World Health Organization

REGIONAL OFFICE FOR Europe

REGIONAL COMMITTEE FOR EUROPE 66TH SESSION

Copenhagen, Denmark, 12–15 September 2016

Draft proposed WHO programme budget 2018–2019: the European Region's perspective

Working document

World Health Organization
REGIONAL OFFICE FOR Europe

Regional Committee for Europe
66th session

EUR/RC66/27

Copenhagen, Denmark, 12–15 September 2016

8 September 2016
160635
ORIGINAL: ENGLISH

Provisional agenda item 5(k)

Draft proposed WHO programme budget 2018–2019: the European Region's perspective

This paper elaborates how the WHO European Region will focus its efforts in implementing the WHO programme budget 2018–2019 (PB 2018–2019). This paper should be read in conjunction with the regional committee version of the draft global proposed PB 2018–2019 (document EUR/RC66/20).

The Regional Committee for Europe is invited to review, comment and advise on the strategic orientations presented and on the proposed regional budget for 2018–2019, as well as on issues related to financing.

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Telephone: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eugovernance@who.int Web: http://www.euro.who.int/en/who-we-are/governance

Contents

page

Executive summary 4

Developing the global draft proposed PB 2018–2019: a bottom-up planning process in the context of WHO reform....5

Country priorities 6

General considerations on the draft proposed PB 2018–2019 9

Regional budget overview....9

Financing: prospects and challenges 12

Regional orientations for PB 2018–2019 14

Category 1. Communicable diseases....14

1.1 HIV/AIDS 15

1.2 Tuberculosis 16

1.3 Malaria....16

1.4 Neglected tropical diseases 17

1.5 Vaccine-preventable diseases and immunization....17

Draft proposed budget for category 1....18

Category 2. Noncommunicable diseases....18

2.1 Noncommunicable diseases 19

2.2 Mental health and substance abuse 20

2.3 Violence and injury prevention 20

2.5 Nutrition 21

Draft proposed budget for category 2....21

Category 3. Promoting health through the life-course 22

3.1 Reproductive, maternal, newborn, child and adolescent health 22

3.2 Ageing and health....23

3.3 Gender, equity and human rights mainstreaming....24

3.4 Social determinants of health 25

3.5 Health and the environment 27

Draft proposed budget for category 3....27

Category 4. Health systems....28

4.1 National health policies, strategies and plans....28

4.2 Integrated people-centred health services 30

4.3 Access to medicines and other health technologies and strengthening regulatory capacity 32

4.4 Health systems, information and evidence....34

Draft proposed budget for category 4....37
Category 5. Antimicrobial resistance, Food safety and Poliomyelitis eradication....37
5.2.3 Antimicrobial resistance....37
5.4 Food safety....38
5.5 Poliomyelitis eradication....39
Draft proposed budget for category 5....39
WHO Health Emergencies Programme....40
Regional Office priorities within the context of the reform of WHO's work in health emergency management....41
E.1 Infectious hazard management....41
E.2 Country health emergency preparedness and the International Health Regulations (2005)....43
E.3 Health emergency information and risk assessment....44
E.4 Emergency operations....44
E.5 Emergency core services....45
Draft proposed budget for the WHO Health Emergencies Programme....46
Category 6. Corporate services/enabling functions....46
6.1 Leadership and governance....46
6.2 Transparency, accountability and risk management....47
6.3 Strategic planning, resource coordination and reporting....48
6.4 Management and administration....49
6.5 Strategic communications....50
Draft proposed budget for category 6....50
Annex 1. Proposed PB 2018–2019 for the WHO European Region by category and programme area....52
Annex 2. Proposed PB 2018–2019 for the WHO European Region by category and programme area (US$ million)....53

Executive summary

1. The global draft proposed programme budget 2018–2019 (PB 2018–2019) in document EUR/RC66/20 is pAresented for consideration by all regional committees in 2016 in order to allow regional input on programme priorities, results and deliverables proposed for the work of the Organization and the setting of budget levels by major office, category and/or programme area.

2. This regional plan for implementation of the global proposed PB 2018–2019 is an integral part of the global programme budget document and provides further detail about the work of the WHO Regional Office for Europe in 2018–2019. Consideration of this document is an opportunity for Member States in the European Region to give additional guidance on the future focus of the Regional Office in the 2018–2019 biennium.

3. This document describes the main process and outcome of the bottom-up planning exercise. Building on the lessons learned from the first experience of bottom-up planning of PB 2016–2017, the WHO Regional Office for Europe launched the new planning cycle for 2018–2019 with an Office-wide discussion on overall priorities, focusing on the main global and regional commitments (resolutions, action plans, strategies, frameworks, and so on), available tools and instruments, priority countries, and the link between priority regional public goods and country priorities. This provided coherence and strategic direction to the overall planning exercise.

4. Member States of the WHO European Region have been very active in communicating their priority health outcomes for 2018–2019, showing great consistency in priorities from one biennium to the next, with programme areas such as 2.1 (Noncommunicable diseases), 4.2 (Integrated people-centred health services) and 1.2 (Tuberculosis) being highest on the agenda for most Member States.

5. For PB 2018–2019, there has been a greater effort to better align the bottom-up priority setting and the budget levels by both category and programme area. As a result, category 2 (Noncommunicable diseases) and category 4 (Health systems) see the largest budget increases in absolute terms (approximately US$ 2 million each). This increase is possible due to the application of the approved strategic budget space allocation methodology to PB 2018–2019 (increase of approximately US$ 3 million) and reprioritization in other categories. The only decrease in PB 2018–2019 is in category 3 (Promoting health through the life-course), explained in its entirety by a reduction in programme area 3.5 (Health and the environment), which is proposed to better reflect resource mobilization prospects for the 2018–2019 biennium and the large share of this programme area in category 3.

6. Although there are no major shifts among categories, there is further granularity of budget realignment with the strategic prioritization by Member States at the programme area level: budget increases in programme areas high in demand by Member States, such as 2.1 (Noncommunicable diseases), 2.2 (Mental health and substance abuse), 4.4 (Health systems, information and evidence) and others, were possible through reprioritizing in programme areas within the same category in addition to an overall increase in the respective category. This document presents and discusses details and consequences of this reprioritization.

7. While the major part of PB 2018–2019, as the last biennium of the Twelfth General Programme of Work, shows continuity in priorities, two new developments make PB 2018–2019 distinct from PB 2014–2015 and PB 2016–2017 under the Twelfth General Programme of Work: the Sustainable Development Goals (SDGs), adopted in September 2015, and the reform of WHO's work in health emergency management, approved by the Sixty-ninth World Health Assembly in May 2016.

8. With regard to the SDGs, each Member State government is now setting its own national targets, guided by the global level of ambition while taking into account national circumstances, including policies and action. Regional orientations by category and programme area of this document show how and in which areas mechanisms for improved collaboration among technical programmes will be established in the framework of the SDGs and how Member States will be supported to accelerate their achievement of the health-related SDGs in 2018–2019 and beyond.

9. Health emergency-related programme areas were not included in the bottom-up priority setting exercise but followed a separate process across the three levels of the Organization as a part of the ongoing reform of WHO's work in health emergency management. The Regional Office for Europe's priorities within the global emergencies reform context are reviewed under a separate section of this document, which gives Member States the opportunity to provide further guidance in this transformative process, which has been high on the agenda for all Member States of the European Region.

10. Finally, the largest part of this document presents the strategic directions of the Regional Office's planned work for the 2018–2019 biennium by category and programme area. It discusses Region-specific priorities within the global context, covering country and intercountry work, as well as challenges and main achievements expected in the WHO European Region in 2018–2019. This regional perspective on PB 2018–2019 is therefore presented as a coherent picture of the overall priorities, directions and resourcing for the European Region, including all categories and programme areas.

Developing the global draft proposed PB 2018–2019: a bottom-up planning process in the context of WHO reform

11. The proposed PB 2018–2019 is the last of the three biennial budgets under the Twelfth General Programme of Work. Similar to PB 2014–2015 and PB 2016–2017, it has been developed and drawn up in the context of WHO reform, using an improved results chain that incorporated lessons learned from 2014–2015 and 2016–2017, thereby strengthening bottom-up planning and more clearly defining the roles and responsibilities of the three levels of the Organization, as well as category and programme area networks.

12. The matrix management approach was pivotal in the planning process. The category and programme area networks, comprised of designated focal points at the three organizational levels (country, regional, global), ensured the much needed coherence in the objectives developed. As in previous planning cycles, the Regional

Office for Europe actively participated in the various networks and benefited from the knowledge sharing and from the increased role in the global objective setting process.

13. The planning process was formally launched through a communication from the WHO Regional Director for Europe to all Member States, seeking collaboration and input to define priorities for WHO's work at the country level for 2018–2019 from among the non-emergency health outcomes of the Twelfth General Programme of Work. Building on lessons learned from the 2016–2017 planning process, the time frame for the country priority negotiations has been somewhat longer for the current exercise compared to the previous one.

14. The process was based on the available planning resources at the national level (national plans, strategies and policies), regional and global governing body commitments, biennial collaborative agreements (BCAs) and operational plans for 2016–2017. Divisional directors, programme managers and heads of country offices exchanged views on the strategic directions of the Region for 2018–2019 in the light of the most recent developments and the SDGs, while also acknowledging the iterative nature of the 2018–2019 planning process, as it has been launched almost two years in advance.

15. Due to the ongoing reform of WHO's work in health emergency management, presented and approved by the Sixty-ninth World Health Assembly in May 2016, the planning of the emergency programme areas was to follow a separate process across the three levels of the Organization. Three of the emergency-related programme areas (5.1, 5.3, 5.5) were therefore not included in the priority setting exercise. The priorities of the Regional Office for Europe within the global emergencies reform context are summarized under the section on the WHO Health Emergencies Programme.

16. In addition to country priority setting, the bottom-up planning process included priority setting by the Regional Office for regional public goods. The process was successful in identifying country as well as global and regional health priorities, which were collated for strategic review at the regional level prior to submission to the global level through the planning network, as well as the category and programme area networks.

17. At both regional and country levels, the planning process necessitated estimating the human and financial resources required to achieve the proposed results, similar to the process introduced in 2016–2017. The costing of human resources was carried out in line with a standardized approach and the costing of activities was estimated on the basis of the experience and expenditure pattern of the current and previous bienniums. The consolidation of the latter estimates led to the proposed PB 2018–2019 submitted for discussion and consideration by the 66th session of the WHO Regional Committee for Europe, as has been done during previous planning processes.

