Programme budget
2018-2019

World Health Organization

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The Proposed programme budget 2018-2019 was presented to the Seventieth World Health Assembly in document A70/7 in May 2017. The Health Assembly subsequently adopted resolution WHA70.5, in which it approved the budget. This final version of the approved Programme budget 2018-2019 represents without change the document considered by the Health Assembly in May 2017. "Proposed programme budget" in the text should therefore be taken to refer to the approved Programme budget.

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INTRODUCTION

1. In the Proposed programme budget 2018–2019, WHO is seizing the opportunity presented by the 2030 Agenda for Sustainable Development to strengthen its leadership in global health and enhance its support at the country level.

2. The Proposed programme budget 2018–2019 sets out priorities in line with the Sustainable Development Goals and opens avenues to strengthen synergies between the principal health-related Sustainable Development Goal (Goal 3, Ensure healthy lives and promote well-being for all at all ages) and other Sustainable Development Goals that have an impact on health outcomes. Success with respect to these priorities will call for changes in working practices. This means applying a broad-based approach and focusing on instruments of change and enabling factors, such as: intersectoral action involving multiple stakeholders; strengthening health systems for universal health coverage; respect for equity and human rights; sustainable finance; scientific research and innovation; and monitoring and evaluation.

3. Universal health coverage remains at the centre of the Organization's priorities. Universal health coverage is itself one of the targets of the Sustainable Development Goals (Goal 3, target 3.8); it therefore underpins the achievement of all the other health-related Goals. The emphasis placed on building strong and resilient health systems for universal health coverage will continue in the biennium 2018–2019. Health systems are also central to the strategy for ensuring that all countries are prepared for, and are able to respond to, any health emergency. The Organization will maintain its high level of investment as it implements tailored approaches to building resilient health systems (using the "FIT" approach),[1] which ensure that such systems are context-specific and adapted to the specific health situations and challenges of each country seeking to achieve universal health coverage.

4. Transparency and accountability will be central to the transformative ways of working, not only in the enabling functions but also in the technical programmes. The implementation of WHO's new Framework of Engagement with Non-State Actors will support efforts by the Organization to implement the Sustainable Development Goals.

5. The Proposed programme budget 2018–2019 takes into account the full scope of the WHO Health Emergencies Programme, ensuring that the Organization has the operational capabilities to deal with outbreaks and humanitarian emergencies on any scale and in a timely manner. The Organization will also ensure in the biennium 2018–2019 that the WHO Health Emergencies Programme builds synergies with other programmes to capitalize on the strengths and assets of the entire Organization in preparedness for and in response to all health emergencies.

6. The Proposed programme budget 2018–2019 presents a coherent and comprehensive programme for combating antimicrobial resistance. It focuses on national action plans on antimicrobial resistance,[2] which involves different activities, including the following: bringing about and generalizing the behavioural changes needed in support of appropriate antibiotic use and infection prevention and control; strengthening systems to support the appropriate use of antimicrobials; strengthening the evidence base on the consumption and use of antimicrobial medicines; and enabling better coordination of stakeholders across multiple sectors, especially the animal health sector. WHO's work with other partners to accelerate the development of new medicines and other health technologies will also gain more emphasis.

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[1] WHO has developed a "FIT to the context" flagship approach: F – building health system *f*oundations in challenging environments; I – strengthening health system *i*nstitutions; T – supporting health system *t*ransformation towards universal health coverage.

[2] Resolution WHA68.7 (2015).

7.   The unrelenting push in support of the Polio Eradication and Endgame Strategic Plan 2013–2018 will continue. In this effort, the following will be crucial: applying the relevant instruments, assets and lessons learned in order to access populations and communities that are the hardest to reach; social mobilization; the principle of leaving no one behind; and country-driven processes with multiple stakeholders. In the biennium 2018–2019, the Organization will capitalize on the Sustainable Development Goals to facilitate the integration of essential polio functions to support other priorities, especially at the country level.

8.   The biennium 2018–2019 will also see a continuation of activities to honour ongoing commitments, especially the unfinished agenda on ending the epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases, and on combating hepatitis,[1] as well as improving the health of women and children and adolescents, and ending preventable maternal, child and newborn mortality through the Global Strategy for Women's, Children's and Adolescents' Health.[2] WHO will ensure that ongoing strategies and plans gain further traction, including the following: the global strategy and action plan on ageing and health;[3] the comprehensive implementation plan on maternal, infant and young child nutrition (2012–2025);[4] the commitments made in the Health Assembly resolution on health and the environment: addressing the health impact of air pollution;[5] increasing vaccination coverage in hard-to-reach populations and communities;[6] and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.[7]

PRIORITIZATION AND COSTING

9.   The Proposed programme budget 2018–2019 has been shaped by a dynamic and iterative priority-setting process that started with the bottom-up identification of priorities and costing of results that are delivered in countries. The processes for priority setting and costing go hand in hand. Both have been informed by and feed into the identification of regional and global priorities to ensure that regional and global health agendas, as well as governing body resolutions and ongoing commitments, are taken into account.

10.   The priorities identified, together with the costing of activities to achieve them, at each of the levels of the Organization provided the basis for the initial proposals for the budget that were submitted for the consideration of the regional committees and the Executive Board. Feedback from these structured consultations, as well as corporate strategic and financing considerations, have influenced the finalization of the programme budget.

11.   More detailed information on the priorities by country and costing of results are provided in the programme budget web portal.[8]

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[1] United Nations General Assembly resolution 70/1 (2015) – Transforming our world: The 2030 Agenda for Sustainable Development.

[2] Resolution WHA69.2 (2016).

[3] Resolution WHA69.3 (2016).

[4] Resolution WHA65.6 (2012).

[5] Resolution WHA68.8 (2015).

[6] Resolutions WHA65.17 (2012) and WHA68.6 (2015).

[7] United Nations General Assembly resolution 66/2 (2012).

[8] Available at http://extranet.who.int/programmebudget/ (accessed 30 March 2017).

Budget overview

12.   The total Proposed programme budget 2018–2019 amounts to US$ 4421.5 million (summarized in Table 1). Of this, US$ 3400.3 million represents the base programmes. The Proposed programme budget represents a total increase of US$ 46 million for the base programmes (a 1% increase compared with 2016–2017)). Increased investments are proposed for the full implementation of the WHO Health Emergencies Programme (US$ 69.1 million) and for combating antimicrobial resistance (US$ 23.2 million). In order to partially offset these increases, budget reductions are proposed of US$ 18 million in corporate services (category 6) and US$ 25.9 million in the noncommunicable diseases category (category 2) and the health information and evidence programme area.

13.   The budget comparison between the current biennium and the biennium 2018–2019 in line with priority setting is shown in Table 1. The biggest increase in the proposed programme budget concerns investments in the work on emergencies. The significant reductions in two categories in comparison with the Programme budget 2016–2017 reflect the Organization's efforts to offset the proposed budget increases through efficiency gains in corporate services, through more realistic budgeting, and through strategy shifts in the delivery of its work. Budget adjustments are made in areas that continue to attract less donor interest despite substantial catalytic funding from flexible resources by the Organization that has been provided during the last two bienniums.

Table 1. Comparison of the Programme budget 2016–2017 and the Proposed programme budget 2018–2019 (US$ million)

Categories	Approved Programme budget 2016–2017[a]	Proposed programme budget 2018–2019	Difference between 2016–2017 and proposed 2018–2019
1 – Communicable diseases	783.5	805.4	21.9
2 – Noncommunicable diseases	376.0	351.4	-24.6
3 – Promoting health through the life course	381.7	384.3	2.6
4 – Health systems	594.5	589.5	-5.0
E – WHO Health Emergencies Programme	485.1	554.2	69.1
6 – Corporate services/enabling functions	733.5	715.5	-18.0
Subtotal base programmes	**3 354.3**	**3 400.3**	**46.0**
Polio and special programmes	986.1	1 021.2	35.1
Total	4 340.4	4 421.5	81.1

[a] *Showing the budget increase for the WHO Health Emergencies Programme approved in decision WHA69(9) (2016).*

14.   The presentation of the budget follows the programmatic structure of the Programme budget 2016–2017, with a few modifications in line with recent changes linked to the establishment of the WHO Health Emergencies Programme. The modifications are listed below.

- The base budget of the WHO Health Emergencies Programme is presented in line with the new results framework that has been developed for it. In previous programme budgets, WHO's work in health emergencies has been budgeted in two areas – within what was then category 5 for the regular and ongoing work on preparedness, surveillance and response (base) and within the programme area of outbreak and crisis response. In the budget presentation for the programme, only the portion under the base budget is included.

- There will continue to be a need for an event-driven component, which will be funded through appeals, i.e. humanitarian response plans and other appeals. However, it is not possible to anticipate accurately the budget requirement for specific emergencies. The humanitarian response plans and

appeals will be planned, budgeted and financed at the moment of responding to events, using emergency planning processes. This component replaces the outbreak and crisis response component that was referred to in the Programme budget 2016–2017.

• The budget for antimicrobial resistance is presented separately in a programme area. This budget includes the work of the Secretariat and work across the three levels of the Organization directly contributing to the implementation of the global action plan on antimicrobial resistance.

• The budget for food safety, which was previously presented under category 5, is presented under category 2.

15. The Organization's ongoing and cross-cutting activities, especially efforts in respect of equity, are interwoven with the Sustainable Development Goals. In order to strengthen this work, the programme areas of gender, equity and human rights and the social determinants of health have been merged into a single, new programme area: equity, social determinants, gender and human rights. This new area will create even greater opportunities to anchor the relevant integrative work across other programmes, through implementation of the Sustainable Development Goals across the Organization.

