



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

EUR/RC69/18

69th session

Copenhagen, Denmark, 16–19 September 2019

29 August 2019

190480

Provisional agenda item 5(c)

ORIGINAL: ENGLISH

Regional plan for implementation of Programme budget 2020–2021 in the WHO European Region

The Seventy-second World Health Assembly approved the Programme budget (PB) 2020–2021 (document A72/4) in May 2019. This summary document outlines the regional plan for implementation (RPI) of PB 2020–2021 in the WHO European Region.

The RPI outlines the European Region's contribution to the global outputs defined in PB 2020–2021, the first programme budget under WHO's Thirteenth General Programme of Work, 2019–2023. It provides information on the strategic directions and priorities for the WHO Regional Office for Europe, global and regional public health goods and the expected country support. This RPI forms the principal means of programmatic and budgetary accountability of the Regional Office for the 2020–2021 biennium. It is presented to the 69th session of the WHO Regional Committee for Europe for consideration and approval.

Contents

Executive summary	3
Thirteenth General Programme of Work, 2019–2023, and PB 2020–2021: bottom-up prioritization and planning	3
Regional orientations for the Programme budget 2020–2021	3
Strategic priority 1 – achieving universal health coverage.....	4
Strategic priority 2 – addressing health emergencies	10
Strategic priority 3 – promoting healthier populations.....	15
Integrated approaches	19
Strategic priority 4 – more effective and efficient WHO providing better support for countries	20
General considerations for the Programme budget 2020–2021	25
Regional budget overview	25
Financing: prospects and challenges.....	27
The way forward	29
Annex 1. Structure of the Programme budget 2020–2021	30
Annex 2. Programme budget 2020–2021, WHO European Region, by strategic priority, outcome and output (US\$ millions)	31

Executive summary

1. This document provides detailed information concerning the regional plan for implementation of the Programme budget (PB) 2020–2021 in the WHO European Region. It describes the contribution of the WHO Regional Office for Europe to the outputs in PB 2020–2021 (see World Health Assembly document A72/4), which was approved by the Health Assembly in May 2019 in resolution WHA72.1.
2. For each strategic priority and within each outcome, an overview is provided of the strategic directions, issues and priorities, support for countries and regional public health goods. The structure of PB 2020–2021 is presented in Annex 1 and the strategic priorities, outcomes and outputs of PB 2020–2021 in the European Region are presented in Annex 2.

Thirteenth General Programme of Work, 2019–2023, and PB 2020–2021: bottom-up prioritization and planning

3. WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), was adopted by the Seventy-first World Health Assembly in May 2018. GPW 13 has heralded a new planning process building on the good practices of the past while introducing a number of new features. The European Region has been an active partner both in the development of GPW 13 and PB 2020–2021 and in the design of the new planning process.
4. For the first time, the GPW 13 planning process, while maintaining the existing bottom-up approach, involves prioritization and planning with Member States as a first step. This prioritization has, in turn, driven the development of PB 2020–2021. A further new feature is the preparation, where applicable, of country support plans developed in collaboration with Member States, with implications for the Secretariat in providing support for the prioritized outcomes for the duration of the GPW 13 at all three levels of the Organization. A third new process calls for the identification of all proposed regional and global public health goods, which are to be reviewed and prioritized taking into consideration the demand from countries.
5. A number of planning meetings, conducted with the participation of Regional Office technical programmes, WHO representatives and heads of country offices, provided an opportunity to discuss in depth the Region's contribution to PB 2020–2021, the regional priorities and areas for integrated approaches and cross-programme collaboration. This work is still in progress; it will be finalized and detailed workplans developed before the start of the new biennium.

Regional orientations for the Programme budget 2020–2021

6. PB 2020–2021 is the first of the two programme budgets that will be delivered within the time frame of GPW 13 to promote health, keep the world safe and serve the vulnerable. In this regard, it is expected to reflect the shift in thinking towards identifying and measuring priority results for impact in countries to achieve the triple billion targets of GPW 13.

Strategic priority 1 – achieving universal health coverage

7. Under this strategic priority there are three outcomes, namely: 1.1 – improved access to quality essential health services; 1.2 – reduced number of people suffering financial hardships; and 1.3 – improved access to essential medicines, vaccines, diagnostics and devices for primary health care.

8. A comprehensive and aligned health systems approach is essential for moving towards universal health coverage, integrating disease-specific approaches and programmes to strengthen the content of health services, including both population interventions and individual services, across the life course. The architecture of GPW 13 reflects this comprehensive and integrated approach and requires concerted action and contributions from all programmes and divisions of all the regional offices.

9. To achieve this goal, the Regional Office tested operating procedures for health systems strengthening to enable a comprehensive and aligned approach by programmes to determine how their work contributes to this strategic priority in an integrated manner.

10. According to the results of the bottom-up prioritization exercise, this strategic priority is considered a high priority: outcome 1.1 was classified as high priority in 44 Member States, while outcomes 1.2 and 1.3 were each classified as high priority in 29 Member States. This provides huge opportunities for engagement and provision of technical assistance, but also requires a clear approach to priority-setting. A mechanism will be developed to identify support packages of varying intensity ranging from comprehensive support for all relevant programmes to product-specific timebound commitments, with variations in between. Since windows of opportunity can open and close without warning, there will be a need to leave room for flexibility and adjustment.

11. Outcome 1.1 is complex, receiving contributions from 17 programmes from four technical divisions. While the exact methods of operation still need to be determined, there are two key themes under this outcome. First, condition-specific and disease-specific approaches will be integrated with health systems approaches to scale up the delivery of evidence-based, cost-effective interventions to tackle the disease burden in the Region. Second, the health systems enablers (health workforce, governance and information solutions) will be aligned, based on people-centred primary health care strategies.

12. The focus of outcome 1.1 is therefore on strengthening health systems and primary health care to meet people's needs. The outcome documents and political commitments agreed at the three high-level regional meetings held in 2018 – Health Systems Respond to Noncommunicable Diseases: Experience in the European Region (Sitges, Spain, 16–18 April 2018); Health Systems for Prosperity and Solidarity: Leaving No One Behind (Tallinn, Estonia, 13–14 June 2018); and the Global Conference on Primary Health Care: from Alma-Ata Towards Universal Health Coverage and the Sustainable Development Goals (Astana, Kazakhstan, 25–26 October 2018) – combined with a number of priority action plans on human resources for health and integration of services – have laid out the path for the future for both Member States and the Secretariat.

13. The European Region will continue to set the pace with regard to outcome 1.2. The work done in the Region on measuring financial hardship has proven seminal in its approach – as shown by the appreciation expressed by other partners, most notably the World

Bank, the Organisation for Economic Co-operation and Development and the European Commission, and by its uptake by Member States. An increasing number of countries are requesting detailed financial protection reviews, and country-specific policy advice will be the focus of technical assistance provided by the Regional Office. A regional report on financial protection was launched in 2019, outlining key policy directions to reduce financial hardship in the Region. Efforts will be made to put these recommendations into practice through contextualized technical assistance at country level. Direct engagement with countries through the country offices will be strengthened with country-based technical staff, supported by the Universal Health Coverage Partnership.

14. The provision of access to high-quality, affordable medicines and technologies is a goal in its own right and is also vital if countries are to maintain sustainable health budgets in pursuit of universal health coverage. Under outcome 1.3, the Regional Office will continue to scale up its assistance in this regard. This includes helping Member States to improve their regulatory, procurement and quality assessment regimes, building capacity and expertise, and providing support for regional initiatives such as the BeNeLuxA and Visegrad Group joint procurement and price negotiation alliances. Closer collaboration across technical programmes with regard to outcomes 1.2 and 1.3 is envisaged.

Global and regional public health goods

15. Delivering on all three outcomes is crucial for delivering on the overarching commitment to universal health coverage. This must be achieved through the country offices and the generation of public health goods. A set of criteria has been developed to help guide the prioritization of support for countries; different types of workshops and capacity-building exercises are available, an increasing number of which are being delivered in Russian as well as English.

16. Work will continue to maintain and further develop the existing range of public health goods to accelerate progress towards universal health coverage, using a primary health care approach and strengthening health systems for better noncommunicable and communicable disease outcomes. The adjustment of health financing policies to reduce financial hardship is being supported by robust policy advice and capacity building (e.g. the regional reports on financial protection and strengthening coverage policies, and training courses on health financing for universal health coverage, including the WHO Barcelona Course on Health Financing for Universal Health Coverage). These products are made available to all Member States in English and Russian. This work will be further supported by an additional eight regional public health goods, currently under discussion. These have been developed in close collaboration with WHO headquarters. As a result, the regional and global public health goods are well aligned and reflect the comparative advantages of the headquarters and regional levels.

17. The Regional Office will continue to organize regional and subregional workshops, training courses and study tours to enhance national capacity in the technical areas requiring improvement in order to ensure access to high-quality and affordable medicines and health products. Some of these activities will be conducted jointly with other United Nations agencies and partners (such as the United Nations Children's Fund and the United Nations Development Programme), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and others. In addition, the Regional Office will share best experiences and practices from the Region through assessments and technical documents published online. All WHO guidelines

developed by WHO headquarters that focus on medicines and health technologies will be translated into Russian.

