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PROPOSED PROGRAMME BUDGET 2004–2005: THE WHO EUROPEAN REGION'S PERSPECTIVE

This paper suggests strategic orientations for WHO's European Region for the biennium 2004–2005. It is to be read in conjunction with the global Programme Budget (document EUR/RC52/12). A draft resolution is submitted to the Regional Committee for its consideration.

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The process of preparing WHO's budget

1. The overall process of preparing the global Programme Budget 2004–2005 has seen major improvements in consultation, both with Member States and within the Organization.

2. The preparatory process has been characterized by a dialogue between area of work (AOW) focal points at WHO headquarters and their regional counterparts. The European perspective has been extensively taken into consideration, since prior consultation with European Member States made it possible to map out their wishes for specific items to be highlighted, as described below.

3. The remaining steps in the preparatory process will start with discussions at the six regional committees this year. Their comments will be incorporated in the version of the Programme Budget to be discussed at the 111th session of the Executive Board in January 2003, after which the final Programme Budget will be transmitted to the Fifty-sixth World Health Assembly in May 2003 for approval.

The basis of the programme budget 2004–2005 for the European Region

4. The Regional Office's strategic proposals for 2004–2005 have been designed with two aims in mind: continuity in pursuing and strengthening the approaches adopted by the Regional Committee in 2000; and change to take account of the current needs of European Member States. There are now four main thrusts for successful implementation of the Regional Office's programme for 2004–2005: the country strategy; the areas of work and priorities in the global Programme Budget; the wishes expressed by the Member States in the Region; and the health situation and health systems in the Region.

The Regional Office's country strategy: "Matching services to new needs"

5. At its fiftieth session in September 2000, the Regional Committee adopted the WHO Regional Office for Europe's country strategy. This strategy has since guided a large part of the Office's work. Its appropriateness, its feasibility and its validity have been tested during implementation. The main approaches generated by the strategy are:

- to match the Office's services to the countries' needs;
- to strengthen international partnerships for health;
- to be consistent with WHO's global strategy towards countries;
- to incorporate the experience built up by the Regional Office for Europe.

6. So far as the content of the Regional Office's services is concerned, the aim is to help Member States develop their health policies and reform their health systems and their different public health programmes, by providing them with appropriate services.

The 35 areas of work and the 11 priorities in the global Programme Budget (see Annex 1)

7. In 2004–2005 the basic structure of the global Programme Budget will be the same as in 2002–2003, with 35 areas of work, so that the main budget trends can be compared and analysed. However, there will be a few minor modifications, to sharpen the focus and eliminate duplication. The text for each area of work will be presented under the same headings as in the previous biennium ("Issues and challenges"; "Goal"; "WHO objective"; "Expected results" and "Indicators"). The only notable changes are to introduce a new area of work entitled "WHO's presence in countries" and to combine the two previously separate areas of work concerning the Director-General, on the one hand, and the regional directors, on the other. The total therefore remains 35.

8. The 11 global priorities in the 2002–2003 Programme Budget will also be maintained. The only exception is to replace the priority on “Investing in change in WHO” (which will continue, but not as a priority) with a new one on “Health and environment”. This has been done in response to a request by several regions, and in particular the European Region.

The wishes of the Member States in the European Region

9. In the strategic proposals for 2004–2005, continuity must be accompanied by matching the needs of the countries in the Region. In October 2001, immediately after the Regional Committee session, all the Member States were asked which areas they wished to see promoted in the Regional Office’s work in 2004–2005. On the basis of the replies received it would appear that, of the 35 areas of work adopted at global level for all WHO’s programmes, four should be singled out. These are:

- health systems organization;
- surveillance, prevention and management of noncommunicable diseases;
- health promotion;
- mental health and substance abuse.

The health situation and health systems in the European Region

10. According to *The European health report 2000–2001*, published by the Regional Office[1] important inequalities in health status within and between Member States result from dramatic increases in the incidence of communicable diseases such as HIV/AIDS and tuberculosis, largely related to the deterioration of the socioeconomic situation.

