

# Regional perspectives

Draft proposed programme budget 2014-2015



The regional perspective

# Introduction

## ***In support of the One WHO and One Programme budget***

- Building on the global framework and adding regional specificities
- Aiming for optimal division of labour between levels (HQ, Regions, and countries)

## **Two-step process**

- RC62 – specific priorities and deliverables
- RC63 – “*Contract*” between RC and Secretariat overseen by SCRC

## **Programme budget as a strategic tool for accountability, i.e., the “*Conceptual forerunner*” of the “*Contract*”**

- Concrete, prioritized and tangible deliverables
- Pilot test in 2012-2013
- Roll-out in 2014-2015

The regional perspective

# Guiding framework

## Values

- Right to the highest achievable standard of health
- Reducing inequities in health

## Mainstreaming social determinants of health in all areas of work

## Applying the five priority setting criteria

- Current health situation
- Needs of individual countries
- Internationally agreed instruments
- Evidence based, cost-effective interventions and the potential to use knowledge, science and technology
- The comparative advantage of WHO

The regional perspective

# What will be delivered by the Secretariat?

## The regional outcome portfolio

- Evolution rather than revolution – process already started in 2012-2013 operational planning
- 2012-2013 Outcome portfolio: 27 Key Priority Outcomes and 57 Other Priority Outcomes
- 2014-2015 Outcome portfolio: Currently stringent review taking place – expecting an about 20% change

The regional perspective

# The EURO Business Model

- Concentrating on the comparative advantages of EURO
- Delivery modes in order of choice are
  - (1) inter- and (2) multi-country
  - (3) country specific, if required by specific needs and circumstances
- Increased use of WHO Collaborating Centres
- Critical mass of technical expertise predominantly at inter-country level
- Country cooperation
  - Country Cooperation Strategies (CCS) with all Member states
  - Biennial Collaborative Agreements (BCA) with selected Member states