Country priorities

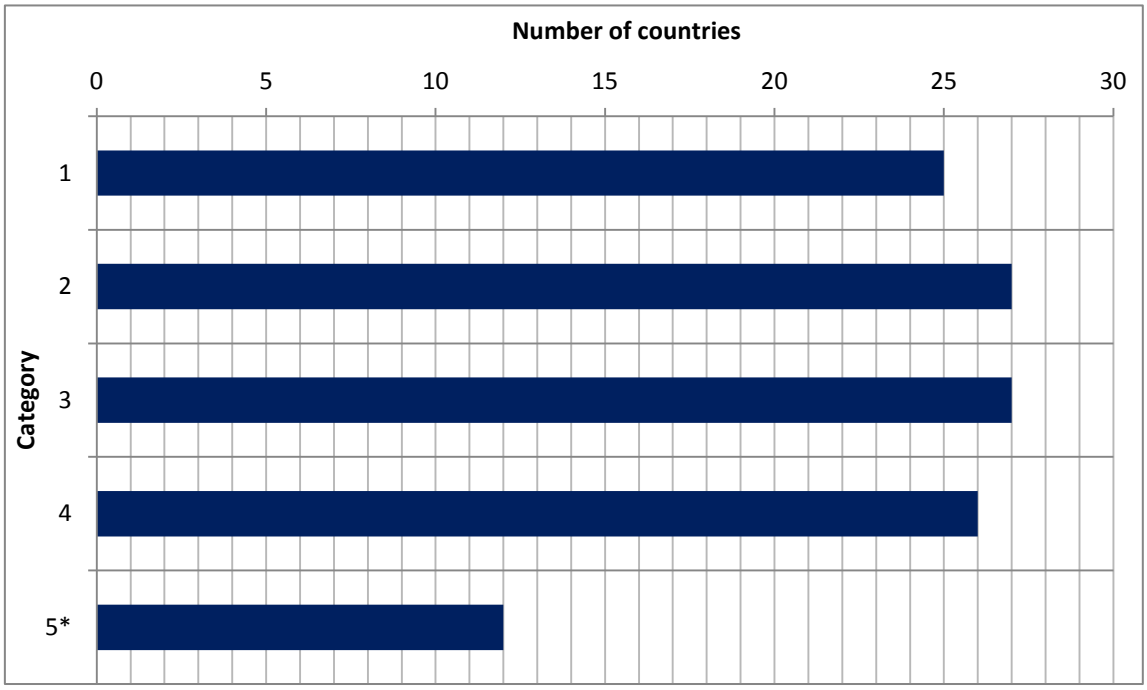
18. The objective of the bottom-up planning with countries was to determine the priority health outcomes for WHO collaboration with countries during 2018–2019. Member States were asked to identify up to 10 priorities from the non-emergency

outcomes of the Twelfth General Programme of Work. All selected priorities are well aligned with the Health 2020 policy framework.

19. In Member States of the European Region with a country presence, heads of WHO country offices led the exercise from the Regional Office side, in collaboration with the Ministry of Health and relevant stakeholders. The priorities presented below are those received from 27 Member States. Heads of WHO country offices, in collaboration with technical divisions at the Regional Office, made the initial costing of outputs based on their assessment of the resources (human and financial) needed to achieve the proposed results in a given location.

20. Fig. 1 and Fig. 2, respectively, show priority categories and programme areas for 2018–2019 defined by Member States with a WHO country presence. Similar to 2016–2017, all Member States identified category 2 (Noncommunicable diseases) and category 3 (Promoting health through the life-course) as the highest priorities. Category 4 (Health systems) followed immediately after, with almost all countries (25 out of 27) identifying priority outcomes in this category (see Fig. 1).

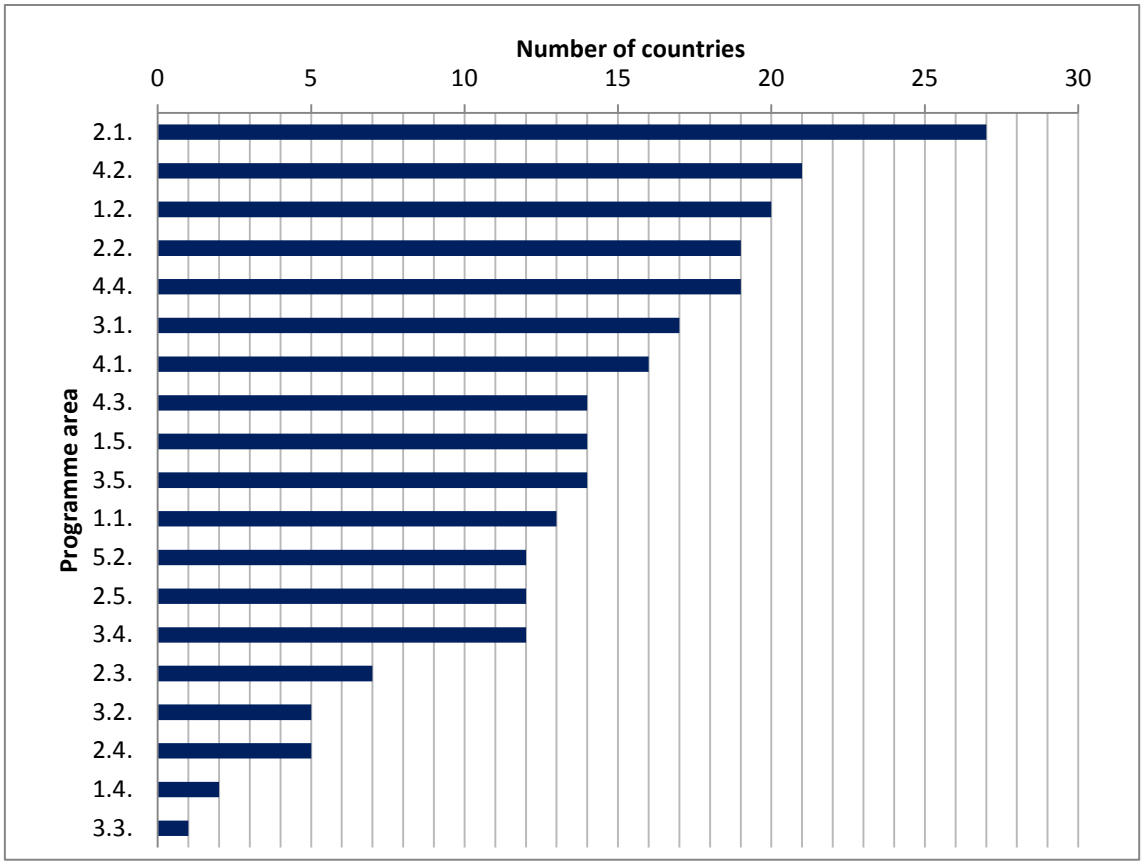
Fig. 1. Frequency of categories cited as priorities for 2018–2019 by Member States of the European Region with a WHO country presence



* Category 5 does not include programme areas 5.1, 5.2 (except 5.2.3), 5.3 and 5.6, which are covered under the new WHO Health Emergencies Programme.

21. Programme area 2.1 (Noncommunicable diseases), followed by programme areas 4.2 (Integrated people-centred health services) and 1.2 (Tuberculosis) were the priority programmes most frequently selected by Member States (see Fig. 2). On the other end of the spectrum, programme areas 3.3 (Gender, equity and human rights mainstreaming), 1.4 (Neglected tropical diseases) and 2.4 (Disabilities and rehabilitation) were the least prioritized health outcomes.

Fig. 2. Frequency of programme areas cited as priorities in 2018–2019 by Member States of the European Region with a WHO country presence (See Annex 1 for an overview of categories and programme areas.)



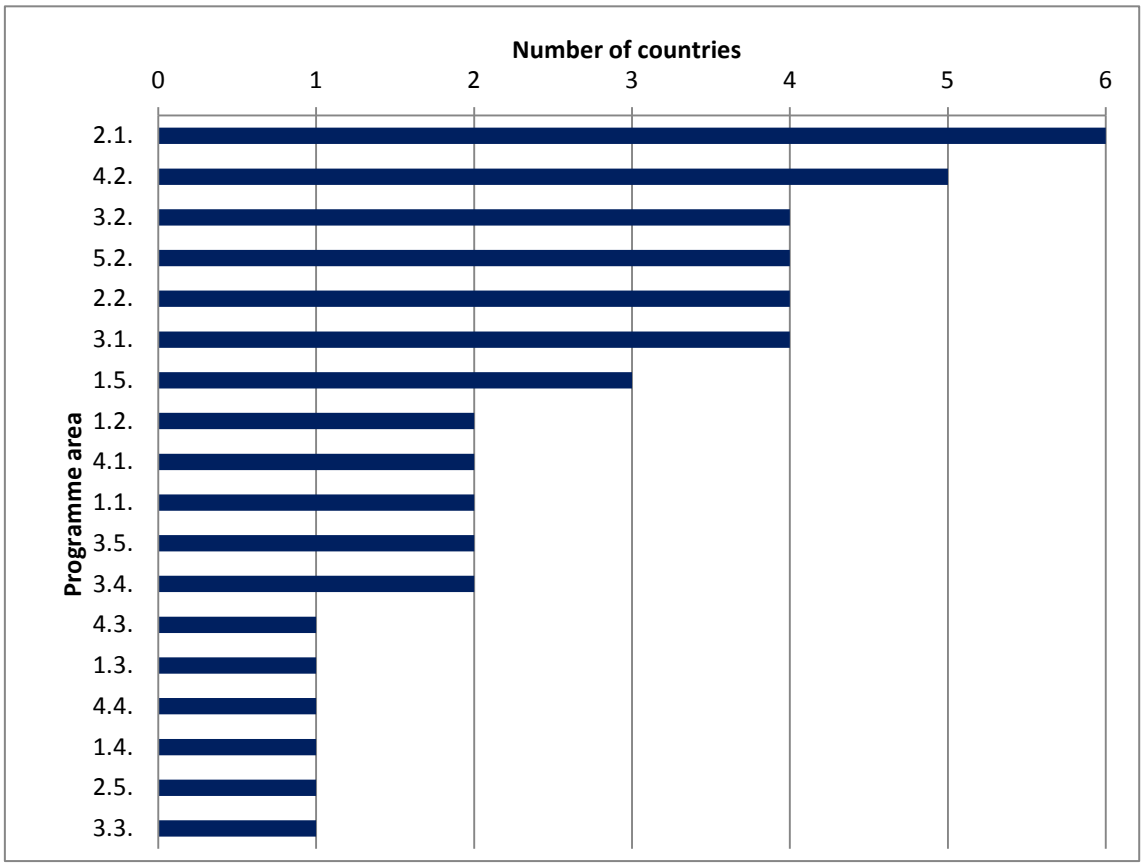
* Category 5 does not include programme areas 5.1, 5.2 (except 5.2.3), 5.3 and 5.6, which are covered under the new WHO Health Emergencies Programme.

22. Member States without a WHO country presence indicated priorities for PB 2018–2019 similar to Member States with a country presence: programme area 2.1 (Noncommunicable diseases) took leading prominence, followed by 4.2 (Integrated people-centred health services). Most Member States without a WHO country presence do not sign BCAs and their outputs are therefore not costed separately but are integrated within the planned technical assistance provided through the intercountry activities to non-BCA countries as part of the regional public goods (see Fig. 3).

23. Given the high level of skill and technical capacity at the Regional Office and in European institutions and public services, country priorities should be considered in relation to intercountry work, as common needs are often addressed through Region-wide (intercountry) approaches supplementing the direct country support set out in BCAs. The total country investment is therefore comprised of not only the total country budget allocation but also, partially, of regional and global budget allocations.

24. In summary, country priority setting for 2018–2019 is characterized by the continuity of priorities from 2016–2017, strong alignment with overall regional priorities and a sound correlation between priorities and budget level by category (see section on Regional orientations for 2018–2019).

Fig. 3. Frequency of programme areas cited as priorities for 2018–2019 by Member States of the European Region without a WHO country presence



* Category 5 does not include programme areas 5.1, 5.2 (except 5.2.3), 5.3 and 5.6, which are covered under the new WHO Health Emergencies Programme.

General considerations on the draft proposed PB 2018–2019

Regional budget overview

25. The overall draft proposed regional PB 2018–2019 is US$ 264.5 million. With a 5.7% share of the overall global budget, the European Region has the second lowest budget of all WHO regions, preceded only by the WHO Regional Office for the Americas. This proportional share is very similar to the previous biennium (5.6%).

26. The proposed PB 2018–2019 for the European Region represents a 7.6% increase over the 2016–2017 level, which is driven by two factors:

- an increase for the new WHO Health Emergencies Programme; and
- an increase due to the strategic budget space allocation.

27. In May 2016, the Sixty-ninth World Health Assembly adopted decision WHA69(16) on the strategic budget space allocation model for distribution of operational segment 1 of the programme budget (technical cooperation at country level) among WHO regions. According to the adopted model, the share of budget allocated to

the European Region in segment 1 is anticipated to increase over several bienniums. This increase is estimated at approximately US$ 3 million for 2018–2019.

28. Except for these increases, the PB level for the European Region is expected to remain stable compared to PB 2016–2017, thereby only reflecting shifts among and within categories in line with regional strategic prioritization.