11. Cardiovascular diseases, cancer, diabetes mellitus and other noncommunicable diseases account for most of the burden of ill health and the east-west gap in life expectancy in the European Region. Most of these diseases are associated with the common risk factors related to lifestyles and the socioeconomic environment. As shown by the results achieved in some western European countries, the situation can be greatly improved with regard to these diseases. Particular efforts are also needed to reduce the currently increasing burden of mental disorders, as well as the incidence and consequences of injuries, particularly in childhood.

12. The report highlights the relation between socioeconomic factors and health. Poverty, in particular, is recognized as the most important single determinant of ill health. The report also demonstrates the role of health determinants and emphasizes the effects of a healthy diet and physical exercise, as well as pointing to the worrying situation with regard to unhealthy behaviours such as tobacco, alcohol and drug use, particularly in younger age groups.

13. The report underlines the fact that health systems and services are undergoing major transformations in the European Region. Countries are striving to strike a better balance between sustainability and solidarity in financing. There is also an increasing trend in the European Region towards strategic purchasing as a mechanism for allocating resources to health care providers in such a way as to maximize health gain. Contracting mechanisms and performance-based payment are becoming central to effective purchasing. Countries are adopting more aggressively updated or new strategies to improve efficiency in health service delivery.

14. Finally, the report recommends that major efforts should be made to improve the quality of data and the capacity for their analysis. In particular, countries should be supported to improve their information systems. The Regional Office is encouraged to develop its role, as part of a large network, in

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[1] *The European health report 2000–2001.* Copenhagen, WHO Regional Office for Europe, 2002 (WHO Regional Publications, European Series, No. 97).

the collection and assessment of evidence and the exchange of expertise and experience, particularly in the fields of health policy development, health systems organization, health care financing, quality of health systems, and people's and patients' rights.

Proposed strategic orientations for the European Region's programme budget 2004–2005

15. As mentioned at the start of the previous section, the strategic orientations proposed for 2004–2005 respond to two complementary principles: continuity of the Office's country strategy that was adopted in 2000, and adaptation to the Member States' changing needs. To reflect this duality, six approaches have been identified: take account of all the countries in the Region; strengthen partnerships; develop information and evidence; focus on selected topics; prepare for the future; and continue the changes under way at the Regional Office.

Take account of all countries in their diversity

16. In previous biennia, the Regional Office developed its capacity to listen to, analyse and understand the public health problems being faced by the different countries in the Region. It also improved its capacity for dialogue and negotiation, especially with the Member States with whom biennial collaborative agreements (BCAs) have been concluded and which have liaison offices. All these moves have meant that the Office has been progressively matching its services to the needs of the countries of the Region.

17. For the biennium 2004–2005, these country orientations will be maintained and strengthened.

18. The health problems being faced by the countries in the European Region are frequently of a similar nature but often on differing scales. On the other hand, the services that these countries expect from the Office are different, depending not only on their health situation but also on their economic and political circumstances.

- Some countries – the poorest ones – are requesting very specific support to overcome severe shortages of resources. They are often regarded, wrongly, as developing countries owing to their economic situation. In reality, the level of training and quality of their professional staff, their lengthy and extensive public health experience and the existence of an organized health system, even if radical reforms are required, make these countries very different from those traditionally categorized as "developing". The assistance they need must be strong and immediate, so that they can quickly emerge from this difficult and dangerous phase in their development. It must be both financial and technical. In 2004–2005 the Regional Office will accordingly continue to support them in developing their public health programmes, but it will also make their needs known to the international community and help to ensure that international assistance is properly coordinated and wisely used.
- For countries facing a humanitarian crisis, the Office will continue to provide assistance, taking account of the technical experience built up over the past ten years and the need to make a progressive but rapid transition from an initial emergency phase to one of "normal" development. A scaling-down of international aid should therefore be envisaged at the onset of the crisis, to enable better planning and use of resources.
- Specific attention must also be paid to a third group of countries, which could be categorized as being "in rapid transition". These countries are candidates for accession to membership of the European Union, as well as those (sometimes the same ones) from south-eastern Europe who are participating in the Stability Pact Initiative. The Regional Office will continue to support these countries in the technical fields appropriate to this transition phase, and especially in the surveillance and prevention of communicable diseases, mental health and health systems

observatory functions. It will help them to develop their information systems, so that they can continuously analyse the effects of economic transition on people's health.