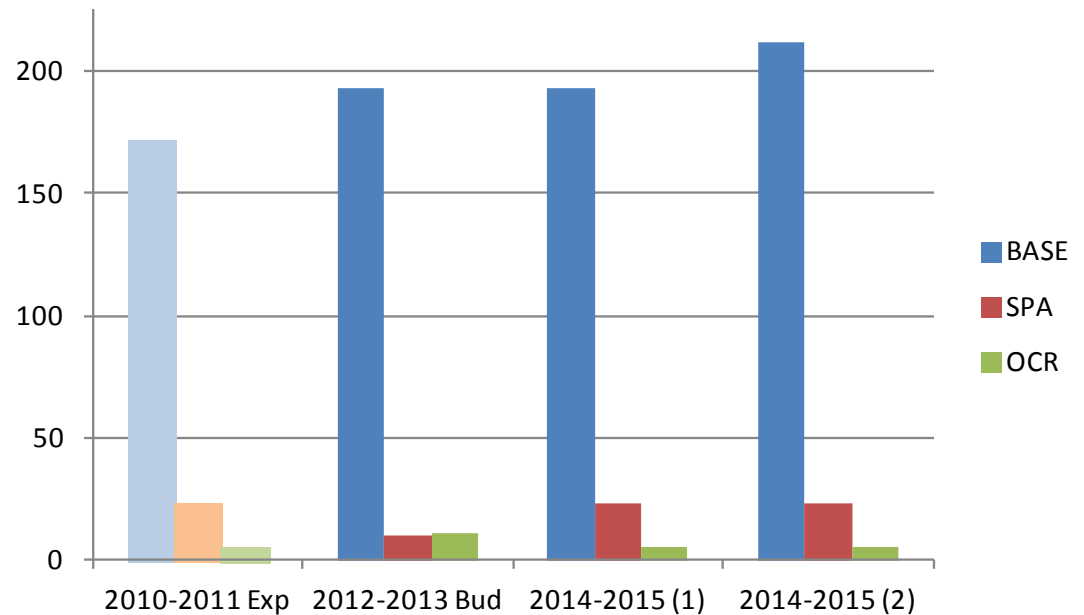
The regional perspective

# The budget (all segments)

## Two scenarios for 2014-2015:

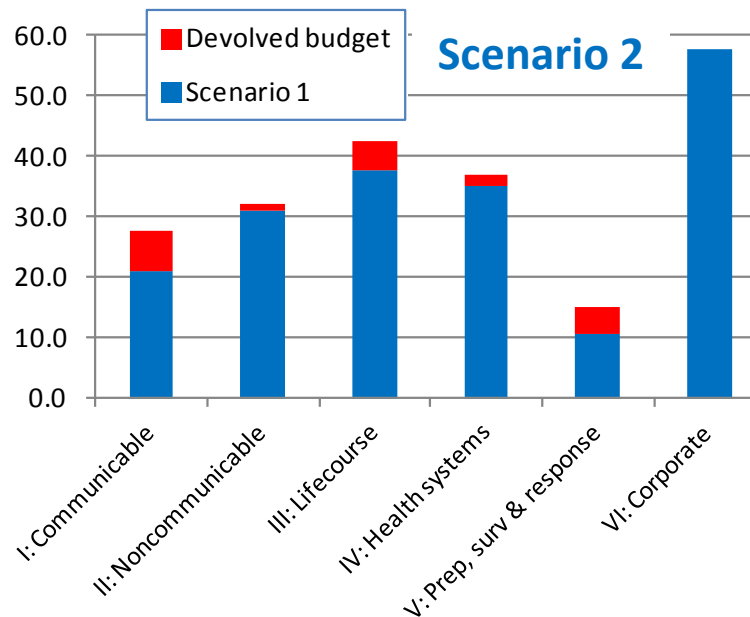
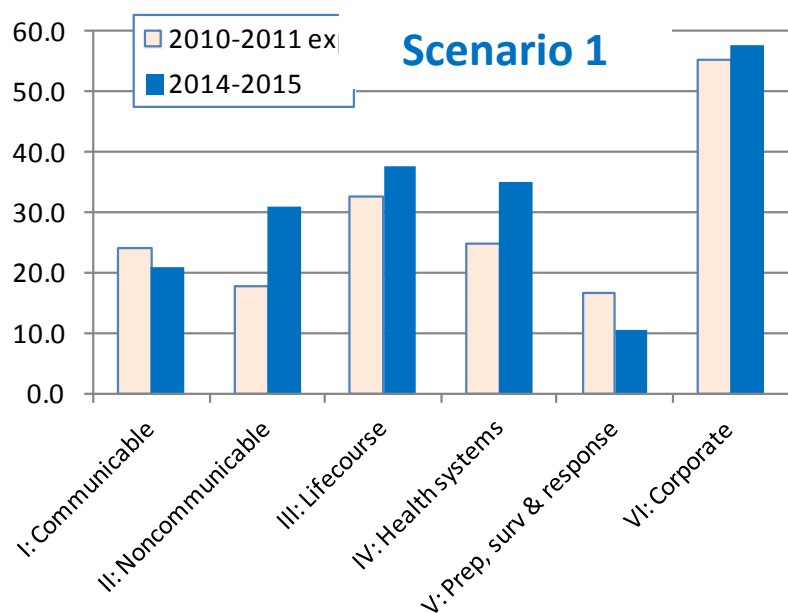
(1) Unchanged overall envelope for BASE (→ total budget \$221M)

(2) Devolved functions from HQ (→ total budget \$240M)