16. As in the previous biennium, the Proposed programme budget 2018–2019 also presents distinct budget lines for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

PROPOSED STRATEGIC INVESTMENTS IN THE OVERALL BUDGET

17. Additional investments are proposed for the biennium 2018–2019 in the areas of the WHO Health Emergencies Programme and combating antimicrobial resistance.

18. A US$ 69.1 million increase is proposed for the WHO Health Emergencies Programme. This proposal follows the completion of a detailed costing of the staff and activities needed to enable the Programme to reach its full operational capacity. This additional budget will increase the Organization's capacity at all levels to ensure readiness in all countries, especially those that are highly vulnerable. The increase proposed in this version takes account of further reprioritization of the work to focus on the most important and urgent capacity needs, to ensure that the WHO Health Emergencies Programme is fully operational during the biennium 2018–2019, including placing incident management teams in top-priority countries, risk management in all highly vulnerable countries and supporting readiness and implementation of the International Health Regulations (2005) in all countries in need.

19. It is proposed that the investment in the work on antimicrobial resistance be increased by US$ 23.2 million. This increase is explained by a more rigorous assessment of the scope of the Secretariat's work at all three levels of the Organization in relation to the implementation of the global action plan on antimicrobial resistance. The increase is needed in order to strengthen the capacity of WHO to perform the tasks called for by the Political Declaration of the high-level meeting of the General Assembly on antimicrobial resistance[1] to fulfil WHO's role, as requested in that declaration, to co-chair an ad hoc interagency coordination group on antimicrobial resistance with the Executive Office of the Secretary-General of the United Nations.

20. The Organization will be investing in the stewardship and coordinating function to support WHO's work in implementing the Sustainable Development Goals. A WHO-wide Sustainable Development Goals team has been established, which will coordinate the work to align WHO programmes with the 2030 Agenda for Sustainable Development, and help operationalize the work of the Organization on the Sustainable Development Goals, especially at the country level. This stewardship and coordination work is incorporated

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[1] United Nations General Assembly resolution 71/3 (2016).

into the programme area on leadership and governance, demonstrating how this important work will be embedded in the Organization's ways of working, particularly in its leadership role at all levels (see Figure 1 for the initial assessment of the Goals to which the programme areas contribute). An initial investment of US$ 5 million has been allocated for coordination work across the three levels of the Organization, and this amount will come from cost-saving measures to be implemented under management and administration in category 6.

21.   The budget for polio eradication, determined through the Global Polio Eradication Initiative budget process, has been set at US$ 902.8 million for the biennium 2018–2019, which represents a slight increase of US$ 8.3 million compared with 2016-2017. Investments in polio eradication activities in line with the Polio Eradication and Endgame Strategic Plan 2013–2018 will increase in a few countries with remaining polio transmission. Polio surveillance will be strengthened to ensure population immunity in 2017 and 2018. The biennium 2018–2019 will see a huge effort in planning for the transition of staff and assets to ensure that the successes in the polio programme area are sustained.

SHIFTS IN CATEGORY AND PROGRAMME AREA BUDGETS

22.   The iterative process for priority setting has led to shifts in the programme area and category budgets. These shifts have not only been influenced by the level of priority or emphasis placed on the programme, but also by various other factors such as a change in strategic approach, the need for the right level of engagement, and correction of estimates based on a more detailed costing of previous expenditure data.

23.   Following a series of consultations with Member States, further budget refinements were made to ensure that the programme budget is not only realistic but also that efficiency gains are maximized.

24.   A comparison between the 2016–2017 and 2018–2019 budgets by category and programme area is shown in Table 2.

25.   Further investments are needed in the HIV and hepatitis programme area in 2018–2019. Although identifying resources will be a challenge due to declining funding from UNAIDS, increased investments are needed, mainly in the African Region, where HIV remains a high priority. Implementation of the new global health sector strategies on HIV, viral hepatitis and sexually transmitted infections,[1] which includes the "treat all" strategy for HIV, will also require increased resources.

26.   After a reduction in the budget for the tuberculosis programme area in the biennium 2016–2017 compared with 2014–2015, countries have refined their costing and identified increased resources required for the effective implementation of WHO's global strategy and targets for tuberculosis prevention, care and control after 2015 (the End TB Strategy), including addressing the multidrug-resistant tuberculosis public health crisis. Tuberculosis is a priority for more than half of all country offices.

27.   Within the noncommunicable disease category, the budget for programme areas on mental health and substance abuse, and nutrition have increased slightly in line with the following: decision EB139(1) (2016), in which the Executive Board requested the Secretariat to develop a global action plan on a public health response to dementia; and the actions required in relation to the Decade of Action in Nutrition.

28.   The implementation of WHO's Global strategy and action plan on ageing and health (2016–2020) will require the capacity of headquarters to be strengthened to enable it to perform its normative role, and to provide the initial technical support needed for the regions and countries. US$ 1.4 million is proposed to be added to the current budget of the programme area for ageing and health.

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[1] Resolution WHA69.22 (2016).

29.   The budgets for the health systems category, category 4, have substantially increased in the last two bienniums. In 2018–2019, the relevant budget will remain high, but stable. The overall small reduction (US$ 5 million) in the budget for this category is a result of a shift of the budget for the specific work on antimicrobial resistance to the new programme area, which is now in category 1.

30.   There has been a significant reduction in the budget for the work in the areas of malaria and vaccine-preventable diseases. The substantial increase in the amount allocated to the malaria programme in the Programme budget 2016–2017, following adoption of the global technical strategy on malaria 2016–2030,[1] has been adjusted in light of a more detailed costing of the staffing and activities required. In the bottom-up priority-setting process, the malaria programme area was selected as a priority in 56 countries.

31.   Vaccine-preventable diseases are a priority for about two thirds of country offices; the reduction in the budget signals a strategic shift towards upstream policy and strategic work. In this way, in the biennium 2018–2019 the Organization will be active in, for example, supporting development of national immunization policies and strategies, surveillance systems and other normative work, rather than being heavily engaged in the more traditional work on immunization campaigns that is already covered by partners on the ground.

32.   A budget reduction is proposed in the programme areas of noncommunicable diseases, violence and injuries, and food safety. Based on the experience of past bienniums, on average only 60% of the budget for these programme areas in category 2 is funded in each biennium. More than half that funding comes from flexible resources (core voluntary contributions and assessed contributions). This funding reality has encouraged a strategic shift towards a more catalytic role of headquarters and regional offices to support countries in scaling up interventions to deal with noncommunicable diseases and to seek new ways to strengthen intersectoral collaboration in the context of the Sustainable Development Goals. This has enabled targeted budget reductions to be made at the headquarters and regional office levels, while ensuring that critical capacities are maintained. At the same time, the proposed budgets at country level, based on their needs, have been preserved in line with the results of priority setting. For example, tackling noncommunicable diseases is the top priority of 126 countries, and thus the proposed budgets for noncommunicable diseases are actually increasing at the country level in most regions.

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[1] Resolution WHA68.2 (2015).

Table 2. Proposed programme budget 2018–2019, by category and programme area (US$ million)

Category/programme area	Approved Programme budget 2016–2017[a]	Proposed programme budget 2018–2019[b]	Difference between Proposed programme budget 2018–2019 and approved Programme budget 2016–2017
1. Communicable diseases			
1.1. HIV and hepatitis	141.3	144.7	3.4
1.2. Tuberculosis	117.5	123.9	6.4
1.3. Malaria	121.5	115.8	-5.7
1.4. Neglected tropical diseases	104.2	107.3	3.1
1.5. Vaccine-preventable diseases	280.5	272.0	-8.5
1.6. Antimicrobial resistance	18.5	41.7	23.2
Total – Communicable diseases	**783.5**	**805.4**	**21.9**
2. Noncommunicable diseases			
2.1. Noncommunicable diseases	198.3	179.0	-19.3
2.2. Mental health and substance abuse	46.0	47.0	1.0
2.3. Violence and injuries	34.4	30.4	-4.0
2.4. Disabilities and rehabilitation	16.7	16.5	-0.2
2.5. Nutrition	44.5	46.5	2.0
2.6. Food safety	36.1	32.0	-4.1
Total – Noncommunicable diseases	**376.0**	**351.4**	**-24.6**
3. Promoting health through the life course			
3.1. Reproductive, maternal, newborn, child and adolescent health	206.3	211.3	5.0
3.2. Ageing and health	13.5	14.9	1.4
3.3. Gender, equity and human rights mainstreaming	16.3	-	-16.3
3.4. Social determinants of health	35.6	-	-35.6
3.5. Health and the environment	110.0	107.6	-2.4
3.6 Equity, social determinants, gender equality and human rights*	-	50.5	50.5
Total – Promoting health through the life course	**381.7**	**384.3**	**2.6**
4. Health systems			
4.1. National health policies, strategies and plans	142.1	142.7	0.6
4.2. Integrated people-centred health services	156.5	155.9	-0.6
4.3. Access to medicines and other health technologies, and strengthening regulatory capacity	171.6	167.9	-3.7
4.4. Health systems, information and evidence	124.3	123.0	-1.3
Total – Health systems	**594.5**	**589.5**	**-5.0**
E. WHO Health Emergencies Programme			
E.1. Infectious hazard management	107.2	93.8	-13.4
E.2. Country health emergency preparedness and the International Health Regulations (2005)	138.1	146.8	8.7
E.3. Health emergency information and risk assessment	59.8	63.5	3.7
E.4. Emergency operations	120.7	154.0	33.3
E.5. Emergency core services	59.3	96.1	36.8
Total – WHO Health Emergencies Programme	**485.1**	**554.2**	**69.1**
6. Corporate services/enabling functions			
6.1. Leadership and governance[c]	222.7	224.2	1.5
6.2. Transparency, accountability and risk management	57.1	54.2	-2.9
6.3. Strategic planning, resource coordination and reporting	41.0	38.7	-2.3
6.4. Management and administration	372.7	354.5	-18.2
6.5. Strategic communications	40.0	43.9	3.9
Total – Corporate services/enabling functions	**733.5**	**715.5**	**-18.0**
Subtotal base programmes	**3 354.3**	**3 400.3**	**46.0**
Polio and special programmes			
Polio eradication[d]	894.5	902.8	8.3
Tropical disease research[d]	48.7	50.0	1.3
Research in human reproduction[d]	42.9	68.4	25.5
Total	**4 340.4**	**4 421.5**	**81.1**

*3.6 – A new programme area that merges gender, equity and human rights (3.3) and social determinants of health (3.4), including their budgets.