19. In these three groups of countries, the Regional Office's presence will be strengthened both qualitatively and quantitatively. Efforts to improve communication and coordination with the liaison offices will be sustained. Intensive training of professionals will continue. In those countries that most need it, WHO's presence will be supplemented with international staff. These activities will continue to be part of WHO's global approach to collaboration with countries, which is the reference framework.

- Lastly, countries in a more favourable economic situation expect the Regional Office for Europe to provide them with "fora" in which they can exchange their experience and concerns, both present and future. This is the aim of the "futures fora" that were launched in 2001 and will be continued. These "futures fora" will operate like "crisis groups" when needed, but above all they will be a setting for discussing difficult public health issues, in order to identify common approaches and responses that the Regional Office will advocate. This work will of course also benefit other countries in the Region.

Strengthen international partnerships for health

20. Partnership with other organizations has been one of the constant features of the Regional Office since 2000. These partnerships are intended to be both institutional and operational. There are close contacts with organizations such as the Council of Europe, the European Commission, the World Bank and some bodies of the United Nations system, especially the United Nations Children's Fund (UNICEF) and the other co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS). This collaboration makes it possible to develop specific actions jointly with each of these organizations. These actions are described in the report on the work of WHO in the European Region, 2000–2001 (document EUR/RC52/4).

21. In 2004–2005 these partnerships will be maintained at the same level of intensity, with areas for cooperation selected in the light of the situation at that time, the Member States' requirements and the priorities of each organization. In some areas, however, the need for cooperation is self-evident: human rights and health, and the Stability Pact, with the Council of Europe; information and monitoring, and health promotion, with the European Union; AIDS, nutrition, and maternal and child health, with UNICEF. In the biennium in question, higher priority will be given to field work in the countries themselves, as is now the case for cooperation between the Regional Office and the World Bank.

22. Lastly, partnerships will be made more diverse and opened up more to those nongovernmental organizations with which WHO has shared values and working methods, as has already been done with some of them for a number of years.

Develop information and evidence

23. The most difficult but also the most necessary challenge that the Regional Office has to take up is to provide Member States and decision-makers with "useful" information, i.e. that they can draw on when making decisions. At a time when modern communications technologies are glutted with information about health, it is more essential than ever to help decision-makers choose between the sources and provide them with information in suitable forms. Since 2000 the Regional Office, in close cooperation with WHO headquarters, has taken a number of initiatives to this end, which should be fully scaled up in 2004–2005.

24. Partnership with national information-handling institutions and other organizations is the essential basis for the initiative. Overlaps must be avoided at all costs, and every effort must be made to share experience, expertise and resources. To that end, the Regional Office has begun to seek partners, both financial and technical, with whom it will pursue programme implementation. The aim is not create new

sources of information but to make use of existing information, adapting it to the needs of those involved in public health, both practically and at the decision-making level. Of course, some information will continue to be generated at the Regional Office itself, especially with regard to monitoring health status and health systems, as is already being done with success by the Health for All database and the European Observatory on Health Systems.

25. Efforts will be made in 2004–2005 to present information in a form that is suited to its users. As was done for poverty in 2002, systematic case studies will continue to be made and will be extended to other fields, in order to give Member States examples of specific public health actions that have proved their worth. The Regional Office has already begun work along these lines, in particular by setting up a unit for "Public health evidence" and establishing a scientific support group to guide the Office's developments in this area.

Focus on selected public health topics

26. Like in previous biennia, the Regional Office will continue its work in numerous fields of public health, such as communicable and noncommunicable diseases, health promotion and healthy lifestyles, environment and health, health determinants, and health systems and professions.

27. Some topics, however, will be given particular prominence. This applies to the 11 priorities identified for the Organization as a whole, with special emphasis on the new priority of environment and health. The Budapest Conference in 2004 will no doubt be a high point in the biennium for the European Region. Its theme, the environment and children's health, is also one of the Organization's priorities.

28. High visibility will also be given to the issues identified by the Member States in the Region: health systems organization; surveillance, prevention and management of noncommunicable diseases; health promotion; and mental health and substance abuse (see paragraph 9).