## The regional perspective

# The BASE budget by Category

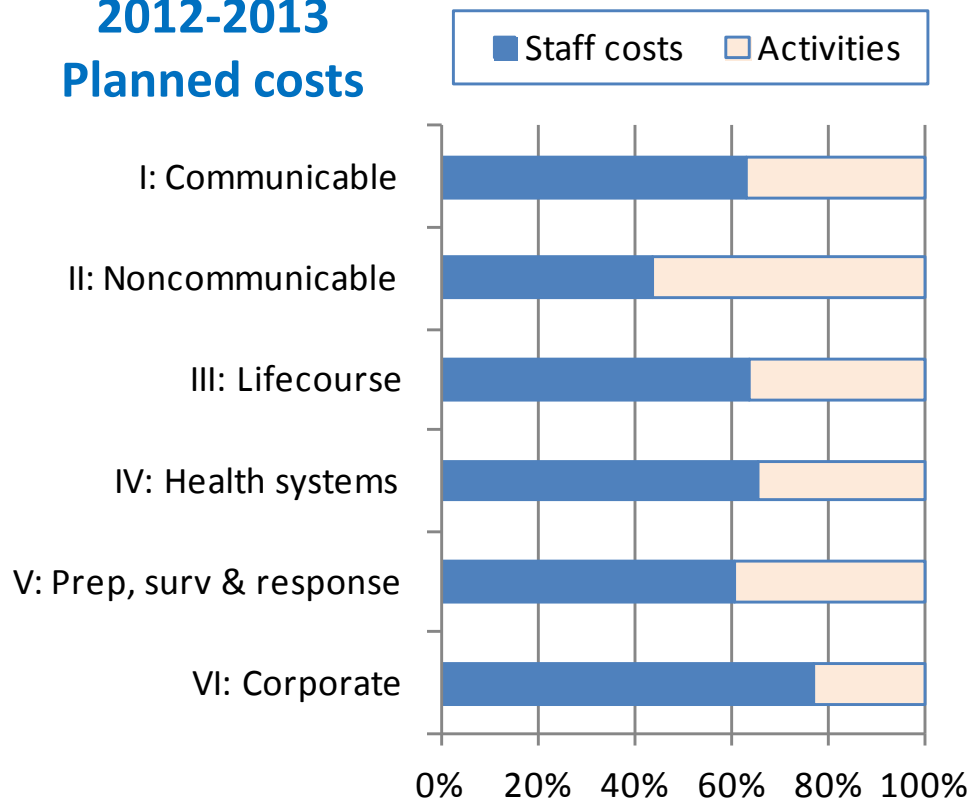


- Scenario 1:** Continued increased emphasis on **II: Noncommunicable diseases**, **III: Promoting health throughout the life course**, and **IV Health systems**  
 Decreased emphasis on **I: Communicable diseases** and **V: Preparedness, surveillance and response**
- Scenario 2:** Functions & budget devolved in particular for **I: Communicable diseases**, **III: Promoting health throughout the life-course** and **V: Preparedness, surveillance and response**

The regional perspective

# EURO will consider in the 2014-2015 operational planning: staff - activities

## 2012-2013 Planned costs



To deliver on the priorities and the business model, do we have:

- the right balance between staff and activities?
- the right mix of competencies at the right places?



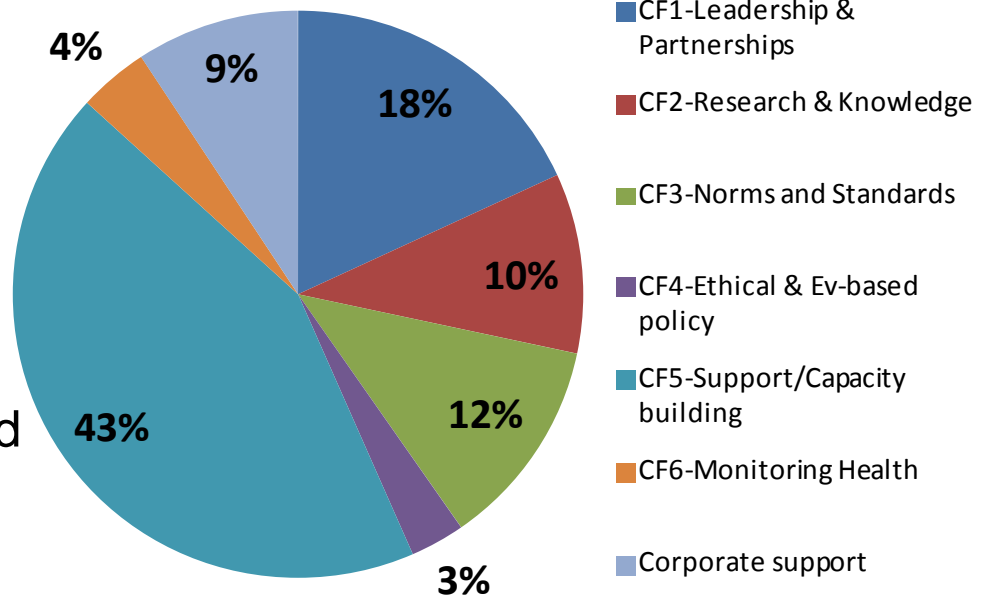
The regional perspective

# EURO will consider in the 2014-2015 operational planning: WHO Core-functions

- Do we do the right things?
- Do we do things right?