[a] *Revised – includes budget increase for the WHO Health Emergencies Programme in the Programme budget 2016–2017.*

[b] *Major office overall "budget envelope" maintained at 2016–2017 level with increases due to the WHO Health Emergencies Programme and the programme on antimicrobial resistance.*

[c] *An initial investment of US$ 5 million for the stewardship and coordination of WHO's work in the Sustainable Development Goals is now incorporated under leadership and governance.*

[d] *The budget increases in these areas are a result of decisions made through their respective governance mechanisms and financing forecasts that inform their budget setting.*

33. The budget reduction of US$ 18 million in the corporate services/enabling functions (despite an additional US$ 5 million investment in the Sustainable Development Goals) is mainly targeted at management and administration across the Organization. This demonstrates further commitment to achieving greater efficiency in management and administration. The drive towards greater efficiency is exemplified by the aim of delivering the same level of services using fewer resources. The Secretariat will be using the operational planning process to fine-tune services and processes, and control costs by implementing innovative ways of working. WHO is developing a value-for-money plan, which will articulate how the Organization will achieve greater results within an environment of constricting budgets and funding. All this will be done while protecting the gains of reform and the work that is required to sustain or further improve the transparency, accountability and leadership of WHO. The following important functions will not be affected: compliance, risk management and ethics; internal oversight services; and evaluation.

34. During the operationalization of the programme budget, the cost estimates of outputs will be refined based on detailed human resource and activity planning.

35. The proposed Programme budget 2018–2019 is also consistent with the strategic budget space allocation (decision WHA69(16) (2016)).[1] Table 3 shows the relative share of the WHO budget for country technical cooperation of the major offices in the regions (operational segment 1).[2]

Table 3. Strategic budget space allocation applied to the Proposed programme budget 2018–2019 (segment 1 only)[a]

Major office	Strategic budget space allocation (%)					
	2014–2015	2016–2017[b]	2016–2017[c]	2018–2019	2020–2021	2022–2023
Africa	42.3	42.8	44.0	42.1	43.2	43.4
The Americas	8.4	9.4	9.0	9.5	10.6	11.3
South-East Asia	15.7	15.1	14.1	14.2	14.2	14.1
Europe	4.5	5.5	5.7	6.1	6.2	6.4
Eastern Mediterranean	14.3	14.2	15.0	15.7	14.4	14.2
Western Pacific	14.8	13.0	12.3	12.4	11.4	10.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

[a] *Based on Model C (model based on zero need for indicators above the OECD median), as outlined in document EB137/6.*

[b] *Without the WHO Health Emergencies Programme.*

[c] *Revised, taking into account the WHO Health Emergencies Programme.*

36. The budget allocation by level of the Organization, as shown in Table 4, demonstrates progress towards planning to allocate more resources for technical cooperation at country level. As priorities at the country level and the roles and responsibilities at each of the levels of the Organization become clearer, the trend towards increased budgets at the country level will continue.

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[1] The only notable exception is the South-East Asia Region, where a significant budget is allocated at the country level for technical cooperation, especially for country preparedness for health emergencies.

[2] The four operational segments are: country-level technical cooperation; provision of global and regional goods; management and administration; and response to emergency events, such as outbreak and crisis response (see document EB137/6).

Table 4. Proposed programme budget 2018–2019, by level of the Organization – base programmes only (US$ million)

Major office	Country offices		Regional offices		Headquarters		Grand total	
	PB 2014–2015	PB 2018–2019	PB 2014–2015	PB 2018–2019	PB 2014–2015	PB 2018–2019	PB 2014–2015	PB 2018–2019
Africa	432.5	551.7	240.0	282.4			672.5	834.1
The Americas	107.2	118.0	57.7	72.1			164.9	190.1
South-East Asia	174.4	186.5	90.8	102.3			265.2	288.8
Europe	55.5	94.0	160.5	162.4			216.0	256.4
Eastern Mediterranean	181.3	223.8	87.4	112.2			268.7	336.0
Western Pacific	158.3	163.7	104.8	117.6			263.1	281.3
Headquarters					1 107.3	1 213.6	1 107.3	1 213.6
Grand total	1 109.2	1 337.7	741.2	849.0	1 107.3	1 213.6	2 957.7	3 400.3
Allocation by level (%)	37.5	39.3	25.1	25.0	37.4	35.7	100.0	100.0

FINANCING

37.   The new financing model of the Organization aims to achieve a fully funded programme budget that is realistic and driven by the priorities and expected outputs agreed by Member States. The approval of the programme budget in its entirety by the Health Assembly facilitates the matching of funding, regardless of whether it is from assessed or voluntary contributions.

38.   The programme budget also serves as the central instrument for a structured and transparent financing dialogue. The financing dialogue, which is held before the start of each biennium, is designed to ensure a match between WHO's results and deliverables as agreed, and the programme budget in its entirety. It aims to achieve full funding of the programme budget.

39.   WHO's programme budgets are financed through a combination of assessed contributions and voluntary contributions, with the latter coming from State- and non-State contributors.

40.   Since WHO was established in 1948, the programme budget has been financed, at least in part, by assessed contributions. In the early decades of WHO's existence, assessed contributions constituted almost all the funding of WHO, with voluntary funds limited mainly to the special programmes established in the 1970s. It was not until the 1990s that voluntary contributions overtook assessed contributions in providing the majority of income.

41.   Assessed contributions are valuable in the financing of the Organization for at least three reasons.

42.   First, assessed contributions provide the type of funding that is necessary for an organization with mission-critical functions that rely on long-term, predictable financing and that could be seriously compromised by dependence on voluntary funding. Much of the work of WHO is programmatic in nature, rather than project-based.

43.   Second, assessed contributions provide the highest-quality funding for WHO, as they are – uniquely – fully flexible, and can be allocated to any type of work. All other sources of funding have some limitations on their use, including core voluntary contributions, which are not used for category 6 activities, due to the requirements of OECD Development Assistance Committee funding.

44.   Third, the financing dialogues have contributed to a significant increase in the predictability of voluntary contributions, but there has not yet been any improvement in the alignment of such funds. The non-earmarking of assessed contributions means that the Director-General can allocate these funds throughout the biennium in a strategic and timely manner to ensure alignment of funding across the programme budget in its entirety. This enables the Organization to fulfil the mandate provided by the Health Assembly to implement the programme budget as a whole, and not just the elements funded by assessed

contributions, as was the case in the past. Adoption of the programme budget in its entirety since the biennium 2014–2015 was made possible by the accompanying decision of the Health Assembly to no longer appropriate assessed contributions to specific categories.[1] This means that a relatively small volume of assessed contributions can leverage effective use of much larger amounts of voluntary contributions, even if these are relatively highly specified.

45.   The Director-General is proposing a 3% increase in assessed contributions for the Proposed programme budget 2018–2019, amounting to US$ 28 million. This is considerably less than the 10% increase originally proposed by the Director-General in the draft Proposed programme budget 2018–2019 that was presented to the Executive Board at its 140th session,[2] which was based on the recommendations of the High-level Panel on the Global Response to Health Crises.[3] The reduced amount responds to concerns raised by several Member States during the Executive Board, including those that have already seen a significant increase in their contributions under the scale of assessments adopted by the Health Assembly[4] and would find it challenging to meet the additional contributions. The reduction in the amount requested has been offset by making further planned cost savings in category 6.

46.   Although a 3% increase would be relatively small in relation to the overall programme budget, its adoption would be an acknowledgement of the need for an increase in assessed contributions at this time – the first increase since the biennium 2006–2007. This increase does not necessarily establish a precedent for future programme budgets, and Member States would need to reconsider any future requests on each occasion.

47.   The financing of the polio programme and the implications of the eventual completion of the Global Polio Eradication Initiative pose a special challenge for WHO. Therefore, managing the transition that will extend into the next biennium is crucial for the Proposed programme budget 2018–2019. Efforts are under way to ensure that functions essential to maintaining a polio-free world after eradication are mainstreamed into continuing public health programmes, to ensure that the lessons learned from polio eradication activities are shared with other health initiatives, and to plan the transfer of capabilities, assets and processes in order to support other health priorities. This will have implications for the budget and financing not only of the polio programme but also of other programmes. The Organization is currently assessing these implications in a comprehensive manner and will take the necessary measures in order to manage the risks posed, and capitalize on the opportunities presented, by the polio endgame.

48.   Finally, the full funding of the programme budget requires a combination of the right levels of financing from assessed contributions and voluntary contributions, as well as a broadening of the contributor base.

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[1] See resolution WHA69.14 (2016).

[2] Document EB140/36.

