policy research institutions has been established to support the development of new evidence and methodologies to capture the social benefits and the economic multipliers from health policies and initiatives. New tools, guidance and capacity building work will be developed to enable WHO and countries to implement investment approaches to increase social and economic returns for health and for inclusive and sustainable development, to underpin the investment in and implementation of such approaches within WHO and Member State policies and strategies.

95. The needs of vulnerable and marginalized groups continue to be high on the policy agenda of Member States. To better respond to the growing burden of noncommunicable diseases, which disproportionately affect the poor, vulnerable and most excluded in a society, country support will focus on healthy settings, networks, documenting evidence of what works and improving knowledge products, tools and policy and/or strategy documents, as relevant. The Regional Office will monitor and report on the social determinants and inequities of health within and among countries at the regional level on a biennial basis. It will publish status reports on the social determinants and inequities of health as an advocacy tool for improved action on social determinants amid the continuing financial crisis. Also, lessons will be drawn from the programme supporting Roma population health in order to apply such experience more broadly to areas of vulnerability.

96. The implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region (document EUR/RC66/8) – a collaborative framework with partners, countries and research policy institutes – remains a high priority for Member States and the Regional Office in 2018–2019. The work in this particular area will focus on strengthening the capacity of health systems and their resilience to the public health challenges of large-scale mixed migration flows. In the short to medium term, the focus will be to progressively integrate the health needs of refugees, asylum seekers and migrants in national health planning, strategies and policies by strengthening public health and primary care services and by addressing the social,

economic and environmental aspects of migrants' health, and to reduce their vulnerability.

97. The establishment of a knowledge hub for training, communications and evidence synthesis and dissemination will improve the knowledge, skills and understanding of health matters related to migration among health and non-health professionals involved in the management of migration and will fill the knowledge gaps identified in the Strategy and action plan for refugee and migrant health in the WHO European Region. Regular communications, including the quarterly newsletter Public Health Aspects of Migration in Europe, developed together with the University of Pécs, and a web portal will be used as the main advocacy instruments to keep this topic high on political and technical agendas.

98. The SDGs provide strong political commitment to public health in the European Region. Health and well-being are seen as an outcome, a determinant and an enabler of the SDGs. Within the Region, Health 2020 will act as an initial policy framework for implementation within the health sector, supported by strong intersectoral action. It is expected that the 2018–2019 biennium will set the basis for establishing improved collaboration mechanisms among technical programmes within the 2030 Agenda framework and for developing technical collaboration packages to accelerate achievement of the SDGs.

Budget for category 3

Table 5. PB 2018–2019 for category 3 (Promoting health through the life-course) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	2016–2017 RPI adjusted budget			2018–2019 WHA approved budget			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference 2016-17 / 2018-19**
3. Promoting health through the life course							
Reproductive, maternal, newborn, child and adolescent health	3.2	3.7	6.9	3.4	4.0	7.4	7%
Ageing and health	0.4	1.0	1.4	0.5	1.0	1.5	7%
Health and the environment	4.0	17.1	21.1	4.5	17.0	21.5	2%
Equity, social determinants, gender equality and human rights	2.1	6.8	8.9	2.4	6.9	9.3	4%
Category 3 total	**9.7**	**28.6**	**38.3**	**10.8**	**28.9**	**39.7**	**4%**

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**3.1. Increased access to interventions for improving health of women, newborns, children and adolescents**					
Outcome indicator	**Contraceptive prevalence rate (world, any modern method)**	**0.57 (2015)**	**0.68 (2019)**	**0.61 (2017)**	**0.65 (2019)**	Data not available or out of date for a number of Member States.
Outcome indicator	**Number of targeted countries that have reduced the wealth quintile gap for demand satisfied for modern contraception by at least 10%**	**Not applicable**	**25/75 (2019)**	**Not applicable**	**2/5 (2017)**	
Outcome indicator	**Skilled attendant at birth (percentage of live births attended by skilled health personnel)**	**0.75 (2015)**	**0.85 (2019)**	**0.93 (2017)**	**0.97 (2019)**	
Outcome indicator	**Postnatal care for mothers and babies (proportion of women and proportion of newborns who have postpartum contact with a healthcare provider within two days of childbirth)**	**0.6 (2015)**	**0.7 (2019)**	**Not applicable in the European Region**		
Outcome indicator	**Exclusive breastfeeding for six months (percentage of infants aged 0–5 months who are exclusively breastfed)**	**0.4 (2015)**	**0.5 (2019)**	**0.35 (2017)**	**0.40 (2019)**	
Outcome indicator	**Proportion of children with suspected pneumonia taken to an appropriate health care provider**	**0.63 (2016)**	**0.7 (2019)**	**Information not being systematically and comparably being collected in EURO**		
Outcome indicator	**Adolescent birth rate (per 1000 girls aged 15–19 years)**	**45 per 1000 (2015)**	**40 per 1000 (2019)**	**17.6 per 1000 (2015)**	**To be determined**	**Focus on population groups rather than average data in countries or Region**

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome indicator	**Proportion of ever-married or -partnered women aged 15–49 years who have experienced violence from a male intimate partner in the past 12 months (Sustainable Development Goal indicator 5.2.1)**	**0.3 (2013)**	**0.25 (2019)**	**Not available**	**0.2 (2019)**	
Outcome indicator	**Proportion of children under 5 years of age whose births have been registered with a civil authority (Sustainable Development Goal indicator 16.9.1)**	**0.72 (2014 UNICEF Global Database)**	**0.8 (2019)**	**1**	**1**	**Vital registration is practically universal in EURO, indicator not useful for EURO**
Outcome indicator	**Number of countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education (Sustainable Development Goal indicator 5.6.2)**	**115/194 (2015)**	**150/194 (2019)**	**Data not available**		**Laws and regulations exist in all 53 countries. But there is concern about, for example, adolescent girls access to services, but information is not systematically collected**
Output	3.1.1. Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths, from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths), with a particular focus on the 24-hour period around childbirth					
Output indicator	Number of countries that are aligning plans with the Global Strategy for Women's, Children's and Adolescents' Health (2016−2030) with inclusion of Thrive and Transform targets	0 (2015)	100/1940(2019)	0	6/53	We collect information on the implantation of the CAH strategy, which contains partial information, but no such information is being collected on SRMNH

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of targeted countries that have plans with intermediate targets for ending preventable maternal deaths, stillbirths and neonatal deaths by 2030	0 (2015)	54/54 (2019)	3/5 (2017)	8/8 (2019)	
Output	3.1.2. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health					
Output indicator	Number of Family Planning 2020 countries implementing WHO strategies and interventions to cover unmet needs in family planning	15/69 (2016)	60/69 (2019)	1/3 (2017)	3/3 (2019)	
Output indicator	Number of technical, clinical and policy guidelines issued on sexual and reproductive health (such as family planning, maternal and perinatal health) during the biennium	Not applicable	15 (2019)	Not applicable	2	Difficult to predict
Output indicator	Proportion of technical, clinical and policy guidelines issued on sexual and reproductive health in which gender and rights are explicitly elaborated during the biennium	Not applicable	20 (2019)	Not applicable	100%	
Output	3.1.3. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions					
Output indicator	Number of countries that include early childhood development as part of national development plans or integrated strategic plans for newborn and child health	25 (2017)	50/194 (2019)	No data	6/53	Of the ones developing new strategies, but there might be many more already, but no data

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of targeted countries that have plans with intermediate targets for ending preventable newborn and child deaths by 2030	0 (2017)	54/54 (2019)	0	5/5	These are the global strategy targeted countries in EURO
Output	3.1.4. Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours					
Output indicator	Number of countries with a comprehensive adolescent strategy/plan as part of a broader strategy on reproductive, maternal, newborn, child and adolescent health or national health programme	47/194 (2016)	80/194 (2019)	13/53 (2014)	18/53 (2017)	
Output	3.1.5. Research undertaken and evidence generated and synthesized for, newborn, child and adolescent health and related programmatic research for designing key interventions					
Output indicator	Number of scientific publications issued reporting new and improved tools, solutions and strategies in newborn, child and adolescent health during the biennium	N/A	100 (2019)	Not applicable	5 (2017)	
Output	3.1.6 Research undertaken and research capacity strengthened for sexual and reproductive and maternal health through the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)					

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of scientific publications reporting new and improved tools, solutions and strategies in sexual and reproductive health	N/A	320 (2019)	Not applicable	2	Mostly part of HQ work in summary publications
Output indicator	Number of systematic reviews of key questions in sexual and reproductive health	Not applicable	80 (2019)	2(2017)	3 (2019)	
Output indicator	Number of research centres strengthened through research capacity strengthening grants during the biennium	N/A	50 (2019)	Not applicable	1 (2019)	
Outcome	**3.2. Increased proportion of people who are able to live a long and healthy life**					
Outcome indicator	**Healthy life expectancy at birth (or at age 60 years)**	**Males: 61.5 years Females: 64.6 years (2014)**	**Target to be established in 2018 following consultations on indicators for the new global strategy**	**To be determined**	**To be determined**	
Output	3.2.1. Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life course					
Output indicator	Number of countries that have developed and are implementing national health plans (policies, strategies, plans) that explicitly include actions to address the health needs of older people	0/194 (2017)	25/194 (2019)	0 (2017)	5(2019)	

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	3.2.2. Countries enabled to deliver older person-centred and integrated care that respond to the needs of women and men and to tackle inequalities in low-, middle- and high-income settings					
Output indicator	Number of countries supported to deliver older person-centred and integrated care that respond to the needs of women and men in low-, middle- and high-income settings	21 (2017)	39 (2019)	5 (2017)	7 (2019)	
Output	3.2.3. Evidence base and monitoring and evaluation strengthened, informing policies and actions to address key issues relevant to the health of older people					
Output indicator	Number of countries that are monitoring and reporting on the diverse health trends and the distribution and determinants of health among older people	14 (2017)	31 (2019)	4 (2017)	7 (2019)	
Output	3.2.4. Age-friendly environments developed and maintained in countries in line with the WHO strategy and plan of action on ageing and health					
Output indicator	Number of countries with at least one municipality implementing the WHO Global Network of Age-friendly Cities and Communities	45 (2017)	64 (2019)	20 (2017) (2015)	25 (2019))	
Output indicator	Number of countries participating in the global campaign against ageism	0 (2017)	10 (2019)	0 (2017)	3 (2019)	
Outcome	**3.5. Reduced environmental threats to health**					

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome indicator	**Percentage of population using safely managed drinking water services (Sustainable Development Goal indicator 6.1.1)**	**To be determined (2017)**	**To be determined (2019)**	**To be determined**	**To be determined**	
Outcome indicator	**Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (Sustainable Development Goal indicator 6.2.1)**	**To be determined (2017)**	**To be determined (2019)**	**To be determined (2017)**	**To be determined (2019)**	
Outcome indicator	**Proportion of population with primary reliance on clean fuels and technology (Sustainable Development Goal indicator 7.1.2)**	**To be determined (2017)**	**To be determined (2019)**	**To be determined (2017)**	**To be determined (2019)**	
Outcome indicator	**Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population-weighted) (Sustainable Development Goal indicator 11.6.2)**	**To be determined (2017)**	**To be determined (2019)**	**To be determined (2017)**	**To be determined (2019)**	
Output	3.5.1. Country capacity enhanced to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks					
Output indicator	Number of countries that have undertaken a national assessment or status review of water and sanitation drawing on WHO data, analysis or technical support	55/194 (2017)	65/194 (2019)	23/53	28/53	Monitoring at global level by UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS); baseline for EURO refers to number of countries participating in the GLAAS 2016 survey plus countries conducted baseline analysis and set targets under the Protocol on Water and Health.

