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### **Proposed programme budget 2006–2007: The WHO European Region's perspective**

This paper suggests strategic orientations for WHO's European Region for the biennium 2006–2007. It is to be read in conjunction with the global proposed programme budget (document EUR/RC54/11). A draft resolution is submitted to the Regional Committee for its consideration.



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## **The WHO Regional Office for Europe's budget preparation process**

1. WHO first introduced results-based budgeting for the biennium 2000–2001 and preparation of subsequent budgets has further refined the process across all levels of WHO, taking into account lessons learned from the previous cycles. For the 2006–2007 budget, the preparatory process can be characterized as a close dialogue between area of work (AOW) focal points at WHO headquarters, in the Regional Office for Europe (EURO), and most important, between the Regional Office and country offices, in order to best reflect the input from the Member States in the European Region.

2. The proposed programme budget for 2006–2007 (PB 2006–2007), contained in document EUR/RC54/11, reflects the consolidated budget for the whole Organization. This will be discussed at sessions of the six regional committees this year and their comments will be incorporated in the version of the PB 2006–2007 to be discussed at the 115th session of the Executive Board in January 2005, after which the proposed programme budget will be transmitted to the Fifty-eighth World Health Assembly in May 2005 for final approval.

## **Foundations of the 2006–2007 proposed programme budget in the European Region**

3. The Regional Office's strategic inputs to the PB 2006–2007 have been transmitted to WHO headquarters. The proposed programme budget was developed based on priorities established in collaboration with Member States and discussions with WHO headquarters and with other health partners in the Region. Over the years the quality of this dialogue has improved and this ensures that, while EURO is aligned on the global directions contained in the Organization's strategic programme budget, regional specificities can be accommodated within this framework.

4. During the past biennia, in addition to the priority given to specific public health issues such as tobacco, mental health, poverty, HIV/AIDS, etc., the whole Regional Office has worked on the development of broad strategies and processes such as: (i) providing services to countries; (ii) developing partnerships; (iii) updating the Health for All policy; (iv) improving evidence and information; (v) developing scientific, technical and managerial competence; (vi) improving communication and visibility; and (vii) improving administrative and management processes.

5. This proposed programme budget reflects a balance between consolidation of the strategies and processes mentioned above, and the introduction of new initiatives in line with recent developments in the field of public health.

## **Continuing regional processes, with new initiatives**

6. In 2006–2007 EURO aims to place increased emphasis on the availability and widespread distribution of its products. This has led the Regional Office to propose, for the coming biennium, a strengthening of its overall communication strategy. This can be done thanks to the progress made in past years in the accuracy and reliability of the health information produced by EURO and the development of evidence-based advice to Member States. As a good example of this progress, the Health Evidence Network (HEN) will be further expanded in the next biennium.

7. The work done on the updated Health for All policy in 2004–2005, based on ethics, values and the right to health, will be disseminated and implemented in 2006–2007. The updated Health for All policy will constitute the policy framework of EURO's actions in the medium to long terms.

8. The need to strengthen health systems is not a new priority for 2006–2007, but it is increasingly recognized that many of the vertical public health issues (such as HIV/AIDS or tuberculosis) that need to

be tackled will not be successfully taken up unless the health systems infrastructure is improved in parallel. Without a significant push to upgrade health systems, the health status of the populations will not improve. Consequently, EURO will initiate a strong programme on this issue, covering several aspects such as the quality and safety of health systems and response to health threats. In addition, all the specific programmes across the Regional Office will contribute to this overall goal in their specific areas.

9. Responding to the above challenges will also mean that EURO staff will have to maintain existing skills and develop new ones, especially in the areas of communication, consulting, geopolitics and, of course, the latest public health practice. Evaluation is of particular importance as well – the Regional Office will have to develop this skill in order to monitor the impact of its programmes and the progress made by Member States in the health sector. Evaluation is important to the Member States themselves, for the same reasons. Consequently, EURO is working actively with relevant partners and institutions on developing new knowledge in this area and renewed impetus will be given in this area in 2006–2007. This leads to the need for an active and pinpointed staff development and training policy, in order to ensure that the Office has a workforce with the relevant technical competencies to respond to the current and emerging public health issues of this Region.