Risks and challenges

18. Concerns persist about insufficient workforce capacity and resources, uncertainty around funding, challenges in relation to disbursement of funds in a timely manner, strictly earmarked funds, shifting priorities and increasing staff turnover. One challenge specifically identified for this priority is the number of areas it covers, spanning four divisions and 17 technical programmes, not all of which have the flexibility for horizontal approaches. Without unifying directions and sharing resources, planning and organizing will remain a challenge.

19. The political directions being taken in some countries and developing societal divisions threaten to undermine the solidarity that has traditionally been the shared foundation of European health systems. Because of these external factors, WHO support cannot guarantee that the targets for 2020–2021 will be met.

20. Access to medicines and health products is dependent on many interrelated steps, which must be financed, either by the country in question or by donors. Transitioning away from donor support presents additional challenges because of the increased fiscal burden. An effective regulatory system must be in place to ensure quality and safety. There are many for-profit and not-for-profit organizations offering technical support, which further increases the complexity of assistance and of strategic and operational development.

Outcome 1.1 – improved access to quality essential health services

Strategic directions and priorities

21. This outcome calls for the strengthening of health services and systems based on three pillars: (a) the life course; (b) disease-specific interventions; and (c) primary health care approaches. It requires strong collaborative action to integrate relevant programmes and better coordinate providers around people's needs, in order to address the causes of inequities in the policy framework and service delivery.

22. However, population dynamics and health needs are changing; thus, creating the conditions for access to and utilization of services to respond to the challenges mentioned above requires that accountability arrangements and competent human resources be put in place. Even though the Region has been at the forefront of initiatives in this direction, countries still struggle to roll out, scale up or sustain them. Nevertheless, countries in the Region are well equipped with overarching policy frameworks to promote outcome-oriented action to improve health and well-being, and integrated, people-centred delivery platforms to provide health care over the life course.

23. Over the next biennium, there is an opportunity to consolidate achievements in the above areas and to accelerate progress towards reducing inequalities and increasing access. This could be done by further strengthening the quality of primary health care through a comprehensive package of services, in particular by: (a) prioritizing action to combat tuberculosis and multidrug-resistant tuberculosis, HIV, hepatitis B and C, vaccine-preventable diseases and other communicable diseases; (b) providing high-quality, integrated services for noncommunicable diseases (NCDs) and chronic conditions such as hypertension, diabetes and cancer; (c) ensuring the provision of appropriate public health, rehabilitative, mental health

and social services that are tailored to children, adolescents, women, men and older people, and are provided closer to their homes; and (d) ensuring that systems enablers, such as accountability mechanisms and a competent workforce, are aligned with the new models of care.

Supporting countries

24. This outcome offers a unique platform for needs-based, convergent interprogrammatic prioritization, planning and delivery at country level. In the context of the expanded role that country offices are to be called on to play in the coming years, this outcome reinforces the fact that country offices are the point of connection between programmatic teams and national counterparts.

25. The Regional Office has already been facilitating and promoting these new roles during the planning process for the upcoming biennium. Interprogrammatic collaboration is part of the regional business model for delivering technical inputs in countries, for example through what are known as “interdivisional” work packages, and interprogrammatic initiatives on strengthening health systems for tackling noncommunicable and communicable diseases, among many others. The coming biennium provides an opportunity to formalize these working methods in a way that translates into concrete and robust support for country offices.

Outcome 1.2 – reduced number of people suffering financial hardships

Strategic directions and priorities

26. This outcome contributes to improved health and less poverty by enabling countries to: (a) implement effective health financing strategies and reforms in line with efforts to provide universal health coverage; (b) produce and analyse information about financial risk protection, equity, and health expenditures, and to use this information to track progress and inform decision-making; and (c) improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and for analysis of the impact of health in the national economy.

27. This outcome is relevant throughout the Region, and demand for technical assistance has increased. In middle-income countries, there is an urgent need to address financial hardship, as demonstrated by high levels of catastrophic and impoverishing health care payments. Doing so would lead to rapid poverty reduction and improvements in general socioeconomic well-being.

28. A number of countries have demonstrated new opportunities for, and are open to moving forward rapidly with, comprehensive health financing policies over the coming biennium. These countries, where need and opportunity coincide, will be prioritized for high-intensity technical assistance. In high-income countries, this work is gaining increasing policy attention. Specific vulnerable pockets of population or specific areas of health expenditure are linked with catastrophic and impoverishing health care payments. In such countries, support will also be provided where need and opportunity are aligned, with the Regional Office playing a catalytic and less resource-intensive role.

29. To respond to the increasing demand for technical assistance to reduce financial hardship, technical assistance packages will be developed that provide varying levels of support:

- regional packages and products will deliver relevant, action-oriented policy advice and capacity-building to all countries of the Region;
- technical assistance will be provided on specific health financing policy issues in a large number of Member States (e.g. to strengthen strategic purchasing, and review governance of health insurance or benefit packages and copayment design);
- finally, a selected number of countries identified as “focus countries” will receive comprehensive, high-intensity technical assistance in relation to health financing, aligned with other health systems strengthening functions – these are countries which demonstrate high political commitment to embarking on large-scale universal health coverage reforms through comprehensive health systems strengthening; new windows of opportunity may open and others may close even within a two-year period, so leaving room for responsiveness and agility is essential for achieving success and impact.

30. The upcoming 2020–2021 biennium provides an opportunity to build on achievements made and products developed in previous bienniums. The next biennium provides an opportunity to scale up and strengthen impact at country level by taking advantage of the quality of regional products to reduce financial hardship through more effectively designed health financing policies.

Supporting countries

31. Further discussions will take place about the level of the agreed engagement by country offices in view of their capacity to guide and follow up on technical assistance products. Currently, there is significant variation in country offices’ capacity to engage with health systems strengthening or health financing policies and technical assistance. Only a few country offices have national professional officers specializing in health systems strengthening or health financing. To address this, the following actions will be taken, in agreement with WHO headquarters:

- identify country offices with a significant mismatch between the agreed level of engagement and the capacity to support it;
- explore opportunities for funding and adding further national professional officer positions in health systems strengthening and health financing;
- identify focus countries, and appoint more senior level (grade P4) policy advisers to work in these countries under the Universal Health Coverage Partnership, with the support of WHO headquarters;
- continue to provide capacity-building opportunities for country office staff through the WHO Barcelona Course on Health Financing for Universal Health Coverage;

- continue to provide professional development opportunities for country office staff through short-term, task-specific internships with the health financing team in the geographically dispersed office in Barcelona, Spain;
- continue to provide on-the-job training opportunities for staff through personalized coaching.

Outcome 1.3 – improved access to essential medicines, vaccines, diagnostics and devices for primary health care

Strategic directions and priorities

32. Medicines and health products often make up the largest proportion of health spending by countries and households. Health spending and its impact on health financing places it in a central position in all discussions, strategies and plans for achieving universal health coverage. Pharmaceuticals are large-budget elements of publicly funded health systems, but out-of-pocket payments are also high in many countries and areas in the European Region; tackling this issue is a major challenge in moving towards universal health coverage.

33. Ensuring that quality-assured essential medicines and health products are affordable and available in sufficient quantities requires well-functioning regulatory and procurement systems, as well as legal provisions for universal health coverage, governance and efficient management of resources. The Regional Office is working with countries to promote and strengthen these functions.

Supporting countries

34. The Regional Office will support countries in revising their lists of essential medicines and health products, to ensure evidence-based prioritization of medicines and health products that meet the priority health needs of the population and ensure that these medicines and products are included in benefit packages, reimbursement programmes and procurement in primary, secondary and tertiary care. The Regional Office will also provide support and guidance for countries in the establishment of essential medicines committees.

35. Countries will be supported in improving the efficiency of their spending choices and will therefore be better prepared to provide sustainable access to quality-assured medical products in the right quantities under universal health coverage. Support will be provided to countries in developing pharmaceutical pricing and reimbursement policies, reviewing national procurement legislation and ensuring efficient supply-chain management systems. The Regional Office will continue to support the development of procurement and pricing networks to enable Member States to share experiences and develop technical capacity.

36. The Regional Office will provide support for national regulatory authorities in order to increase their capacity and ensure that effective regulation systems are in place, and that standards of quality, safety and efficacy are met at every stage of manufacture, supply and use. The Regional Office will also provide specific technical guidance and training for manufacturers and regulators to help them to achieve internationally recognized quality standards. WHO has developed a data collection tool¹ to facilitate the review of national

¹ The Global Benchmarking Tool; see https://www.who.int/medicines/regulation/benchmarking_tool/en/.

medicine regulatory systems. WHO works with local officials to assess the national regulatory situation, review the existing legal framework and identify specific needs for technical support and training.

37. The Regional Office will support the Antimicrobial Medicines Consumption Network in collecting quantitative data on the use of antimicrobials. In addition, as most antimicrobial medicines are consumed in community and outpatient settings, reducing inappropriate use of antibiotics in communities requires an approach supported by regulation but rooted in communities; this will require a focus on engaging patients, parents, and public and professional associations.