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of countries that have developed health adaptation plans for climate change	40/194 (2017)	52/194 (2019)	22	30	
Output indicator	Number of countries that have developed national policy instruments for workers' health with support from WHO	145/194 (2008)	To be determined	To be determined	To be determined	
Output indicator	Number of countries that have developed new or revised existing policies or national standards based on WHO guidelines for environmental and occupational health risks	35 (2017)	50 (2019)	To be determined	To be determined	
Output	3.5.2. Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, nanotechnologies and climate change and technical support provided at the regional and country levels for their implementation.					
Output indicator	Number of WHO norms, standards and guidelines on environmental and occupational health risks developed or updated within the biennium	Not applicable	3 (2017)	0 (2017)	1 (2019)	

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	3.5.3. Public health objectives addressed in implementation of multilateral agreements and conventions and initiative on the environment the Paris Agreement (as adopted by United Nations Framework Convention on Climate Change), international labour conventions related to occupational health and safety, and in relation to the Sustainable Development Goals					
Output indicator	Number of countries that have included public health considerations within their national strategies to support the ratification and implementation of the Minamata Convention, based on WHO input	7 (2017)	20 (2019)	3 (2017)	6 (2019)	
Output indicator	Number of countries that have included public health considerations in relation to mitigation within their nationally determined contributions to implementation of the Paris Agreement	28/194 (2017)	28/194 (2019)	10 (2017)	30 (2019)	
Outcome	**3.6. Improved capacities in WHO, the health sector and across all government departments and agencies (whole-of-government) for addressing social determinants, gender inequalities and human rights in health, and producing equitable outcomes across the Sustainable Development Goals**					
Outcome indicator	**Number of countries with data disaggregation for health inequality monitoring, including on gender inequality and other prohibited grounds of discrimination under human rights law**	**100 (2017)**	**110 (2019)**	**To be determined**	**To be determined**	

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome indicator	**Number of countries showing a decrease in the proportion of the urban population living in slums, informal settlements or inadequate housing (Sustainable Development Goal target 11.1.1)**	**8/194 (2017)**	**12/194 (2019)**	**To be determined**	**To be determined**	
Output	3.6.1. Equity, gender equality, human rights and social determinants addressed across WHO programme areas, and Member States enabled to promote, design and implement related health strategies, policies, plans, programmes and resolutions or laws					
Output indicator	Number of WHO programme areas that address equity, gender equality, human rights and social determinants	13/26 (2017)	21/26 (2019)	To be determined	To be determined	
Output indicator	Number of countries that address equity, gender equality, human rights and social determinants in their health policies and programmes	84 (2017)	90 (2019)	To be determined	To be determined	
Output indicator	Percentage of all WHO guidelines that address equity, gender equality, human rights and social determinants during the biennium	Not applicable	100% (2019)	To be determined	To be determined	
Output	3.6.2. Improved country policies, capacities and intersectoral actions for addressing social determinants, in order to improve health equity through Health in All Policies, and whole-of-government approaches					

Table 6. Global PB 2018-2019 results structure: Category 3. Promoting health through the life-course				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of countries implementing WHO tools, guidance and approaches to strengthen "Health in All Policies" and capacities for intersectoral actions for reducing health inequities and operationalizing human rights-based approaches to health, including through other sectors	35/194 (2017)	48/194 (2019)	18	25	The European Region includes also high-income countries in the baseline and targets
Outcome	3.4. Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health					
Output	3.6.3. WHO Secretariat and Member States have enhanced capacities for measuring and monitoring equity, gender equality, human rights and social determinants					
Output indicator	Number of WHO programme areas (with a programmatic orientation) using health inequality monitoring instruments for reporting their data disaggregation	0/26 (2017)	10/26 (2019)	To be determined	To be determined	
Output indicator	Number of WHO reports on regional and global trends in social determinants of health and in the actions to address them, and on the progress made therewith	2 (2017)	4 (2019)	To be determined	To be determined	

Category 4. Health systems

99. Category 4, in focusing on health system strengthening, will contribute to the development of the new vision for public health led by the Regional Director. This new vision aims to respond to Member States' request to establish what is meant by public health and to conceptualize public health following the changes and challenges in this area in the past 10 years (migration, austerity, etc.). The vision will also clarify implications of the 2030 Agenda for Health 2020 and people-centred health systems, emphasizing the interfaces among the various determinants of health (environmental, political, financial, lifestyle, social, etc.).

4.1 National health policies, strategies and plans

100. Building on 2016–2017 successes, the main focus in 2018–2019 in national outcome oriented planning for health will be put on the following main pillars of work:

Country **support** for:

(a) Coherent planning for health at different levels of governance and across different sectors in the Member States is of paramount importance for rational use of resources and building wide alliances for health at country level that have the potential to support implementation of health plans,

(b) Continuous and steady enhancement of technical capacities and available information to Member States through increased country-contextualized training, and implementation of smart instruments and tools,

(c) Enhancing coherence of efforts and policy documents in relation to Health 2020 and SDGs by support for bringing health into development policies and enhance coherence between development and health planning;

(d) Strengthening support to implementation, monitoring and evaluation of outcome oriented national health plans.

Policy analysis that will translate findings into practical know how in support to outcome oriented health plans,

Broadening the knowledge base by documenting the development of outcome oriented national health plans,

Communicating for policy through increasing visibility of country efforts by sharing good practices, information and guidance through innovative communication tools,

Alliances and networking by increasing support to partnerships (such as the Regions for Health Network, Small Countries Initiative and South-eastern European Health Network) for better national health planning.

101. In the area of health financing, the priorities of 2016–2017 will continue into 2018–2019 and efforts will concentrate on:

- monitoring financial protection and UHC, including conceptual and empirical work on monitoring financial protection, to be available as a regional report in 2018;
- health financing policy and financial sustainability, building on studies developed, including in response to the economic crisis, in collaboration with the OECD and other organizations as appropriate; and
- capacity-building through three of the WHO Barcelona courses, two on health systems strengthening with an emphasis on NCDs and tuberculosis prevention and control, and one on health financing.

102. The WHO Barcelona Office for Health Systems Strengthening will continue to work in line with resolution EUR/RC65/R5, endorsed by all 53 Member States at the 65th session of the Regional Committee for Europe in September 2015, which calls on Member States "to facilitate and accelerate monitoring of the extent to which people are protected against financial risk when using health services, and to identify and implement policies to improve financial protection, especially for vulnerable groups of people". Reporting on the implementation of this resolution will be submitted for consideration by the 68th session of the Regional Committee in September 2018.

103. Building on the momentum generated in 2017 for work on large-scale health system transformation, an innovative workstream for the next biennium will be to address the change management process; that is, the "how" of facilitating large-scale system change. Leading and managing innovation and change will focus on systematizing the experiential learning of policy-makers in making health system transformations towards people-centredness and efficiency a reality on the ground, taking into account the political determinants of health. In this context, important new directions for 2018-2019 will include dedicated programmatic support to countries in promoting and strengthening health system governance and health system performance assessment.

104. An important milestone in 2018 will be a high-level meeting to assess on how health systems are responding to the NCD epidemic in the Region. Country system reviews on health system barriers and implementation of the NCD framework are underway and will continue through 2018-2019. During the high-level meeting, participants are expected to share experiences and agree on the main policy lessons resulting from the interdivisional work programme on strengthening the health system response to noncommunicable diseases.

4.2 Integrated people-centred health services

105. Following the endorsement of Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery (EUR/RC66/15) by the 66th session of the Regional Committee, the Regional Office will support countries in their efforts to implement health services delivery transformations in 2018–2019. Three avenues of integration have been prioritized, focusing on high-leverage entry points in order to accelerate achievement of the desired health and efficiency gains. While their prioritization and dynamics are ultimately context specific, the three priority avenues for the European Region relate to:

- **Integration between primary care and public health** – responding to unhealthy lifestyles, environmental risk factors and the determinants of health. Population health management calls for integration between individual health protection and promotion and disease prevention services and population-based interventions.
- **Integration between levels and settings of health care** – focusing on integrating the delivery of services across levels, providers and settings of care. This includes the intersections of primary care and hospitals and other types of institutionalized care, rehabilitation and therapeutic and support services, as well as day care and home-based, daily nursing regimens.
- **Integration between health care and social care** – disabilities, ageing and chronicity call for strengthening the integration of services at the intersection of health and social care. Priorities along this avenue include, among others, integration to provide long-term, home-based and community care.

106. The WHO Centre for Primary Health Care, in Almaty, Kazakhstan, will ensure roll-out and scale-up in countries and monitor implementation with particular reference to SDG target 3.8. Four areas of focus will be on:

- **Knowledge generation** – knowledge synthesis is an anchoring pillar of work, ensuring an evidence-based foundation that is both conceptually sound and continuously evolving. Work in this area should assist with practical considerations, informing synergies in activities between the WHO Centre for Primary Health Care and the Regional Office. This has included lines of work such as a concept note on health services delivery, background papers on topics such as accountability, workforce competencies and patient engagement, and a report making the case for measuring hospitalization for ambulatory care sensitive conditions.
- **Country support** – this pillar of work includes activities such as documenting and collating practices to optimize service delivery in accordance with guiding conceptual platforms; leveraging these experiences to support transformations across Member States; and providing country-specific assistance for strengthening the delivery of services.
- **Policy analysis** – translating findings into practical know-how. This work stream aims to decipher priority lists of actions, policy options, mechanisms and tools. Work in line with this pillar includes universal principles of leadership and management, and the skills and resources needed to ultimately produce change.
- **Alliances and networking** – this stream works to identify synergies with global health initiatives, to foster partnerships with leading academic institutions and think tanks, and to collaborate with development partners and other actors working with and across Member States, including patient and provider associations and other special interest civil society groups.

107. Supporting the development of a strong, competent and sustainable health workforce in Member States remains a priority for the new biennium. Implementing global directions, such as those set out in WHO's Workforce 2030 strategy on human resources for health, and the findings of the High-Level Commission on Health Employment and Economic Growth, will be key directions. In addition, the Regional Office will help Member States implement the European framework for action for a

sustainable workforce, which has transforming education and performance, aligning planning and investment, capacity-building, and analysis and monitoring as its key objectives. The framework provides an instrument for Member States to assess their own priorities, objectives and policy interventions. A toolkit is being prepared in support of the framework – with a focus on evidence and effective strategies, planning tools and case studies of health workforce practice for countries and other stakeholders – and will be presented during RC67 after which it will be used to further support Member States.

108. Going forwards, directions relating to the adoption of inclusive models of health care, integrated people-centred approaches, the reorganization of primary care towards a team-based system, and recognition of the potential for technological innovations, such as electronic health services (e-health), will also help to guide countries' health workforce policy.