Challenge in the Global Management System (GSM) to attribute staff costs to core functions [and Outputs]

**2012-2013**  
**Planned costs, activities only**



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## Accurately reflecting the cost of staff effort

- Staff 'effort' will be planned and *ex post*, the actual efforts will be reported against each Core function [through outputs]
- \$-value will be attributed to Core functions [through outputs] off-line (i.e., not reflected in the financial reports)
- Trial in 2012-2013, 'effort' reporting first time to SCRC in November, 2012

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# Financing of the budget

- **Challenge:** Unlike government budgets, WHO's budget is not a financed budget – it is a target for resource mobilization
- **Current:** Assessed contributions (26%), from PCS (7%), CVCA (6%) and VCS (61%)
- Two-thirds of VCS mobilized by the regional office
- High proportion and *ad hoc* nature of VCS
  - Makes long-term planning difficult
  - Often distorts priority-setting
- **For PB2014-2015:** Financing dialogue
  - Up-front funding /pledging of voluntary contributions
  - Using Assessed contributions as a strategic resource, i.e., moving away from minute up-front appropriations / allocations

The regional perspective: What's new?

## Category I – *Communicable diseases*

- Shift in emphasis of Outputs from development and assessment to implementation of policies and practices
- Enhancing links between communicable diseases and health systems
- Strengthening of laboratory capacity, including diagnostics and surveillance, especially for M/XDR-TB

The regional perspective - What's new?

## Category II – *Non-communicable diseases*

- Shift from predominant focus on production of regional studies and policies to country focus
  - Priority actions logically and causally related to public health outcomes
  - Fiscal interventions on tobacco, alcohol and food, and salt reduction in specific food products
- A mental health action plan

The regional perspective: What's new?

## **Category III – *Promoting health throughout the life course***

- Further integration of social determinants, gender and human rights approaches, including capacity building among WHO staff
- Specific focus on Roma women and children
- Concrete tools for moving from a value, conceptual and descriptive to implementation level
- Addressing the health sector as one of the most intensive users of energy and producers of biological and radioactive waste
- Increased focus on support to Member states in their efforts to improve quality of life in the older population

The regional perspective: What's new?

## Category IV – *Health systems*

- Health 2020 will provide a vision for improving health policies and systems that are people-centred, intersectoral and consolidates a continuous flow of research and policy dialogue
- New EURO operational approach to tighten links between health situation and the Secretariat's contributions
- Strengthen health systems to better support NCD and TB action plans
- Country specific support allowing maximum tailoring to particular country needs

The regional perspective: What's new?

## **Category V – *Preparedness, surveillance and response***

- Strengthening of procedures and infrastructures as the Organization and countries will rely more on regional capacity for preparedness, alert and emergency response according to the new WHO Emergency Response Framework



The regional perspective: What's new?

## Category VI – *Corporate services / enabling functions*

- Emphasis will be to support the WHO reform implementation
- Focus will be extended to country level to create more effective and country specific partnerships
- The proposed interim country strategy will be evaluated in 2014 and a longer-term strategy developed
- Long-term strategic management, including development of an approach to a sustainable human resource base for the office

The regional perspective

# Four issues for consideration and guidance by the Regional Committee

1. Are EURO's priorities right:
  - Across categories?
  - Within categories?
2. Is EURO's business model right?
3. What would be the optimal division of labour among HQ-RO-CO?
4. What is a feasible focus for up-front funding of the Programme budget:
  - Categories?
  - Global Outcomes?
  - Regional Outcomes?
  - More specified?