Strategic priority 2 – addressing health emergencies

38. Emergencies know no borders. They have a strong domino effect, affecting even those countries and regions that do not suffer their immediate impact. The humanitarian crisis in the Syrian Arab Republic and the outbreaks of Ebola and Zika virus diseases have all had repercussions for Europe. Moreover, Europe is also affected by its “own” emergencies, including outbreaks of measles and West Nile virus; infections caused by contaminated food and water; floods and earthquakes; and conflicts and terrorist attacks.

39. As health emergencies continue to affect communities and countries across the Region, the role of the Secretariat remains critical in coordinating and convening partners, providing technical guidance and preparedness and response support, sharing information and conducting operational and logistic missions. The work of the Regional Office for the achievement of the triple billion target of “1 billion more people better protected from health emergencies” will be guided by the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region.

40. The Action Plan recognizes the interdependence of health emergency preparedness and the strengthening of health systems and essential public health functions. Its goal reflects a joint commitment by Member States, key partners and the Regional Office to strengthen and maintain adequate capacities in the Region to prevent, prepare for, detect and respond to public health threats and, where necessary, to provide assistance for affected countries.

Global and regional public health goods

41. Public health goods will continue to be provided for the monitoring and evaluation of capacities, as well as the development and strengthening of public health emergency management systems and specific core capacities in relation to areas such as laboratories, food safety, antimicrobial resistance and risk communication.

42. To reinforce prevention capacities, the Regional Office will maintain and further develop existing public health goods (the weekly online update Flu News Europe and associated guidance and tools; Better Labs for Better Health; influenza surveillance country profiles, the Tailoring Immunization Programmes for Seasonal Influenza (TIP FLU) programme and the Flu Awareness Campaign to increase uptake of seasonal influenza vaccine; regional clinical, infection prevention and control and laboratory networks; and the guidelines for outbreak investigation and response and the clinical management of severe influenza). It will also develop new ones (the European Regional Laboratory Task Force for High Threat Pathogens; annual report and country profiles for high-threat pathogens; new

strategies for the prevention and control of priority diseases and food safety; and the strategy for biosafety and biosecurity).

43. Public health goods for rapid detection of and response to health emergencies will support expansion of the Epidemic Intelligence from Open Sources initiative for continuous detection and assessment of potential health events to additional interested Member States. Information-sharing will continue on ongoing outbreaks and events through Event Information Site postings for national focal points under the International Health Regulations (IHR) (2005), and Disease Outbreak News and web news for the wider public. Critical operational partnerships will be further strengthened, including with Russian-speaking countries and the Southeast European Center for Surveillance and Control of Infectious Diseases. The Regional Office will support the establishment and strengthening of national public health emergency operations centres in the Region and facilitate their involvement in regional and global networks.

44. Work will include joint assessments of health system capacity to manage large influxes of refugees and migrants; country-specific basic packages of health services; the essential package of hospital services; the Emergency Care System Assessment PLUS package; the regional framework for predictable engagement in priority countries for service delivery and universal health coverage; and country-specific guidance on the humanitarian-development-peace nexus.

Risks and challenges

45. If the risks identified during the planning process actually materialize, they could jeopardize the achievement of the 1 billion target. These risks fall mainly into two categories: (a) limited/unpredictable funding; and (b) political instability and weak national capacities.

46. Limited and/or unpredictable funding and a volatile donor landscape affect timely planning and programme delivery. Assessment and delivery of life-saving interventions in a predictable and timely manner will be interrupted. Moreover, highly specified funds do not provide the flexibility required to cover the full scope of work, such as funding for influenza versus other high-threat pathogens, or for antimicrobial resistance in the food-chain versus technical support for food safety. Lack of sustainable domestic funding undermines the sustainability and effective implementation of activities.

47. Political instability and weak national capacities, ongoing governmental restructuring of functions such as food safety and food control, and transfer of functions between ministries of health, industry, agriculture and the national economy lead to temporary interruption of functions and sometimes a failure to transfer experienced staff and relevant knowledge. There is in some cases limited access to contested areas and regions. There is a lack of information related to the IHR (2005) and a need to ensure the provision of life-saving activities.

48. Low investment and slow improvements in health systems strengthening in some countries affect progress in other areas, for example by hindering capacity-strengthening for clinical management of novel or emerging infectious diseases, and by impeding infection prevention and control efforts.

Outcome 2.1 – countries prepared for health emergencies

Strategic directions and priorities

49. Findings from the assessment and monitoring of country core capacities, using all components of the IHR (2005) monitoring and evaluation framework, will inform the development of costed national plans for health security.

50. Work will continue to further strengthen and sustain multisectoral policy dialogues on health emergency preparedness and response by facilitating policy and strategic decisions, high-level advocacy and systematic engagement of relevant sectors, communities and civil society. Topics that will be specifically addressed under multisectoral coordination include One Health, risk communication, points of entry, sustainable financing and human resources for health. One Health national bridging workshops will be organized to strengthen collaboration among the animal, environmental and human health sectors. Risk communication will be further scaled up to embed a stronger community engagement component in preparedness and response plans.

51. The Regional Office will provide support and technical assistance to Member States for the development of comprehensive public health emergency management systems, by promoting and investing in preparedness programmes and plans at national, subnational, local and individual health-facility levels. Operational readiness for emergencies within the Region will be strengthened through the development of risk profiles and accompanying contingency plans.

Supporting countries

52. Countries will be supported through capacity assessments, subregional and national capacity-building courses, and the translation of global technical guidance materials and tools and their adaptation to regional and national needs. This work will include regular training and workshops on national strategic risk assessments, emergency operations plans, hazard-specific contingency plans, the various components of the IHR (2005) monitoring and evaluation framework, the points of entry assessment tool, risk communication and social science. Recognizing the all-hazard nature of health emergencies, requiring whole-of-government and whole-of-society approaches, the Regional Office will prioritize intersectoral collaboration and partnerships at all levels when conducting these activities.

53. Support will be provided for the sharing of expertise and experiences between Member States in the areas of: (a) joint simulation development and execution; (b) validation of translated tools; (c) best practices in emergency response systems; and (d) the conduct of IHR (2005) monitoring and evaluation with other countries. An investment case for emergency preparedness will be promoted, along with common approaches and tools for advocating for this at the whole-of-government level and for costing and financing country preparedness activities.

Outcome 2.2 – epidemics and pandemics prevented

Strategic directions and priorities

54. In order to predict, prevent, prepare for and control outbreaks and emergencies caused by high-threat infectious hazards, the Region will contribute to global research and the

research and development blueprint (R&D Blueprint) by continuing to collect and analyse surveillance and other data, developing research questions of relevance to the Region, identifying priority high-threat pathogens for which interventions are required, and convening regional networks for disease surveillance and risk management.

55. New regional strategies will be developed to mitigate the effects of emerging and re-emerging high-threat pathogens such as Crimean-Congo haemorrhagic fever, other viral haemorrhagic fevers, respiratory pathogens such as Middle East respiratory syndrome coronavirus, zoonoses and foodborne diseases. A regional strategy for biosafety and biosecurity will be developed.

56. Networks for clinical management of high-threat hazards will be established, and the Global Infection Prevention and Control Network will be strengthened. Improvements in laboratory quality through the Better Labs for Better Health initiative and the new European Regional Laboratory Task Force will improve preparedness and diagnostic capacity for high-threat pathogens. Continued implementation of the Pandemic Influenza Preparedness Framework will be used to enhance pandemic preparedness in the Region and increase uptake of seasonal influenza vaccine.

Supporting countries

57. The Regional Office will contribute to situational awareness by regularly publishing bulletins (including Flu News Europe, published jointly with the European Centre for Disease Prevention and Control) and annual reports of outbreaks caused by high-threat pathogens. The Regional Office will carry out joint risk assessments with countries experiencing outbreaks that are reported through the IHR (2005). The Regional Office will provide guidance on public health measures tailored to country contexts and (groups of) diseases.

58. Countries will continue to be supported in developing approaches for the prevention and control of high-threat pathogens. This includes establishing sentinel models for influenza surveillance, estimating the disease burden, increasing the uptake of seasonal influenza vaccine and revising pandemic plans to enhance access by low-income countries to vaccines and other medical countermeasures in the event of a pandemic.

59. Technical support for the management of foodborne outbreaks will be provided in the following areas: multisectoral coordination, rapid risk assessments and Codex Alimentarius. The Regional Office will continue to support countries in detecting outbreaks caused by high-threat pathogens, as well as increasing access to health services through laboratory system strengthening as part of the Better Labs for Better Health initiative.

60. Work will continue to support countries in protecting front-line staff in health care facilities through implementation of measures to prevent health care-associated infections. The Regional Office will help countries to establish clinical networks and provide training and simulation exercises for clinical management of high-threat pathogens, and promote research.

Outcome 2.3 – health emergencies rapidly detected and responded to

Strategic directions and priorities

61. For rapid detection and verification of potential health emergencies, the functioning of rapid communications between IHR (2005) national focal points and the regional IHR contact point is essential. For this purpose, the IHR (2005) duty officer function is maintained 24 hours a day, seven days a week. The Regional Office will continue to undertake and further strengthen event-based surveillance activities.

62. Information on all significant public health events will be recorded and updated by the Regional Office in the WHO Event Management System. Risk assessments of potential and ongoing health emergencies, as well as needs assessments and outbreak investigations, will be performed rapidly, systematically and independently, in accordance with globally established performance standards and with the involvement of the affected Member State(s), WHO country offices and the relevant WHO technical units, networks and operational partners. The results of the assessments will be promptly shared with relevant stakeholders through established communication channels.