[3] http://www.un.org/News/dh/infocus/HLP/2016-02-05_Final_Report_Global_Response_to_Health_Crises.pdf (accessed 30 March 2017).

[4] See the summary records of the Executive Board at its 140th session, eighth meeting, section 1.

Figure 1. Sustainable Developments Goals and the WHO programme areas that contribute to them.
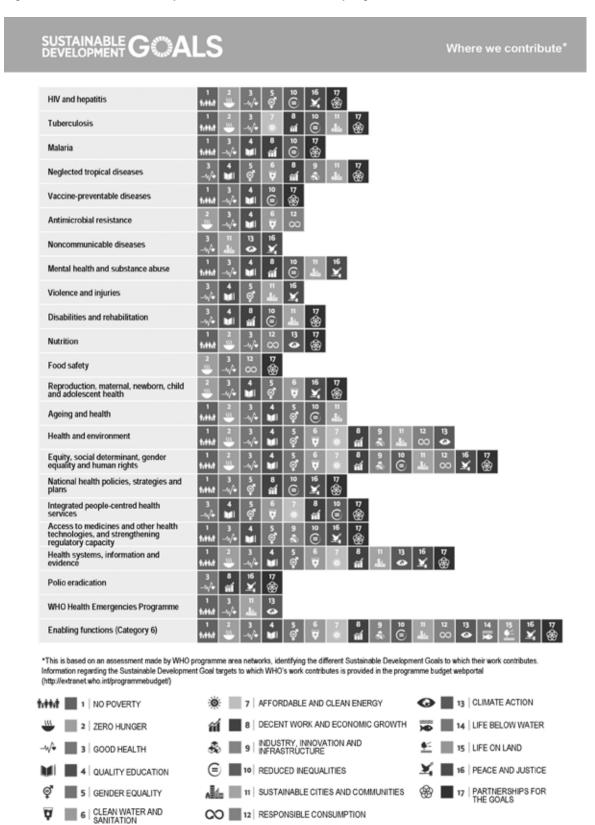

SUSTAINABLE DEVELOPMENT GOALS — Where we contribute*

Programme area																	
HIV and hepatitis	1	2	3	5	10	16	17										
Tuberculosis	1	2	3	7	8	10	11	17									
Malaria	1	3	4	8	10	17											
Neglected tropical diseases	3	4	5	6	8	9	11	17									
Vaccine-preventable diseases	1	3	4	10	17												
Antimicrobial resistance	2	3	4	6	12												
Noncommunicable diseases	3	11	13	16													
Mental health and substance abuse	1	3	4	8	10	11	16										
Violence and injuries	3	4	5	11	16												
Disabilities and rehabilitation	3	4	8	10	11	17											
Nutrition	1	2	3	12	13	17											
Food safety	2	3	12	17													
Reproduction, maternal, newborn, child and adolescent health	2	3	4	5	6	16	17										
Ageing and health	1	2	3	4	5	10	11										
Health and environment	1	2	3	4	5	6	7	8	9	11	12	13					
Equity, social determinant, gender equality and human rights	1	2	3	4	5	6	7	8	9	10	11	12	16	17			
National health policies, strategies and plans	1	3	5	8	10	16	17										
Integrated people-centred health services	3	4	5	6	7	8	10	17									
Access to medicines and other health technologies, and strengthening regulatory capacity	1	3	4	5	9	10	16	17									
Health systems, information and evidence	1	2	3	4	5	6	7	8	11	13	16	17					
Polio eradication	3	8	16	17													
WHO Health Emergencies Programme	1	3	11	13													
Enabling functions (Category 6)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

*This is based on an assessment made by WHO programme area networks, identifying the different Sustainable Development Goals to which their work contributes. Information regarding the Sustainable Development Goal targets to which WHO's work contributes is provided in the programme budget webportal (http://extranet.who.int/programmebudget/)

1 | NO POVERTY	7 | AFFORDABLE AND CLEAN ENERGY	13 | CLIMATE ACTION
2 | ZERO HUNGER	8 | DECENT WORK AND ECONOMIC GROWTH	14 | LIFE BELOW WATER
3 | GOOD HEALTH	9 | INDUSTRY, INNOVATION AND INFRASTRUCTURE	15 | LIFE ON LAND
4 | QUALITY EDUCATION	10 | REDUCED INEQUALITIES	16 | PEACE AND JUSTICE
5 | GENDER EQUALITY	11 | SUSTAINABLE CITIES AND COMMUNITIES	17 | PARTNERSHIPS FOR THE GOALS
6 | CLEAN WATER AND SANITATION	12 | RESPONSIBLE CONSUMPTION	

Table 5. Proposed Programme Budget 2018-2019 (US$ million): breakdown by major office, level, category and programme area

Category/programme area	Africa			The Americas			South-East Asia		
	Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total
1. Communicable diseases									
HIV and hepatitis	43.9	10.2	54.1	4.7	2.8	7.5	7.4	3.7	11.1
Tuberculosis	27.4	5.0	32.4	1.2	0.7	1.9	14.5	3.3	17.8
Malaria	31.5	14.4	45.9	0.4	1.2	1.6	9.0	3.3	12.3
Neglected tropical diseases	25.1	6.8	31.9	4.0	2.2	6.2	7.5	5.9	13.4
Vaccine-preventable diseases	87.9	32.1	120.0	6.1	5.5	11.6	20.2	7.7	27.9
Antimicrobial resistance	4.6	2.2	6.8	1.1	0.5	1.6	4.2	1.3	5.5
Category 1 total	**220.4**	**70.7**	**291.1**	**17.5**	**12.9**	**30.4**	**62.8**	**25.2**	**88.0**
2. Noncommunicable diseases									
Noncommunicable diseases	19.5	16.1	35.6	14.2	4.5	18.7	12.8	4.2	17.0
Mental health and substance abuse	5.4	1.5	6.9	2.1	1.2	3.3	2.4	0.9	3.3
Violence and injuries	2.7	0.9	3.6	1.9	0.9	2.8	2.5	0.7	3.2
Disability and rehabilitation	0.3	0.8	1.1	0.7	0.4	1.1	0.5	0.2	0.7
Nutrition	6.0	3.1	9.1	2.8	0.8	3.6	1.9	0.9	2.8
Food safety	2.9	1.8	4.7	2.9	0.8	3.7	0.7	0.3	1.0
Category 2 total	**36.8**	**24.2**	**61.0**	**24.6**	**8.6**	**33.2**	**20.8**	**7.2**	**28.0**
3. Promoting health through the life course									
Reproductive, maternal, newborn, child and adolescent health	60.5	14.4	74.9	15.8	4.1	19.9	11.5	5.7	17.2
Ageing and health	1.1	0.6	1.7	0.8	0.7	1.5	0.5	0.1	0.6
Health and the environment	9.5	6.2	15.7	3.5	4.1	7.6	5.7	3.2	8.9
Equity, social determinants, gender equality and human rights	9.6	3.4	13.0	5.1	2.2	7.3	1.1	1.8	2.9
Category 3 total	**80.7**	**24.6**	**105.3**	**25.2**	**11.1**	**36.3**	**18.8**	**10.8**	**29.6**
4. Health systems									
National health policies, strategies and plans	14.0	6.5	20.5	9.3	4.4	13.7	14.3	3.0	17.3
Integrated people-centred health services	21.3	11.2	32.5	4.6	1.7	6.3	12.9	3.9	16.8
Access to medicines and other health technologies, and strengthening regulatory capacity	13.8	5.5	19.3	5.1	2.3	7.4	7.1	2.6	9.7
Health systems information and evidence	9.1	7.1	16.2	5.1	3.0	8.1	5.1	8.8	13.9
Category 4 total	**58.2**	**30.3**	**88.5**	**24.1**	**11.4**	**35.5**	**39.4**	**18.3**	**57.7**
E. WHO Health Emergencies Programme									
Infectious hazard management	7.1	12.9	20.0	3.0	4.0	7.0	1.5	1.8	3.3
Country health emergency preparedness and the International Health Regulations (2005)	27.6	13.0	40.6	6.0	3.4	9.4	9.0	4.0	13.0
Health emergency information and risk assessment	3.8	11.6	15.4	0.8	2.4	3.2	0.7	2.4	3.1
Emergency operations	24.6	19.1	43.7	4.0	2.2	6.2	3.6	3.5	7.1
Emergency core services	10.4	11.1	21.5	0.2	3.3	3.5	2.0	2.5	4.5
WHO Health Emergencies Programme total	**73.5**	**67.7**	**141.2**	**14.0**	**15.3**	**29.3**	**16.8**	**14.2**	**31.0**
6. Corporate services/enabling functions									
Leadership and governance	32.6	15.3	47.9	4.8	2.6	7.4	9.3	9.3	18.6
Transparency, accountability and risk management	0.3	4.0	4.3	1.4	1.3	2.7	0.9	2.3	3.2
Strategic planning, resource coordination and reporting	0.1	5.8	5.9	-	2.0	2.0	2.0	1.1	3.1
Management and administration	48.6	35.6	84.2	5.1	5.1	10.2	14.8	12.3	27.1
Strategic communications	0.5	4.2	4.7	1.3	1.8	3.1	0.9	1.6	2.5
Category 6 total	**82.1**	**64.9**	**147.0**	**12.6**	**12.8**	**25.4**	**27.9**	**26.6**	**54.5**
Total base programmes	**551.7**	**282.4**	**834.1**	**118.0**	**72.1**	**190.1**	**186.5**	**102.3**	**288.8**
Polio and special programmes									
Polio eradication	311.3	16.2	327.5	-	1.9	1.9	43.5	12.0	55.5
Tropical disease research	-	-	-	-	-	-	-	-	-
Research in human reproduction	-	-	-	-	-	-	-	-	-
Subtotal	**311.3**	**16.2**	**327.5**	**-**	**1.9**	**1.9**	**43.5**	**12.0**	**55.5**
Grand total	**863.0**	**298.6**	**1 161.6**	**118.0**	**74.0**	**192.0**	**230.0**	**114.3**	**344.3**