29. The proposed PB 2018–2019 has been developed using two parallel processes: a bottom-up approach for all non-emergency programmes (see section above) and a top-down approach for the new elements that are part of the new WHO Health Emergencies Programme.

30. With regard to the recently adopted SDGs, each Member State government is now setting its own national targets guided by the global level of ambition but taking into account national circumstances, including policies and action. The SDGs provide for strong political commitment to public health in the European Region. Health and well-being are seen as an outcome, a determinant and an enabler of the SDGs. Within the European Region, Health 2020 will act as an initial policy framework for implementation within the health sector, supported by strong intersectoral action as promoted through all global goals and the SDG means of implementation. The Regional Office included a base budget for SDG activities in programme area 3.4 (Social determinants of health), with the understanding that all categories will be involved in collaborating technically and in contributing financially towards their achievement. The next biennium will set the basis for establishing improved collaboration mechanisms among technical programmes within the framework of the SDGs and for developing technical collaboration packages to accelerate their achievement.

31. Arriving at the draft proposed PB 2018–2019 for the Regional Office has been an iterative process characterized by a close alignment between the bottom-up priority setting made at the technical level and the allocation of budget made through the collective efforts of the Region. The draft proposed PB 2018–2019 is therefore consistent with the strategic prioritization made by Member States (see Fig. 1 and Table 1). Annex 2 presents the proposed PB 2018–2019 for the European Region by category and programme area.

32. The proposed PB 2018–2019 is well aligned with the budget allocation approved by the 65th session of the Regional Committee for Europe, as set out in the Regional Plan for Implementation of PB 2016–2017 in the WHO European Region (document EUR/RC65/14). The RPI-adjusted PB 2016–2017 includes shifts within each category with respect to the WHA-approved PB 2016–2017 to take into consideration lessons learned, resource mobilization realities, strategic prioritization and technical specificities of the European Region.

33. The proposed PB 2018–2019 shows increases in all technical categories except for category 3. The increases in categories 1, 2 and 4 are in accordance with the prioritization made by Member States (see Fig. 1). Category 2 received the biggest increase of all categories (5%) in response to the strong prioritization of programme areas made by Member States consistent with their respective burden of disease and with global mandates adopted to address them. The increase in category 1 reflects an unfinished agenda, manifested primarily in the prioritization of programme areas 1.2

(Tuberculosis), 1.5 (Vaccine-preventable diseases) and 1.1 (HIV/AIDS). Category 4 retains the largest share of the budget for technical categories reflecting its overarching mandates under the umbrella of Health 2020. The WHO emergencies reform explains the overall increase related to all elements that were originally grouped as part of category 5 (Preparedness, surveillance and response, which includes programme area 5.6 (Outbreak and crisis response)). The proposed decrease in category 3 is explained in its entirety by a 10% reduction in programme area 3.5 (Health and the environment) compared to PB 2016–2017, which has been adjusted to better reflect resource mobilization prospects for 2018–2019 and the large share of this programme area in category 3.

Table 1. Proposed PB 2018–2019 for the WHO Regional Office for Europe and comparison to RPI-adjusted PB 2016–2017 (US$ million)

		RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
	Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**Difference approved/ adjusted**
1	**Communicable diseases**	11.9	21.9	**33.8**	12.2	22.8	**35.0**	**3.6%**
2	**Noncommunicable diseases**	15.1	18.8	**33.9**	15.9	19.7	**35.7**	**5.3%**
3	**Promoting health through the life-course**	9.7	28.6	**38.3**	11.9	25.1	**37.0**	**-3.4%**
4	**Health systems**	15.7	32.5	**48.2**	16.0	33.9	**49.9**	**3.5%**
5	**Preparedness, surveillance and response (minus 5.2.3 and 5.4)**	6.2	9.8	**15.9**	0.0	0.0	**0.0**	**N/A**
	5.2.3 Antimicrobial resistance and 5.4 Food safety	1.6	3.7	**5.4**	1.8	3.3	**5.0**	**-6.9%**
	WHO Health Emergencies Programme				13.3	22.8	**36.1**	**N/A**
6	**Corporate services/ enabling functions**	29.7	30.2	**59.9**	27.9	32.0	**59.9**	**0.0%**
Total categories 1–6 minus 5.1, 5.2 (except 5.2.3), 5.3[a]		**83.7**	**135.7**	**219.5**	**85.7**	**136.8**	**222.5**	**1.4%**
Base programmes subtotal		**89.9**	**145.5**	**235.4**	**99.0**	**159.6**	**258.6**	**9.9%**
	5.5 Poliomyelitis eradication	1.4	6.0	**7.4**	1.8	4.1	**5.9**	**-20.3%**
	5.6 Outbreak and crisis response	0.7	2.3	**3.0**	0.0	0.0	**0.0**	**N/A**
Total PB 2016–2017		**92.0**	**153.8**	**245.8**	**100.8**	**163.7**	**264.5**	**7.6%**

[a] This line has been added for comparison purposes only, as the base programmes of the proposed PB 2018–2019 include the new WHO Health Emergencies Programme (E.1 to E.5). See Annex 2.

34. At the programme area level, five other programme areas show a reduction: technical programme areas 1.3 (Malaria), 1.4 (Neglected tropical diseases) and 2.3 (Violence and injuries); and corporate service areas 6.2 (Transparency, accountability and risk management) and 6.3 (Strategic planning, resource coordination and reporting). While the reductions in areas 1.3 and 1.4 are relatively small, area 2.3 presents a budget that is 43% that of 2016–2017. Despite its significance and the efforts made, this programme area attracts few voluntary contributions; the latest budget revisions take this limitation in resource mobilization capability into consideration. The reductions in programme areas 6.2 and 6.3 do not reflect a change in priority but rather the structure of the underlying programmes.

35. The last element included in the bottom-up prioritization is the poliomyelitis (polio) programme, which is presented as a separate budget line. Similar to PB 2016-2017, the PB 2018–2019 requirement reflects expected activities as part of the endgame strategies of the Global Polio Eradication Initiative 2013–2018. The decrease in the budget allocation for polio may be warranted due to the European Region being fairly advanced in containment efforts thanks to intensified work, and it is hoped that targets for the majority of endgame activities of the Regional Office will be achieved in 2016–2017, prior to the next biennium.

36. A top-down approach was implemented for the new programme areas included under the WHO Health Emergencies Programme. As such, their budget was determined at the global level. The new programme areas created under the new WHO Health Emergencies Programme are: E.1 (Infectious hazard management), E.2 (Country health emergency preparedness and the International Health Regulations (2005)), E.3 (Health emergency information and risk assessment), E.4 (Emergency operations) and E.5 (Emergency core services). The budget for these new core programme areas for the European Region is US$ 36 million.

37. Details of the budgets for each programme area are included in the category description under the section on Regional orientations for PB 2018–2019; they are also presented in Annex 2.

38. The European Region is committed to continuing its strong country focus by allocating 38% of its total PB 2018–2019 to the country level. Similar to PB 2016–2017, while this percentage mainly reflects the work at the country level, it also partially reflects the country work of technical staff located at the Regional Office and at geographically dispersed offices due to the unique geographical distribution of the Region’s workforce and technical expertise.

Financing: prospects and challenges

39. The 2012–2013 and 2014–2015 bienniums have been characterized by very high levels of funding of the regional programme budget. Table 2 compares the level of available resources against the approved and allocated budgets, as well as expenditure levels for PB 2010–2011 and onwards. Since 2012, the approved budget has been more in line with the funding prospects and absorption capacity of the Organization.

Table 2. Programme budgets, income and expenditures of the Regional Office for Europe for four consecutive bienniums (US$ million)

	WHA-approved/ proposed PB	Allocated PB	Funds available (plus projected)	PB financing (available/ approved)	Expenditure	Expenditure (% of WHA-approved PB)
PB 2010–2011	261.9	265.9	223.0	85%	199.0	76%
PB 2012–2013	213.0	253.3	213.0	100%	204.0	96%
PB 2014–2015	225.0	238.8	214.7	95%	200.9	89%
PB 2016–2017[a]	245.8	261.0	244.0	99%	52.7	21%
PB 2018–2019[b]	264.5					

[a] For PB 2016–2017, funds available = actual available, projected voluntary contributions and corporate funds projected to the level of PB 2014–2015. Expenditures are actual expenditures as of 1 July 2016.

[b] Includes US$ 36 million that have been allocated for programme areas E.1 to E.5, under the new WHO Health Emergencies Programme.

40. In 2016–2017, the Regional Office has incorporated managerial lessons learned in the past to facilitate a more consistent and higher rate of implementation of resources. These internal processes, such as early approval of workplans, early distribution of the first tranche of corporate resources and an agreed methodology for distribution of corporate funds to country offices, have already had a direct impact on the level of implementation, which is 21% at the time of writing this document. This is in addition to activities such as planning for PB 2018–2019, the agreement and signature of BCAs, and evaluation of PB 2014–2015 at both country and regional levels, which do not necessarily involve expenditure of funds.

41. With regard to the financing of the programme budget, intelligence gathered during the recent financing dialogue (Geneva, Switzerland, 5–6 November 2015) recognized that, although the funding outlook for 2016–2017 at the global level was encouraging, the midterm perspective was more uncertain. The same situation holds true for the Regional Office.

42. Using exclusively information related to voluntary contributions spanning more than one biennium that have 2018–2019 instalments, the Regional Office forecasts receiving US$ 24 million in voluntary contributions in 2018–2019. Likewise, assuming a similar level of flexible funding allocated from the global level (approximately US$ 103 million), the Regional Office would have financed US$ 127 million or approximately 48% of its budget. This amount excludes all resource mobilization efforts that are currently ongoing or that will take place over the course of the next biennium.

43. Similar to the entire WHO, the Regional Office for Europe is vulnerable due to high reliance on relatively few donors. Broadening the donor base is one of the objectives of the financing dialogue but this area has seen the least progress to date. Efforts to explore new avenues of financing from traditional and non-traditional donors, including Member States that until now have not been donors and development banks, will be further enhanced globally as well as regionally in the current and future bienniums. Such efforts occur while protecting the Organization from a real or perceived conflict of interest under the new WHO Framework of Engagement with

Non-State Actors (FENSA), which was adopted by the Sixty-ninth World Health Assembly in May 2016.

44. In order to have a better idea of the financial situation for the next biennium, the Regional Office is currently engaged in a financial vulnerability assessment for 2018–2019. The assessment consists of an analysis of firm and tentative intelligence with regard to the donor base and financial prospects for the next biennium; it also takes into account current resource mobilization efforts by the Regional Office that are already under way and expected to materialize in the next biennium. This analysis will allow the Regional Office to have better projections regarding its ability to fund the programme budget.

45. One result of WHO reform has been a better coordination of resource mobilization efforts. More efficient resource mobilization and a corporate strategic approach towards contributors are expected to have a positive influence on the predictability – and, to a certain extent, the flexibility – of financial resources. The results of these efforts are expected to have a positive impact on the next programme budget.

46. The fully funded programme budgets of recent bienniums shared a high reliance on voluntary contributions (over 50% for PB 2016–2017 and the two previous bienniums). The high level of funding masks serious issues in specific programme areas that continue to fail to attract voluntary contributions, contributing to a poor alignment of resources with activity and staff costs. While the programme budget is being drawn up with a strategic prioritization orientation, resource mobilization efforts still tend to be more successful for certain well-established programme areas, and resources frequently continue to be highly earmarked. The Regional Office has used flexible funding to offset the imbalance shown in financing among programme areas but this can be done only to a certain level.

47. The WHO programme budget web portal has been built to increase transparency in terms of the resources that the Organization receives, as well as how and when it utilizes them. The web portal makes it possible to show “pockets of poverty” within the Organization, as well as those areas that are relatively overfunded. The tool has been well received by Member States and other stakeholders; it is expected to encourage WHO contributors to support those programme areas that need further financial assistance and to allow the Organization to align its resources with technical cooperation priorities and needs.