63. In responding to emergencies, the WHO Health Emergencies Programme will continue to implement the Emergency Response Framework II (ERF II), tailoring it to emergency grading through, inter alia, the establishment of incident management systems. The Regional Office will continue to lead the response to multicountry emergencies, working with experts in other programmes in a cross-cutting manner.

64. The Regional Office will deploy staff and operational partners to carry out various incident management system functions, including leadership, technical expertise and operational support for health authorities, in the response to acute and protracted emergencies. In doing so, WHO will accelerate the achievement of the Sustainable Development Goals (SDGs) through early recovery, health systems strengthening and resilience interventions.

65. Specific health needs in the case of people living in priority countries, people living in disputed geographical areas, internally displaced persons, refugees, migrants and asylum seekers, will be addressed.

Supporting countries

66. The capacities of the IHR (2005) national focal points will be enhanced by convening regular workshops and promoting the use of new tools and mechanisms, such as the IHR National Focal Point Knowledge Network. The Regional Office will also support priority Member States in strengthening their early warning and alert systems that form part of their national surveillance systems.

67. Situation assessments will be conducted, early warnings issued and strategic response plans implemented under ERF II. A dedicated operational surge and logistics capacity will meet health workforce and materials requirements at the country level, by pre-deploying staff and life-saving supplies. The Regional Office response will be monitored and assessed against ERF II requirements, and organizational readiness for priority hazards in the Region will be tested regularly.

68. The Regional Office will strengthen the quality, safety and coordination of the work of operational partners, ensuring that people are at the centre. To move towards universal health coverage, special efforts will be made in work with partners, such as the Global Alert and Response Network, emergency medical teams, WHO collaborating centres, the Global Health Cluster, medical networks, international nongovernmental organizations and standby partners, to implement, disseminate and upgrade health services.

69. The Regional Office will accelerate its work to improve access to safe, high-quality, continuous and seamless people-centred emergency care services. In the European Region, this will include the response to the needs of the most vulnerable groups and refugees and migrants. Emergency response will play a leading role in work to achieve universal health coverage by using essential services as the foundation for the basic package of health services. The Regional Office will support country-level action at the humanitarian-development-peacebuilding nexus. These actions will be jointly identified, planned and financed in countries with protracted emergencies or fragile or conflict-affected areas.

70. Investment in readiness activities will continue, including activities in relation to the Health Security Interface, all hazards, and specifically to chemical, biological, radionuclear, explosive and cyber threats.

Strategic priority 3 – promoting healthier populations

71. The third 1 billion target concerns healthier populations. It addresses determinants of and risks to health, including: nutrition; violence and injuries; gender issues; water, sanitation and hygiene; air pollution; climate; tobacco use; healthy diet and trans fatty acids; harmful use of alcohol; obesity; and physical activity.

72. This strategic priority is addressed through multisectoral actions that are not limited to the health system alone and must engage multiple stakeholders and create partnerships if the targets are to be achieved. It is mostly focused on the effects of SDGs other than Goal 3 on health. This is an area that enjoys high-level political commitments as a result of United Nations high-level meetings and political declarations, including the Political Declaration of the United Nations General Assembly third High-level Meeting on the Prevention and Control of Non-communicable Diseases of 2018, the Ostrava Declaration of the Sixth Ministerial Conference on Environment and Health (Ostrava, Czechia, 13–15 June 2017), and relevant resolutions and action plans of the World Health Assembly and regional committees. There is a strong call for action to curb the deaths and disabilities caused by NCDs, air pollution and other environmental risk factors, and violence and injuries (including road traffic injuries).

73. Equally important is action to address the inequality gaps which exist between and within countries, as recently highlighted by the regional high-level conference, Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region (Ljubljana, Slovenia, 11–13 June 2019). There is an urgent need to scale up interventions and policy actions in order to achieve SDG 3 in the 11 remaining years, while leaving no one behind.

74. The Region has available relevant tools, expertise, platforms and networks, including the WHO European Healthy Cities Network, the European Network of Health Promoting Schools, the WHO Regions for Health Network, the WHO Health in Prisons Programme and the Small Countries Initiative. The geographically dispersed offices devoted to

noncommunicable diseases, social determinants of health, and environment and health develop and provide innovative solutions, building on the “best-buys” and focusing on approaches and methodology to scale up interventions at country level.

75. Over 50 countries have prioritized the outcomes under this strategic priority. The Regional Office will work closely with WHO headquarters to reduce risk factors through multisectoral action; development of guidelines and normative work, including on cannabis, housing, breast cancer screening, electronic cigarettes, radiation, occupational health, and on taxation of, for example, tobacco products, alcohol and high-sugar beverages; development of indicators and measures to align with strategic areas of work such as healthy ageing; and the convening of stakeholders at global level through global networks and mechanisms such as Codex Alimentarius, the Global Coordination Mechanism on Prevention and Control of Noncommunicable Diseases and multilateral agreements on the environment and migration.

Global and regional public health goods

76. Among the regional public health goods most relevant to addressing the social determinants of health are normative guidance and policy interventions which are designed to reduce health inequities, and which address social determinants at key stages of the life course and tackle emerging health equity risks, such as food insecurity. Activities related to the European Child and Adolescent Health Strategy 2015–2020, including monitoring, and the WHO European Child Obesity Surveillance Initiative were among the public health goods most requested by Member States. When addressing the environmental determinants of health, work on the Ostrava Declaration priorities, the European Environment and Health Process, the Transport, Health and Environment Pan-European Programme, and the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes featured high on the list. Global goods were particularly relevant in areas where WHO headquarters provides backup in technical areas in which human resources are not available at the regional level (such as radiation and occupational health).

77. The bottom-up consultation process showed that support was required for innovative, flexible and adjustable tools. Existing public health goods need a certain level of streamlining and consolidation to avoid fragmentation. Nevertheless, the available regional public health goods demonstrate the strong collaboration, alignment and positive interaction between programmes and geographically dispersed offices that ensure meaningful and high-quality joint products.

78. The consultation process revealed a high level of interest in public health goods related to the determinants of health, the WHO European Healthy Cities and Regions for Health networks, the European Network of Health Promoting Schools and health equity tools developed by WHO.

Risks and challenges

79. The specific risks are linked with the multistakeholder and multisectoral nature of this strategic priority, which requires involving sectors beyond health. One challenge is the need to work in partnership with other stakeholders and, at the same time, develop and maintain robust conflict-of-interest management to protect public health from vested interests. The commercial determinants of health are influencing this work, and more guidance is needed. Another challenge is posed by the cross-cutting nature of much of the work to be undertaken

(e.g. mainstreaming human rights and gender, disability and healthy ageing across technical areas, road safety, and violence against children); overcoming these challenges requires appropriate mechanisms with effective leadership, allocation of resources and acknowledging this work as an integral component of expected results delivery.

80. The imbalance between the support requested by countries and the financial and human resources available is another important challenge. The funding for the programmes contributing to these outputs is insufficient; although some programmes have a track record of successful attraction of voluntary contributions, these grants tend to be either small or highly specified. It is therefore very important to ensure not just more funding, but also less vulnerability caused by fluctuations in external funding opportunities, and to develop robust partnerships.

Outcome 3.1 – determinants of health addressed

Strategic directions and priorities

81. Under this outcome, Member States and the Secretariat will work to address the social and environmental determinants of health across the life course, through a strong gender, equity and human rights lens. Programmatic areas contributing to this outcome include nutrition and food safety, child and adolescent health, disability and healthy ageing, violence and injury prevention, and the social and environmental determinants of health.

82. Strategic priorities addressing the social determinants of health across the life course include the follow-up to the regional high-level conference Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region (Ljubljana, Slovenia, 11–13 June 2019), and the implementation of the Ljubljana Statement on Health Equity, including the establishment of a multidisciplinary health equity alliance of scientific experts and institutions. In addition, a new children's and adolescents' health strategy will be launched, and the WHO European Childhood Obesity Surveillance Initiative will be followed up, along with action to prevent violence and injuries.

83. In addressing the environmental determinants of health, including climate change, the strategic focus is on work with Member States to implement the commitments of the Sixth Ministerial Conference on Environment and Health, supporting the development and implementation of national portfolios for action on environment and health, and the seven priority areas recognized by the Ostrava Conference (air pollution; chemical safety; climate change; water, sanitation and hygiene; environmentally sustainable health systems; waste management and contaminated sites; and cities and regions). Alignment and synergy will be sought with the new WHO global strategy on health, environment and climate change. The normative work will focus on updating the Global WHO Air Quality Guidelines, and on disseminating and supporting the implementation of the WHO Environmental Noise Guidelines for the European Region, launched in 2018.

Supporting countries

84. The bottom-up consultative process indicated a high level of demand for WHO support in the area of determinants of health. Twenty-two countries expressed their interest in working with the Regional Office on health equity, sexual and reproductive health, children's and adolescents' health, violence and injury prevention, NCDs and food safety, migrant health, gender and human rights and governance aspects. In addition, 18 countries requested

support for their work to address water, sanitation and hygiene, air pollution, climate change, chemical safety, health impact assessments and the development of national portfolios for action on environment and health in line with their Ostrava Declaration commitments.