Europe			Eastern Mediterranean			Western Pacific			Headquarters	Grand total
Country offices	Regional office	Total	Country offices	Regional office	Total	Country offices	Regional office	Total		
2.2	5.6	7.8	3.3	2.8	6.1	7.3	5.2	12.5	45.6	144.7
5.7	5.8	11.5	6.4	1.8	8.2	10.7	5.7	16.4	35.7	123.9
0.2	0.8	1.0	3.9	2.1	6.0	6.8	6.6	13.4	35.6	115.8
-	0.4	0.4	5.3	1.0	6.3	3.3	3.2	6.5	42.6	107.3
4.1	10.2	14.3	16.7	5.5	22.2	11.7	10.6	22.3	53.7	272.0
1.5	3.2	4.7	1.9	0.7	2.6	1.7	1.8	3.5	17.0	41.7
13.7	**26.0**	**39.7**	**37.5**	**13.9**	**51.4**	**41.5**	**33.1**	**74.6**	230.2	805.4
11.3	10.5	21.8	10.0	5.2	15.2	13.0	9.6	22.6	48.1	179.0
1.8	4.1	5.9	3.8	2.1	5.9	2.2	1.8	4.0	17.7	47.0
0.4	2.2	2.6	1.3	0.4	1.7	1.8	1.4	3.2	13.3	30.4
1.0	0.1	1.1	0.7	0.4	1.1	1.0	1.4	2.4	9.0	16.5
1.1	1.6	2.7	3.3	0.7	4.0	1.6	1.7	3.3	21.0	46.5
0.3	0.7	1.0	1.0	1.1	2.1	2.3	1.5	3.8	15.7	32.0
15.9	**19.2**	**35.1**	**20.1**	**9.9**	**30.0**	**21.9**	**17.4**	**39.3**	124.8	351.4
3.4	4.0	7.4	15.1	4.7	19.8	9.5	3.0	12.5	59.6	211.3
0.5	1.0	1.5	0.6	0.3	0.9	0.9	0.5	1.4	7.3	14.9
4.5	17.0	21.5	2.6	2.9	5.5	7.6	3.1	10.7	37.7	107.6
2.4	6.9	9.3	3.4	0.7	4.1	2.4	1.0	3.4	10.5	50.5
10.8	**28.9**	**39.7**	**21.7**	**8.6**	**30.3**	**20.4**	**7.6**	**28.0**	115.1	384.3
5.6	11.1	16.7	11.8	3.6	15.4	12.0	4.8	16.8	42.3	142.7
7.4	9.2	16.6	13.5	6.5	20.0	10.2	6.2	16.4	47.3	155.9
1.0	4.5	5.5	4.3	4.5	8.8	8.0	3.2	11.2	106.0	167.9
2.8	7.9	10.7	5.1	6.9	12.0	5.2	3.1	8.3	53.8	123.0
16.8	**32.7**	**49.5**	**34.7**	**21.5**	**56.2**	**35.4**	**17.3**	**52.7**	249.4	589.5
0.9	5.4	6.3	4.6	5.5	10.1	2.3	1.5	3.8	43.3	93.8
6.1	6.9	13.0	9.2	5.4	14.6	11.9	7.8	19.7	36.5	146.8
0.5	3.4	3.9	6.0	6.4	12.4	0.8	4.5	5.3	20.2	63.5
2.9	2.9	5.8	29.7	7.7	37.4	2.2	3.3	5.5	48.3	154.0
0.6	3.6	4.2	11.5	6.9	18.4	1.4	2.4	3.8	40.2	96.1
11.0	**22.2**	**33.2**	**61.0**	**31.9**	**92.9**	**18.6**	**19.5**	**38.1**	188.5	554.2
19.4	14.1	33.5	13.0	8.6	21.6	10.2	6.0	16.2	79.0	224.2
-	2.4	2.4	0.5	2.4	2.9	1.2	2.2	3.4	35.3	54.2
-	2.5	2.5	0.5	3.1	3.6	2.4	3.4	5.8	15.8	38.7
6.4	10.1	16.5	34.4	9.9	44.3	11.3	8.0	19.3	152.9	354.5
-	4.3	4.3	0.4	2.4	2.8	0.8	3.1	3.9	22.6	43.9
25.8	**33.4**	**59.2**	**48.8**	**26.4**	**75.2**	**25.9**	**22.7**	**48.6**	305.6	715.5
94.0	**162.4**	**256.4**	**223.8**	**112.2**	**336.0**	**163.7**	**117.6**	**281.3**	1 213.6	3 400.3
0.6	4.9	5.5	197.4	11.3	208.7	-	4.6	4.6	299.1	902.8
-	-	-	-	-	-	-	-	-	50.0	50.0
-	-	-	-	-	-	-	-	-	68.4	68.4
0.6	**4.9**	**5.5**	**197.4**	**11.3**	**208.7**	**-**	**4.6**	**4.6**	417.5	1,021.2
94.6	**167.3**	**261.9**	**421.2**	**123.5**	**544.7**	**163.7**	**122.2**	**285.9**	1 631.1	4 421.5

CATEGORY 1 – COMMUNICABLE DISEASES

Communicable diseases – including HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases – and antimicrobial resistance

Addressing "diseases of poverty", reaching out to marginalized and neglected populations, and providing all children with the protection of immunization are fundamental to the advancement of equity, a cross-cutting theme of the Sustainable Development Goals, while contributing directly to a number of the Goals. Building upon the achievements of the Millennium Development Goals, which achieved great progress in the last 15 years, with interventions that have saved 50 million lives, target 3.3 of the Sustainable Development Goals (to end the epidemics of major communicable diseases by 2030) is fostering impetus to accelerate expansion of coverage to all, underpinned by universal health coverage, and sustained through a health-system-wide approach. The concept of "leaving no one behind", on which the Sustainable Development Goals are founded, has long been a guiding principle of the communicable disease programmes in this category, which aim to treat or prevent every case, or vaccinate every child.

WHO'S FOCUS IN 2018–2019

A shift in thinking, robust and predictable financing, increased investment in health system strengthening, better integration of programmes, and the development and roll-out of new tools are required to achieve this ambitious but essential agenda. Infectious diseases continue to impose a significant public health and economic burden on many countries and vulnerable populations.

The fight against infectious diseases will not be won without addressing antimicrobial resistance and it is critical to safeguard medicines for preventive and curative measures, and ensure that surgical procedures and chemotherapy entail only low levels of risk. Few replacement products are in the pipeline and systematic misuse and overuse of these medicines in health care and food production continues. Without immediate, coordinated global action, the world is heading towards a post-antibiotic era in which even common infections could once again kill.

An approach that extends well beyond the health sector is needed, with changes not only in health policies but also in public policies in trade, agriculture, finance, food and pharmaceutical production.

Bringing all these sectors together will require enhanced and integrated forms of collaboration. The development of new medicines, diagnostics and other tools, collaboration with FAO and OIE, and full-scale implementation of national action plans will also be important.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
1.1 HIV and hepatitis	54.1	7.5	11.1	7.8	6.1	12.5	45.6	**144.7**
1.2 Tuberculosis	32.4	1.9	17.8	11.5	8.2	16.4	35.7	**123.9**
1.3 Malaria	45.9	1.6	12.3	1.0	6.0	13.4	35.6	**115.8**
1.4 Neglected tropical diseases	31.9	6.2	13.4	0.4	6.3	6.5	42.6	**107.3**
1.5 Vaccine preventable diseases	120.0	11.6	27.9	14.3	22.2	22.3	53.7	**272.0**
1.6 Antimicrobial resistance	6.9	1.6	5.5	4.7	2.6	3.5	17.0	**41.7**
Category 1 total	**291.1**	**30.4**	**88.0**	**39.7**	**51.4**	**74.6**	**230.2**	**805.4**

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Tropical disease research	-	-	-	-	-	-	50.0	**50.0**
Tropical disease research total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**50.0**

1.1 HIV AND HEPATITIS

Globally, viral hepatitis causes an estimated 1.4 million deaths each year, mainly as a result of chronic hepatitis B and C infection. Effective vaccines exist for preventing hepatitis A, B and E infections, and hepatitis B and C can be prevented through infection control, including safe injections. Recent developments in treatment, including medicines that can cure chronic hepatitis C infection, provide opportunities for making a major impact on the burden posed by viral hepatitis.

In 2015, 37 million people were living with HIV and there were 1.1 million HIV-related deaths. Nearly half of the people living with HIV today are unaware of their HIV status, and key populations and their sexual partners remain hidden and hard to reach. Children still have less access than adults to HIV treatment, and the goal of eliminating the transmission of HIV from mothers to their children has yet to be achieved. New global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for 2016–2021, adopted by the World Health Assembly, set out actions to be taken to help achieve global targets. The strategy on viral hepatitis is the first of its kind and represents a major step forward. The strategy on HIV is closely aligned with the UNAIDS strategy and the Political Declaration on HIV and AIDS adopted by the United Nations General Assembly in 2011. It takes a "fast-track" approach and adopts global targets to reduce new infections to below 500 000, increase testing and treatment in line with the "90–90–90" targets proposed by UNAIDS, and virtually eliminate mother-to-child transmission by 2020. Specific actions are recommended for key populations, combination HIV prevention, preventive innovations, HIV drug resistance, and HIV/tuberculosis and HIV/hepatitis coinfection. Reference is also made to access to HIV medicines and diagnostics, human rights, gender, and addressing HIV among women and girls.