109. The Regional Office is also taking forward the European Action Plan for Strengthening Public Health Capacities and Services, adopted at the 62nd session of the Regional Committee in September 2012. The Action Plan is based on the 10 essential public health operations, which brought clarity to the concept of public health and its operationalization. The midterm progress report on implementation of the Action Plan (EUR/RC66/19) will guide further implementation, which spans all categories of work. During 2017-2018, this means a focus on four work streams: the public health workforce, organization, financing, and legislation. The aim is to develop policy summaries on the organization and institutionalization of public health services (covering prevention, promotion and protection); revitalize work within settings such as through the Health Promoting Hospitals Network; and continuously review progress towards the commitments of the Action Plan. The Regional Office will continue individual country assessments on essential public health operations but with greater attention to institutional change, and will complement the process with catalyst workshops on reform at the subregional level.

110. Two high-level events will set new milestones for regional work on health systems in 2018–2019 and beyond. First, the Regional Office will look at the importance of strengthening health systems for prosperity and solidarity during a high-level meeting on the occasion of the tenth anniversary of the adoption of the Tallinn Charter. Focusing on the themes of inclusion, investment and innovation, the meeting will look to the future of health systems in the Region. Second, also in 2018, the global health community and the Regional Office, together with the Government of Kazakhstan, will celebrate the fortieth anniversary of the adoption of the Alma-Ata Declaration on primary health care.

111. The Regional Office will make further efforts to achieve full technical coherence and integration of work on technical support to countries. It will continue cross-divisional and systemic approaches, such as:

- multicountry work on tuberculosis control and health system reforms, in close collaboration with the Global Fund to Fight Aids, Tuberculosis and Malaria, through the TB Regional Eastern Europe and Central Asia Project (TB-REP);

- health systems, essential public health operations and the IHR (2005), in relation to the interregional meeting hosted by the Regional Office in March 2016; and

- environmentally sustainable health systems, in line with the Parma Declaration on Environment and Health.

4.3 Access to medicines and other health technologies and strengthening regulatory capacity

112. Medicines and health technologies are central to the delivery of effective health care, consuming a large proportion of health care budgets. The pharmaceutical sector is complex and involves many stakeholders. The number of new medicines and health technologies introduced in the European Region, in particular for chronic diseases, including cancers, is increasing. National and cross-national medicine policies and strategies are needed to balance demand and expectation of access to new, high-priced medicines with fiscal responsibility amid constrained health budgets. It is important to target pharmaceutical expenditure to ensure value for money and meaningful health gains to patients and society. Region-specific priorities for 2018–2019 will include:

- support to Member States in implementing international and WHO standards for, and guidance on, the effective introduction, regulation, management and use of medical products, and work towards increasing access to quality essential medicines and medical devices that deliver value to patients, health systems and society;
- provision of technical assistance to Member States and promotion of regulatory convergence and harmonization across the Region by sharing best practices and information;
- advocacy and support for implementation of principles of good governance throughout the pharmaceutical sector;
- advocacy for evidence-informed decision-making in the selection and use of, and access to, medical products that are affordable to patients and sustainable for health systems;
- support to Member States in increasing efficiency in the sector by strengthening data collection, analysis and follow-up on policy action, using a continuous improvement approach;
- provision of technical assistance to Member States and, through networking, support for evidence generation and transparency by sharing best practices and information; and
- support to Member States in the development of strategic policy frameworks and their implementation towards achieving UHC and the SDGs.

113. The following areas describe the focus and essential foundations of the work of this programme area.

Quality of medicines and health technologies

114. Poor quality medicines (substandard, spurious, falsely labelled, falsified and counterfeit medical products (SSFFCs)) compromise care and result in poor health

outcomes and waste. Patients and health care professionals must have confidence in the quality of the medicines in circulation; otherwise, there is excessive reliance on more expensive branded products, contributing to inefficient use of scarce health care resources and high out-of-pocket costs to patients.

115. The Regional Office will provide technical support to Member States for the development of pharmaceutical policies, legislation and regulation, and good governance in the pharmaceutical sector and for efficient procurement and supply chain management. It will continue the activities and networks, as well as targeted country activities, on key topics, including capacity-building in methodology and systems development (such as in the areas of good manufacturing practice and risk-based assessment of supply chains to move towards good distribution practice; poor quality medicines (SSFFCs); and prequalification of medical products and convergence in medical product regulation and enforcement).

Ensuring equitable access to cost-effective medicines and technologies

116. Ensuring the availability of and equitable access to cost-effective medicines and technology is important for health systems, to manage out-of-pocket costs and move towards UHC, as expressed in SDG targets 3.8 and 3.b.

117. The Regional Office will provide technical support to Member States in relation to the evidence-based selection of medicines and technologies; tackling problems relating to poor access, including to medical products for the treatment of NCDs; and implementation of the principles of health technology assessment and prioritization of public pharmaceutical expenditure. It will continue activities, including capacity-building in methodology and systems development, on key topics such as health technology assessment and pricing and reimbursement policy. In this regard, and outlining the directions in 2018-2019, a document and decision on Strengthening Member State collaboration on improving access to medicines in the WHO European Region is on the agenda for RC67.

Improving data collection, analysis and policy action on medicines and health technologies

118. Monitoring the use of and expenditure on medicines and health technologies is critical to understanding and to improving the responsible use of medicines and health technologies, including antimicrobials.

119. The Regional Office provides technical support to Member States in strengthening relevant data collection and analysis for policy action follow-up. A particular focus will be on the monitoring of antimicrobial medicines consumption (AMC) and follow-up on policy action in that area. The Regional Office will continue activities and networking on key topics, including capacity-building in methodology and systems development (such as in the areas of AMC surveillance through the AMC network and pharmacovigilance).

4.4 Health systems, information and evidence

120. Information and evidence from national health information systems and public health research systems are the foundations of sound public health policies and

programmes. Allocation of resources and development of national policies, activities and decision-making should be guided by accurate, up-to-date and complete information on health situations and trends, including population health status and health system resources, and on evidence of what works at what cost. However, health information systems are still inadequate in many Member States.

121. Routine collection, processing and dissemination of health-related information in many countries are difficult due to a lack of intersectoral coordination among national institutions. In direct implementation of the tasks set forth in the Resolution and Action plan to strengthen the use of evidence, information and research in policy-making (EUR/RC66/12), the WHO European Health Information Initiative is addressing these issues and, under its umbrella, a number of initiatives and activities are being implemented to meet health information and evidence challenges in the Region; this multipartner network has grown by a third in the past year and as of June 2017 is supported by 34 members, including the EC and the OECD.

122. WHO has a constitutional mandate to collect, analyse and report health information from Member States, including cause-of-death and epidemiological information, in an internationally comparable format. Regular reporting is carried out through the Health 2020 monitoring framework for targets and indicators, which is reported through the annual report of the Regional Director. Further and more detailed evaluations are and will continue to be carried out in the European health reports produced every three years, the annual Core Health Indicator series, the new series of highlights on the national health profile in countries (compiled in direct collaboration with Member States), the joint data collection with the EC and the OECD, and the new European Health Information Gateway, a new health information and evidence web portal hosted by the Regional Office, which includes the European Health for All database. The European Health Information Gateway will be expanded in 2018–2019 to include automated data collections from Member States and will permit entirely new visualizations, including for monitoring of SDGs. In addition, the Regional Office has instituted an internal gatekeeper function to reduce WHO requests for information from Member States; this function is being piloted in the current biennium and final roll-out is expected by 2018.

123. Interest on investment in e-health among Member States of the European Region has grown rapidly, resulting in an increased demand for regional engagement in direct support of country activities. Within the scope of national e-health strategy development, additional effort is being made to promote the adoption of e-health standards and to utilize the interoperability frameworks developed by the European Commission. The development of Electronic Health Records continue to be a key driver of e-health activity in the Region, in particular the coalescence with national health portals and mobile health platforms for personal access to health information. On the basis of country assessment missions and in accordance with BCA commitments, Member States are being offered assistance in developing their national e-health and health information system architectures in addition to the provision of support for national e-health strategies through multistakeholder workshops based on the curriculum of the WHO/International Telecommunication Union National eHealth Strategy Toolkit developed in 2012. Additional effort is being made to examine the possibilities for new and innovative mechanisms for health information analysis, including big data, in 2018–2019.

124. Functioning public health research systems are another fundamental element of policy development and service delivery. Public health and health systems research, including implementation or operational research, is required to understand what works in the local context and to develop innovative approaches to complex health system problems. The Regional Office assists Member States in strengthening their health research systems and in promoting the ethical conduct of research and adherence to ethical governance of public health practices.

125. A key development in 2018–2019 will be the implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (EUR/RC66/12).

126. Research evidence and information benefit societies and improve health outcomes, only if used and applied in policy formulation and practice. The WHO Evidence-informed Policy Network (EVIPNet) Europe is a regional capacity building network aiming to further strengthen and institutionalise country capacity in systematically and transparently using the best available evidence in support of achieving the Agenda 2030 and the Sustainable Development Goal. Currently comprising of 19 member countries in Eastern/Central Europe and Central Asia, the network will in 2018-2019 open-up to Western European countries allowing for reverse innovation and reciprocal learning between the East and the West. The work of EVIPNet Europe is supported and complemented by the HINARI Access to Research in Health Programme, enabling low- and middle- income countries to gain important access to one of the world's largest collections of biomedical and health literature. The Russian–English bilingual journal, *Public Health Panorama*, will continue to promote evidence-informed public health actions and to share good practices to all Member States of the European Region.

127. The support tool to assess health information systems and to develop and strengthen health information strategies was piloted in five countries; it has proved to be a useful means for identifying strengths and weaknesses of national health information systems and for improving the coordination of various stakeholders. The results of this pilot will be implemented in the current biennium and a revised tool will be rolled out in 2018–2019. With the commencement of implementation of the Agenda 2030 and the Sustainable Development Goals, there is an increased demand from Member States for support in nationalising the Agenda 2030 goals. The implementation of the revised tool will further support national efforts to integrate and harmonise information at national level and develop strategic coordination mechanisms for the national health information systems which are necessary to provide information and evidence for assessment of impact of national and international policies and to support international reporting.

128. The Autumn School on Health Information and Evidence for Policy-making, the annual flagship course organized by the Regional Office, as well as the annual advanced course, enhances the capacity of Member States to strengthen health information collection, analysis and reporting mechanisms. In the new biennium, these courses will be scaled up to include new elements such as burden of disease training and assessing the impact of culture on health. The Regional Office will continue to support national and regional capacity-building activities in technical areas such as the International Classification of Diseases, monitoring and evaluation frameworks, and statistics and/or indicators.

129. Subregional health information networks have been established, including the Central Asian Republics Information Network, the Small Countries Health Information Network, European Burden of Disease Network, and newly established South Eastern Europe Health Information Network. Such networks promote experience sharing as well as harmonization and standardization of health reporting and are expected to take on a more prominent role in the harmonization of indicators across the Region and in capacity-building in 2018–2019.

130. The new series of country highlights and profiles on health and well-being will be conducted in 2018–2019 in several Member States that expressed interest in conducting their own such highlights and profiles with the support of the Regional Office, which plans to publish profiles on 5 to 10 countries per year.

131. The preparation of the European health report 2018 will be central to the work of the Division of Information, Evidence, Research and Innovation through 2018. This will include a new round for the development of indicators to monitor well-being, and new evidence to describe concepts emerging from Health 2020, such as community resilience and a whole-of-society approach, among others. The exploration of the cultural context of health will result in the presentation of policy briefs and a toolkit for Member States. In addition, the Regional Office has proposed an approach to develop a joint monitoring framework for Health 2020, the SDGs and the NCD global monitoring indicators, which is being presented at the 67th session of the Regional Committee for adoption; this framework is expected to be fully functional in 2018–2019.