Outcome 3.2 – risk factors reduced through multisectoral action

Strategic directions and priorities

85. In the context of this outcome, the Regional Office will support Member States in developing and implementing technical packages to address risk factors for health through multisectoral action and to address those risk factors through engagement with the public and private sectors and civil society.

86. Programmatic areas contributing to this outcome include nutrition and food safety, tobacco, alcohol, physical activity, children's and adolescents' health, disability and healthy ageing, and violence and injury prevention, in addition to social and environmental determinants of health, gender, equity and rights, and governance for health, including healthy cities. This outcome is particularly important for achieving 1 billion healthier people, given that it deals with the risk factors behind the largest share of the burden of disease in the European Region. The implementation of public health goods in the context of this outcome will significantly contribute to the achievement of SDGs 2, 3 and 17, among others. Finally, this outcome provides the context and framework for an accelerated implementation of the “best-buys” related to the risk factors for NCDs.

87. Strategic priorities include the implementation of the commitments enshrined, notably, in the WHO European action plans and strategies on alcohol, tobacco, nutrition and physical activity.

Supporting countries

88. The bottom-up consultative process with Member States indicated a huge demand for WHO support: 52 countries selected this outcome as high or medium priority, with 39 selecting it as high priority.

89. Many countries requested support for implementing the commitments under the health equity drivers. Many also requested support for implementing and monitoring implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and acceding to the Protocol to Eliminate Illicit Trade in Tobacco Products. There were frequent requests for the preparation of country fact sheets based on the progress report “Better food and nutrition in Europe” (2018) and fact sheets on the implementation of the Physical Activity Strategy for the WHO European Region 2016–2025; The tool for the implementation and monitoring of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025 was in high demand, and support in the areas of elimination of trans fatty acids and alcohol policy was a priority for a number of countries. The city-level toolbox for implementation of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 was also requested by countries, and support requests were received for the development of an updated and regionalized version of the WHO TEACH-VIP curriculum for capacity development in violence and injury prevention. Work on digital marketing of unhealthy products, alcohol use, young people's and local/municipal action on NCDs and the regional platform on air pollution was also prioritized.

Outcome 3.3 – healthy settings and health in all policies promoted

Strategic directions and priorities

90. Under this outcome, Member States and the WHO Secretariat will pursue two other specific channels to address health determinants and risks: engaging cities and other settings and participating in discussions on multilateral conventions. These will also serve as channels for addressing issues under the other strategic priorities, such as antimicrobial resistance or healthy ageing. Programmatic areas contributing to this outcome include governance for health, disability and healthy ageing, nutrition and food safety, tobacco, alcohol, physical activity, children's and adolescents' health, and violence and injury prevention, in addition to social and environmental determinants of health, gender, equity and rights.

91. The strategic priorities include addressing risk factors and the social and environmental determinants of health; health promotion and disease prevention, including health literacy; action to prevent violence and injuries through the Small Countries Initiative; support for subnational networks such as the WHO European Healthy Cities Network and the WHO Regions for Health Network; and support for settings-based networks such as the European Network of Health Promoting Schools, the WHO Health Promoting Hospitals Network, and the WHO Health in Prisons Programme.

92. The Regional Office will continue working with Member States to provide support for relevant multilateral agreements and policy platforms, including the global coordination mechanisms on NCDs, Codex Alimentarius, the Protocol on Water and Health, the Transport, Health and Environment Pan-European Programme (which will hold its fifth high-level meeting in Austria in 2020), the Joint Task Force on the Health Aspects of Air Pollution under the Convention on Long-range Transboundary Air Pollution, the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees.

Supporting countries

93. There is strong interest in working on the determinants of health across 16 different programme areas, demonstrating the value of this enabling output across programme areas. Seven countries have expressed an interest in working on governance mechanisms for addressing health determinants and multisectoral risks.

Integrated approaches

94. To achieve the GPW 13 triple billion targets, which are aligned with the SDGs, WHO will need to work in an interconnected and integrated manner at the three levels of the Organization, and within and beyond health, as well as with multiple stakeholders. The WHO transformation agenda, approved by Member States, recognizes this need.

95. The Regional Office has already been pursuing this approach when delivering elements of its support for countries under Health 2020. The Health 2020 framework, policies and incentives have been put in place to stimulate interprogrammatic and cross-programmatic work at country level.

96. Experience shows that it takes leadership commitment and time to overcome some of the barriers, including established ways of working and path dependencies, planning and

budgeting challenges, challenges in disbursement of funds, lengthy recruitment processes, professional “silos”, insufficient recognition and visibility. The interprogrammatic, integrated activities in the Region underscore the key role of strong leadership in driving this type of work. Under the Health 2020 umbrella, senior technical staff have been able to achieve cross-programmatic collaboration to support Member States.

97. For the future, it is clear that – where appropriate – interdivisional and interprogrammatic work must become the norm, based on country support plans and staying within the outcomes and outputs of the planning framework. Innovative start-ups and the spontaneous emergence of specific initiatives can and should continue. Collaboration is most likely to succeed where the involved programmes identify synergies together, and where common objectives already exist. Not every area of work will benefit from an interprogrammatic approach; for example, the deployment of immediate emergency support in an outbreak situation, where collaboration between relevant technical areas in preparation for emergency deployment would be the key. Transaction costs may, in some cases, preclude cooperation even if it is desirable and would increase efficiency. In some instances, Member States’ requests for technical assistance have been limited to a single programmatic area. These, too, need to be considered, along with considerations relating to human resources, flexibility of donor funding and monitoring.

Strategic priority 4 – more effective and efficient WHO providing better support for countries

Outcome 4.1 – strengthened country capacity in data and innovation

Strategic directions and priorities

98. With the adoption of resolution EUR/RC66/R12 at its 66th session, the WHO Regional Committee for Europe called on Member States to strengthen the use of evidence, information and research for policy-making in the European Region to catalyse the achievement of the SDGs and Health 2020. At the request of Member States, the European Health Information Initiative was created to provide the overarching framework for this work. The Regional Office aims to consolidate, strengthen and promote the generation and use of multidisciplinary and intersectoral sources of evidence for health policy-making with a view to scaling up the work towards achieving the SDGs, GPW 13 and universal health coverage.

99. The Regional Office will strengthen national health information systems, harmonize health indicators, establish an integrated health information system for the Region and foster the monitoring of global and regional trends, paying particular attention to the health-related SDGs and related performance targets under GPW 13, and working in line with the Joint Monitoring Framework. The Regional Office will establish and promote national health research systems to support the setting of public health priorities and to increase country capacities for scaling up effective interventions by developing sound evidence-informed policies and programmes.

Supporting countries

100. In supporting countries to strengthen health information and data systems, including at the subnational level, and to use this information to inform policy-making, the Regional Office will assist in building sustainable capacity for health information and e-health through

mechanisms such as training on health information and evidence for policy-making. The Regional Office will support (a) the establishment/strengthening of health information systems and e-health, and (b) the development/revision of the health information strategy for priority countries. The generation of multidisciplinary research will be supported to ensure that health information is relevant to local cultural contexts in order to develop innovative approaches to complex health challenges. Support will be given to regional networks to strengthen country information systems for health and promote institutional capacity. The Regional Office will also work with countries to implement the 11th revision of the International Classification of Diseases.

101. The Regional Office will support countries in implementing the GPW 13 results framework three-layer measurement system (healthy life expectancy at birth, triple billion targets and programmatic targets) and tracking progress, through support for monitoring of performance as stipulated in country support plans and by building country capacity in inequality monitoring that is aligned with the impact framework outcome indicators and the Joint Monitoring Framework.

102. Support will be provided to efforts to increase and institutionalize country capacity for formulating and implementing evidence-to-impact policies and programmes with a view to accelerating the achievement of the triple billion targets, and to ensuring access to knowledge by producing, publishing and disseminating information products, such as Health Evidence Network synthesis reports and the online journal *Public Health Panorama*, as well as the Hinari Access to Research in Health Programme. The Regional Office will help to establish or strengthen national health research systems, with a focus on fostering implementation science for universal health coverage and including country health research priority-setting, as well as through the strengthening of ethical standards and ethics oversight mechanisms.

Global and regional public health goods

103. In order to strengthen country capacity in data and innovation under this outcome, 19 public health goods were identified. These public health goods fall into two major categories: (a) regional public health goods that represent a contextualized version of a global public health good, such as the European Health Information Gateway, which is an interactive web-based tool in the area of best practice/innovative data hubs/observatories to improve access to, and analysis and use of, country data; and (b) regional public health goods that respond to needs articulated through the WHO governing bodies, including providing guidance with regard to the social, cultural, economic and political contexts of health and well-being, which is as an innovative area led by the Regional Office (in line with resolution EUR/RC66/R12).

Outcome 4.2 – strengthened leadership, governance and advocacy for health

Output 4.2.1 – leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the SDGs in the context of United Nations reform

104. The Regional Office will continue to demonstrate leadership for public health and put countries at the centre to maximize country impact. More resources will be committed to country work in a cost-effective manner. This will be done using innovative solutions, while ensuring alignment of all offices across the three levels of the Organization.