While significant progress has been made, many challenges remain. The response to hepatitis has only begun, and a very substantial and well-coordinated effort will be required to scale up access to hepatitis diagnosis and treatment. The adoption of a "treat all" approach to HIV in 2015 greatly increased the number of people eligible for treatment, and the 2021 targets call for enrolling nearly 30 million people in antiretroviral therapy. While antiretroviral therapy scale-up has been remarkable, there has not been a corresponding reduction in new HIV infections. Given the anticipated donor landscape, where funding for the next biennium may be reduced, HIV and viral hepatitis responses will need to demonstrate their impact on other health targets under the Sustainable Development Goals, including on reducing maternal mortality (target 3.1), preventing deaths of newborns and children (target 3.2), reducing mortality from noncommunicable diseases and promoting mental health (target 3.4), preventing and treating substance use disorders (target 3.5), ensuring universal access to sexual and reproductive health-care services (target 3.7), achieving universal health coverage (target 3.8), ensuring universal access to affordable medicines and vaccines (target 3.b) and increasing health financing and the health workforce (target 3.c), and on broader Sustainable Development Goals, particularly those related to ending poverty (Goal 1), ending hunger (Goal 2), achieving gender equality and empowering women and girls (Goal 5), reducing inequality in access to services and commodities (Goal 10), promoting inclusive societies that promote non-discrimination (Goal 16), and financing and capacity building for implementation (Goal 17).

WHO'S FOCUS IN 2018–2019

In 2018–2019, WHO will continue to work with partners, including UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, civil society and others to implement the new strategies and move towards achieving global targets for HIV and viral hepatitis. WHO will provide global leadership, set standards and norms for HIV and viral hepatitis prevention, testing and treatment, promote the expansion of new prevention technologies, work to eliminate new HIV infections in children, address important coinfections, monitor and report on epidemiological trends, promote improved and integrated service delivery, and facilitate access to affordable medicines and diagnostics. Most importantly, WHO regional and country offices will provide technical support to countries to develop and implement national strategies and action plans and deliver robust HIV and viral hepatitis services.

Outcome 1.1. Increased access to key interventions for people living with HIV and viral hepatitis

Outcome indicators	Baseline	Target
Number of new HIV infections per year	2.1 million (2015)	<500 000 (2020)
Percentage of people living with HIV who are on antiretroviral therapy	46% (2015)	81% (2020)
Number of new HIV infections per year among children	150 000 (2015)	<40 000 (2020)
Cumulative number of people treated for hepatitis B or C	<2 million (2015)	8 million (2020)

Output 1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support

Output indicator	Baseline	Target
Number of Fast Track countries that have adopted the "treat all" recommendations	3 (2015)	35 (2019)

Country office deliverables

- Provide support to countries for implementation of country HIV action plans in line with regional action plans.

- Update national strategies, guidelines and tools consistent with global and regional guidance for HIV prevention, care and treatment.

- Strengthen country capacity to generate and systematically use strategic information through national information systems and routine programme monitoring, in line with global norms and standards.

- Strengthen country capacity to provide key HIV interventions through training, mentorship and supervision using adapted manuals, tools and curricula.

- Provide support to countries for mapping national HIV technical assistance needs and accessing adequate, high-quality technical assistance for programme management, governance, implementation and resource mobilization.

Regional office deliverables

- Provide technical support to countries for implementation of regional HIV action plans.

- Develop and strengthen regional strategic information on HIV epidemiological trends and country responses to HIV, and monitor progress in the implementation of regional action plans.

- Conduct regional dissemination of globally recommended policies, guidelines and practices in order to tackle region- and country-specific challenges to achieving equitable access to HIV prevention, diagnosis, care and treatment.

- Develop regional networks of quality-assured technical assistance providers to support countries in implementing WHO action plans, policies and guidelines.

- Provide support for implementation research and innovations to accelerate country uptake of effective interventions and technologies.

Headquarters deliverables

- Provide global leadership and coordination of WHO's HIV programme for implementation of the global health sector strategy on HIV, 2016–2021.

- Provide normative and implementation guidance, policy options and backstopping of regional offices in the provision of technical support for the effective scale-up of "treat all" recommendations, as well as recommendations to enable attainment of the 90–90–90 targets on diagnosis (HIV testing and counselling, early infant diagnosis), treatment, care and laboratory monitoring (viral load, HIV drug resistance).

- Provide normative and implementation guidance, policy options and backstopping of regional offices in the provision of technical support for the effective prevention of HIV transmission and equitable inclusion of key populations in the HIV response.

- Provide normative and implementation guidance, policy options and backstopping of regional offices in the provision of technical support for reducing mortality and incidence through delivery of treatment and care for people living with HIV.

- Provide normative guidance and technical support on strategic information and planning.

- Prepare and disseminate reports on the progress of the health sector response to HIV.

- Provide guidance on HIV service delivery models and scale-up approaches linked to universal health coverage, noncommunicable diseases, tuberculosis, hepatitis, sexual and reproductive health, maternal and child health, mental health, and essential medicines.

- Backstop regional and country offices in the provision of technical support for the application of WHO guidance and implementation of regional action plans.

Output 1.1.2. Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information and provision of technical support

Output indicator	Baseline	Target
Number of focus countries with national action plans for viral hepatitis prevention and control that are in line with the global health sector strategy on viral hepatitis, 2016–2021	10 (2015)	28 (2019)

Country office deliverables

- Provide support for the development and implementation of national multisectoral policies and strategies on viral hepatitis prevention and control (and/or their integration into broader health strategies) based on local epidemiological contexts.

- Strengthen capacity for development of national surveillance systems and data collection on the burden of viral hepatitis infection and for monitoring national response.

- Provide support for the adaptation of national guidelines for the prevention and control of viral hepatitis in line with global guidance and for the integration of key hepatitis interventions into existing health care mechanisms and systems.

- Provide support for awareness campaigns about viral hepatitis among policy-makers and the general population using existing health promotion mechanisms.

Regional office deliverables

- Provide technical support to countries for implementation of regional viral hepatitis action plans.

- Mobilize political commitment for the prevention and control of viral hepatitis.

- Provide support for the dissemination, adaptation and implementation of WHO guidance for the prevention and control of viral hepatitis.

- Backstop country offices for policy dialogue, technical assistance and capacity-building for national viral hepatitis responses.

- Provide support for the strengthening of regional and national capacity in surveillance and data collection on viral hepatitis.

- Monitor the implementation of the global strategy and regional action plans for the prevention and control of viral hepatitis.

- Establish regional networks of quality-assured technical assistance providers to support countries in implementing WHO action plans, policies and guidelines.

Headquarters deliverables

- Lead and coordinate activities for global viral hepatitis prevention, diagnosis, care and treatment.

- Provide normative guidance to help the expansion of viral hepatitis prevention, diagnosis, care and treatment efforts.

- Strengthen health information and reporting systems to assess and monitor viral hepatitis epidemics and implementation of viral hepatitis activities.

- Provide guidance and backstop regional offices in the provision of technical assistance for the development of national hepatitis strategies and plans in order to achieve a balanced hepatitis response that is integrated in general health programmes.

1.2 TUBERCULOSIS

The burden of tuberculosis remains high, despite the availability of diagnostic tools and treatment, with more than 9 million new cases and 1.5 million deaths annually. However, there has been important progress in global, regional and national efforts to diagnose, treat and prevent tuberculosis. By the end of 2015, the Millennium Development Goal target on reducing the incidence of tuberculosis had been achieved, with an annual decline estimated at 1.5%. The mortality rate fell by 22 % between 2000 and 2015. Effective diagnosis and treatment saved an estimated 43 million lives between 2000 and 2014. New diagnostics and drugs have been introduced and more are in the pipeline.

Endorsed by all Member States at the World Health Assembly in 2014, the End TB Strategy (2016–2035) is now guiding efforts at global, regional and national levels. The Strategy's overall goal is to end the global tuberculosis epidemic, with the global number of new cases per 100 000 population per year reduced to the level currently found in low-burden countries by 2035 and a 90% reduction in the tuberculosis incidence rate between 2015 and 2035. The Sustainable Development Goals also include a target to end the global tuberculosis epidemic.

The End TB Strategy includes three high-level, overarching indicators for which targets (2030 and 2035) and milestones (2020 and 2025) have been set. The 2030 targets aim to reduce the incidence rate and number of deaths from tuberculosis by 80% and 90%, respectively, compared with 2015 levels; the 2020 milestones call for reductions of 20% and 35%, respectively, and state that no affected household should face catastrophic costs as a result of tuberculosis. To achieve this, the strategy has three main pillars: integrated patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation.

WHO's focus in 2018–2019

In the biennium 2018–2019, efforts to adopt the End TB Strategy in the previous biennium will be consolidated and expanded. This includes enhancing government stewardship and accountability, with efforts to fill substantial resource gaps; more national epidemiological assessment (including analysis of in-country inequalities) and surveys of costs faced by tuberculosis patients and their households, with the results used to help close detection and reporting gaps, supporting the development and implementation of policies related to universal health coverage and social protection; increased coverage of routine diagnostic testing for drug susceptibility to ensure appropriate treatment; strengthened surveillance and regulatory frameworks; and national strategies for research.

In addition, the Secretariat will support Member States through policy guidance, technical assistance, engagement with partners, including research networks, and regular global monitoring of the tuberculosis epidemic and progress related to the End TB Strategy and Sustainable Development Goal targets and milestones, paying particular attention to the 2020 milestones.