Regional orientations for PB 2018–2019

Category 1. Communicable diseases

48. The Regional Office will build on its interprogramme and interdivisional approaches to assist Member States in the implementation of endorsed regional action plans and frameworks in line with global strategies. It will focus on prioritizing integrated health care. This will include capacity-building efforts to address comorbidities (communicable and noncommunicable diseases), antimicrobial resistance

(AMR), social determinants of health and ensuring universal health coverage (UHC) through prevention, promotion, diagnosis, treatment, care, rehabilitation and financial protection in line with the Health 2020 policy framework, through whole-of-government and whole-of-society approaches, including the involvement of civil society organizations and patient and community representatives, as well as other sectors. The Regional Office will support Member State contributions to evidence-base building and will continue to apply global norms and standards to the regional context. Meanwhile, it will provide country-tailored technical support through country and intercountry work, document and facilitate exchange of good practices among countries, and help the Region to move towards achieving SDG3 with improved equity and by leaving no one behind.

1.1 HIV/AIDS

49. HIV continues to be a major public health concern in the European Region. New HIV infections increased by 76% in the Region as whole and more than doubled in eastern Europe and central Asia between 2005 and 2014. Up to half the people living with HIV are unaware of their status; life-saving antiretroviral therapy coverage is as low as one fifth; and the epidemic has not been adequately addressed among key populations. Elimination of mother-to-child transmission of HIV and congenital syphilis remains a regional priority. During 2018–2019, the Regional Office will continue to promote a comprehensive prevention and "treat all" approach and will support countries in an urgent and accelerated response to HIV. Member States will be supported in achieving the 2020 targets towards the goal of ending the AIDS epidemic as a public health threat in the Region through the fast-track actions described in the Action plan for the health sector response to HIV in the WHO European Region (document EUR/RC66/9). Member States will be guided and supported in defining and delivering an essential package of HIV services that are people-centred, accessible and integrated, focus particularly on key populations, and are most appropriate to their HIV epidemics and national contexts. The Regional Office for Europe will provide intercountry support and guidance to implement fast-track actions, including strategic information on epidemiological trends and country responses to HIV; regional dissemination of globally recommended policies, guidelines and practices; and support of implementation science and innovations to accelerate country uptake of effective interventions and technologies. The Regional Office will prioritize fast-track actions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support. A progress report on the implementation of the Action plan for the health sector response to HIV in the WHO European Region will be developed and submitted for consideration by the 69th session of the Regional Committee in September 2019.

50. With regard to viral hepatitis, the introduction of universal childhood hepatitis B vaccination has led to a substantial decrease in the prevalence of chronic hepatitis B virus infection in most high- and medium-burden countries in the European Region. Despite this achievement, more than 13 million people in the Region are estimated to be living with chronic hepatitis B virus infection and more than 15 million with chronic hepatitis C virus infection, with the consequent risk of liver cirrhosis and cancer. The Regional Office will provide guidance to Member States on implementing the Action plan for the health sector response to viral hepatitis in the WHO European Region (document EUR/RC66/10), with the aim of eliminating viral hepatitis as a public health

threat in the Region by 2030. The Regional Office will focus on supporting Member States by providing policy options and a better understanding of the epidemics through robust strategic information systems and by developing national strategies and plans that will ensure a coordinated, comprehensive and efficient response to viral hepatitis. The Regional Office, in collaboration with partners, will continue to provide technical assistance in adopting and implementing updated WHO guidelines on viral hepatitis prevention, testing, care and treatment through the optimization of service delivery using a public health approach and in the context of UHC. It will also assist Member States in their efforts to ensure equitable and sustainable access to diagnostics and new effective treatment regimens. Progress at the regional level in moving towards the targets set out in the Action plan for the health sector response to viral hepatitis in the WHO European Region will be reviewed and assessed, and presented for consideration by the 69th session of the Regional Committee in September 2019.

1.2 Tuberculosis

51. The tuberculosis (TB) incidence rate in the European Region has decreased by 5.2% annually – the most rapid decline among all WHO regions. Universal access to treatment of multidrug-resistant TB (MDR-TB) has been accomplished; however, treatment outcomes for MDR-TB and TB/HIV coinfected individuals are far below the 75% target (at 46% and 49%, respectively, which is similar to the global level). In line with the Tuberculosis Action Plan for the WHO European Region 2016–2020 and the global End TB Strategy, the Regional Office will focus on the introduction of rapid diagnostic tests, evidence-building and scale-up of new and more effective treatment regimens, strengthening cross-border TB control, and care and preventive therapy. Through interdivisional collaboration, it will provide technical support to remove health system barriers to integrated care. Upon request, it will conduct extensive programme reviews for countries to provide them with findings and recommendations to improve their services. With the help of WHO collaborating centres and the involvement of a network of clinicians and laboratory experts, the capacity of national programmes in implementing the End TB Strategy will be strengthened. The Regional Office prioritizes support to countries in eastern Europe and central Asia; however, it continues to support low-TB incidence countries, with particular attention to TB in large cities and among vulnerable groups. A midterm progress report on the implementation of the Tuberculosis Action Plan 2016–2020 will be developed and submitted for consideration by the 68th session of the Regional Committee in September 2018.

1.3 Malaria

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

53. In the next biennium, the Regional Office will continue to work with Member States to assist with the prevention of malaria reintroduction, maintenance of their malaria-free status and preparation for WHO certification of malaria elimination, as well as cross-border collaboration. In 2018–2019, the Regional Office will focus its support on certification of malaria elimination in Azerbaijan, Georgia and Turkey.

Taking into consideration the high receptivity and vulnerability of Tajikistan, particularly in the areas bordering Afghanistan, the Regional Office will continue to support cross-border collaboration activities between Tajikistan and Afghanistan.

1.4 Neglected tropical diseases

54. The work of the Regional Office in this area will focus mainly on emerging/re-emerging vector-borne diseases, leishmaniasis and soil-transmitted helminthiasis. In 2018–2019, the Regional Office will continue to provide technical assistance to countries in need, focusing on Azerbaijan, Georgia, Kyrgyzstan and Tajikistan to strengthen their capacities for the surveillance, diagnosis and treatment of neglected tropical diseases.

1.5 Vaccine-preventable diseases and immunization

55. Immunization has brought about a remarkable reduction in child mortality in the WHO European Region over the past decades. Today, nine of every 10 children receive at least a basic set of vaccinations and, as a result, lead healthier, more productive lives. Despite the progress achieved, nearly half a million infants still do not receive the complete three-dose series of diphtheria, pertussis and tetanus vaccine by the age of 1 year and Member States continue to report cases of measles and rubella.

56. Variable commitment to action is impeding further progress and the innovative solutions and extension of services necessary to fulfil the rights of underserved, marginalized, migrant and disadvantaged children and families.

57. The Regional Office will intensify collaborative work with Member States to achieve the targeted progress against the objectives and goals of the European Vaccine Action Plan 2015–2020. It will assist in strengthening political commitment to immunization by supporting Member States in introducing and implementing appropriate legislative frameworks, through the integration of immunization plans into broader strategic health plans and by strengthening evidence-based decision-making for the introduction of new vaccines and technologies. It will develop and disseminate advocacy tools and materials to enhance the profile of immunization and to increase knowledge of its value and benefits.

58. The Regional Office will strengthen measles and rubella verification activities as 2020 approaches, accompanied by work to control hepatitis B. It will actively support implementation of strategies that successfully reach and improve coverage of underserved populations, for example, through tailored immunization service delivery and the introduction of electronic immunization registries.

59. In the next biennium, the Regional Office will enhance the sustainability of immunization programmes by facilitating resource mobilization and strengthening risk communication capacity and through improved access to quality-assured vaccines at affordable prices.

Draft proposed budget for category 1

Table 3. Proposed PB 2018–2019 for category 1 (Communicable diseases) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**% increase/ decrease**
1 Communicable diseases							
1.1 HIV and hepatitis	2.0	5.4	**7.4**	2.2	5.6	**7.8**	**5%**
1.2 Tuberculosis	6.0	5.5	**11.5**	5.7	5.8	**11.5**	**0%**
1.3 Malaria	-	1.0	**1.0**	0.2	0.8	**1.0**	**0%**
1.4 Neglected tropical diseases	-	0.4	**0.4**	-	0.3	**0.3**	**-25%**
1.5 Vaccine-preventable diseases	3.9	9.6	**13.5**	4.1	10.2	**14.3**	**6%**
Category 1 total	**11.9**	**21.9**	**33.8**	**12.2**	**22.8**	**35.0**	**4%**

Category 2. Noncommunicable diseases

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

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

61. Achieving these targets, together with those on health financing, gender equity, air pollution and others, requires the strengthening of intercountry and country actions. The period 2016–2019 will be crucial in setting countries and the Region on track to attain the SDG targets by 2030. The lead time from intervention to public health benefit will mean that, unless substantial progress is made in 2018–2019, the European Region will either not deliver on these targets or not demonstrate an acceptable level of achievement by 2030.

2.1 Noncommunicable diseases

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

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

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

64. In relation to the SDG target, at the time of writing, premature mortality from NCDs is declining at a steady rate in all countries where there is good data – a reduction that has been taking place at least since 2000 – and which is leading to a steady convergence of rates between the eastern and western parts of the Region. In 2018–2019, the imperative will be to accelerate action in the population group with the highest mortality, that is, men aged 30–69 years. The focus on cardiovascular risk reduction and cancer control will therefore be of the highest priority.

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

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

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

Protocol to Eliminate Illicit Trade in Tobacco Products has come into force in the interim.

68. Alcohol consumption per capita is declining at a slow rate in all countries; nevertheless, by 2018–2019, the European Region will still include those countries with the highest rate of alcohol consumption in the world. Furthermore, in relation to other drugs, the discussion on decriminalization or legalization will have intensified by 2018 and will present important challenges for public health leaders.

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

2.2 Mental health and substance abuse

70. There is a discernibly greater level of Member State awareness and acceptance of the need for more concerted action in the area of mental health, as reflected most recently by its inclusion in the SDGs (and the motto that "no one will be left behind") and in other documents and reports of the United Nations, the Organisation for Economic Co-operation and Development (OECD) and the European Commission (EC). In the European Region, this seems to reflect an appreciation of the clear-cut consequences of widespread economic recession and, more recently, large-scale migration on mental health. There are a number of globally available tools to help Member States to develop and monitor mental health systems and services, including guiding frameworks for action (such as the European Mental Health Action Plan), standards (for example, the WHO Quality Rights Tool Kit), clinical decision-making (for example, the Mental Health Gap Action Programme Intervention Guide) and reporting (for example, the Mental Health Atlas). In addition, the European Region has a strong research base, relatively greater human resources for mental health, and a number of effective nongovernmental organizations (at least in western Europe).

71. In 2018–2019, a health systems approach to mental health will be emphasized, with a strong focus on emerging topical issues, including dementia, adults with intellectual disability, e-mental health, and issues relating to the public health dimensions of drug use.

2.3 Violence and injury prevention

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

73. Beyond only road traffic accidents, the broad spectrum of violence and injuries is the leading cause of death among people aged 5–44 years; this constitutes a major public health challenge in the European Region and a major cause of inequality. Car crashes and violence against women and children are integral to the SDGs and to Health 2020. In 2018–2019, the approaches for this area will be similar to those for other NCDs, namely, improved surveillance, policy dialogues, risk reduction training and technical support to targeted interventions for vulnerable groups. There will be an effort to identify and to report on the avoidable segment of deaths in each country in order to generate debate, accountability and action.