132. The Health Evidence Network provides demand-driven, policy-relevant evidence syntheses, and will continue to publish on a variety of high-priority issues as reflected in its recent series on migration and health and the cultural context of health. In addition, the Regional Office provides direct technical support for the strengthening of national health information and reporting systems as well as e-health strategies and activities for the purpose of public health monitoring. WHO’s monitoring and evaluation efforts, including harmonization and standardization, are guided by the overarching European Health Information Initiative, which has the support of Member States, WHO collaborating centres, the EC and the OECD, as well as foundations. A recent Steering Group meeting has cemented this Initiative and developed a workplan for the next four years.

133. The Regional Office will continue to work towards making European health information available by:

- continued implementation of internal health information management policies for the curation of information on the European Health Information Gateway in a collaborative cross-Office approach, and further improvement of tools to enable easy access to information available in-house, including through interactive visualizations;
- further development of a common technical infrastructure to collate and bring together data and information handled by the Regional Office;
- development of online tools to make Regional Office data more publically accessible through topical information summaries, advanced data exploration and visualization of integrated datasets;

- piloting innovative approaches for data use, data visualization and engagement with Regional Office stakeholders; and
- strengthening regional and country capacity to consolidate the use of multisectoral and multidisciplinary sources of health information in policy formulation to improve health systems and the achievement of key health goals, such as the health-related Sustainable Development Goal 3

Budget for category 4

Table 7. PB 2018–2019 for category 4 (Health systems) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	2016–2017 RPI adjusted budget			2018–2019 WHA approved budget			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference 2016-17 / 2018-19**
4. Health systems							
National health policies, strategies and plans	5.6	10.5	16.1	5.6	11.1	16.7	4%
Integrated people-centred health services	6.6	9.5	16.1	7.4	9.2	16.6	3%
Access to medicines and other health technologies, and strengthening regulatory capacity	0.8	4.4	5.2	1.0	4.5	5.5	6%
Health systems information and evidence	2.7	8.1	10.8	2.8	7.9	10.7	-1%
Category 4 total	**15.7**	**32.5**	**48.2**	**16.8**	**32.7**	**49.5**	**3%**

Table 8. Global PB 2018-2019 results structure: Category 4. Health systems				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**4.1. All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage**					
Outcome indicator	**Number of countries with a comprehensive national health sector policy/strategy/plan with goals and targets updated within the last five years**	**115/194 (2017)**	**125/194 (2019)**	**To be determined**	**To be determined**	
Output	4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and "health in all policies" and equity policies)					
Output indicator	Number of countries enabled to monitor the progress of their national health policy/strategy/plan during the biennium	0 (2017)	75/125 (2019)	15/53 (2017)	25/53 (2019)	
Output	4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage					
Output indicator	Number of countries monitoring and reporting their progress in financial protection	50/194 (2017)	100/194 (2019)	5	15	
Outcome	**4.2. Policies, financing and human resources in place to increase access to integrated, people-centred health services**					
Outcome indicator	**Number of countries implementing integrated services**	**80/194 (2017)**	**92/194 (2019)**	**To be determined**	**To be determined**	

Table 8. Global PB 2018-2019 results structure: Category 4. Health systems				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome indicator	**Number of countries reporting on national health workforce disaggregation (by top 10 cadres, place of employment, urban/rural, subnational administrative area (second level))**	**50 (2017)**	**91 (2019)**	**48/53 (2017)**	**53/53 (2019)**	Data reported by Member States on health workforce employment and education to the Joint OECD/Eurostat/WHO Europe database (excluding second-level data).
Output	4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened					
Output indicator	Number of countries enabled to implement integrated, people-centred health service strategies through different models of care delivery matched with their infrastructure, capacities and other resources	83/194 (2017)	95/194 (2019)	15/53 (2017)	19/53 (2019)	
Output	4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries					
Output indicator	Number of countries that are implementing national health workforce accounts during the biennium	30/194 (2017)	38/194 (2019)	0/53 (2017)	3/53 (2019)	
Output	4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage					
Output indicator	Number of countries enabled to develop and implement strategies for improving patient safety and quality of health services at the national level within the context of universal health coverage	77/194 (2017)	89/194 (2019)	17/53 (2017)	19/53 (2019)	

Table 8. Global PB 2018-2019 results structure: Category 4. Health systems				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**4.3. Improved access to, and rational use of, safe, efficacious and affordable quality medicines and other health technologies**					
Outcome indicator	**Availability of tracer medicines in the public and private sectors**	**0.65 (2017)**	**0.75 (2019)**	**0.60**	**0.65**	
Output	4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools					
Output indicator	Number of countries developing and implementing national policies, strategies and/or tools for improving availability and affordability of essential medicines and other health technologies	133/165 (2017)	159/194 (2019)	16	20	
Output	4.3.2. Implementation of the global strategy and plan of action on public health, innovation and intellectual property					
Output indicator	Number of countries that report data on product research and development investments for health	71/194 (2017)	100/194 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output	4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification					
Output indicator	Number of national regulatory authorities ensuring core regulatory functions for medicines and vaccines	50/194 (2017)	72/194 (2019)	53/53	53/53	

Table 8. Global PB 2018-2019 results structure: Category 4. Health systems				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of national regulatory authorities that have all basic regulatory controls included in their legislation (medical devices)	33/194 (2015)	48/194 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Outcome	**4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities**					
Outcome indicator	**Number of countries that have annual good quality equity-oriented public analytical reports for informing regular reviews of the health sector strategy**	**120 (2017)**	**100 (2019)**	**28**	**34**	
Output	4.4.1. Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment					
Output indicator	Number of countries that have produced a comprehensive health situation and trends assessment during 2018–2019	156 (2017)	120 (2019)	37	47	
Output	4.4.2. Countries enabled to plan, develop and implement an eHealth strategy					
Output indicator	Number of countries that have developed and are implementing an eHealth strategy	110/194 (2017)	120/194 (2019)	23	24	

Table 8. Global PB 2018-2019 results structure: Category 4. Health systems				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	4.4.3. Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge					
Output indicator	Number of publications that synthesize evidence and provide policy options for decision-making	400 (2017)	440 (2017)	79 (2017)	100 (2019)	
Output	4.4.4. Policy options, tools and technical support provided to promote research for health and address ethical issues in public health and research					
Output indicator	Number of countries that have an explicit national policy requiring all research involving human subjects to be registered in a recognized public registry	76 (2017)	81 (2019)	Not relevant at regional level.		

WHO Health Emergencies Programme

134. The new WHO Health Emergencies Programme (WHE) is taking shape within a context of overwhelming support for reform of the way the world approaches crises, from the Sendai Framework for Disaster Risk Reduction to the Sustainable Development Goals and the World Humanitarian Summit.

135. Having considered the reports on the reform of WHO work in health emergency management, the Sixty-ninth World Health Assembly welcomed the progress made in the development of WHE, the elaboration of an implementation plan and the timeline for the Programme, as well as the establishment of the Emergencies Oversight and Advisory Committee.

136. From prevention through preparedness to early warning, response, and early recovery, the WHE programme represents a fundamental change for WHO, complementing its traditional technical and normative capacities with new operational capabilities, which enable WHO to work across the breadth of the emergency-management cycle in outbreaks and humanitarian emergencies.

137. This requires a realignment of, and addition to, the existing results framework and budget for the Organization's work in emergencies. The new results framework, outlined in PB 2018-2019, provides a common planning structure across all levels of the Organization, which facilitates alignment and integration of budgeting, implementation and accountability for the new Health Emergencies Programme. The common structure reflects WHO's major functions in the management of health emergencies and the major outcomes of the new WHO Health Emergencies Programme as follows:

E.1 **Infectious hazard management** – this major function includes WHO's disease-specific work on high threat pathogens, expert networks and, at headquarters, the secretariat of the Pandemic Influenza Preparedness Framework;

E.2 **Country health emergency preparedness and International Health Regulations (2005)** – this major function includes WHO's work on monitoring and evaluation of national preparedness capacities, planning and capacity building for critical capacities and, at headquarters, the secretariat of the International Health Regulations (IHR (2005));

E.3 **Health emergency information and risk assessment** – this major function includes WHO's work in event detection and verification, health emergency operations monitoring, and data management and analytics;

E.4 **Emergency operations** – this major function includes WHO's work in incident management, operational partnerships and readiness, and operations support and logistics; and

E.5 **Emergency core services** – this major function includes WHO's work in the management and administration and external relations for the new Programme.

Regional Office priorities within the context of the reform of WHO's work in health emergency management

138. The current focus on health security and Member State compliance with the IHR (2005) provides an opportunity to highlight how resilience can be built by strengthening public health systems and by making use of linkages between health security, essential public health functions and health systems strengthening. The IHR (2005), including its Monitoring and Evaluation Framework and the Sendai Framework for Disaster Risk Reduction 2015–2030, will be the major instruments for ensuring all-hazards and multisectoral preparedness and response.

139. As requested by Member States, the Regional Office will continue to support a dynamic process of evaluation and strengthening of country capacities in line with the IHR (2005) Monitoring and Evaluation Framework, through simulation exercises and after-action reviews, and independent external evaluations of core capacities.

140. To meet the immediate health needs of crisis affected populations at the same time as addressing the underlying causes of their vulnerability, the Regional Office will further strengthen the support provided to Member States to prevent, prepare for, respond to and recover from emergencies with public health consequences.

141. Delivery at the country level will be optimized by increasing WHO country offices core capacity for disease detection, risk assessment and emergency response operations, initially in priority countries and in line with WHE's country business model. Outcomes E.2 will be a required planning element for all priority countries, while planning for the other outcomes will depend on hazards mapping, resilience and preparedness status (e.g. vulnerabilities) of Member States.

142. Work with partners to identify capacities and responsibilities for graded operations will be strengthened. Operational partnership arrangements will be expanded, including Global Outbreak, Alert and Response Network, Emergency Medical Teams and the Health Cluster.

143. Expertise and guidance will be provided to enhance surveillance and laboratory services and in developing prevention and control strategies, tools and capacities for high-threat infectious hazards. The regional office will also support building national early warning and alert systems and training health workers to deal with major public health threats. At the country level, work on mapping the vulnerability of Member States to high-threat pathogens as well as risks and capacities related to natural disasters and humanitarian crises will continue. This work will guide the design of interventions and allocation of resources.

E.1. Infectious hazard management

144. The work of the Regional Office in this area will support Member States in developing and maintaining prevention and control strategies, tools and capacities for high-threat infectious hazards. Preparedness for specific pathogens will complement the work under programme area E.2, namely, implementation of preparedness for the full emergency management cycle in line with the principles of all-hazard health emergency risk management. The Regional Office is currently mapping high-threat pathogens in

the European Region in order to prioritize its work in support of priority countries as well as the scope of technical products.

145. High-threat pathogens include those that are always notifiable under the IHR (smallpox, polio due to wild-type poliovirus, human influenza caused by a new subtype, and severe acute respiratory syndrome), as well as other pathogens that have demonstrated the ability to spread internationally and are expected to have a high health impact in the Region. Technical support to Member States will build on existing surveillance and laboratory networks and surveillance platforms, in close cooperation with WHO collaborating centres and technical partners.