10. Partnerships with other organizations have been underlined in the strategy adopted by Member States as an essential principle of the Regional Office's work with countries. Cooperation with the European Commission, the Council of Europe, the World Bank and other United Nations bodies has accordingly been greatly strengthened during the past biennium. New partnerships are also being explored, such as with those with the German Technical Cooperation agency (GTZ), the Kreditanstalt für Wiederaufbau (KfW) and the Organisation for Economic Co-operation and Development (OECD). Most importantly, the Regional Office is working closely with WHO's Member States to help them strengthen their own partnerships, both within institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria or between themselves, through a series of forums, conferences and joint ventures such as the European Observatory on Health Systems and Policies. This type of effort will continue in the next biennium and will be reflected in the proposed allocation of resources. Special attention will be paid to partnership with the European Union (EU) as a result of the process of enlargement. The Regional Office will continue to work with the European Commission on health issues and could well act as a bridge on health issues between those Member States in the European Region of WHO that are now part of the EU and those that are not.

### **Service to countries**

11. A common thread in all the programme activities undertaken by the Regional Office in the past two biennia has been the tailoring of EURO's actions to the specific needs of countries. In order to further improve this, EURO will need to further strengthen its presence in Member States and in particular to play an active role in coordinating the totality of WHO's actions in all Member States in the light of the Organization's ongoing decentralization policy.

12. Beyond EURO's specific contractual obligations in the 28 countries with whom it has biennial collaborative agreements (BCAs), the Regional Office has placed increased emphasis on specific issues of interest to Stability Pact countries (south-eastern Europe), countries in rapid economic transition and those who participate in Futures Fora (i.e. who do not have a BCA). This approach has been found to be effective and will be continued in 2006–2007.

13. In the coming biennium, EURO proposes to significantly increase the number of technical staff posted in the field caring for one or a small group of countries. The deployment of technical staff to countries has started in 2004–2005 but is expected to accelerate in 2006–2007.

## **Public health priorities**

14. The public health priorities for the 2006–2007 programme budget will also reflect continuity in securing the progress made in previous biennia, while prioritizing resource allocation towards key areas identified through close dialogue between the Regional Office and its Member States. Global WHO priorities have of course also been taken into consideration.

15. The following WHO global programmes will be adapted to the European context:

- diet and physical activity (obesity)
- tobacco (follow-up to the Framework Convention on Tobacco Control)
- the Three-by-Five initiative on HIV/AIDS and tuberculosis
- the International Health Regulations
- health and poverty reduction (the Millennium Development Goals)
- gender mainstreaming
- violence and accident prevention.

16. In addition to the above global priorities, the following will have a more specific European emphasis as a result of European ministerial conferences and debates and resolutions at sessions of the WHO Regional Committee for Europe:

- management of health systems (quality, response to threats, etc.);
- mental health (European Ministerial Conference on Mental Health, Helsinki, January 2005);
- environment and health (follow-up to the Fourth Ministerial Conference on Environment and Health, Budapest, June 2004);
- surveillance, prevention and management of noncommunicable diseases, including health promotion (see documents EUR/RC54/8 and EUR/RC54/Conf.Doc./3);
- children's and adolescents' health;
- communicable diseases (including eradication of measles by 2010).

17. There is also a need to expand the programme on alcohol abuse, in order to meet the commitments made during the Stockholm Conference and the European Alcohol Action Plan, and to relaunch the Health of the Elderly programme as this issue is essential for the European Region.

## **The administrative structure of the WHO Regional Office for Europe in the biennium 2006–2007**

18. The structure of the Office, aligned on four “major functions” (coordination of work at country level; technical support; information, evidence and communication; and administration) will be maintained in 2006–2007.