29. So far as health systems organization is concerned, the work of the Office will be guided by a working group of experts and decision-makers that was set up in 2001–2002. This will ensure a better response to the Member States' many genuine requirements in this field, where all countries have both needs to be met and experience to exchange.

30. In the area of surveillance, prevention and management of noncommunicable diseases, the Regional Office will build on the outcome of the mechanism set up in 2002, where proposals about the Regional Office's position and the actions it should be developing in this field will be elaborated. This will be done in the light of the experience gained, in particular by the countrywide integrated noncommunicable disease intervention (CINDI) programme and WHO's global programme, with whom complementarity will be sought in order to make the best possible use of both human and financial resources. The resources that the Regional Office can devote to this problem are extremely limited and in no way commensurate with the real scale of the problem. This topic will probably be included on the agenda of the Regional Committee session in 2004.

31. For health promotion, the biennium 2004–2005 should be one of renewal, thanks to the work on health determinants carried out in previous biennia and the Regional Office's acknowledged experience in this field since the 1980s. Priority will be given to supporting all countries in the Region in their efforts to develop their health promotion policies, systems and programmes, drawing on evidence gathered in the Region and throughout the world. Work on reducing the health effects of poverty will continue, based on the recommendations made by the Regional Committee in 2001 and 2002, and the case studies carried out by the Regional Office on this topic.

32. In the area of mental health, which has also been identified as a priority by the countries in the European Region, the aim will be to continue the efforts launched at global level in 2001. The organization of a European ministerial conference in January 2005 will serve as a stimulus for the countries

of the Region to give effect to the recommendations contained in *The world health report 2001.*[2] Preparations for this conference will include preliminary meetings, each bringing together several countries in the Region. The biennium 2004–2005 will also benefit from the probable inclusion of mental health on the agenda of the Regional Committee session the previous year, in September 2003.

33. Lastly, in the area of substance abuse, activities in 2004–2005 will be guided, for alcohol and tobacco, by the action plans adopted by the Regional Committee and by the final declarations of the ministerial conferences held in 2000 and 2002. The issue of illegal drugs is now an acute problem in virtually all the countries in the Region. European cooperation and mutual technical and financial support will be priority areas for the Regional Office in 2004–2005. It has prepared to do this by strengthening its cooperation with UNAIDS and the eight United Nations agencies that make it up.

34. The priority issues for 2004–2005 must also include measures to control AIDS and tuberculosis, as well as communicable diseases in general, and especially those linked to poverty. This strategy is part of the Organization's global agenda and, on a broader scale, consistent with the approach adopted by the United Nations as a whole (Global Fund for AIDS, Tuberculosis and Malaria; Commission on Macroeconomics and Health; Millennium Declaration; Summit on Sustainable Development).

35. The topics selected for World Health Day in April 2004 and 2005 will also have to be taken into account, of course, and preparatory work will need to be done to meet the deadlines set for the following biennium, notably the Nutrition Conference that was provided for in the action plan adopted by the Regional Committee in 2000 and which could take place in early 2006.

36. The Regional Office's units and programmes will be well placed technically to fulfil their missions in 2004–2005, thanks to the efforts made in previous biennia to maintain and develop their skills and expert networks while contributing to developing evidence and information in their respective fields.

37. The Regional Office's budget will reflect these various priority topics, although it must be recognized that "ongoing" areas also need to be funded, since they also respond to the Member States' needs.

Prepare for the future: follow-up to Health for All

38. From the resolutions adopted by the Regional Committee in 1999, discussions with the Standing Committee and meetings with Member States' representatives and experts, it is apparent that a new phase of Health for All is required and desirable. Chronologically, the work of consultation and establishment of a mechanism that has been initiated in 2002 will be presented to the Regional Committee for discussion and guidance in September 2003 and for finalization and adoption in 2005. From the initial contacts, it is clear that the Health for All policy has been very useful in orienting Member States, especially on the values inherent in it. Health for All must continue along these lines.