105. The Regional Office will continue to work in intercountry and country-specific modes, but will promote closer collaboration with and among countries by establishing and/or strengthening networks and by moving increasingly towards multicountry platforms. This will ensure a more agile and responsive approach to health issues in the countries.

106. Tools will be adapted to suit GPW 13; in the European Region these will include the alignment of the biennial collaborative agreements with the PB 2020–2021, the acceleration of the roll out of country cooperation strategies and the follow-up of country support plans, while ensuring that the United Nations Sustainable Development Cooperation Framework makes a strong reference to universal health coverage and includes the same priorities as are listed in the country support plans and biennial collaborative agreements.

107. The strategic relations with countries function will be strengthened to take up a more direct role in planning, assisting with and monitoring the implementation of country support plans in countries without a WHO presence.

108. The governance function contributes to the attainment of the triple billion targets. Approaches to improving governance activities in the new biennium will be further adapted to the implementation of PB 2020–2021. The Regional Office will continue to convene effective and efficient governing body meetings with agendas fully aligned with regional and global health agendas, rooted in GPW 13, the SDGs and United Nations reform. It will implement the outcomes of the ongoing Member State consultations on governance reform in a timely, efficient and cost-effective manner.

109. In 2020–2021, the communications function will illustrate the contribution that the Regional Office makes to the GPW 13 triple billion targets and the 2030 Sustainable Development Agenda by showcasing human-interest and evidence-based information and stories about its work and impact at country level. Emphasis will be placed on further strengthening communications capacity in country offices, creating further opportunities for capacity building and collaboration on communications activities between country and Regional Office staff, and incorporating resources for communications at the outset of planning activities. Cooperation on communications and resource mobilization will also be intensified with partners. The Regional Office will make further efforts to prioritize the production of rich media content in key priority areas, in preference to a steady stream of less impactful news stories. It will also seek to develop and share content more consistently across levels and platforms and with partners, and will introduce standard metrics to measure impact. The Regional Office will enhance its digital presence by joining the One WHO digital platform for all WHO websites. A new WHO multimedia centre will increase the efficacy of digital communication products in order to ensure that WHO's messages are effectively transmitted to key stakeholders and the European audience more persuasively.

Output 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation

110. The Regional Office will continue to expand capacity building for risk management, compliance and adherence to WHO's ethical principles. Further investment in monitoring and evaluation will be required in order to implement global recommendations on enhancing oversight and improving organizational learning and to implement, institutionalize and ensure robust report on the Secretariat's outputs through the new Balanced Score Card Mechanism.

Output 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships

111. The Regional Office will continue its collaboration with its regional and subregional key strategic partners, including other United Nations agencies, the European Union, the Organisation for Economic Co-operation and Development, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Gavi Alliance, the Interparliamentary Assembly of the Commonwealth of Independent States and the Eurasian Economic Union. The Regional Office has signed memoranda of understanding or has other well-established collaboration mechanisms with these partners. These are being reviewed and revised to align with GPW 13 and regional and country needs, including efforts to accelerate progress towards the SDGs and to implement the Global Action Plan for Healthy Lives and Well-Being for All.

112. The Regional Office will fully engage and participate in implementation of the United Nations reform at both regional and country level by: supporting countries in implementing the health-related SDGs through strengthened partnerships focusing on impact; engaging with subregional mechanisms and initiatives such as China's Belt and Road Initiative; and increasing collaboration with non-State actors within the context of the WHO Framework of Engagement with Non-State Actors. Relations with European Union institutions will be expanded, both by using the European Union's potential leverage to promote and support the global health agenda (including the organization of two meetings of senior officials) and through close collaboration with the European Parliament and the Council of the European Union.

Output 4.2.4 – planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value for money and the strategic priorities of the Thirteenth General Programme of Work

113. The introduction of a more integrated results framework with shared results is the starting point for driving integrated work and collaboration for greater effectiveness and, eventually, greater impact. Budget and resource allocation will be managed around integrated outcomes and outputs. Significant focus and efforts will be devoted in 2020–2021 to the implementation of the new and innovative approach in order to enable more direct measurement of the Secretariat's accountability for delivering its leadership and normative functions and its support for countries. This will take the form of quantitative and qualitative assessments to provide a better explanation of progress and performance in terms of achieving the outputs which are the responsibility of the Secretariat to deliver.

Output 4.2.5 – cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications

114. The Regional Office has been contributing fully to the WHO transformation process. Reports on the transformation have previously been submitted to the Standing Committee of the Regional Committee for Europe and a document containing an update on the topic is being submitted to the Regional Committee at its 69th session (document EUR/RC69/9).

Output 4.2.6 – leaving no one behind approach focused on equity, gender and human rights progressively incorporated and monitored

115. The Regional Office will strengthen political, strategic and technical capacity in the implementation of the health-related SDGs to: (a) promote the implementation of health-related SDGs across the health sector and together with other sectors; (b) develop a guide to resources for implementing the SDGs; (c) strengthen the evidence base by developing tools and methods for doing so; (d) collect best practice studies; (e) identify leaders for change and carry out training of these national leaders; (f) organize country dialogues at the highest level of government to promote the implementation of the health-related aspects of the SDGs; (g) build capacity in the health workforce; (h) lead the United Nations Issue-based Coalition on Health; (i) create a roster of experts and advisers to support the implementation of the health-related aspects of the SDGs; and (j) work with Member States to ensure that WHO country cooperation is based on national priorities, policies and plans, and integrates the SDGs, accelerates progress and ensures accountability.

116. The Regional Office will strengthen technical capacity by building evidence and promoting integrated approaches to technical support. The Regional Office will: (a) disaggregate health-related data by sex and at least two other stratifiers; (b) promote gender-responsive and rights-promoting data analysis; (c) prioritize actions to reduce discrepancies and promote the meaningful participation of diverse individuals and communities in WHO programme budgets, strategies, frameworks, technical support and other activities; (d) make the evidence collected publicly available and share it with international human rights bodies and relevant monitoring processes across the United Nations system in order to increase accountability; and (e) work with Member States to ensure that WHO country cooperation is based on national priorities, policies and plans and includes equity, gender and rights considerations. WHO representatives, directors, team leaders and coordinators will incorporate equity, gender and human rights standards into their annual performance evaluations and monitor their performance accordingly.

Outcome 4.3 – financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

117. The Regional Office will continue to strengthen the human resources management function to drive excellence and culture change. Recruitment processes will be further enhanced to ensure that they are timely and effective. Diversity and gender balance in the workforce will remain a priority, alongside staff development and learning, including inductions and on-the-job training.

118. The Regional Office will continue to strengthen internal controls, good stewardship and management of resources based on value-for-money principles. Business intelligence will be strengthened through digital platforms and enhanced digital work environments to facilitate transparency and timely decision-making. Accountability and control frameworks will be further implemented and strengthened. Compliance with imprest reconciliations requirements and the retention of the A rating for accounts, as well as good practices for procurement and asset management, will be ensured. Annual statements of internal controls will focus further on risk management. The corporate risk register will be kept updated and will be incorporated into the workplan monitoring and reporting exercises. Business continuity plans will be updated in in all WHO offices in the Region.

119. General management and administrative services will be aligned to ensure efficiency and effectiveness in delivery in line with implementation of WHO transformation plans. There will be a continued focus on the ability to prioritize and respond to public health emergencies. Information technology infrastructure and information management and technology services will be assessed and enhanced to ensure the delivery of the expected results. Security standards and compliance with the United Nations minimum operating security standards will be sustained.

General considerations for the Programme budget 2020–2021

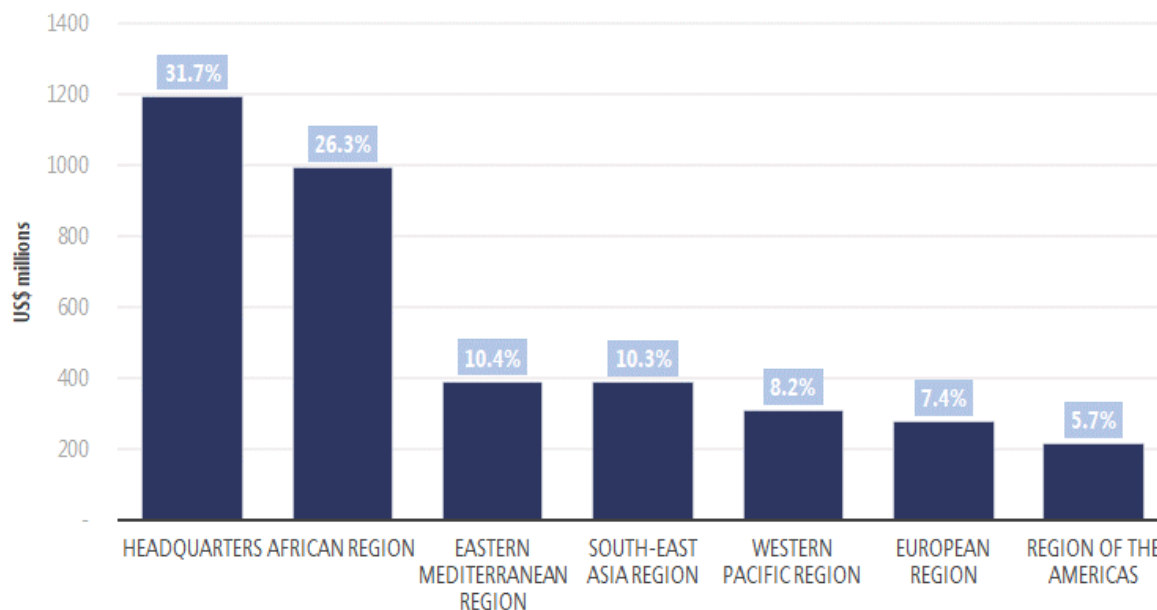
Regional budget overview

120. The Seventy-second World Health Assembly, through resolution WHA72.1, approved the Programme budget 2020–2021. This set the total global budget at US\$ 5840.4 million, of which US\$ 3768.7 million is for the base programmes, US\$ 863 million for poliomyelitis (polio), US\$ 1000 million for emergency operations and appeals and US\$ 208.7 million for special programmes.