Outcome 1.2. Universal access to quality tuberculosis care in line with the End TB Strategy

Outcome indicators	Baseline	Target
Cumulative number of people with tuberculosis diagnosed and successfully treated since the adoption of the WHO-recommended strategy (1995)	80 million (2017)	90 million (end 2019)
Annual number of tuberculosis patients with confirmed or presumptive multidrug-resistant tuberculosis (including rifampicin-resistant cases) placed on multidrug-resistant tuberculosis treatment worldwide	300 000 (2017)	350 000 (by 2019)

Output 1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1

Output indicator	Baseline	Target
Number of countries that have set targets, within their current national strategic plans, for reduction of tuberculosis mortality and incidence in line with the global targets as set in resolution WHA67.1	23 (2017)	194 (2019)

Country office deliverables

- Support and strengthen country capacity for the adaptation and implementation of guidelines and tools in line with the End TB Strategy, relevant regional plans and frameworks, and national strategic plans.

- Support countries in coordinating the efforts of multiple sectors and partnerships, contributing to the development of country cooperation strategies and national strategic plans, and facilitating resource mobilization.

- Support the collection, analysis, dissemination and use of tuberculosis data and monitor the national tuberculosis situation and response, including disaggregated analyses (e.g. by age, sex and location) that allow assessment of within-country inequalities and equity.

Regional office deliverables

- Strengthen countries' capacity for the adaptation and implementation of WHO guidelines and tools in line with the End TB Strategy, regional action plans and/or relevant regional plans and frameworks and policies.

- Coordinate provision of technical support by WHO and partners based on countries' needs, including regional support mechanisms such as regional Green Light Committees and WHO collaborating centres.

- Monitor trends in tuberculosis, HIV/tuberculosis coinfection and drug-resistant tuberculosis through the strengthening of surveillance systems and by promoting the analysis, dissemination and utilization of related health data and information.

- Provide leadership in advocacy, partner coordination and resource mobilization.

Headquarters deliverables

- Provide leadership in coordination, advocacy and resource mobilization to support adoption and implementation of the End TB Strategy, and collaborate with WHO regional and country offices as well as stakeholders engaged in addressing tuberculosis, HIV, antimicrobial resistance, noncommunicable diseases, maternal and child health, health systems and other relevant health issues.

- Provide leadership in collaboration with relevant stakeholders within and outside WHO to harmonize tuberculosis control efforts with the overall movement towards universal health coverage and social protection, through contribution to health system strengthening and efforts to eliminate catastrophic costs experienced by patients due to tuberculosis.

- Provide global monitoring and evaluation of progress towards the targets and milestones for reduction of the tuberculosis disease burden set out in the Sustainable Development Goals and the End TB Strategy, including disaggregated analyses of national data that allow assessment of within-country inequalities and equity, with wide dissemination of reports by means of global reports, the WHO global TB database and the WHO Global Health Observatory.

Output 1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation

Output indicator	Baseline	Target
Number of new and updated guidelines and technical documents supporting the End TB Strategy developed and adopted in regions and countries	0 (2017)	10 (2019)

Country office deliverables

- Support countries in adapting the End TB Strategy and relevant regional plans and frameworks into national policies, strategies and plans, harmonizing them with overall national health system strengthening efforts towards universal health coverage and social protection, and facilitate cross-cutting policy dialogue with other sectors, partners and affected populations.

- Support countries in adopting tuberculosis guidelines and tools in line with latest global and relevant regional guidance.

- Support and promote implementation of operational research and innovation through setting of the research agenda and capacity-building.

Regional office deliverables

- Lead the development of regional tuberculosis implementation strategies and related frameworks, and provide a regional platform for policy dialogue to adapt global tuberculosis strategies and plans to the regional context.

- Articulate policy options, develop and update technical guidance to facilitate the adoption and implementation of the End TB Strategy within regional plans and frameworks.

- Lead in supporting Member States' engagement in tuberculosis-related international initiatives, as well as their active participation in tackling global health issues, and coordinate with regional and subregional entities.

- Promote and facilitate operational research and innovations by setting the research agenda and building capacity through close collaboration with country offices, Member States and key partners.

- Foster collaboration and exchange of good practice among diverse stakeholders at regional level.

Headquarters deliverables

- Update tuberculosis diagnostic and treatment guidelines, including on the use of new diagnostics and drugs, regimens and associated supportive tools and laboratory standards.

- Provide policy guidance for implementation of tuberculosis care for all forms of tuberculosis, including drug-susceptible, multidrug-resistant, HIV-associated and paediatric tuberculosis, and towards enhanced services integrated with those for noncommunicable diseases, maternal and child health care, community-based care and vulnerable populations, and including gender, equity and human rights.

- Develop policy guidance and tools in support of effective implementation of enhanced national policies and regulatory and research agenda frameworks in support of the End TB Strategy.

1.3 MALARIA

There were an estimated 214 million cases of malaria worldwide in 2015 (uncertainty range: 149–303 million) and 438 000 deaths from malaria (uncertainty range: 236 000–635 000). The Millennium Development Goal target to halt and begin to reverse the incidence of malaria by 2015 has been met. Since 2000, malaria incidence is estimated to have decreased by 37% globally and by 42% in the African Region, where 88% of cases are estimated to occur. The estimated malaria mortality rate also decreased, by 60% globally and by 66% in the African Region, where 90% of deaths from malaria occur. This progress was a result of a major increase in aid, from less than US$ 100 million in 2000 to an estimated US$ 2.5 billion in 2015, and country leadership, which enabled the scaling up of prevention, diagnostic and treatment measures, particularly long-lasting insecticidal nets, rapid diagnostic testing and artemisinin-based combination therapies. However, international funding for malaria remains significantly below the level required to meet the goals of the global technical strategy for malaria 2016–2030, endorsed by World Health Assembly in 2015, which include a reduction in malaria incidence and mortality rates of 40%, 75% and 90% by 2020, 2025 and 2030, respectively. The risk of epidemics and resurgences resulting from inadequate financial resources, as well as growing drug and insecticide resistance, remains a serious concern and will require increased domestic resources and sustained investment from donors.

The strategy is built on three pillars with two supporting elements to guide global efforts towards elimination. The first pillar highlights the importance of ensuring universal access to malaria prevention, diagnosis and treatment. The WHO-recommended package of core malaria interventions – namely, vector control, chemoprevention, diagnostic testing and treatment – should be scaled up to cover all populations at risk. Pillar two encourages programmes to accelerate efforts towards elimination and attainment of malaria-free status. Pillar three transforms malaria surveillance into a core intervention. Strengthening surveillance systems is

essential to ensure effective allocation of limited resources through data-driven programme planning, and to evaluate the progress and impact of control measures. The two critical supporting elements are harnessing innovation and expanding research, and strengthening the enabling environment, particularly health systems.

WHO's FOCUS IN 2018–2019

In the biennium 2018–2019, the Secretariat will continue to support countries in which malaria is endemic to adopt and adapt the global technical strategy, which provides a framework for WHO to work with countries and partners to scale up intervention packages, strengthen surveillance and address drug and insecticide resistance. The global vector control strategy, which is under development, will provide integrated guidance on the control of vector-borne diseases, including malaria. The Secretariat will continue to provide updated, evidence-based policy recommendations through the work of the Malaria Policy Advisory Committee and supporting technical expert groups and evidence review groups. The Strategic Advisory Group on Malaria Eradication will advise WHO on the determinants and potential scenarios for malaria eradication.

Outcome 1.3. Increased access of populations at risk to preventive interventions, diagnostic confirmation of malaria and first-line antimalarial treatment

Outcome indicators	Baseline	Target
Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy	70%* (2014)	77%* (2019)
Percentage of suspected malaria cases in the public sector receiving a parasitological test	76%* (2015)	85%* (2019)
Proportion of the population in need of vector control interventions that has access to them	57%* (2015)	80%* (2019)
Number of countries with ongoing malaria transmission in 2015 that report zero indigenous cases	0 (2015)	8 (2019)

* Figures for sub-Saharan Africa only; other regions are already nearly at 100%.

Output 1.3.1. Countries enabled to implement evidence-based malaria strategic plans, with focus on effective coverage of vector control interventions and diagnostic testing and treatment, therapeutic efficacy and insecticide resistance monitoring and surveillance, through strengthening of capacity for enhanced malaria reduction

Output indicator	Baseline	Target
Percentage of countries with more than 80% of public health facility reports received at national level	44% (2015)	80% (2019)

Country office deliverables

- Support national antimalaria programmes to identify capacity-building needs and strengthen technical and management capacity in malaria prevention, control and elimination, including at subnational levels.

- Support countries in all aspects of malaria programme implementation, including: improving malaria surveillance; identifying hard-to-reach populations; tracking malaria control and elimination progress through national health information systems; and generating and using data, including monitoring and reporting on the therapeutic efficacy of antimalarial medicines and insecticide resistance.

- Support programmatic gap analyses to facilitate fund-raising.

Regional office deliverables

- Assess common priority capacity-building needs across countries, facilitate regional and intercountry capacity-building, and share best practices that build long-term capacity in countries.

- Support country offices in improving countries' capacity to: gather strategic information by assessing barriers to access, including through risk mapping and generating information for better malaria stratification by sex, economic status, age, rural/urban, marginalized populations, ethnicity/race; make use of malaria surveillance programmes and health-related data; implement responses to malaria multidrug resistance, including resistance to artemisinin-based combination therapies and insecticide resistance; scale up effective coverage of vector control interventions and high-quality parasitological diagnosis and treatment of malaria; and establish and maintain quality assurance systems.