2.5 Nutrition

74. The Global Monitoring Framework on NCDs aims for a halt in the increase of obesity and diabetes in the European Region. However, the strong surveillance system on overweight and obesity built into regional projects shows that, unless there is concerted action between 2016 and 2020, the incidence in nearly all European countries will still be increasing by 2030. The WHO European Childhood Obesity Surveillance Initiative demonstrates that 20–50% of children below 10 years of age are overweight or obese.

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

Draft proposed budget for category 2

Table 4. Proposed PB 2018–2019 for category 2 (Noncommunicable diseases) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**% increase/ decrease**
2 Noncommunicable diseases							
2.1 Noncommunicable diseases	9.8	10.2	**20.0**	9.2	12.9	**22.2**	**11%**
2.2 Mental health and substance abuse	2.6	3.2	**5.8**	3.1	3.0	**6.1**	**5%**
2.3 Violence and injuries	2.0	3.6	**5.6**	1.0	2.2	**3.2**	**-43%**
2.4 Disabilities and rehabilitation	0.4	0.1	**0.5**	1.1	0.1	**1.2**	**140%**
2.5 Nutrition	0.3	1.7	**2.0**	1.5	1.5	**3.0**	**50%**
Category 2 total	**15.1**	**18.8**	**33.9**	**15.9**	**19.7**	**35.7**	**5%**

Category 3. Promoting health through the life-course

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

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

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

3.1 Reproductive, maternal, newborn, child and adolescent health

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

80. The European child and adolescent health strategy 2015–2020, adopted in 2014 in resolution EUR/RC64/R6, and the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (document EUR/RC66/13), submitted for consideration by the 66th session of the Regional Committee, will guide the work of the Regional Office in this programme area. This new Action plan and a number of regional and country activities planned for 2018–2019 seek to enable children and adolescents in the European Region to realize their full potential for health, development and well-being and to reduce the avoidable burden of disease and mortality. This will be achieved by supporting governments in developing national strategies and evidence-informed action plans for children and adolescents that ensure access to quality care and the creation of a health-literate generation which can address its own health risks throughout the life-course.

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

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

83. The Regional Office will support countries in decreasing sexual and reproductive health inequalities among and within countries, with a special focus on the prevention of maternal and newborn mortality and morbidity and the reduction of unmet needs in family planning. Technical assistance will include the development of new national policies, monitoring and the improvement of access to and quality of sexual and reproductive health services.

84. In support of the development of the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind and the Strategy on women's health and well-being in the WHO European Region (document EUR/RC66/14) in 2016, an analysis of sexual, reproductive and women's health in the Region was carried out in 2015–2016. The implementation of these action plans and of the Minsk Declaration on the Life-course Approach in the Context of Health 2020 will actively involve a broad network of stakeholders promoting and improving sexual, reproductive, maternal, newborn, child and adolescent health through the life-course and ensuring the health and well-being of future generations.

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

3.2 Ageing and health

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

87. The work in 2018–2019 will focus on progress in addressing the health and living situations of older people in Europe, which remains uneven. For example, while more countries now provide public support to informal caregivers of frail persons, coverage rates of influenza vaccination for older people have generally been falling. Increases in disability-free life expectancy have been stagnating in recent years.

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

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

90. The publication of a handbook and policy tool on age-friendly environments in Europe in 2016 will support local authorities and various levels of government that have embarked jointly on initiatives for intersectoral actions to create age-friendly environments, many of them as members of the WHO European Healthy Cities Network. This work will continue in cooperation with a broad range of partner organizations and initiatives, such as the EC European Innovation Partnership on Active and Healthy Ageing and the WHO Global Network of Age-friendly Cities and Communities.

3.3 Gender, equity and human rights mainstreaming

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

92. Global efforts to advance gender, equity and rights in particular are taken forward through SDG3 on health and well-being, SDG5 on achieving gender equality and empowering all women and girls, and SDG10 on reducing inequities within and among countries. These provide a renewed impetus for gender equity and human rights approaches in health by addressing critical issues such as violence against women, inequalities in the division of unpaid and paid work and existing discrimination on the basis of gender, ethnicity, sexual orientation, gender identity, migration, socioeconomic status, and so on.

93. The focus of the Regional Office is to mainstream gender, equity and human rights approaches throughout its work and to support Member States in integrating gender, equity and rights in national health policies and programmes.

94. Assistance to Member States will build on the strategic developments that take place in 2016 and 2017 in the context of the Strategy on women's health and well-being in the WHO European Region, which establishes the links between SDG3, SDG5 and SDG10. Further strategic work will occur through the process of developing a strategy on men's health, which will consider the impact of gender, socioeconomic and environmental determinants on the health of men in the Region.

95. Achieving this outcome depends also on mainstreaming gender, equity and human rights approaches throughout the work of the Regional Office. The capacity of WHO country offices to mainstream gender, equity and rights in health will be increased through collaboration with other United Nations agencies under the Europe and Central Asia Regional Working Group on Gender and in accordance with the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. As initiated in 2016–2017, closer planning and joint work with the entire programme area 3.4 will be pursued to strengthen the synergies and joint actions towards implementation of Health 2020 and the 2030 Agenda with respect to gender, equity, human rights, and the social and environmental determinants of health.

3.4 Social determinants of health

96. The work of the Regional Office in this area supports a horizontal approach to the social determinants of health, as well as substantial activities that address specific areas of migration and health and vulnerable groups, in particular the Roma population.

97. The review of social determinants of health and the health divide, undertaken by the Regional Office in 2012, set out the evidence and policy options for acting on the social determinants of health across government and through the broader engagement of society in order to improve health and reduce social inequities in health. The launch of the SDGs (particularly SDG10) and the focus on leaving no one behind underpin WHO's work to strengthen capacities for evidence-based policy and governance so as to integrate health into social and economic policies and into development plans.

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

99. The work on quantifying the benefits – economic, social and health – that stem from policies and investments addressing the social determinants of health captures the direct and indirect social impact, as well as the economic multipliers of social determinants of health policies and initiatives. A multidisciplinary partnership with academic and research institutions will be established to support the development of new methodologies and evidence to underpin the investment in and implementation of such approaches within WHO and Member State policies and strategies.

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

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

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

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

3.5 Health and the environment

104. The European Region has made notable progress on environmental and health issues. However, significant cause for concern remains, as persistent and emerging environmental issues continue to account for approximately 20% of total mortality and up to 25% of the total burden of disease, much of which is unevenly distributed across geographic, demographic, sociocultural and socioeconomic subgroups.

105. This environmental burden of disease incurs high economic and social costs, consumes significant resources, prevents the attainment of optimal health and well-being, and undermines societal and economic development. The Regional Office addresses the environmental determinants of health and well-being through the only long-standing structured intersectoral process – the EHP, which is governed through periodic ministerial conferences. The key non-health sectors engaged in the EHP – environment, transport, land and water management, labour and employment (in particular regarding occupational health), industry, trade and others – are part of a whole-of-government response to the environmental determinants of health.

106. The Sixth Ministerial Conference on Environment and Health, which will take place in June 2017, will result in a revised and transformational environment and health agenda for the European Region, with the EHP as an important mechanism for the implementation of the SDGs by 2030. The emerging consensus among Member States and stakeholders in the EHP will set the foundations for technical work aimed at implementing the relevant evidence-based public health and environmental policies resulting from the commitments to this and other processes and those that originate from legally binding conventions and other international instruments. A close partnership with the most directly relevant United Nations agencies, such as the United Nations Economic Commission for Europe and the United Nations Environment Programme, and greater convergence with their work will strengthen the EHP.

107. The Regional Office and the EHP will continue to provide support – financial, technical, policy and other kinds – to national governance processes and platforms and will actively support the development and implementation of national environment and health policies. The work on environmental health inequalities will provide evidence of the current situation and quantify the magnitude of selected environmental health risks (such as second-hand smoke, housing conditions, injuries, noise and sanitation). WHO will continue to support the implementation of interventions that reflect country-specific priorities for action. Nineteen Member States of the European Region indicated this area of work as a priority for further collaboration with the Organization.

Draft proposed budget for category 3

108. Category 3 is the only category in the European Region with a budget reduction in comparison with the approved PB 2016–2017 (a decrease of 3.4% or US$ 1.3 million). This reduction reflects the reality that funding for category 3 has been a challenge.

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

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**% increase/ decrease**
3 Promoting health through the life-course							
3.1 Reproductive, maternal, newborn, child and adolescent health	3.2	3.7	**6.9**	4.0	3.4	**7.4**	**7%**
3.2 Ageing and health	0.4	1.0	**1.4**	0.2	1.1	**1.3**	**-7%**
3.3 Gender, equity and human rights mainstreaming	0.1	1.0	**1.1**	0.4	0.7	**1.1**	**0%**
3.4 Social determinants of health	2.0	5.8	**7.8**	2.0	6.2	**8.2**	**5%**
3.5 Health and the environment	4.0	17.1	**21.1**	5.3	13.6	**18.9**	**-10%**
Category 3 total	**9.7**	**28.6**	**38.3**	**11.9**	**25.1**	**37.0**	**-3%**

Category 4. Health systems

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

4.1 National health policies, strategies and plans

110. Improving health for all and reducing health inequities and improving leadership for participatory governance for health are two strategic objectives of Health 2020, the European policy framework for health and well-being. Health 2020 is at the centre of discussions on health governance, health inequalities and health-related SDGs in the European Region.

111. Member States are strengthening and broadening the scope of their intersectoral national health policies and strategies in line with Health 2020, providing direction and coherence to efforts to improve health, equity and well-being for all. In the 2016–2017 biennium, most of the 53 Member States of the European Region embarked on or completed a Health 2020 national policy process, using the well-developed knowledge and training base. It is expected that in 2018–2019 the vast majority of Member States

will be engaged in the processes of the review or monitoring and evaluation of their national health policies, on the basis of WHO technical advice.

112. The Regional Office will continue to support and advise Member States on the development and implementation of intersectoral national health policies, strategies and plans and on capacity-building in the areas of leadership for health and health diplomacy; addressing health inequalities and the social determinants of health; whole-of-government, whole-of-society and Health-in-All-Policies approaches; and gender, human rights and vulnerability. It will place special emphasis on further developing and adjusting tools for policy implementation and analysis, and mechanisms and platforms to facilitate intersectoral dialogue and cooperation. It will continue its close engagement with and coordination of the WHO European Healthy Cities Network, the Regions for Health Network and the Small Countries Initiative, and its support of the South-eastern European Health Network, recognizing the importance of involving all levels of government and building and supporting partnerships in efforts to achieve population health and well-being.

113. Building on 2016–2017 successes, the main achievements in 2018–2019 are expected to be the continuous and steady enhancement of technical capacities and available information to Member States through increased training, the sharing of good practices, and the implementation of smart instruments and tools, by broadening the knowledge base and by documenting the development of national health plans and increasing their visibility; enhanced coherence of efforts and policy documents in relation to Health 2020 and SDG3 within the Regional Office and at the country level; and increased support to partnerships (such as the Regions for Health Network, Small Countries Initiative and South-eastern European Health Network) for better national health plan development.

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

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

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

116. One of the innovative areas related to large-scale health system transformation will be to address the "how" question and the change management process. Leading and managing innovation and change will therefore be an important stream of work that will focus on systematizing the experiential learning of policy-makers in making health system transformations towards people-centredness and efficiency a reality on the ground, taking into account the political determinants of health.

117. Two high-level events will set new milestones for regional work on health systems in 2018–2019 and beyond. First, the Regional Office will take stock of health systems for health and wealth during a high-level meeting on the occasion of the tenth anniversary of the adoption of the Tallinn Charter. During this event, participants are expected to share and agree on the main policy lessons resulting from the interdivisional work programme on strengthening the health system response to noncommunicable diseases. Also in 2018, the global health community and the Regional Office, together with the Government of Kazakhstan, will celebrate the fortieth anniversary of the adoption of the Alma-Ata Declaration on primary health care.