121. The special programmes segment was retained in PB 2020–2021 since these programmes, while having additional governance mechanisms and different budget cycles, nevertheless contribute to the GPW 13 results chain. This will provide the flexibility to accommodate their requirements while enhancing the transparency of their contributions to the results of PB 2020–2021.

122. Within the global budget, the approved base PB 2020–2021 for the European Region is US\$ 277.9 million, which means that 7.4% of the total is allocated to the 53 Member States of the European Region (see Fig. 1).

Fig. 1. WHO-approved base Programme budget 2020–2021 by major office (US\$ millions)



123. The approved base PB 2020–2021 for the European Region represents an 8% increase over that of the PB 2018–2019 and is driven by increases of:

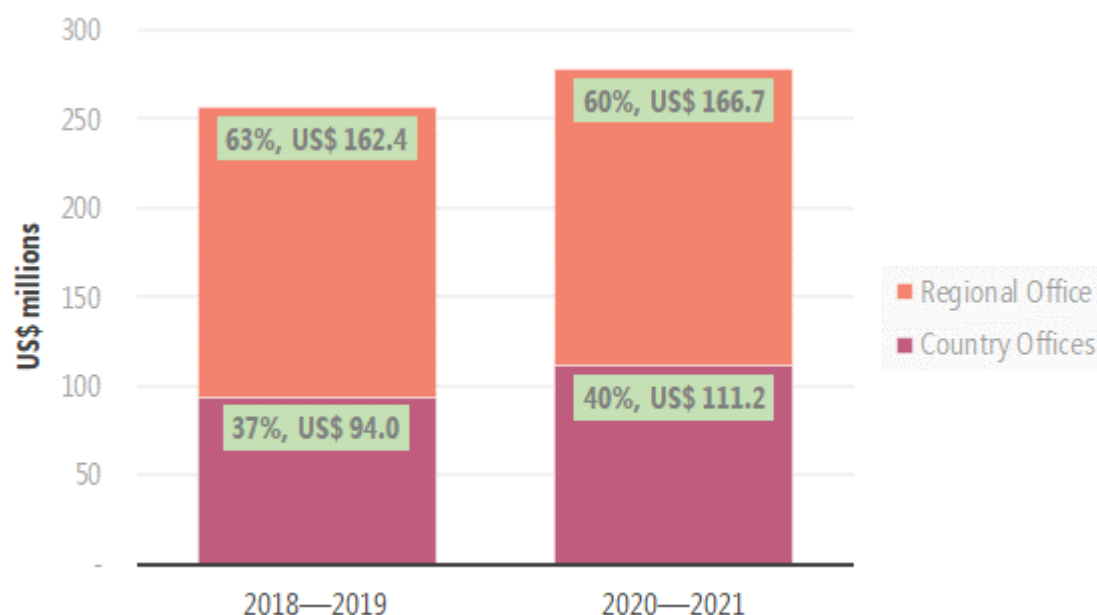
- US\$ 10.8 million for expanding WHO’s normative work, primarily with regard to data and innovation;
- US\$ 8.2 million for strengthening WHO’s technical capacity to deliver at country level; and
- US\$ 2.5 million for polio transition in order to mainstream essential public health functions into the base budget.

124. The special programmes segment of PB 2020–2021 for the European Region includes the Pandemic Influenza Preparedness Framework programme, with a budget of US\$ 4 million.

125. The European Region is committed to continuing its strong country focus. The percentage of the base PB 2020–2021 allocated to work at the country level is 40%, an increase of 3% over PB 2018–2019 (see Fig. 2). It should be noted that, given the level of skill and technical capacity within European institutions and public services, common country needs are often addressed through regionwide and intercountry approaches that supplement direct country support.

126. Details of the European Region’s base programme budget for each strategic priority, outcome and output are presented in Annex 2.

Fig. 2. Approved base programme budgets for 2018–2019 and 2020–2021 by Organization level (US\$ millions)



Financing: prospects and challenges

127. Table 1 compares the level of available resources for the approved base budgets over the past four bienniums, beginning with PB 2012–2013.

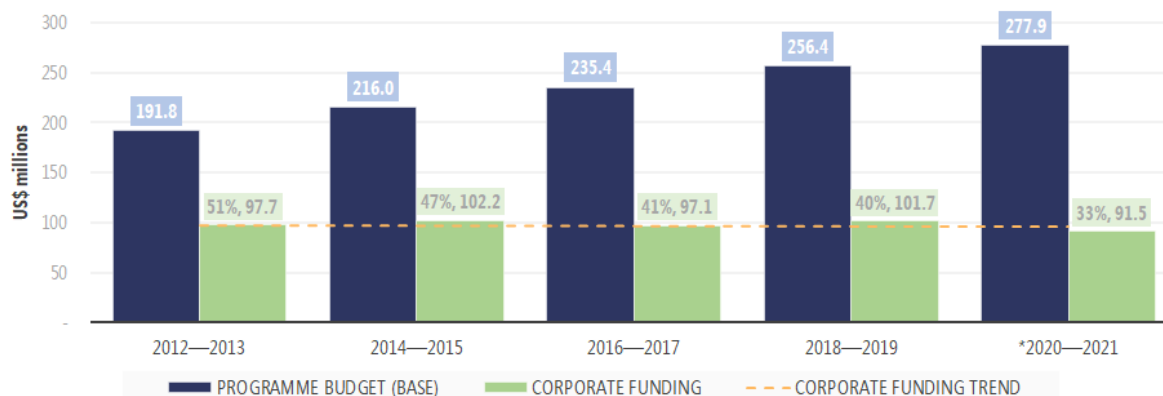
Table 1. Base programme budgets and funding for five consecutive bienniums (US\$ millions)

	WHA-approved base PB	Funds available	PB financing (available/approved) (%)
PB 2012–2013	192	198	103
PB 2014–2015	216	193	89
PB 2016–2017	235	195	83
PB 2018–2019*	256	247	96
PB 2020–2021	278	--	--

WHA: World Health Assembly. *For PB 2018–2019, “Funds available” refers to actual funds available, including projected voluntary contributions as at the end of June 2019.

128. Despite the high level of anticipated financing for PB 2018–2019, as shown in Table 1, there are underlying funding variations across programmes. There is a continued need to reduce vulnerabilities by broadening the donor base and to ensure more balanced resource allocation for all priorities of GPW 13. Availability of flexible resources, with longer-term security as provided by some Member States, remains crucial. Fig. 3 below shows the increasing budget over recent bienniums against a constant rate of corporate flexible funding. The trend clearly shows diminishing flexibility to address priorities that do not attract voluntary contributions.

Fig. 3. Approved base programme budget and allocated corporate funding for the WHO Regional Office for Europe by biennium (US\$ millions)