146. To verify the effectiveness of national strategies for the prevention and control of high-threat pathogens, the Regional Office will support simulation exercises, for example, table-top or practical exercises (such as to test command and control), utilizing and adapting lessons learned from pandemic and avian influenza at the animal–human interface. With regard to preparedness for pandemic influenza, the Regional Office will continue to monitor the situation continuously by conducting surveillance and risk assessment, particularly through the joint ECDC–Regional Office Flu News Europe bulletin, and will implement activities under the Pandemic Influenza Preparedness Framework. Activities in Member States related to the Framework focus on the revision of national pandemic preparedness plans, establishing sustainable sentinel influenza surveillance systems and operational national outbreak investigation and response guidelines and on improving the clinical management of people with severe respiratory infections.

147. The Regional Office will contribute to the regional and global efforts on monitoring, rapid evaluation and early adoption of risk reduction strategies by strengthening existing expert networks and by establishing new ones for the areas where gaps have been identified. Expert networks will take a multicountry, multisectoral One Health approach aimed at strengthening country capacities to prevent and control high-threat pathogens and at supporting the development of both generic and disease-specific components of interventions. They will broaden the exchange of information and resources among experts in the Region by actively sharing and integrating best practices. The networks will include public health specialists, laboratory experts, clinicians, infection prevention and control experts, academia and researchers, as well as specialists in behaviour-based approaches to preparedness and response.

148. In terms of risk reduction strategies to strengthen healthcare facilities capacities to timely identify and respond to outbreaks of highly infectious or emerging infections, countries will be supported in updating clinical management, and infection prevention and control capacities. The support will be focused on improving occupational and patient safety, increasing quality of rendered services during outbreaks or epidemics, as well as contributing to antimicrobial resistance reduction in health care settings.

149. They will broaden the exchange of information and resources among experts in the Region by actively sharing and integrating best practices. The networks will include public health specialists, laboratory experts, clinicians, infection prevention and control experts, academia and researchers, as well as specialists in behaviour-based approaches to preparedness and response

150. Under this area, in close cooperation with E2 and E.3, the Regional Office will also provide technical expertise in support of countries' risk assessment, risk management, risk communication and response to high-threat infectious hazard emergencies under the Incident Management System.

E.2 Country health emergency preparedness and the International Health Regulations (2005)

151. The work of the Regional Office in this area will support Member States in developing, strengthening, monitoring and evaluating critical national capacities related to International Health Regulations (IHR, 2005), and in being better prepared for the full emergency management cycle (prevention, preparedness, response and recovery) through an all-hazards approach, including highly infectious disease threats and environmental, chemical and radio-nuclear events, as well as humanitarian emergencies, both natural and man-made disasters.

152. The Regional Office will guide and support the process of monitoring and evaluating country core capacities, using all four components of the IHR (2005) Monitoring and Evaluation Framework, namely, annual reporting, simulation exercises, After-Action Reviews (AARs) and independent Joint External Evaluations (JEEs) of core capacities. The evaluation's findings will feed into the development of costed national action plans to address identified capacity gaps. Based on experience gained through JEEs conducted so far in eight Member States, the Regional office will expand this volunteer exercise to at least 10 more European countries and will further promote AARs in the region.

153. Technical assistance will be provided in updating national health emergency preparedness plans and integrating them into national emergency plans. Capacity building activities on public health in emergencies coupled with simulation exercises will be further pursed, including trainings on mass casualty management, emergency preparedness and response planning, mass gathering preparedness and health emergency preparedness at Point of Entries.

154. The health sector has a central role to play in managing risks and in reducing the consequences of any emergency. The Regional Office will therefore focus on the linkages between health security, essential public health functions and health systems strengthening. Activities will increasingly cover the resilience of critical health infrastructure and the safety of health care workers and patients during and after emergencies, as part of the Sendai Framework. The Hospital Safety Index Assessment, which has already been applied to more than 180 hospitals in 15 countries, will be continued, providing all vulnerable countries with action plans on how to scale up resilience.

155. Work will continue to further strengthen multisectoral work with other sectors, communities and civil society. Work on advocating for health to be integrated into interagency disaster risk reduction activities in the Region will also continue.

156. Operational readiness for emergencies will be scaled up, both at the regional and the country level, in order to respond swiftly and adequately to any emergency in line with SOPs and Performance Standards for Emergency Response. Following training for

all WHO Country Offices, the Regional Office will provide technical assistance for contingency plans based on main hazards for Ministries of Health and partners.

157. The Regional Office will support Member States through risk communication capacity assessments, training courses, simulation exercises and guidance, as well as by tailoring globally and regionally developed templates, materials and tools (such as standard operating procedures and knowledge–attitude–practice surveys) to subregional and country needs and by translating them into the relevant languages. This will encompass the four key risk communication capacities with a special focus on developing or strengthening the community engagement/behaviour change component (i.e. formative research, systems to gather risk perception and to monitor/manage rumours, engagement of influencers). This is expected to result in multi-hazard risk communication plans being developed, or updated, tested in a number of countries and finally adopted and implemented.

E.3 Health emergency information and risk assessment

158. Through this function, the regional office will ensure that better, reliable and timely "information for action" is provided in order to guide public health decision-making in emergencies.

159. The function of the regional IHR contact point will be performed under this programme area, including a 24/7 duty officer available for communication with national IHR focal points in States Parties at all times. The Regional Office will continue to undertake and to further strengthen event-based surveillance activities in cooperation with WHO headquarters, other regional offices and partners, in particular the EC and its institutions.

160. It will strengthen the capacity of country offices to contribute to event-based surveillance, which will ensure that all public health events with potential international implications can be detected and assessed in a timely manner. A well-equipped, well-maintained and functional Emergency Operations Centre will facilitate 24/7 communications with national IHR focal points, WHO technical units, networks and partners.

161. Risk assessments of potential and ongoing health emergencies will be performed rapidly, systematically and independently, in accordance with globally established performance standards, involving the affected Member State(s), country offices and the relevant WHO technical units, networks and partners. This also applies to need assessments and outbreak investigations. The accomplishment of these functions, in accordance with agreed benchmarks, will also be systematically monitored. Capacities in Member States for outbreak investigation and response will be strengthened, in cooperation with E.1 (Infectious hazards management) and E.4 (Emergency operations).

162. In addition, systematic, rigorous data collection mechanisms and monitoring of ongoing health emergency operations will be implemented. This will include the use of common data management, analytics and reporting platforms to ensure production of accurate, reliable and timely emergency health information products, such as regular situation reports. Distribution of these information products will be done through channels that ensure that these products promptly reach their intended audiences.

E.4 Emergency operations

163. The Regional Office will further strengthen its capacity for timely and effective support to all Member States aiming to provide emergency-affected populations with access to an essential package of life-saving health services.

164. To ensure this, a comprehensive incident management structure will be established for coordinated action in all acute and protracted health emergencies, supported by an emergency desk function at the Regional Office which will provide optimal exchange of information at all levels and with all relevant entities and operational partners.

165. Effective mechanisms for the coordination of work with United Nations entities, and other operational partners, such as the Global Health Cluster, the Global Outbreak Alert and Response Network, Emergency Medical Teams, and the European Medical Corps teams[2] will be established to ensure a coordinated, rapid, predictable and consistent response to all acute and protracted health emergencies, in line with agreed standards.

166. A dedicated operational support and logistics capacity will ensure the transport, customs clearance, delivery, storage and management of material assets for the response, including medical and non-medical supplies; it will also support WHO's response through the establishment of offices, storage facilities, fleets, telecommunications and other equipment, as required. The organizational readiness will be further strengthened in response to an emergency as needed, in order to ensure effective response operations during an emergency.

167. Strategic leadership as well as technical and operational support will also be provided to national health authorities engaged with the health sector response to acute and protracted emergencies at all levels. It will be ensured that expertize from other technical programme areas (namely, NCDs, child health, mental health, reproductive health, nutrition, and health systems, communicable diseases and infection prevention and control) is incorporated in the Programme's work, both on a standing basis and as needed during acute and protracted emergencies, for implementation of all-hazards emergency work. To further enhance the quality of interventions, this work will be coordinated through a technical emergency response network.

E.5 Emergency core services

168. As a crucial element of WHO's emergencies reform process, the Regional Office will strengthen its emergency core services to provide timely, comprehensive and effective management and administrative support for the WHO Health Emergencies Programme, as well as accurate and timely health emergency communications and sustainable financing within the Programme. This will require strong advocacy for the Health Emergencies Programme, close cooperation with partners and donors, and capabilities for resource mobilization for the full implementation of the Programme.

[2] http://ec.europa.eu/echo/what-we-do/civil-protection/european-medical-corps_en

169. This function will ensure the provision of timely and high quality, HR, security and staff wellbeing services, including the development and maintenance of rosters, allowing for rapid surge capacity and deployment of resources during emergencies.

170. Workplans, including standardized emergency programme work plans and budgets will be timely developed and effectively managed. The status of funding available and projected and resulting funding gaps will be closely monitored and funding for immediate needs will be rapidly made available. Guidance on Grant Management & Reporting will be provided ensuring effective tracking and management of grants and their reporting requirements.

171. In the area of health emergency communications, the Regional Office will scale up its capacity for timely and transparent communications through a variety of channels, including increased use of social media, web-based tools, and new technologies (i.e. Apps), in addition to traditional media. Coordination at all levels of WHO and with partner organizations, particularly within the EU, will be crucial to ensure harmonized communications and guidance.

172. Compliance with Standard Operating Procedures (SOPs) for WHO's work in emergencies, across the Region, will be ensured, leading to continuous improvement and business process excellence. In close cooperation with the information management and risk assessment function, the performance of the WHO Health Emergencies Programme will be rigorously monitored using one set of standard performance metrics aimed at the continuous improvement of the Programme's performance as a whole.

Budget for the WHO Health Emergencies Programme

Table 9. PB 2018-2019 for WHO Health Emergencies Programme by programme area compared with allocated PB 2016–2017 (US$ million)

	2016–2017 allocated budget			2018–2019 WHA approved budget			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference 2016-17 / 2018-19**
WHO Health emergencies programme							
Infectious hazard management	0.5	3.2	3.8	0.9	5.4	6.3	66%
Country health emergency preparedness and the International Health Regulations (2005)	2.5	3.7	6.2	6.1	6.9	13.0	110%
Health emergency information and risk assessment		1.6	1.6	0.5	3.4	3.9	144%
Emergency operations	0.4	1.8	2.2	2.9	2.9	5.8	164%
Emergency core services		1.4	1.4	0.6	3.6	4.2	200%
WHO Health emergencies programme total	**3.4**	**11.7**	**15.2**	**11.0**	**22.2**	**33.2**	**118%**

Table 10. Global PB 2018–2019 results structure: Category E. Health Emergencies				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**E.1. All countries are equipped to mitigate risks from high-threat infectious hazards**					
Outcome indicator	**Number of countries with risk mitigation measures for high-threat infectious hazards incorporated in national action plans**	**0.4 (2017)**	**0.6 (2018)**	**10**	**15**	Based on number of countries with measures for at least 5 high threat pathogens relevant to their country.
Output	E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens					
Output indicator	Number of global strategies and plans agreed for the management of high-threat infectious hazards (for example, by means of influenza vaccines, antivirals, yellow fever vaccine and cholera vaccine)	5 (2017)	8 (2018)	0	2	
Output	E.1.2. Global expert networks and innovative mechanisms developed to manage new and evolving high-threat infectious hazards (such as for clinical management, laboratories, social science, and data modelling)					
Output indicator	Number of institutions contributing to global expert networks and mechanisms	65 (2017)	80 (2018)	Not applicable to the European Region		