39. The new phase should be centred on the issue of the ethics of health systems. This issue opens out onto numerous subjects, such as the rights and duties of the individual, access and equity, quality and safety, the human and financial resources required, the role, training and behaviour of health professionals and, of course, patients' rights. The discussion at the Regional Committee in 2003 will no doubt make it possible to define the main lines of this new phase and establish mechanisms for ensuring consultation with, and participation by, the Member States.

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[2] *The world health report 2001. Mental health: new understanding, new hope.* Geneva, World Health Organization, 2001.

Continue to match the Regional Office's work to the needs of the countries in the Region

40. The units and programmes at the Regional Office will of course continue to work on improving the quality of their services to Member States. They will do so by maintaining the level of their technical knowledge (both scientific and operational), drawing support from a network of recognized experts and basing their recommendations on reliable information and hard evidence.

41. The structure of the Office in four "major functions" (coordination of work at country level; technical support; information, evidence and communication; and administration) will be maintained in 2004–2005.

42. The effort initiated in 2002–2003 to facilitate and stimulate the practical implementation of technical programmes, especially at country level, will be pursued. The management and administration of the Office will continue to move forward along these lines.

43. The new participatory methods launched in 2001, with the aim of involving the staff more closely in improving the quality of the work done, will be evaluated in 2003 and adapted if necessary.

44. The staff development and training programme, designed to help them adapt to the approaches set out in this document, will be continued with the aim of improving the competence and professional satisfaction of each member of the staff.

Conclusion

45. The budget proposed for 2004–2005 (contained in Annex 1) reflects as closely as possible the strategic orientations set out in the section above. The proposals for allocating the estimated extrabudgetary resources (also contained in Annex 1) take account of the limitations of the regular budget.

46. The regular budget proposed for the European Region in 2004–2005 will be US $54 332 000, an increase of 3% over the previous biennium.

47. In order to reaffirm the priority given to the Regional Office's country work, and in line with the provisions of the Regional Committee's resolution EUR/RC49/R5, the regular budget for country activities will be US $7.6 million, compared with US $6 million in the previous budget. The budget line for WHO's country presence, for its part, will increase from US $5.6 million to US $6.4 million. The final breakdown of the budget by country and area of work will be done in the second half of 2003, on the basis of negotiations with each country concerned. This rule of consultation and concerted action is the fundamental principle underlying the Regional Office's country strategy, as decided by the Regional Committee in 2000.

48. There will be increases in the regular budget funds allocated to the following areas: communicable disease surveillance; malaria, tuberculosis and AIDS; surveillance, prevention and management of noncommunicable diseases; tobacco; health promotion; child and adolescent health; making pregnancy safer; poverty; nutrition; evidence for health policy; and organization of health services. Extrabudgetary resources will compensate for the unchanged level of regular budget funds allocated to the areas of mental health and substance abuse, and environment and health.

49. The table in Annex 1 gives the breakdown of the regular budget by the Organization's 35 areas of work. The 11 global priorities are shown in bold.

Annex 1

CONSOLIDATED BUDGET 2004–2005, BY AREA OF WORK
(US $ thousand)

	AREA OF WORK	REGULAR BUDGET (RB)					EXPECTED FROM OTHER SOURCES (OS)			GRAND TOTAL (RB+OS)
	(Global priorities in bold)	SALARIES	ICP ACTIVITIES	COUNTRY ACTIVITIES	TOTAL RB 04–05	TOTAL RB 02–03	ICP ACTIVITIES	COUNTRY ACTIVITIES	TOTAL	
1	Communicable disease surveillance	290	58	310	658	275	750	1 200	1 950	2 608
2	Communicable disease prevention, eradication and control		50		50		200	300	500	550
3	Research and product development for communicable diseases									
4	**Malaria**		50	107	157	125	600	1 000	1 600	1 757
5	**Tuberculosis**	420	408	361	1 189	1 147	500	9 000	9 500	10 689
6	**Surveillance, prevention and management of noncommunicable diseases**	710	136	550	1 396	628	1 500	2 500	4 000	5 396
7	**Tobacco**	420	58	265	743	563	900	2 000	2 900	3 643
8	Health promotion	420	50	315	785	754	2 800	1 200	4 000	4 785
9	Disability/injury prevention and rehabilitation		50	45	95	40	700	500	1 200	1 295
10	**Mental health and substance abuse**	550	258	658	1 466	1 494	1 500	1 900	3 400	4 866
11	Child and adolescent health	420	108	225	753	658	800	1 500	2 300	3 053
12	Research and programme development in reproductive health			113	113	100	500	3 500	4 000	4 113
13	**Making pregnancy safer**	420	138	280	838	615	400	2 000	2 400	3 238
14	Women's health		50	23	73	348	800	1 000	1 800	1 873
15	**HIV/AIDS**	420	708	213	1 341	1 303	1 000	7 000	8 000	9 341
16	Sustainable development	550	66	154	770	595	600	2 000	2 600	3 370
17	Nutrition	420	58	82	560	531	300	1 500	1 800	2 360