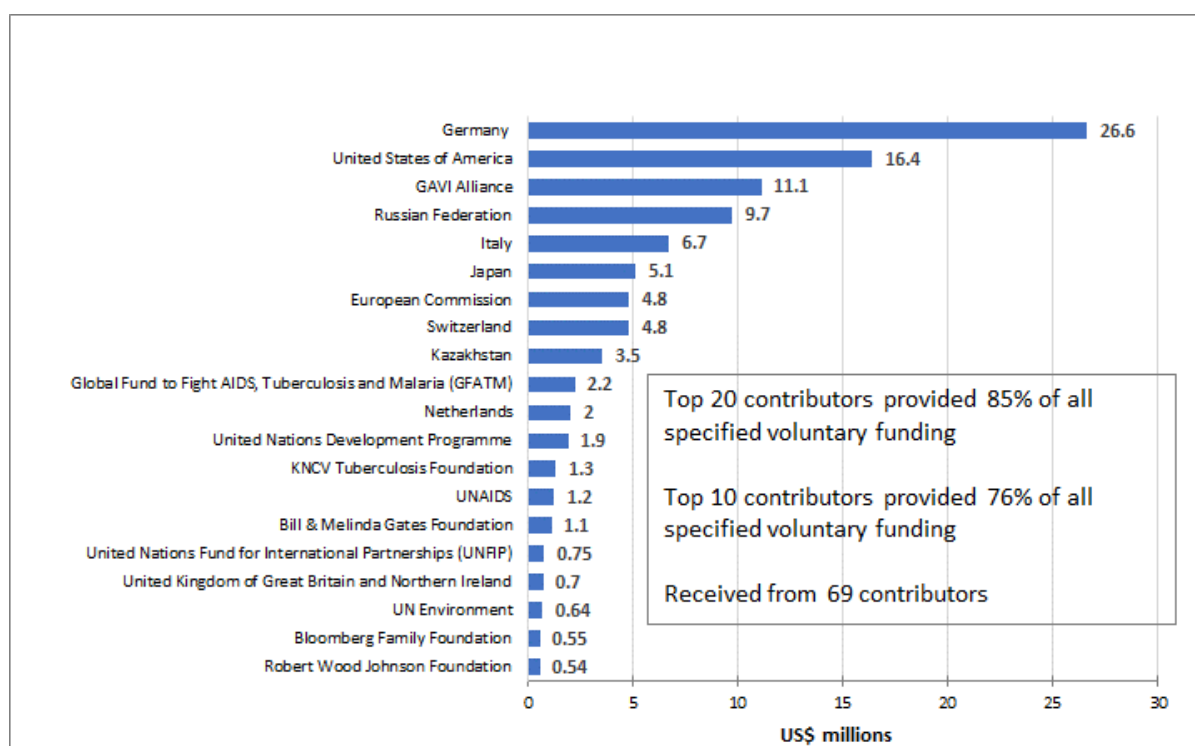


* The quoted amount for corporate flexible resources for 2020–2021 is a planning figure based on headquarters analysis.

129. Strengthening WHO’s leadership at the country level places further demands on corporate flexible funding. The Regional Office is working to transform and secure the strong commitment required from the partner and donor community for more flexibility and further alignment with high-level strategic priorities.

130. The Region continues to depend on a number of key donors and partners, as Fig. 4 below shows. The efforts of key contributors to ensure a longer-term perspective with regard to available funding and a move from fully earmarked funding to earmarking at higher levels (to allow more flexibility) continues and is highly appreciated.

Fig. 4. Top 20 contributors to the Regional Office for Europe (base programmes) for the period until March 2019 (US\$ millions)



The way forward

131. Operationalization of the first programme budget within the integrated GPW 13 results framework has resulted in a smooth transition to this new general programme of work. The process has brought further clarity to the roles and responsibilities of the three levels of the Organization and has enabled the identification and review of all regional and global public health goods in the light of the expressed priorities. While not set in stone, the outcome prioritization for the duration of GPW 13 is expected to result in a lighter planning process for the subsequent biennium.

132. Full operationalization of PB 2020–2021 will continue in the coming months, with intense articulation, validation and adjustment of the workplans and budget envelopes to ensure completion of the process by the start of the new biennium. The outcome of the process will be reported to the Regional Committee at its 70th session as part of the interim progress report.

Annex 1. Structure of the Programme budget 2020–2021

Strategic priority/pillar	Outcomes
<p>Achieving universal health coverage – 1 billion more people benefiting from universal health coverage</p>	<p>1.1 Improved access to quality essential health services</p> <p>1.2 Reduced number of people suffering financial hardships</p> <p>1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care</p>
<p>Addressing health emergencies – 1 billion more people better protected from health emergencies</p>	<p>2.1 Countries prepared for health emergencies</p> <p>2.2 Epidemics and pandemics prevented</p> <p>2.3 Emergencies rapidly detected and responded to</p>
<p>Promoting healthier populations – 1 billion more people enjoying better health and well-being</p>	<p>3.1 Determinants of health addressed</p> <p>3.2 Reduced risk factors through multisectoral approaches</p> <p>3.3 Healthy settings and Health in All policies promoted</p>
<p>More effective and efficient WHO providing better support for countries</p>	<p>4.1 Strengthened country capacity in data and innovation</p> <p>4.2. Strengthened leadership, governance and advocacy for health</p> <p>4.3. Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner</p>

Annex 2. Programme budget 2020–2021, WHO European Region, by strategic priority, outcome and output (US\$ millions)

Results	COs	RO	Grand Total
B1. One billion more people benefitting from universal health coverage			
1.1. Improved access to quality essential health services			
1.1.1. Countries enabled to provide high quality, people-centered health services, based on PHC strategies and comprehensive essential service packages	11.2	16.9	28.0
1.1.2. Countries enabled to strengthen their health systems to implement condition- and disease-specific programmes	9.7	15.3	25.0
1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	2.9	5.1	8.0
1.1.4. Countries enabled to ensure effective health governance	2.0	3.1	5.1
1.1.5. Countries enabled to strengthen their health workforce	1.7	2.2	3.9
1.1. Improved access to quality essential health services Total	27.5	42.5	70.0
1.2. Reduced number of people suffering financial hardships			
1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards UHC	3.6	2.9	6.4
1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making	1.2	2.6	3.8
1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy	.7	.3	1.0
1.2. Reduced number of people suffering financial hardships Total	5.5	5.7	11.3
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care			
1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists	1.1	1.1	2.2
1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	.6	.7	1.3
1.3.3. Country and regional regulatory capacity strengthened and supply of quality-assured and safe health products improved	1.3	1.0	2.2
1.3.4. R&D agenda defined and research coordinated in line with public health priorities	.1	.6	.7
1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	2.5	4.6	7.1
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care Total	5.5	8.0	13.4
B1. One billion more people benefitting from universal health coverage Total	38.5	56.2	94.7
B2. One billion more people better protected from health emergencies			
2.1. Countries prepared for health emergencies			
2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported	4.3	3.3	7.6
2.1.2. Capacities for emergency preparedness strengthened in all countries	3.1	4.7	7.8
2.1.3. Countries operationally ready to assess and manage risks and vulnerabilities	1.1	1.1	2.2
2.1. Countries prepared for health emergencies Total	8.5	9.1	17.6
2.2. Epidemics and pandemics prevented			
2.2.1. Research agendas, predictive models and innovative tools, products and interventions utilized for prevention and management of high-threat health hazards	.3	.0	.3
2.2.2. Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale	2.5	6.0	8.6
2.2.3. Risk of the emergence/re-emergence of high-threat infectious pathogens mitigated	.3	2.3	2.6
2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	.2	2.3	2.5
2.2. Epidemics and pandemics prevented Total	3.3	10.6	13.9
2.3. Health emergencies rapidly detected and responded to			
2.3.1. Potential health emergencies rapidly detected, risks assessed and communicated	1.2	3.6	4.8
2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities and networks	1.8	2.5	4.3
2.3.3. Essential health services delivered and systems maintained and strengthened in fragile, conflict and vulnerable settings	4.5	2.5	7.0
2.3. Health emergencies rapidly detected and responded to Total	7.5	8.6	16.1
B2. One billion more people better protected from health emergencies Total	19.4	28.3	47.7
B3. One billion more people enjoying better health and well-being			
3.1. Determinants of health addressed			
3.1.1. Countries enabled to address social determinants of health across the life course	3.6	5.7	9.3
3.1.2. Countries enabled to address environmental determinants of health, including climate change	1.5	10.1	11.5
3.1. Determinants of health addressed Total	5.0	15.8	20.8
3.2. Risk factors reduced through multisectoral action			
3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	4.9	7.1	12.1
3.2.2. Multisectoral risk factors addressed through engagement with public and private sectors as well as civil society	1.6	3.8	5.4
3.2. Risk factors reduced through multisectoral action Total	6.6	10.9	17.4
3.3. Healthy settings and Health in All Policies promoted			
3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces	1.8	3.8	5.6
3.3.2. Global and regional governance mechanisms used to address health determinants and multi-sectoral risks	.2	3.5	3.7
3.3. Healthy settings and Health in All Policies promoted Total	2.0	7.3	9.3
B3. One billion more people enjoying better health and well-being Total	13.6	33.9	47.5

Continued overleaf

Results	COs	RO	Grand Total
More effective and efficient WHO better supporting countries			
4.1. Strengthened country capacity in data and innovation			
4.1.1. Countries enabled to strengthen health information and data systems, including at the subnational level, and to use this information to inform policy-making	2.7	5.3	8.0
4.1.2. WHO impact framework and triple billion targets, global and regional health trends, SDG indicators, and health inequalities and disaggregated data monitored	.5	1.9	2.4
4.1.3. Countries enabled to strengthen research capacity and systems, conduct and use research on public health priorities, and scale effective innovations in a sustainable manner	.4	3.2	3.6
4.1. Strengthened country capacity in data and innovation Total	3.6	10.4	14.0
4.2. Strengthened leadership, governance, and advocacy for health			
4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform	22.7	13.4	36.1
4.2.2. The Secretariat is operating in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation	.3	1.6	1.9
4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships	1.6	7.0	8.6
4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13	.3	2.6	2.9
4.2.5. Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications	.1	.0	.1
4.2.6. "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored	.0	2.9	2.9
4.2. Strengthened leadership, governance, and advocacy for health Total	24.9	27.5	52.5
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner			
4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework	.8	4.1	4.9
4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery	1.0	.3	1.3
4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations	2.7	1.3	4.0
4.3.4. Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care	6.7	4.7	11.4
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner Total	11.2	10.4	21.5
More effective and efficient WHO better supporting countries Total	39.7	48.3	88.0
Grand Total	111.2	166.7	277.9

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