Table 10. Global PB 2018–2019 results structure: Category E. Health Emergencies				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**E.2. All countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management.**					
Outcome indicator	**Number of countries reporting annually on the status of implementation of the International Health Regulations (2005)**	**100 (2017)**	**120 (2018)**	**34 (2016)**	**50 (2018)**	
Output	E.2.1. Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed					
Output indicator	Number of countries with core capacities independently evaluated	60 (2017)	120 (2018)	10 (2017)	30 (2018)	
Output indicator	Number of countries with national action plans for strengthening capacities developed	25 (2017)	60 (2018)	1 (2017)	8 (2018)	
Output	E.2.2. Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries					

Table 10. Global PB 2018–2019 results structure: Category E. Health Emergencies				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Percentage of most vulnerable countries supported by WHO which have demonstrated progress in critical capacities for health emergencies, in line with the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030	0.3 (2017)	0.6 (2018)	0.5	0.7	
Output	E.2.3. Operational readiness plans (WHO and partners) in place and tested for specific threats in highly vulnerable countries					
Output indicator	Percentage of WHO country offices with a minimum package of operational readiness in place	0.2 (2017)	0.5 (2018)	0.4	0.7	
Output	E.2.4. Secretariat support provided for implementation of the International Health Regulations (2005)					
Output indicator	Number of national focal points supported in implementation of the International Health Regulations (2005)	60 (2017)	100 (2018)	40	50	
Outcome	**E.3. Health events are detected and risks are assessed and communicated for appropriate action**					
Outcome indicator	**Percentage of detected events of public health importance for which health related risks are assessed and communicated**	**No baseline value**	**0.85 (2018)**	**No baseline value**	**0.85 (2018)**	
Output	E.3.1. New events detected and public health risks assessed					

Table 10. Global PB 2018–2019 results structure: Category E. Health Emergencies				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Average number of days between posting on WHO's Event Management System and Event Information Site for detected acute events of international public health importance	15 (2017)	10 (2018)	15 (2017)	10 (2018)	
Output	E.3.2. Reliable and up-to-date information available to inform public health interventions and monitor response operations					
Output indicator	Within two weeks of grading, the percentage of events for which a core set of health indicators has been agreed for monitoring (outcome, risk or health coverage) and for which health service mapping has been initiated	No baseline value	0.85 (2018)	No baseline value	0.85 (2018)	
Output	E.3.3. Accurate information about emergency events reported in a timely manner					
Output indicator	Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is publicly available to decision-makers, by any format, starting within one week from grading or from posting on the Event Information Site	No baseline value	0.85 (2018)	No baseline value	0.85 (2018)	
Outcome	**E.4. Populations affected by health emergencies have access to essential life-saving health services and public health interventions**					
Outcome indicator	**Percentage of emergency-affected populations which have received one or more basic health services**	**0.75 (2017)**	**0.75 (2018)**	**0.75 (2017)**	**0.75 (2018)**	

Table 10. Global PB 2018–2019 results structure: Category E. Health Emergencies				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	E.4.1. Health operations effectively managed in support of national and local response					
Output indicator	Percentage of all graded emergencies which activate an Incident Management System at country level within 72 hours	0.5 (2017)	0.75 (2018)	No baseline value	1 (2018)	
Output indicator	Percentage of newly graded events for which a strategic response plan is developed with partners within 30 days	0.8 (2017)	0.9 (2018)	No baseline value	1 (2018)	
Output	E.4.2. Collective response by operational partners effectively coordinated					
Output indicator	Percentage of newly graded events for which a joint operations plan is developed with partners within 30 days	0.8 (2017)	0.9 (2018)	No baseline	1 (2018)	
Output indicator	Number of Global Outbreak Alert and Response Network partners supporting alert, risk assessment and response to public health events and emergencies	230 (2017)	250 (2018)	25	30	
Output indicator	Percentage of country health clusters with a dedicated, full-time health cluster coordinator	0.9 (2017)	1 (2018)	1 (2017)	1 (2018)	
Output indicator	Number of emergency medical teams verified and/or mentored at global level	40 (2017)	80 (2018)	7	20	
Output indicator	Number of deployments in support of emergency operations effected through standby partners	45 (2017)	55 (2018)	2 (2017)	4 (2018)	

Table 10. Global PB 2018–2019 results structure: Category E. Health Emergencies				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output	E.4.3. Effective logistics and operational support rapidly established and maintained					
Output indicator	Percentage of emergency events for which operational support and supplies are provided within one week	0.7 (2017)	1 (2018)	No baseline	1 (2018)	
Output	E.4.4. Priority gaps in humanitarian policy and guidance addressed, with specific emphasis on health					
Output indicator	Number of guidance documents developed to address priority policy/technical gaps, in collaboration with partners	0 (2017)	2 (2018)	0 (2017)	2 (2018)	
Outcome	**E.5. National emergency programmes supported by a well-resourced and efficient WHO Health Emergencies Programme**					
Outcome indicator	**Percentage of planned positions filled**	**0.75 (2017)**	**0.8 (2018)**	**0.66 (2017)**	**0.8 (2018)**	
Outcome indicator	**Percentage of core requirements funded by WHO core resources or multiyear funding agreements**	**0.4 (2017)**	**0.4 (2018)**	**0.4 (2017)**	**0.4 (2018)**	
Output	E.5.1. WHO Health Emergencies Programme effectively managed and sustainably staffed and financed					
Output indicator	Percentage of core budget available at mid-point of biennium	0.5 (2017)	0.75 (2018)	0.5 (2017)	0.75 (2018)	

Table 10. Global PB 2018–2019 results structure: Category E. Health Emergencies				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Percentage of requests for initial emergency funds of up to US$ 500 000 disbursed within 24 hours of request	1 (2017)	1 (2018)	1 (2017)	1 (2018)	
Output indicator	Percentage of internal and external roster targets filled with preapproved, trained roster members	0.75 (2017)	0.75 (2018)	0.75 (2017)	0.75 (2018)	
Output indicator	Percentage of rapid response teams from the WHO Health Emergencies Programme deployed within 72 hours of decision to deploy	0.75 (2017)	0.75 (2018)	0.75 (2017)	0.75 (2018)	
Output	E.5.2. Effective communication and resource mobilization					
Output indicator	Number of donors financially supporting the WHO Health Emergencies Programme through voluntary contributions of over US$ 1 million per biennium	22 (2017)	26 (2018)	Not applicable. Global function		
Output	E.5.3. Effective leadership, planning and performance management					
Output indicator	WHO Health Emergencies Programme performance assessed annually	Yes (2017)	Yes (2018)	Yes (2017)	Yes (2018)	

Poliomyelitis eradication

Poliomyelitis eradication

173. The Regional Office will continue to support Member States in achieving the objectives of the Global Polio Eradication and Endgame Strategic Plan 2013–2018. Maintaining its polio-free status, by sustaining high population immunity against polio and high-quality laboratory-supported surveillance, will continue to be a priority for the Region. Substantial support will be provided to Member States' national polio certification committees for the biocontainment of poliovirus types – an essential step towards global certification of polio eradication but which is a substantial task.

174. In 2018–2019, the Regional Office will continue to support the work of the European Regional Certification Commission for Poliomyelitis Eradication in estimating the risk of outbreaks following the importation of polioviruses and in supporting Member States in implementing risk mitigation activities. It will use its oversight capacity to monitor and to support national authorities in the biocontainment or destruction of polioviruses at vaccine production, research and diagnostic facilities. Raising awareness on the high importance of poliovirus containment measures will be continued among research communities and laboratory networks that represent the most expansive infrastructure in the world. Considering that the majority of vaccine manufacturing facilities are located in the European Region, the Regional Office will place particular emphasis on implementation of the Containment Certification Scheme in the respective Member States.

175. Long-established activities to support Member States in maintaining highly sensitive polio surveillance, annual accreditation of national and regional polio laboratories, provision of laboratory supplies and proficiency testing panels, monitoring of surveillance performance and polio outbreak simulation exercises will continue. These activities will be delivered in close collaboration with programme area 1.5. Technical support will be provided for post-marketing surveillance of new products containing inactivated poliovirus or bivalent oral polio vaccine.

Budget for Poliomyelitis eradication

Table 11. PB 2018–2019 for Poliomyelitis eradication compared with RPI-adjusted PB 2016–2017 (US$ million)

	2016–2017 RPI adjusted budget			2018–2019 WHA approved budget			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference 2016-17 / 2018-19**
Polio eradication	1.4	6.0	7.4	0.6	4.9	5.5	-26%

Category 6. Corporate services/enabling functions

176. Category 6 contains a number of leadership, management and administrative functions. The nature of these functions in 2018–2019 is expected to be similar to 2016–2017.

6.1 Leadership and governance

177. This programme area has been a key area of WHO reform with particular importance for the European Region. During the 2018–2019 biennium, further strengthening of WHO country offices in the Region will remain a priority. More country cooperation strategies aligned with implementation of the SDGs will be rolled out and a midterm and/or final evaluation will be conducted for five country cooperation strategies. The BCAs and country cooperation strategies are key instruments that will continue guiding the work of the Regional Office in and with countries.

178. The Regional Office will continue strengthening collaboration with its Member States through the national counterparts and national technical focal points and, will provide regular updates on country work to the Regional Committee. Visits by ministers of health and country delegations to the Regional Office will continue to ensure active engagement of Member States in the planning and effective delivery of country work.

179. Programme area 6.1 was expanded in PB 2018-2019 to include stewardship and coordinating mechanism to support WHO's work with Sustainable Development Goal networks across categories and regions. The 67th session of the WHO Regional Committee for Europe will be discussing the roadmap to implement the Agenda 2030. The roadmap aims to strengthen the capacities of Member States, to achieve better, more equitable, sustainable health and well-being for all at all ages in the WHO European Region. The roadmap proposes five interdependent strategic directions and four enablers, closely interlinked and embedding activities of all categories. This includes also strengthening multisectoral cooperation such as through the Platform for multisectoral action, and specific strategic subregional country networks, such as the South-eastern Europe Health Network, the Small country states, the Regions for health network, and the Healthy cities.

180. The Regional Office will continue to provide support to Member States in their preparations for global and regional governing body meetings, including through the timely provision of documents, technical briefings and information meetings. The strong involvement of the Standing Committee of the Regional Committee (SCRC) in the preparation of the Regional Committee sessions has been crucial and will continue. Implementation of WHO reform in the European Region, including the decision on governance reform, is expected to be an important part of the oversight function of the SCRC.

181. Since 2010, the Regional Office has put great effort into building and maintaining partnerships. Taking into account the adoption of the 2030 Agenda by the United Nations General Assembly in 2015 and the adoption of FENSA by the Sixty-ninth World Health Assembly in 2016, the Regional Office will strengthen its collaboration

with partners. In 2018–2019, the Regional Office will implement a renewed partnership strategy, strengthening cooperation with partners such as the European Union and its institutions, the OECD, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the World Bank and United Nations agencies at both regional and country levels.

182. Following the adoption of FENSA, the Regional Office will focus on renewed engagement with non-State actors, fully in line with the agreed policies and procedures.