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

- country system reviews on health system barriers and implementation of the NCD framework;
- multicountry work on tuberculosis control and health system reforms, in close collaboration with the Global Fund to Fight Aids, Tuberculosis and Malaria, through the TB Regional Eastern Europe and Central Asia Project;
- health systems, essential public health operations and the IHR (2005), in relation to the interregional meeting hosted by the Regional Office in March 2016; and
- environmentally sustainable health systems, in line with the Parma Declaration on Environment and Health.

119. Resource deficiencies (human resources and funds, including in relation to translation services) should be addressed, as appropriate, based on a needs assessment. New resolutions (on the SDGs and other issues such as IHR) should be supported by specific and well-resourced action plans in order to be successfully implemented.

4.2 Integrated people-centred health services

120. Following the endorsement of Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery (document EUR/RC66/15) by the 66th session of the Regional Committee, the Regional Office will support countries in their efforts to implement health services delivery transformations in 2018–2019. Three avenues of integration have been prioritized. Avenues for initiating integrated health services delivery transformations provide ways to focus practically on high-leverage entry points in order to accelerate achievement of the desired health and efficiency gains. While their prioritization and dynamics are ultimately context specific, priority avenues for the European Region can be described as underscoring the following areas.

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

121. The WHO Centre for Primary Health Care, in Almaty, Kazakhstan, will ensure roll-out and scale-up in countries and monitor implementation with particular reference to SDG target 3.8.

122. As a pivotal input towards people-centred health systems and integrated services delivery, the Regional Office will assist Member States in implementing the global commitments through a European action plan on human resources for health by supporting countries in effectively ensuring a skilled and sustainable health workforce. Technical cooperation across the core streams of work of the action plan include the following.

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

123. The Regional Office is also taking forward the European Action Plan for Strengthening Public Health Capacities and Services, adopted at the 62nd session of the Regional Committee in September 2012. The Action Plan is based on the 10 essential public health operations, which brought clarity to the concept of public health and its operationalization. The midterm progress report on implementation of the Action Plan (document EUR/RC66/19), presented for consideration by the 66th session of the Regional Committee, will guide further implementation, which spans all categories of work. For category 4, this means a focus on four work streams: the public health workforce, organization, financing, and legislation. The aim is to develop policy summaries on the organization and institutionalization of public health services (covering prevention, promotion and protection); revitalize work within settings such as through the Health Promoting Hospitals Network; and continuously review progress towards the commitments of the Action Plan. The Regional Office will continue individual country assessments on essential public health operations but with greater attention to institutional change, and will complement the process with catalyst workshops on reform at the subregional level.

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

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

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

- provision of technical assistance to Member States and, through networking, support for evidence generation and transparency by sharing best practices and information; and
- support to Member States in the development of strategic policy frameworks and their implementation towards achieving UHC and the SDGs.

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

Quality of medicines and health technologies

126. Poor quality medicines (substandard, spurious, falsely labelled, falsified and counterfeit medical products (SSFFCs)) compromise care and result in poor health outcomes and waste. Patients and health care professionals must have confidence in the quality of the medicines in circulation; otherwise, there is excessive reliance on more expensive branded products, contributing to inefficient use of scarce health care resources and high out-of-pocket costs to patients.

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

Ensuring equitable access to cost-effective medicines and technologies

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

129. The Regional Office will provide technical support to Member States in relation to the evidence-based selection of medicines and technologies; tackling problems relating to poor access, including to medical products for the treatment of NCDs; and implementation of the principles of health technology assessment and prioritization of public pharmaceutical expenditure. It will continue activities, including capacity-building in methodology and systems development, on key topics such as health technology assessment and pricing and reimbursement policy.

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

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

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

4.4 Health systems, information and evidence

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

133. Routine collection, processing and dissemination of health-related information in many countries are difficult due to a lack of intersectoral coordination among national institutions. The WHO European Health Information Initiative is addressing these issues and, under its umbrella, a number of initiatives and activities are being implemented to meet health information and evidence challenges in the Region; this multipartner network is supported by 25 members, including the EC and the OECD.

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

135. Interest on investment in e-health among Member States of the European Region has grown rapidly, resulting in an increased demand for regional engagement in direct support of country activities. Within the scope of national e-health strategy development, additional effort is being made to promote the adoption of e-health standards and to utilize the interoperability frameworks developed by the European Union. The development of electronic health records continues to be a key driver of e-health activity in the Region, in particular the coalescence with mobile health platforms

for personal access to health information. On the basis of country assessment missions and in accordance with BCA commitments, Member States are being offered assistance in developing national e-health strategies through multistakeholder workshops based on the curriculum of the WHO/International Telecommunication Union National eHealth Strategy Toolkit developed in 2012. Additional effort is being made to examine the possibilities for new and innovative mechanisms for health information analysis, including big data, in 2018–2019.

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

137. A key development in 2018–2019 will be the implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (document EUR/RC66/12), submitted for consideration by the 66th session of the Regional Committee, which includes the following actions.

138. Implementation of the Evidence-informed Policy Network Europe will be expanded. Several initiatives to provide technical assistance to countries have been implemented and will be continued: the Evidence-informed Policy Network Europe, the HINARI Access to Research in Health Programme and the Global Information Full Text project. The Russian–English bilingual journal, *Public Health Panorama*, will continue to promote evidence-informed public health actions and to share good practices to all Member States of the European Region.

139. The support tool to assess health information systems and to develop and strengthen health information strategies was piloted in four countries; it has proved to be a useful means for identifying strengths and weaknesses of national health information systems and for improving the coordination of various stakeholders. The results of this pilot will be implemented in the current biennium and a revised tool will be rolled out in 2018–2019.

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

141. Subregional health information networks have been established, including the Central Asian Republics Information Network, the Small Countries Health Information Network and the newly established European Burden of Disease Network. Such networks promote experience sharing as well as harmonization and standardization of

health reporting and are expected to take on a more prominent role in the harmonization of indicators across the Region and in capacity-building in 2018–2019.

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

143. The preparation of the European health report 2018 will be central to the work of the Division of Information, Evidence, Research and Innovation through 2018. This will include a new round for the development of indicators to monitor well-being, and new evidence to describe concepts emerging from Health 2020, such as community resilience and a whole-of-society approach, among others. The exploration of the cultural context of health will result in the presentation of policy briefs and a toolkit for Member States. In addition, the Regional Office has proposed a joint monitoring framework for Health 2020, the SDGs and the NCD global monitoring indicators, which will be presented at the 66th session of the Regional Committee for discussion; this framework is expected to be fully functional in the 2018–2019 biennium.

144. The Health Evidence Network has several new evidence syntheses, including a series on migration and health and the cultural context of health. In addition, the Regional Office provides direct technical support for the strengthening of national health information and reporting systems as well as e-health strategies and activities for the purpose of public health monitoring. WHO's monitoring and evaluation efforts, including harmonization and standardization, are guided by the overarching European Health Information Initiative, which has the support of Member States, WHO collaborating centres, the EC and the OECD, as well as foundations. A recent Steering Group meeting has cemented this Initiative and developed a workplan for the next four years.

145. The capacity of the Regional Office will continue to be improved to increase the effectiveness and efficiency of health information management and access to health information by staff, policy-makers and other stakeholders. Among the public tools launched in 2015 and 2016, as mentioned above, the European Health Information Gateway will be expanded to include automated data collection, allowing for entirely new visualizations, including monitoring of the SDGs.

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

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

- piloting innovative approaches for data use, data visualization and engagement with Regional Office stakeholders.

Draft proposed budget for category 4

Table 6. Proposed PB 2018–2019 for category 4 (Health systems) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**% increase/ decrease**
4 Health systems							
4.1 National health policies, strategies and plans	5.6	10.5	**16.1**	5.7	10.8	**16.5**	**2%**
4.2 Integrated people-centred health services	6.6	9.5	**16.1**	6.5	10.1	**16.6**	**3%**
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	0.8	4.4	**5.2**	1.1	4.4	**5.5**	**6%**
4.4 Health systems information and evidence	2.7	8.1	**10.8**	2.7	8.5	**11.2**	**4%**
Category 4 total	**15.7**	**32.5**	**48.2**	**16.0**	**33.9**	**49.9**	**4%**

Category 5. Antimicrobial resistance, Food safety and Poliomyelitis eradication[1]

5.2.3 Antimicrobial resistance

147. The European strategic action plan on antibiotic resistance 2011–2020 and the Global action plan on antimicrobial resistance, adopted in 2015, call for comprehensive multisectoral action. Given the far-reaching implications of AMR and the critical need for establishing a multisectoral and whole-of-society response, the United Nations General Assembly will discuss AMR on 21 September 2016. The high-level meeting is an essential step forward for global public health, contributing to an increase in global awareness and the growing demand from Member States for technical support, guidance and leadership, in which the Regional Office is expected to play a central role.

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

[1] Category 5, in this section, does not include elements of the WHO Health Emergencies Programme.

149. The Regional Office will continue to tailor country support based on needs and on progress made towards the implementation of national action plans, with the main activities including support for the development of national AMR action plans, strengthening of national capacities for AMR surveillance, promoting antimicrobial stewardship and supporting awareness, educational and behaviour-change campaigns. It will also provide annual support for awareness-raising activities taking place during World Antibiotic Awareness Week in November, in collaboration with the European Centre for Disease Prevention and Control (ECDC), expanding European Antibiotic Awareness Day throughout the Region.

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

5.4 Food safety

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

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

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

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

5.5 Poliomyelitis eradication

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

156. In 2018–2019, the Regional Office will continue to support the work of the European Regional Certification Commission for Poliomyelitis Eradication in estimating the risk of outbreaks following the importation of polioviruses and in supporting Member States in implementing risk mitigation activities. It will use its oversight capacity to monitor and to support national authorities in the biocontainment or destruction of polioviruses at vaccine production, research and diagnostic facilities.

157. Long-established activities to support Member States in maintaining highly sensitive polio surveillance, annual accreditation of national and regional polio laboratories, provision of laboratory supplies and proficiency testing panels, monitoring of surveillance performance and polio outbreak simulation exercises will continue. These activities will be delivered in close collaboration with programme areas 1.5 and 4.3. Technical support will be provided for post-marketing surveillance of new products containing inactivated poliovirus or bivalent oral polio vaccine.

Draft proposed budget for category 5

Table 7. Proposed PB 2018–2019 for category 5 (Antimicrobial resistance, Food safety, Poliomyelitis eradication) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**% increase/ decrease**
5 Preparedness, surveillance and response (minus 5.2.3 and 5.4)							
5.1 Alert and response capacities	2.8	4.3	**7.1**				
5.2 Epidemic- and pandemic-prone diseases (excluding 5.2.3)	1.0	2.1	**3.0**				
5.2.3 Antimicrobial resistance	2.4	3.4	**5.8**	1.3	2.7	**3.9**	**-11%**
5.3 Emergency risk and crisis management	1.3	3.0	**4.4**				
5.4 Food safety	0.3	0.7	**1.0**	0.5	0.6	**1.1**	**10%**
5.5 Poliomyelitis eradication	1.4	6.0	**7.4**	1.8	4.1	**5.9**	**-20%**
5.6 Outbreak and crisis response	0.7	2.3	**3.0**				
Category 5 total	**9.9**	**21.8**	**31.7**	**3.6**	**7.4**	**10.9**	

WHO Health Emergencies Programme

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

159. The new WHO Health Emergencies Programme complements WHO's traditional technical and normative roles with new operational capabilities for outbreaks and humanitarian emergencies. This requires a realignment of, and addition to, the existing results framework and budget for the Organization's work in emergencies. The new results framework[2] provides a common planning structure across all levels of the Organization, which will facilitate alignment and integration of budgeting, implementation and accountability for the new Health Emergencies Programme. The common structure reflects WHO's major functions in the management of health emergencies and the major outcomes of the new WHO Health Emergencies Programme as follows:

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

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

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

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

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

160. Of the above outcomes, E.2 and E.3 are required planning elements for all regional offices and countries, while priority countries, according to their health emergency risk management needs, may also require dedicated capacity for outcomes E.4 and E.5. Outcome E.1 is planned primarily for global and regional levels. Some priority countries, with disease-specific risks, may also have dedicated capacity and activities under this outcome.