	AREA OF WORK	REGULAR BUDGET (RB)					EXPECTED FROM OTHER SOURCES (OS)			GRAND TOTAL (RB+OS)
	(Global priorities in bold)	**SALARIES**	ICP ACTIVITIES	COUNTRY ACTIVITIES	**TOTAL RB 04–05**	**TOTAL RB 02–03**	ICP ACTIVITIES	COUNTRY ACTIVITIES	**TOTAL**	
18	**Health and environment**	**2 065**	**641**	**300**	**3 006**	**2 986**	**12 000**	**3 000**	**15 000**	**18 006**
19	**Food safety**	**290**	**158**	**81**	**529**	**572**	**300**	**900**	**1 200**	**1 729**
20	Emergency preparedness and response	**420**	**70**	**90**	**580**	**620**	**500**	**12 000**	**12 500**	**13 080**
21	Essential medicines: access, quality and rational use	**420**	**58**	**254**	**732**	**683**	**500**	**1 500**	**2 000**	**2 732**
22	Immunization and vaccine development	**420**	**158**	**179**	**757**	**882**	**1 800**	**6 000**	**7 800**	**8 557**
23	**Blood safety and clinical technology**	**275**	**54**	**71**	**400**	**934**	**500**	**1 000**	**1 500**	**1 900**
24	**Evidence for health policy**	**3 454**	**327**	**591**	**4 372**	**4 056**	**5 500**	**1 500**	**7 000**	**11 372**
25	Health information management and dissemination	**4 365**	**434**	**80**	**4 879**	**4 849**	**200**	**600**	**800**	**5 679**
26	Research policy and promotion	**290**			**290**	**346**	**200**	**100**	**300**	**590**
27	**Organization of health services**	**2 386**	**540**	**1 606**	**4 532**	**4 208**	**3 000**	**2 000**	**5 000**	**9 532**
28	Governing bodies	**130**	**526**		**656**	**648**	**300**		**300**	**956**
29	Resource mobilization, and external cooperation and partnerships	**420**	**108**	**630**	**1 158**	**1 527**	**600**	**200**	**800**	**1 958**
30	Budget and management reform	**1 290**	**38**		**1 328**	**1 206**	**200**	**100**	**300**	**1 628**
31	Human resources development	**1 875**	**396**		**2 271**	**2 253**	**400**	**100**	**500**	**2 771**
32	Financial management	**1 420**	**108**		**1 528**	**1 506**	**600**	**100**	**700**	**2 228**
33	Informatics and infrastructure services	**4 977**	**3 726**		**8 703**	**8 751**	**2 000**	**100**	**2 100**	**10 803**
34	Director-General's and Regional Director's offices (including Audit, Oversight and Legal)	**505**	**690**		**1 195**	**1 994**				**1 195**
	Subtotal – Activities in countries (BCA)*			***7 583***						
35	WHO's presence in countries	**770**	**16**	**5 643**	**6 429**	**5 574**	**500**	**4 500**	**5 000**	**11 429**
	TOTAL**	**30 812**	**10 294**	**13 226**	**54 332**	**52 771**	**42 950**	**71 800**	**114 750**	**169 082**

* For comparison, the BCA (biennial collaborative agreement) budget in 2002–2003 was US $6.022 million.

** Interregional transfers through application of the provisions of resolution WHA51.31 have resulted in additional Regular Budget allocations to EURO of US $4 842 000 over three biennia.