183. Through the Regional United Nations Development Group Team (known as Regional Directors' Team) and the Regional Coordination Mechanism, the work of the issue-based coalition on health in support of Member States' efforts to attain the SDGs will continue. Renewed and innovative approaches to work with subregional and national partners will be envisaged.

6.2 Transparency, accountability and risk management

184. Building on a strong foundation, the Regional Office has made good progress in the areas of transparency and accountability. This work is supported and informed by the high level of satisfactory assessments given in past external and internal audits. In 2018–2019 increased emphasis will be given to making further progress.

185. The Regional Office will further strengthen this area by increasing administrative capacities in selected country offices where the size and complexity of operation justifies additional resources. The Regional Office will continue strengthening the functional areas through assurance and compliance measures such as in-depth review and analysis of managerial, financial and procurement operations of all country offices; compliance checks for non-staff contracts; detailed analysis for areas of finance, human resources, programme implementation and procurement. Performance dashboards will continue to be regularly discussed in executive and programme management meetings and will be made available to all staff in the Regional Office and in the country offices.

186. The compliance team as well as other functional teams will continue their important role in training and advising staff on financial, administrative, programme management matters. Regular inductions and trainings on tools, applications, standard procedures and updates on rules and regulations will be offered to new and existing staff. Further development of business intelligence for compliance and assurance will enhance staff capacity in monitoring progress and managing resources for achieving the results.

187. In 2018–2019, the key mechanisms for ensuring transparency and accountability of the Regional Office to Member States will include the assessment of the regional plan for implementation of PB 2016–2017, oversight reports to the SCRC and performance reports on achievement of the objectives (financial and technical) set out in this document. Individual donor reports will continue to be an integral part of donor accountability, and the Regional Office will continuously strive for timely and good quality reporting. As the Regional Office continues to strengthen these mechanisms, it is hoped that they will translate into increased funding aligned with the priorities set out in this document.

188. Risk register will continue to be an integral part of the corporate risk management cycle in 2018-2019 to ensure that risks are identified, updated and adequately mitigated. As part of the operational planning for 2018-2019, country offices and technical programmes will consider respective response actions to the risks considered/identified during the planning process and will include such actions into their respective workplans.

189. The Regional Office will continue use of the Internal Control Self-assessment in 2018-2019, which assesses and monitors the overall status of internal controls across country offices and regional divisions. The Regional office is committed to maintain internal controls firmly in place and to uphold strong awareness of internal controls among staff at the regional and country levels.

190. The Regional Office will continue to follow up on implementation of the observations contained in audits (both internal and external) and apply the lessons learned through improvement of current procedures in order to continue to achieve positive assessments.

6.3 Strategic planning, resource coordination and reporting

191. Following the approval of WHO PB18-19 by the World Health Assembly and building on the bottom-up programme budget development, the operationalization of PB18-19 will ensure that the country and regional levels of the European region are aligned to deliver on the commitments made to the Member States, and will integrate various aspects of programme planning, where planning across all categories and programmes comes together in a region-wide comprehensive approach.

192. As a part of operationalization of PB18-19, all Programme areas of the Regional Office have validated a comprehensive linkage between the PB18-19 results structure and the SDG targets and indicators, which will support seamless monitoring of the Regional Office's contribution to the attainment of primary health-related SDGs through implementation of PB results and to facilitate necessary reporting.

193. Operational plans will continue to be a key element in Region's accountability, monitoring and performance assessment during the biennium, allowing to report on PB implementation to the European Member States through the oversight reports, so that Member States enhance their ability to provide strategic direction and advice to the Regional Office within the regional governing bodies.

194. Regular internal monitoring of the organizational performance in implementing PB18-19 will be further strengthened through better integration of key performance indicators and management dashboards; by further enriching the set of monitoring reports; by further capacity building at the regional and country levels in using business intelligence; and by better supporting country offices in their regular monitoring.

195. Learning from the financing trend in the previous and current biennia, the full financing of the programme budget 2018-2019 will be approached realistically. A strong reliance on relatively few donors for voluntary contributions, most of which continue to be highly earmarked; a continuing misalignment between the strategic prioritization and the financial resources that are being mobilized, and lack of

predictability will need to be further addressed in 2018-2019 through transparent and predictable mechanisms. The effective resource mobilization – particularly at the country level - will be crucial to meet the demands of global health and the expectations of Member States, and will require innovative approaches.

196. The preparation of the 13th general programme of work (GPW) has been launched and the Regional Office will engage with all levels of the Organization in the preparation and approval of the new GPW, which will come into force in 2020.

6.4 Management and administration

197. This programme area covers the bulk of administrative functions at the regional and country levels that enable the technical work in the Region to be carried out. The overall priority for this programme area in 2018–2019 will continue to be the delivery of administrative services as efficiently and effectively as possible, in full compliance with WHO rules and regulations.

198. In 2018–2019, the Regional Office will aim to achieve the outcome and outputs at the regional level through the following strategies:

- strengthening procurement, especially in view of the increased level of emergency operations in the European Region, namely, in relation to the crisis in the Syrian Arab Republic and the humanitarian crisis in Ukraine;
- continuing to ensure the integrity of the imprest accounting and to mitigate risks related to financial and procurement transactions;
- implementation of full alignment with the International Public Sector Accounting Standards procedures in the area of fixed assets and inventories management;
- undertaking human resources planning, which will be instrumental in focusing organizational design and staffing needs so as to best meet the objectives of the regional plan for implementation of the programme budget;
- maintaining the overall female/male ratio of staff and continuing to closely monitor selections for unrepresented and underrepresented nationalities in order to improve geographical distribution;
- actively participating in the voluntary mobility scheme and encouraging international staff at the Regional Office to express interest in positions across the Organization;
- continuing to improve the recruitment process and carrying out targeted outreach to attract high-quality talent;
- implementation of mechanisms for more effective staff performance management and accountability;
- modernization, implementation and harmonization of global information technology solutions and increasing staff productivity;
- strengthening information management, automation, business intelligence and service delivery to country offices;
- strengthening information and communications technology for work related to health emergencies;

- striving to maintain a high level of compliance with United Nations Minimum Operating Security Standards, particularly in emergency- and crisis-affected Member States with a country presence;
- streamlining delivery of services related to conferences, infrastructure, security and printing at the Regional Office, country offices and other outposted offices, with a view to optimizing the use of resources; and
- further strengthening the core capacity of country offices by opening international administrative officer positions in several country offices in line with the new, strengthened accountability framework, as well as having regular annual retreats of all administrative assistants and administrative officers from all outposted offices to exchange experiences, to learn from each other and to harmonize approaches.

6.5 Strategic communications

199. In 2018–2019, communications will emphasize the Regional Office's unique contribution to public health in the Region and beyond, exemplified through its close collaboration with countries and country-level work. Country perspectives will be prioritized in communications products and efforts made to further prepare and equip WHO country offices for proactive and emergent communications opportunities. In addition, the Regional Office will support countries in sharing data and information effectively in national languages and through the most appropriate platform.

200. Advanced implementation of Health 2020 at the country level and integration of the 2030 Agenda will provide the strategic framework for developing messages and for delivering clear, effective, actionable information. Building on the global communications framework and implementing the Regional communications strategy, the Regional Office will strive to ensure that this information is perceived as credible, reliable, understandable, relevant, timely and easily accessible by target audiences.

201. A particular focus will be placed on measuring the success of communications activities through specific metrics and on adjusting activities accordingly. Communications work at the regional level will seek to reach across sectors, bridging the gap between the Organization and audiences, by consolidating and capitalizing on networks such as the national technical focal point for strategic communications network, as well as social media and traditional media networks.

Budget for category 6

202. Based on the global decision, programme budget for category 6 in 2018–2019 was decreased across all major offices.

Table 12. PB 2018–2019 for category 6 (Corporate services/enabling functions) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	2016–2017 RPI adjusted budget			2018–2019 WHA approved budget			
Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference 2016-17 / 2018-19**

6. Corporate services/ enabling functions							
Leadership and governance	20.1	13.0	33.1	19.4	14.1	33.5	1%
Transparency, accountability and risk management	0.4	2.4	2.8		2.4	2.4	-14%
Strategic planning, resource coordination and reporting	1.2	3.4	4.6		2.5	2.5	-46%
Management and administration	7.1	9.3	16.4	6.4	10.1	16.5	1%
Strategic communications	0.9	2.1	3.0		4.3	4.3	43%
Category 6 total	**29.7**	**30.2**	**59.9**	**25.8**	**33.4**	**59.2**	**-1%**

Table 13. Global PB 2018–2019 results structure: Category 6. Corporate services/enabling functions				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Outcome	**6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people**					
Outcome indicator	**Extent to which WHO leadership priorities are reflected in the resolutions and decisions of the governing bodies (World Health Assembly, Executive Board and regional committees) adopted during the biennium**	**0.55 (2015)**	**At least 80% (2019)**	This indicator will be assessed based on the end of the biennium 16-17 values		
Output	6.1.1. Effective WHO leadership and management and improved capacities of the WHO Secretariat and Member States to promote, align, coordinate and operationalize efforts to achieve the Sustainable Development Goals					
Output indicator	Progress towards meeting the targets in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women	0.67 (2015)	0.9 (2019)	Global indicator		
Output indicator	Percentage of WHO country cooperation strategies (CCS), or equivalent instruments, that are explicitly aligned with national development plans and priorities and based on the Sustainable Development Goals	To be determined at the end of 2017 following updates of many CCS	To be determined (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output indicator	Number of countries that have developed a roadmap to implement the 2030 Agenda for Sustainable Development with support of the Secretariat	To be determined at the end of 2017	50	This indicator will be assessed based on the end of the biennium 16-17 values		
Output	6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities					

Table 13. Global PB 2018–2019 results structure: Category 6. Corporate services/enabling functions				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of non-State actors and partnerships for which information on their nature and WHO's engagement is available	100 (2015)	2500 (2019)	To be implemented and measured globally.		
Output	6.1.3. WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas					
Output indicator	Percentage of governing bodies' documentation that is provided within agreed timeline	0.53 (2016)	1 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Outcome	**6.2. WHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks**					
Outcome indicator	**Percentage of operational audits issuing a "satisfactory" or "partially satisfactory" assessment during the biennium**	**0.75 (2015)**	**1 (2019)**	**To be determined at the at end of 2017**	**100% in the Regional Office for 2018-2019**	
Output	6.2.1. Accountability ensured and corporate risk management strengthened at all levels of the Organization					
Output indicator	Percentage of corporate risks with approved mitigation plans implemented	% (2015)	0.85 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output	6.2.2. Organizational learning through implementation of evaluation policy and plans					

Table 13. Global PB 2018–2019 results structure: Category 6. Corporate services/enabling functions				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Proportion of recommendations in corporate evaluations implemented within the specific timeframe	To be determined	At least 80% (2019)	Global indicator		
Output	6.2.3. Ethical behaviour, decent conduct and fairness promoted across the Organization					
Output indicator	Percentage of staff who have completed training in ethical behaviour during the biennium	0 (2016)	1 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output indicator	Proportion of eligible staff who have completed annual declaration of interests	1 (2016)	1 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Outcome	**6.3. Financing and resource allocation aligned with priorities and health needs of Member States in a results-based management framework**					
Outcome indicator	**Percentage of programme budget funded at the beginning of the biennium**	**0.83 (2016-2017)**	**0.85 (2020-2021)**	**0.35 (2016-2017)**	**0.35 (2018-19)**	
Outcome indicator	**Percentage of programme areas at least 75% funded at midpoint of biennium across all major offices**	**12/30**	**26/30 (2019)**	**9/30 (Dec 2016)**	**11/30 (Dec 2018)**	For the European Region only
Output	6.3.1. Needs-driven priority-setting in place and resource allocation aligned to delivery of results					