161. Based on this new results framework, a revised budget was developed for the WHO Health Emergencies Programme for 2016–2017, reflecting the financial and

[2] WHO Health Emergencies Programme: results framework and budget requirements 2016–2017. Geneva: World Health Organization; 2016 (http://www.who.int/about/who_reform/emergency-capacities/emergency-programme-framework-budget.pdf).

human resources required by each level of the Programme to achieve the related outcomes and outputs. The overall budget of US$ 494 million for the 2016–2017 biennium, which was approved by the World Health Assembly, represents an increase of US$ 160 million over the current budget for WHO's primarily normative and technical work in health emergency management. The new results framework and PB 2016–2017 serve as the starting point for the development of PB 2018–2019 for the WHO Health Emergencies Programme.

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

162. Within this global context, the outcomes of E.2 (Country health emergency preparedness and the International Health Regulations (2005)), E.3 (Health emergency information and risk assessment), and E.4 (Emergency operations) will continue to be a priority for the Regional Office in 2018–2019. The current focus on health security and Member State compliance with the IHR (2005) provides an opportunity to highlight how resilience can be built by strengthening public health systems and by making use of linkages between health security, essential public health operations and health systems strengthening. The IHR (2005), including its Monitoring and Evaluation Framework and the Sendai Framework for Disaster Risk Reduction 2015–2030, will be the major instruments for ensuring all-hazard and multisectoral preparedness and response, linking national IHR core capacities with resilient health systems and essential public health operations.

163. Working together with United Nations agencies, nongovernmental organizations and other stakeholders and by adopting the Health 2020 whole-of-society and whole-of-government approaches, the Regional Office will further strengthen the support provided to Member States in building capacity for preparedness and for the full emergency management cycle (prevention, preparedness, response and early recovery).

164. The Regional Office will provide expertise and guidance to Member States in enhancing surveillance and laboratory services and in developing prevention and control strategies, tools and capacities for high-threat infectious hazards; it will also support building national early warning and alert systems and training health workers to deal with major public health threats. As requested by Member States, the Regional Office will support a dynamic ongoing process of evaluation and strengthening of IHR capacities in line with the IHR (2005) Monitoring and Evaluation Framework, through simulation exercises and after-action reviews, and independent external evaluations of core capacities.

165. At the country level, work on mapping the vulnerability of Member States to high-threat pathogens as well as risks and capacities related to natural disasters and humanitarian crises will continue. This work will guide the design of interventions and allocation of resources.

E.1 Infectious hazard management

166. The work of the Regional Office in this area will support Member States in developing and maintaining prevention and control strategies, tools and capacities for high-threat infectious hazards. Preparedness for specific pathogens will complement the

work under programme area E.2, namely, implementation of preparedness for the full emergency management cycle in line with the principles of all-hazard health emergency risk management. The Regional Office is currently mapping high-threat pathogens in the European Region in order to prioritize countries as well as the scope of technical products.

167. High-threat pathogens include those that are always notifiable under the IHR (smallpox, polio due to wild-type poliovirus, human influenza caused by a new subtype, and severe acute respiratory syndrome), as well as other pathogens that have demonstrated the ability to spread internationally and are expected to have a high health impact in the Region. Technical support to Member States will build on existing surveillance and laboratory networks and surveillance platforms, in close cooperation with WHO collaborating centres and technical partners. To verify the effectiveness of national strategies for the prevention and control of high-threat pathogens, the Regional Office will support simulation exercises, for example, table-top or practical exercises (such as to test command and control), utilizing and adapting lessons learned from pandemic and avian influenza at the animal–human interface, as well as exercises to test the functioning of the IHR.

168. With regard to preparedness for pandemic influenza, the Regional Office will continue to monitor the situation continuously by conducting surveillance and risk assessment, particularly through the joint ECDC–Regional Office Flu News Europe bulletin, and will implement activities under the Pandemic Influenza Preparedness Framework. Activities in Member States related to the Framework focus on establishing sustainable sentinel influenza surveillance systems and operational national outbreak investigation and response guidelines and on improving the clinical management of people with severe respiratory infections.

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

170. Under this area, the Regional Office will also provide technical expertise in support of countries' risk assessment and response to high-threat infectious hazard emergencies under the Incident Management System.

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

171. The work of the Regional Office in this area will aim to support Member States in both:

- implementing preparedness for the full emergency management cycle (prevention, preparedness, response and recovery) through an all-hazards approach, including highly infectious disease threats and environmental, chemical and radio-nuclear events, as well as humanitarian emergencies, both natural and man-made disasters; and
- guiding and supporting the process of monitoring and evaluating country core capacities, using all four components of the IHR (2005) Monitoring and Evaluation Framework, namely, annual reporting, simulation exercises, after-action reviews and independent external evaluations of core capacities. The evaluation's findings will feed into the development of national plans to address identified capacity gaps.

172. The health sector has a central role to play in managing risks and in reducing the consequences of any emergency. The Regional Office will therefore focus on further strengthening multisectoral work with other sectors at all levels through whole-of-government and whole-of-society approaches in line with Health 2020. Furthermore, it will concentrate on strengthening the resilience of health systems and on making use of the linkages between health security, essential public health operations and health systems strengthening. Activities will increasingly cover the resilience of health infrastructure and the safety of health care workers and patients during and after emergencies. Work on advocating for health to be integrated into interagency disaster risk reduction activities in the Region will also continue.

173. Member States will be supported in updating their national health emergency preparedness plans and in integrating them into national emergency plans. Capacity-building in the area of emergency preparedness and management for representatives of ministries of health and other relevant ministries will be continued and simulation exercises will be encouraged and assisted, as requested.

174. The Regional Office will further strengthen its technical assistance to Member States in the areas of early warning and response systems for epidemic-prone diseases and the establishment and maintenance of public health emergency operation centres for the coordination and strategic management of public health events and emergencies.

175. Upon request, the Regional Office will continue to work with Member States and national IHR focal points on strengthening the national core capacities required to detect, assess, notify and report events and to respond to public health risks and emergencies of national and international concern.

176. Capacity-building in the area of risk communication and community engagement will greatly benefit from coordinated work at the three levels of the Organization. The Regional Office will support Member States through training courses and guidance as well as by tailoring globally developed templates, materials and tools (such as risk communication plans and knowledge–attitude–practice surveys) to subregional and

country needs and by translating them into the relevant languages. This is expected to result in risk communication plans being developed, or updated, and tested in a number of countries.

177. At the same time, the Regional Office will enhance the readiness of WHO country offices and selected Regional Office staff to respond swiftly and adequately to any emergency in a Member State and to initiate the WHO emergency response from the first day onwards.

E.3 Health emergency information and risk assessment

178. The function of the regional IHR contact point will be performed under this programme area, including a 24/7 duty officer available for communication with national IHR focal points in State Parties at all times. The Regional Office will continue to undertake and to further strengthen event-based surveillance activities in cooperation with WHO headquarters, other regional offices and partners, in particular the EC and its institutions. It will strengthen the capacity of country offices to contribute to event-based surveillance, which will ensure that all public health events with potential international implications can be detected and assessed in a timely manner. A well-equipped, well-maintained and functional Emergency Operations Centre will facilitate 24/7 communications with national IHR focal points, WHO technical units, networks and partners.

179. Risk assessments of potential and ongoing health emergencies will be performed rapidly, systematically and independently, in accordance with global procedures, involving the affected Member State(s), country offices and the relevant WHO technical units, networks and partners. This also applies to needs assessment and outbreak investigations. Risk and needs assessments, as well as outbreak investigations, will be performed in accordance with globally established performance standards and accomplishing these tasks in accordance of these common benchmarks will be systematically monitored. In addition, systematic, rigorous data collection mechanisms and monitoring of ongoing health emergency operations will be implemented. This will include the use of common data management, analytics and reporting platforms to produce and disseminate accurate, reliable and timely emergency health information products. Distribution of these information products, such as regular situation reports, will be done through channels that ensure the accessibility of the products to their intended audiences.

E.4 Emergency operations

180. The Regional Office will further strengthen its capacities to provide effective support to all Member States for a timely response in ensuring that emergency-affected populations have access to an essential package of life-saving health services. This includes responding to and establishing comprehensive incident management for coordinated action in all acute and protracted health emergencies; assisting and coordinating the implementation of health operations to agreed standards through partner and WHO operational networks; and providing supplies, logistical services and operational support for all acute and protracted health emergencies.

181. The Regional Office Health Emergencies Programme will provide strategic leadership as well as technical and operational support to the health sector response to assist the national health authorities for effective operations in acute and protracted emergencies at all levels. It will be ensured that other technical programme areas (namely, NCDs, child health, mental health, reproductive health, nutrition, and health systems) contribute the necessary technical expertise to the Programme, both on a standing basis and as needed during acute and protracted emergencies, for implementation of all-hazards emergency work. To further enhance the quality of interventions, this work will be coordinated through a technical emergency response network.

182. A dedicated desk officer function at the Regional Office will coordinate support to emergency operations at the country level, ensuring optimal exchange of information at all levels with all relevant entities and partners. Effective mechanisms for the coordination of work with other United Nations bodies, as well as external partners, such as the Global Health Cluster, the Global Outbreak Alert and Response Network and Emergency Medical Teams, will be established to ensure a coordinated, rapid, predictable and consistent response to all acute and protracted health emergencies.

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

E.5 Emergency core services

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

185. This function will also include the timely development and effective administration of workplans, grant management, human resources management, training, emergency simulations and information technology support, as well as ensuring compliance with standard operating procedures, across the Region.

186. In the area of health emergency communications, the Regional Office will scale up its capacity for timely and transparent communications through a variety of channels, including increased use of social media and web-based tools in addition to traditional media. Coordination at all levels of WHO and with partner organizations, particularly within the EU, will be crucial to ensure harmonized communications and guidance. Rapid surge capacity will be ensured to support Member States' risk communications and community engagement in health crises.

187. Finally, in close cooperation with the information management and risk assessment function, the performance of the WHO Health Emergencies Programme will be rigorously monitored using one set of standard performance metrics aimed at the continuous improvement of the Programme's performance as a whole.

Draft proposed budget for the WHO Health Emergencies Programme

188. Table 8 shows the proposed budget for the implementation of the new WHO Health Emergencies Programme of the Regional Office in 2018–2019.

Table 8. Proposed PB 2018–2019 for the WHO Health Emergencies Programme (US$ million)

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**% increase/ decrease**
E.1 Infectious hazard management				1.0	5.9	**6.9**	
E.2 Country health emergency preparedness and the International Health Regulations (2005)				3.3	7.1	**10.4**	
E.3 Health emergency information and risk assessment				2.9	3.3	**6.2**	
E.4 Emergency operations				4.0	3.2	**7.2**	
E.5 Emergency core services				2.1	3.3	**5.4**	
WHO Health Emergencies Programme total				**13.3**	**22.8**	**36.1**	

Category 6. Corporate services/enabling functions

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

6.1 Leadership and governance

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

191. The Regional Office continues to strengthen collaboration with its Member States through the national counterparts and national technical focal points and, in line with the WHA decision on governance reform, will provide regular updates on country work to the Regional Committee. Visits by ministers of health and country delegations to the

Regional Office will continue to ensure active engagement of Member States in the planning and effective delivery of country work.

192. The Regional Office will also continue to support strategic subregional country networks, such as the South-eastern Europe Health Network.