## **Budget details**

### **The budget structure for 2006–2007**

19. In 2006–2007 the basic structure of the global programme budget will continue to be based on areas of work (AOWs). Each AOW will set out the issues and challenges, the goals to be attained, the

WHO objectives and the real projected “deliverables”, expressed in terms of expected results with accompanying indicators, baselines and targets.

20. The AOWs have been stable between 2002–2003 and 2004–2005. However, for the biennium 2006–2007 the total number of AOWs has been increased from 35 to 36, with the addition of a completely new AOW on “Human resources for health” (see Annex 1).

21. The regional budget proposed for 2006–2007 (contained in Annex 1) reflects the perceived overall requirements for EURO to fulfil its commitments to attainment of WHO’s overall expected results, as stated in the proposed PB 2006–2007. The total requirements forecasted for 2006–2007 are for US\$ 224 million, representing an increase of 10% over the 2004–2005 budget.

22. The proposals for allocating the projected funds from other sources (also contained in Annex 1) take account of the limitations of the regular budget, (unfortunately not yet known at the time this document was written). As a result of these limitations, the proposed PB 2006–2007 for the European Region will rely on a comprehensive fund-raising strategy to meet all programmatic needs not covered under the regular budget. This strategy will be implemented by EURO in coordination with WHO headquarters.

23. In order to reaffirm the priority given to the Regional Office’s country work, and in line with the provisions of the Regional Committee’s resolution EUR/RC49/R5, the budget allocated to country activities in 2006–2007 will be increased (US\$ 25 million, compared with US\$ 12.8 million in the budget for 2004–2005).

24. In 2006–2007, the main increases in allocation of funds will be in the following areas: communicable diseases (malaria and tuberculosis); noncommunicable diseases; health promotion; environment and health; reproductive health and making pregnancy safer; immunization; essential medicines, health technology and blood safety; organization and management of health services; knowledge management; programme monitoring and evaluation; financial management; governing bodies; and WHO’s presence in countries.

25. The table in Annex 1 gives the breakdown of the proposed allocation of regular budget funds by the Organization’s 36 areas of work.



Annex 1

**WHO European Region proposed programme budget 2006–2007\***

	<b>AREAS OF WORK</b>	<b>US\$</b>
1	Communicable disease prevention and control	700 000
2	Communicable disease research	300 000
3	Epidemic alert and response	3 500 000
4	Malaria	1 800 000
5	Tuberculosis	13 100 000
6	HIV /AIDS	12 000 000
7	Surveillance, prevention and management of chronic noncommunicable diseases	3 000 000
8	Health promotion	4 600 000
9	Mental health and substance abuse	5 800 000
10	Tobacco	3 300 000
11	Nutrition	1 900 000
12	Health and environment	20 800 000
13	Food safety	1 500 000
14	Violence, injuries and disabilities	1 100 000
15	Reproductive health	1 900 000
16	Making pregnancy safer	4 700 000
17	Gender equality, women and health	1 550 000
18	Child and adolescent health	5 000 000
19	Immunization and vaccine development	15 500 000
20	Essential medicines	4 200 000
21	Essential health technologies	3 100 000
22	Policy-making for health in development	4 200 000
23	Health system policies and service delivery	10 000 000
24	Human resources for health	2 000 000
25	Health financing and social protection	3 500 000
26	Health information, evidence and research policy	14 300 000
27	Emergency preparedness and response	13 000 000
28	WHO's core presence in countries	25 000 000
29	Knowledge management and information technology	17 890 000
30	Planning, resource coordination and oversight	1 600 000
31	Human resources management in WHO	3 600 000
32	Budget and financial management	3 500 000
33	Infrastructure and logistics	8 200 000
34	Governing bodies	4 410 000
35	External relations	1 500 000
36	Direction	2 200 000
	<b>Total</b>	<b>224 250 000</b>

\* The breakdown of regular budget and other sources is not available at the time of preparing this document