Table 13. Global PB 2018–2019 results structure: Category 6. Corporate services/enabling functions				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Percentage of outputs (by programme area) fully achieved at the end of the biennium by programme area and major office	To be determined at the end of 2017	82% (2018-2019)	To be determined at the at end of 2017 (for PB 2016–2017)	100%	For the European Region only.
Output	6.3.2. Predictable, adequate and aligned financing in place that allows for full implementation of WHO's programme budget across all programme areas and major offices					
Output indicator	Percentage of funding proposals prepared through an Organization-wide system	0 (2015)	0.9 (2019)	To be implemented and measured globally.		
Outcome	**6.4. Effective and efficient management and administration consistently established across the Organization**					
Outcome indicator	**Level of performance of WHO management and administration**	**Adequate (2013)**	**Strong (2019)**	**To be measured globally.**		
Output	6.4.1. Sound financial practices managed through an adequate control framework					
Output indicator	Percentage of country offices compliant with imprest reconciliations	96% have "A" rating (2017)	100% have "A" rating (2019)	To be determined at the at end of 2017	100% (as of end of 2019)	
Output indicator	An unqualified audit opinion	Yes (2017)	Yes (2019)	To be determined at the at end of 2017	Reduced by 50% in the Regional Office at the end of 2019	
Output	6.4.2. Effective and efficient human resources management and coordination in place					

Table 13. Global PB 2018–2019 results structure: Category 6. Corporate services/enabling functions				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Overall male/female ratio of staff	55:45 (2017)	53:47 (2019)	To be determined at the at end of 2017	50:50	
Output indicator	Percentage of international staff changing duty station	0.05 (2017)	0.1 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output indicator	Percentage of unrepresented and under-represented countries (List A) in Organization's staffing	0.28 (2017)	0.5 (2019)	To be determined at the at end of 2017	6%	
Output	6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications					
Output indicator	Percentage of locations with essential information technology infrastructure and services aligned with agreed Organizational standards, including corporate and health systems applications	0.4 (2017)	0.5 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Output	6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property					
Output indicator	Percentage of WHO offices at security level 3 worldwide that are compliant with United Nations Minimum Operating Security Standards	90% (2015)	100% (2017)	This indicator will be assessed based on the end of the biennium 16-17 values		

Table 13. Global PB 2018–2019 results structure: Category 6. Corporate services/enabling functions				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	The e-tendering system is used for the bidding of goods over US$ 200 000 (with the exception of emergency procurement)	Nil	0.9 (2019)	This indicator will be assessed based on the end of the biennium 16-17 values		
Outcome	**6.5. Improved public and stakeholders' understanding of the work of WHO**					
Outcome indicator	**Percentage of public and other stakeholder representatives evaluating WHO's performance as excellent or good**	**0.64 (2015)**	**0.88 (2019)**	**To be measured globally.**		
Output	6.5.1. Accurate and timely health information accessible through a platform for effective communication and related practices					
Output indicator	Percentage of public and other stakeholders who rate the timeliness and accessibility of WHO's public health information as "good" or "excellent"	63% for timeliness and 69% for accessibility (2015)	0.75 (2019)	To be measured globally.		
Output	6.5.2. Organizational capacity enhanced for timely and accurate provision of internal and external communications in accordance with WHO's programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises					

Table 13. Global PB 2018–2019 results structure: Category 6. Corporate services/enabling functions				Contribution of the European Region		
Results chain	Title	Global indicator: baseline	Global indicator: target	Regional indicator: baseline	Regional indicator: target	Indicator details
Output indicator	Number of offices that have completed global communications strategy workshops (headquarters, regional and country offices)	12 (2015)	20 (2019)	10 (2015)	15 (2016–2017)	For the European Region, individual country offices, GDOs, field offices and the Regional Office are counted separately.

Annex 1. Structure of programme budget 2018–2019

Category		Programme area	
1	**Communicable diseases**	1.1	HIV/AIDS
		1.2	Tuberculosis
		1.3	Malaria
		1.4	Neglected tropical diseases
		1.5	Vaccine-preventable diseases
		1.6	Antimicrobial resistance
2	**Noncommunicable diseases**	2.1	Noncommunicable diseases
		2.2	Mental health and substance abuse
		2.3	Violence and injuries
		2.4	Disabilities and rehabilitation
		2.5	Nutrition
		2.6	Food safety
3	**Promoting health through the life-course**	3.1	Reproductive, maternal, newborn, child and adolescent health
		3.2	
		3.5	Ageing and health
		3.6	Health and the environment
			Equity, social determinants, gender equality and human rights
4	**Health systems**	4.1	National health policies, strategies and plans
		4.2	Integrated people-centred health services
		4.3	Access to medicines and health technologies and strengthening regulatory capacity
		4.4	Health systems, information and evidence
6	**Corporate services/ enabling functions**	6.1	Leadership and governance
		6.2	Transparency, accountability and risk management
		6.3	Strategic planning, resource coordination and reporting
		6.4	Management and administration
		6.5	Strategic communications
E	**WHO Health Emergencies Programme**	E.1	Infectious hazard management
		E.2	Country health emergency preparedness and the International Health Regulations (2005)
		E.3	Health emergency information and risk assessment
		E.4	Emergency operations
		E.5	Emergency core services

Annex 2. Programme budget 2018–2019 for the European Region by category and programme area (US$ million)

		2016–2017 RPI-adjusted budget			2018–2019 WHA-approved budget			
	Categories and programme areas	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference PB 16–17/ PB 18–19**
1	**Communicable diseases**							
1.1	HIV and hepatitis	2.0	5.4	7.4	2.2	5.6	7.8	5%
1.2	Tuberculosis	6.0	5.5	11.5	5.7	5.8	11.5	0%
1.3	Malaria	0	1.0	1.0	0.2	0.8	1.0	0%
1.4	Neglected tropical diseases	0	0.4	0.4	0	0.4	0.4	0%
1.5	Vaccine-preventable diseases	3.9	9.6	13.5	4.1	10.2	14.3	6%
1.6	Antimicrobial resistance	1.3	3.0	4.4	1.5	3.2	4.7	7%
	Category 1 total	**13.2**	**24.9**	**38.2**	**13.7**	**26.0**	**39.7**	**4%**
2	**Noncommunicable diseases**							
2.1	Noncommunicable diseases	9.8	10.2	20.0	11.3	10.5	21.8	9%
2.2	Mental health and substance abuse	2.6	3.2	5.8	1.8	4.1	5.9	2%
2.3	Violence and injuries	2.0	3.6	5.6	0.4	2.2	2.6	-54%
2.4	Disability and rehabilitation	0.4	0.1	0.5	1.0	0.1	1.1	120%
2.5	Nutrition	0.3	1.7	2.0	1.1	1.6	2.7	35%
2.6	Food safety	0.3	0.7	1.0	0.3	0.7	1.0	0%
	Category 2 total	**15.4**	**19.5**	**34.9**	**15.9**	**19.2**	**35.1**	**1%**
3	**Promoting health through the life-course**							
3.1	Reproductive, maternal, newborn, child and adolescent health	3.2	3.7	6.9	3.4	4.0	7.4	7%
3.2	Ageing and health	0.4	1.0	1.4	0.5	1.0	1.5	7%
3.5	Health and the environment	4.0	17.1	21.1	4.5	17.0	21.5	2%
3.6	Equity, social determinants, gender equality and human rights	2.1	6.8	8.9	2.4	6.9	9.3	4%
	Category 3 total	**9.7**	**28.6**	**38.3**	**10.8**	**28.9**	**39.7**	**4%**

Category/programme area		2016–2017 RPI-adjusted budget			2018–2019 WHA-approved budget			Difference PB 16–17/ PB 18–19
		Country offices	Regional Office	Total	Country offices	Regional Office	Total	
4	**Health systems**							
4.1	National health policies, strategies and plans	5.6	10.5	16.1	5.6	11.1	16.7	4%
4.2	Integrated people-centred health services	6.6	9.5	16.1	7.4	9.2	16.6	3%
4.3	Access to medicines and other health technologies, and strengthening regulatory capacity	0.8	4.4	5.2	1.0	4.5	5.5	6%
4.4	Health systems information and evidence	2.7	8.1	10.8	2.8	7.9	10.7	-1%
Category 4 total		**15.7**	**32.5**	**48.2**	**16.8**	**32.7**	**49.5**	**3%**
5	**Preparedness, surveillance and response (excluding AMR and food safety)**							
5.1	Alert and response capacities	2.8	4.3	7.1				
5.2	Epidemic- and pandemic-prone diseases (excluding AMR)	1.0	2.1	3.0				
5.3	Emergency risk and crisis management	2.4	3.4	5.8				
Category 5 (excluding AMR and food safety) total		**6.2**	**9.8**	**15.9**				
E	**WHO Health Emergencies Programme**							
E.1	Infectious hazard management	0.5	3.2	3.8	0.9	5.4	6.3	66%
E.2	Country health emergency preparedness and the International Health Regulations (2005)	2.5	3.7	6.2	6.1	6.9	13.0	110%
E.3	Health emergency information and risk assessment	0	1.6	1.6	0.5	3.4	3.9	144%
E.4	Emergency operations	0.4	1.8	2.2	2.9	2.9	5.8	164%
E.5	Emergency core services	0	1.4	1.4	0.6	3.6	4.2	200%
WHO Health Emergencies Programme total		**3.4**	**11.7**	**15.2**	**11.0**	**22.2**	**33.2**	**118%**

Categories and programme areas	2016–2017 RPI-adjusted budget			2018–2019 WHA-approved budget			Difference PB 16–17/ PB 18–19
	Country offices	Regional Office	Total	Country offices	Regional Office	Total	
6. Corporate services/ enabling functions							
Leadership and governance	20.1	13.0	33.1	19.4	14.1	33.5	1%
Transparency, accountability and risk management	0.4	2.4	2.8	0	2.4	2.4	-14%
Strategic planning, resource coordination and reporting	1.2	3.4	4.6	0	2.5	2.5	-46%
Management and administration	7.1	9.3	16.4	6.4	10.1	16.5	1%
Strategic communications	0.9	2.1	3.0		4.3	4.3	43%
Category 6 total	**29.7**	**30.2**	**59.9**	**25.8**	**33.4**	**59.2**	**-1%**
Subtotal base minus category E, 5.1, 5.2, 5.3, plus AMR	**83.7**	**135.7**	**219.5**	**83.0**	**140.2**	**223.2**	**2%**
Subtotal base programmes	**93.3**	**157.2**	**250.6**	**94.0**	**162.4**	**256.4**	**2%**
Polio and special programmes							
Polio eradication	1.4	6.0	7.4	0.6	4.9	5.5	-26%
Polio and special programmes total	**1.4**	**6.0**	**7.4**	**0.6**	**4.9**	**5.5**	**-26%**
Outbreak and crisis response							
Outbreak and crisis response	0.7	2.3	3.0				
Polio eradication and outbreak and crisis response total	**0.7**	**2.3**	**3.0**				
Grand total	**95.4**	**165.5**	**261.0**	**94.6**	**167.3**	**261.9**	**0%**

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