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

194. Since 2010, the Regional Office has put great effort into building and maintaining partnerships. Taking into account the adoption of the 2030 Agenda by the United Nations General Assembly in 2015 and the adoption of FENSA by the Sixty-ninth World Health Assembly in 2016, the Regional Office will strengthen its collaboration with partners. In 2018–2019, the Regional Office will implement a renewed partnership strategy, strengthening cooperation with partners such as the European Union and its institutions, the OECD, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the World Bank and United Nations agencies at both regional and country levels.

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

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

6.2 Transparency, accountability and risk management

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

198. The Regional Office will further strengthen this area by increasing administrative capacities in selected country offices where the size and complexity of operation justifies additional resources. In addition, the second line of defence, which was first put in place in 2011 with the establishment of a compliance team in charge of ensuring financial compliance and of providing ex-post reviews to the management, will be further strengthened. The team has played an important role in training and advising staff on financial and administrative matters.

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

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

6.3 Strategic planning, resource coordination and reporting

201. The European Region is undertaking the planning for 2018–2019 in full alignment with the global process, with the specificities emerging from the WHO emergencies reform process and in direct response to the priorities and health needs of Member States.

202. During 2018–2019, the Regional Office will engage with all levels of the Organization in the preparation and approval of the new thirteenth general programme of work, which will come into force in 2020.

203. At the same time, strong monitoring and accountability efforts will continue to ensure good clarity with regard to programmatic and financial performance so that Member States enhance their ability to provide strategic direction and advice to the Regional Office within the regional governing bodies.

204. The Organization continues its efforts to finance its programme budget through more transparent and predictable mechanisms. These efforts are reflected in the continuation of the financing dialogue; the development of the programme budget web portal; the adoption of the strategic budget space allocation model for distribution of operational segment 1 of the programme budget (technical cooperation at country level) among WHO regions; and WHO's commitment to joining the International Aid Transparency Initiative by the end of 2016. The results of these efforts will impact the development and financing of PB 2018–2019.

205. On the financing side, the Regional Office will focus on resource mobilization in alignment with the global coordinated resource mobilization policy. Following the lead of WHO headquarters, the Regional Office is currently engaged in an analysis of financial prospects for 2018–2019 to determine potential risks and vulnerabilities in financing its programme budget. Similar to the global level, there is still a strong reliance on relatively few donors for voluntary contributions, most of which continue to be highly earmarked. While the Regional Office has noticed a positive trend of donations being directed towards the main WHO priorities, it is recognized that there is still a misalignment between the strategic prioritization and the financial resources that are being mobilized. To the extent possible, the Regional Office uses its flexible funding to fill financial gaps and will continue this practice into the next biennium.

206. Lastly, in order to increase the predictability of flexible resources at the country level, the Regional Office implemented an approach, based on the strategic budget space allocation, to divide its flexible resources among the country offices; 75% of these resources were distributed before the start of the current biennium. The success of this approach is being assessed and a similar distribution will be considered for 2018–2019.

6.4 Management and administration

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

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

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

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

6.5 Strategic communications

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

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

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

Draft proposed budget for category 6

212. Based on the global decision, it is proposed that the draft programme budget for category 6 in 2018–2019 remain the same as in 2016–2017, that is, US$ 59.9 million (see Table 9). Strengthening country presence in the form of additional WHO representatives and administrative officers to align with WHO reform and to ensure consistency within the Organization, which the Regional Office started to implement in 2016–2017, will continue to be implemented in the next biennium, and will result in the need for a modest budget increase in category 6 for 2018–2019 to accommodate the full cost of WHO country presence in the European Region. This will be further considered in the overall discussion of the budget for category 6.

Table 9. Proposed PB 2018–2019 for category 6 (Corporate services/enabling functions) by programme area compared with RPI-adjusted PB 2016–2017 (US$ million)

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**% increase/ decrease**
6 Corporate services/enabling functions							
6.1 Leadership and governance	20.1	13.0	**33.1**	20.4	13.3	**33.7**	**2%**
6.2 Transparency, accountability and risk management	0.4	2.4	**2.8**	0.1	0.9	**1.0**	**-64%**
6.3 Strategic planning, resource coordination and reporting	1.2	3.4	**4.6**	0	2.7	**2.7**	**-41%**
6.4 Management and administration	7.1	9.3	**16.4**	7.1	11.0	**18.1**	**10%**
6.5 Strategic communications	0.9	2.1	**3.0**	0.3	4.1	**4.4**	**47%**
Category 6 total	**29.7**	**30.2**	**59.9**	**27.9**	**32.0**	**59.9**	**0%**

Annex 1. Proposed PB 2018–2019 for the WHO European Region by category and programme area

Category		Programme area	
1	**Communicable diseases**	1.1	HIV/AIDS
		1.2	Tuberculosis
		1.3	Malaria
		1.4	Neglected tropical diseases
		1.5	Vaccine-preventable diseases
2	**Noncommunicable diseases**	2.1	Noncommunicable diseases
		2.2	Mental health and substance abuse
		2.3	Violence and injuries
		2.4	Disabilities and rehabilitation
		2.5	Nutrition
3	**Promoting health through the life-course**	3.1	Reproductive, maternal, newborn, child and adolescent health
		3.2	Ageing and health
		3.3	Gender, equity and human rights mainstreaming
		3.4	Social determinants of health
		3.5	Health and the environment
4	**Health systems**	4.1	National health policies, strategies and plans
		4.2	Integrated people-centred health services
		4.3	Access to medicines and health technologies and strengthening regulatory capacity
		4.4	Health systems, information and evidence
5	**Preparedness, surveillance and response**	5.2.3	Antimicrobial resistance
		5.4	Food safety
		5.6	Poliomyelitis eradication
6	**Corporate services/ enabling functions**	6.1	Leadership and governance
		6.2	Transparency, accountability and risk management
		6.3	Strategic planning, resource coordination and reporting
		6.4	Management and administration
		6.5	Strategic communications
	WHO Health Emergencies Programme	E.1	Infectious hazard management
		E.2	Country health emergency preparedness and the International Health Regulations (2005)
		E.3	Health emergency information and risk assessment
		E.4	Emergency operations
		E.5	Emergency core services

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

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**increase/ decrease**
1 Communicable diseases							
1.1 HIV and hepatitis	2.0	5.4	**7.4**	2.2	5.6	**7.8**	**0.4**
1.2 Tuberculosis	6.0	5.5	**11.5**	5.7	5.8	**11.5**	**0.0**
1.3 Malaria	-	1.0	**1.0**	0.2	0.8	**1.0**	**0.0**
1.4 Neglected tropical diseases	-	0.4	**0.4**	-	0.3	**0.3**	**-0.1**
1.5 Vaccine-preventable diseases	3.9	9.6	**13.5**	4.1	10.2	**14.3**	**0.8**
Category 1 total	**11.9**	**21.9**	**33.8**	**12.2**	**22.8**	**35.0**	**1.2**
2 Noncommunicable diseases							
2.1 Noncommunicable diseases	9.8	10.2	**20.0**	9.2	12.9	**22.2**	**2.2**
2.2 Mental health and substance abuse	2.6	3.2	**5.8**	3.1	3.0	**6.1**	**0.3**
2.3 Violence and injuries	2.0	3.6	**5.6**	1.0	2.2	**3.2**	**-2.4**
2.4 Disabilities and rehabilitation	0.4	0.1	**0.5**	1.1	0.1	**1.2**	**0.7**
2.5 Nutrition	0.3	1.7	**2.0**	1.5	1.5	**3.0**	**1.0**
Category 2 total	**15.1**	**18.8**	**33.9**	**15.9**	**19.7**	**35.7**	**1.8**
3 Promoting health through the life-course							
3.1 Reproductive, maternal, newborn, child and adolescent health	3.2	3.7	**6.9**	4.0	3.4	**7.4**	**0.5**
3.2 Ageing and health	0.4	1.0	**1.4**	0.2	1.1	**1.3**	**-0.1**
3.3 Gender, equity and human rights mainstreaming	0.1	1.0	**1.1**	0.4	0.7	**1.1**	**0.0**
3.4 Social determinants of health	2.0	5.8	**7.8**	2.0	6.2	**8.2**	**0.4**
3.5 Health and the environment	4.0	17.1	**21.1**	5.3	13.6	**18.9**	**-2.2**
Category 3 total	**9.7**	**28.6**	**38.3**	**11.9**	**25.1**	**37.0**	**-1.3**
4 Health systems							
4.1 National health policies, strategies and plans	5.6	10.5	**16.1**	5.7	10.8	**16.5**	**0.4**
4.2 Integrated people-centred health services	6.6	9.5	**16.1**	6.5	10.1	**16.6**	**0.5**
4.3 Access to medicines and other health technologies	0.8	4.4	**5.2**	1.1	4.4	**5.5**	**0.3**
4.4 Health systems, information and evidence	2.7	8.1	**10.8**	2.7	8.5	**11.2**	**0.4**
Category 4 total	**15.7**	**32.5**	**48.2**	**16.0**	**33.9**	**49.9**	**1.7**
5 Preparedness, surveillance and response (minus 5.2.3 and 5.4)							
5.1 Alert and response capacities	2.8	4.3	**7.1**				**-7.1**

	RPI-adjusted PB 2016–2017			proposed PB 2018–2019			
Category/ programme area	**Country offices**	**Regional Office**	**Total**	**Country offices**	**Regional Office**	**Total**	**increase/ decrease**
5.2 Epidemic- and pandemic-prone diseases (excluding 5.2.3)	1.0	2.1	**3.0**				**-3.0**
5.3 Emergency risk and crisis management	2.4	3.4	**5.8**				**-5.8**
Category 5 (minus 5.2.3 and 5.4) total	**6.2**	**9.8**	**15.9**				**-15.9**
5.2.3 Antimicrobial resistance	1.3	3.0	**4.4**	1.3	2.7	**3.9**	**-0.5**
5.4 Food safety	0.3	0.7	**1.0**	0.5	0.6	**1.1**	**0.1**
5.2.3 and 5.4 total	**1.6**	**3.7**	**5.4**	**1.8**	**3.3**	**5.0**	**-0.4**
WHO Health Emergencies Programme							**0.0**
E.1 Infectious hazard management				1.0	5.9	**6.9**	**6.9**
E.2 Country health emergency preparedness and the International Health Regulations (2005)				3.3	7.1	**10.4**	**10.4**
E.3 Health emergency information and risk assessment				2.9	3.3	**6.2**	**6.2**
E.4 Emergency operations				4.0	3.2	**7.2**	**7.2**
E.5 Emergency core services				2.1	3.3	**5.4**	**5.4**
WHO Health Emergencies Programme total				**13.3**	**22.8**	**36.1**	**36.1**
6 Corporate services/enabling functions							**0.0**
6.1 Leadership and governance	20.1	13.0	**33.1**	20.4	13.3	**33.7**	**0.6**
6.3 Strategic planning, resource coordination and reporting	1.2	3.4	**4.6**		2.7	**2.7**	**-1.9**
6.4 Management and administration	7.1	9.3	**16.4**	7.1	11.0	**18.1**	**1.7**
6.5 Strategic communications	0.9	2.1	**3.0**	0.3	4.1	**4.4**	**1.4**
Category 6 total	**29.7**	**30.2**	**59.9**	**27.9**	**32.0**	**59.9**	**0.0**
Subtotal base (with 5.2.3 and 5.4) minus WHO Health Emergencies Programme	**83.7**	**135.7**	**219.5**	**85.7**	**136.8**	**222.5**	**3.0**
Subtotal base programmes	**89.9**	**145.5**	**235.4**	**99.0**	**159.6**	**258.6**	**23.2**
5.5 Poliomyelitis eradication total	**1.4**	**6.0**	**7.4**	**1.8**	**4.1**	**5.9**	**-1.5**
5.6 Outbreak and crisis response total	**0.7**	**2.3**	**3.0**				**-3.0**
Grand total	**92.0**	**153.8**	**245.8**	**100.8**	**163.7**	**264.5**	**18.7**

= = =