- Provide intercountry and country-specific support to accelerate malaria control and elimination and prevent the re-establishment of malaria, including: coordination and technical support; facilitation of cross-border collaboration; quantitative, qualitative and participatory research; and advocacy and resource mobilization, in collaboration with stakeholders, partners and relevant sectors.

- Monitor and analyse regional trends.

Headquarters deliverables

- Provide expertise where additional capacity is needed in regions to support specialized areas of malaria prevention, control and elimination.

- Manage strategic global information on malaria, including maintaining databases on insecticide and drug resistance, and report on progress in controlling malaria globally.

- Provide programmatic and training tools to support regions and countries in building human resource capacity for implementing WHO-recommended strategies and surveillance.

Output 1.3.2. Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, including for hard-to-reach populations, integrated management of febrile illness, surveillance and disaggregation of data, epidemic detection and response for accelerated malaria reduction and elimination

Output indicator	Baseline	Target
Proportion of countries in which malaria is endemic that are implementing WHO policy recommendations, strategies and guidelines	72/94 (2014)	85/94 (2019)

Country office deliverables

- Provide technical support to countries for national adoption/adaptation and implementation of the updated technical guidelines on vector control, diagnostic testing and treatment, including for special populations, and for the integrated management of febrile illness.

- Support the development/updating of national malaria prevention, control and elimination strategies, and malaria programme reviews.

- Support policy and strategic dialogue at country level for monitoring the implementation of malaria strategies, discuss capacity gaps and plan for effective implementation of malaria control and elimination.

Regional office deliverables

- Support dissemination, adoption/adaptation and implementation of the global technical strategy, including strategies for malaria reduction and elimination and for prevention of the re-establishment of malaria, at subregional, national and subnational levels, as well as operational research, including into barriers to effective coverage.

Headquarters deliverables

- Update technical guidelines on surveillance, vector control, diagnostic testing and treatment, including for special populations, on the integrated management of febrile illness and on malaria elimination, and develop tools to support the adaptation and implementation of the global technical strategy, policy recommendations and guidelines.

- Work with regional offices to strengthen technical support in highly specialized areas of prevention and case management, including malaria multidrug resistance (including resistance to artemisinin-based combination therapy).

1.4   NEGLECTED TROPICAL DISEASES

One billion people are affected by one or more neglected tropical diseases, with 2 billion at risk in tropical and subtropical regions. Most affected are the world's poorest people, who often live in remote rural areas, urban slums or conflict zones where such diseases are a major cause of disability and lost productivity. More than 70% of areas affected by these diseases are in low- or lower-middle-income countries, and 100% of low-income countries are affected by at least five neglected tropical diseases, partly due to their association with various social determinants, and partly because their populations do not attract the attention of decision-makers to their problems and thereby secure resources. Although the impact of neglected tropical diseases is stronger in some regions than in others, and their contribution to overall mortality rates is not as high as other diseases, reducing their health and economic impact is a global priority for the following reasons: new and more effective interventions are available; doing so can help to accelerate economic development; and the Secretariat is well placed to convene and nurture partnerships between governments, health service providers and pharmaceutical manufacturers.

The WHO roadmap for accelerating work to overcome the impact of neglected tropical diseases sets out a detailed timetable for the control and, where appropriate, elimination and eradication of specific diseases. It reflects the complex context of interventions, including their integration into existing health systems, Sustainable Development Goals and other sectors, and provides a rigorous analysis of considerations related to equity, gender and other social determinants of health. Partnerships with manufacturers are important in securing access to quality-assured medicines. Sustaining the current momentum for tackling these diseases requires not only commodities and financing but also political support.

WHO'S FOCUS IN 2018–2019

In line with the 2020 global targets set by the WHO roadmap, in the biennium 2018–2019 WHO will support the intensification of activities to eliminate blinding trachoma, leprosy, human African trypanosomiasis and lymphatic filariasis. With new diseases being added to the portfolio of neglected tropical diseases, and as the roadmap target dates for several such diseases draw closer, renewed commitment from Member States and partners is expected in order to scale up WHO's activities in 2018–2019. For the global eradication of dracunculiasis by 2018–2019, WHO will support countries in which dracunculiasis was formerly endemic in implementing nationwide surveillance for a mandatory three-year period and, upon satisfactory completion, will certify those countries as free of dracunculiasis transmission. WHO will work to establish a global reward to be awarded when no new cases have been detected for 12 months, as recommended by the International Commission for the Certification of Dracunculiasis Eradication. The Secretariat will continue to focus on increasing access to essential medicines for neglected tropical diseases and expanding preventive chemotherapy and innovative and intensified disease management. Special efforts will focus on strengthening

dengue prevention and control based on clear estimates of the burden of disease, development of new vector control tools and integrated vector management. Building on the example of rabies, the Secretariat will support strengthening of the control of zoonotic diseases. Additionally, strengthening national capacity for disease surveillance, and certification and verification of the elimination of selected neglected tropical diseases, will remain central to the Secretariat's support to countries.

Special Programme for Research and Training in Tropical Diseases (TDR) co-sponsored by UNICEF, UNDP, the World Bank and WHO

The work of the Special Programme contributes to reducing the global burden of infectious diseases of poverty and improving the health of vulnerable populations, including women and children. The main outcome is the translation of infectious disease evidence, solutions and implementation strategies into policy and practice in disease-endemic countries. This is achieved through outputs such as enhanced capacity for research and knowledge transfer within countries, high-quality evidence from intervention and implementation research, and key stakeholders in countries engaging in setting the research agenda.

The Special Programme's budget for the biennium 2018–2019, as part of its strategic plan for 2018–2023, supports a competitive portfolio in which impact on health is enhanced by innovative research projects and strengthened research capacity in low- and middle-income countries. The budget and workplan follow the Special Programme's strategic focus on: implementation research; integrated, multidisciplinary research on vectors, environment and society; global engagement; and health research capacity strengthening in developing, disease-endemic countries.

With over 80% of funds channelled into operations (including staff directly related to implementation) and a working model that enhances collaboration and working through partners, the Special Programme delivers excellent value for money. Its restructuring in 2012 led to a leaner organization, with staff costs reduced by 60% compared to 2010–2011. The Special Programme channels the largest part of its funds into direct operations and will continue to do so in 2018–2019.

The research portfolio encompasses projects that identify innovative solutions, which are tested and deployed with stakeholders representing research, control programmes, policy-makers, communities and patients. It also includes cross-cutting issues spanning diseases and sectors, such as vector-borne diseases and vector control interventions at the interface of the natural and human environment. Research projects also explore innovative ways to engage with communities in order to scale up tools and strategies for the prevention of poverty-related diseases.

The research capacity strengthening and global engagement portfolio focuses on strengthening the research capacity of scientists and institutions in disease-endemic countries, through education grants and short training grants, and on supporting knowledge management that maximizes the health impact of research.

WHO'S FOCUS IN 2018–2019

The portfolio of innovative projects initiated since 2014 is constantly evolving and will be further developed in 2018–2019 to allow flexibility in addressing emerging challenges that are in line with the Special Programme's mission. At the same time, it will continue to focus on the long-term activities that are part of its core project portfolio.

Outcome 1.4. Increased and sustained access to neglected tropical disease control interventions

Outcome indicators	Baseline	Target
Number of countries certified for eradication of dracunculiasis	188/194	190/194
Number of people requiring interventions against neglected tropical diseases	1.7 billion	1.5 billion

Output 1.4.1. Implementation and monitoring of the WHO roadmap for neglected tropical diseases facilitated

Output indicator	Baseline	Target
Proportion of countries in which neglected tropical diseases are endemic that have used the WHO-recommended mechanism and standards for planning and reporting on implementation of preventive chemotherapy against neglected tropical diseases	70% (2017)	80% (2019)

Country office deliverables

- Provide technical support for mass drug administration and for developing and implementing neglected tropical disease control, elimination and eradication policies, strategies and integrated action plans at country level.

- Support the strengthening of national monitoring and evaluation in order to guide policy implementation decisions, and report on progress of national neglected tropical disease control and elimination actions.

- Support countries in ensuring the availability of, and access to, quality-assured neglected tropical disease medicines at all levels of health care, as well as their integration into essential medicines procurement policies, and by supporting resource mobilization.

- Support the strengthening of national capacity in order to scale up/down preventive chemotherapy, innovative and intensified disease management and integrated vector management interventions, as well as collaboration with other programmes and sectors, as appropriate.

Regional office deliverables

- Facilitate regional dialogue between governments, service providers, manufacturers, donors and technical and implementation partners on implementation plans at country level in line with the WHO roadmap for neglected tropical diseases.

- Monitor progress at country level through active dialogue and engagement with governments, donors and partners, and coordinate regional programme review groups and meetings of programme managers according to the WHO roadmap for neglected tropical diseases.

- Provide a regional platform for strengthening capacity for national neglected tropical disease programmes in countries in the region, particularly in surveillance, use of operational research outcomes and gender equity data, and support the certification/verification of elimination of selected neglected tropical diseases.

- Enhance coordination of technical support from regional and global levels and with donors and technical partners.

Headquarters deliverables

- Develop tools and support capacity-building at regional and country levels in order to facilitate implementation of the action points in the WHO roadmap for neglected tropical diseases.

- Coordinate certification of elimination/eradication in relevant countries.

- Strengthen monitoring, evaluation and reporting, including development of a neglected tropical disease database, and publish the global neglected tropical disease report and statistics, including gender and equity data where possible.

- Conduct global advocacy for neglected tropical disease control, elimination and eradication, mobilize resources, and coordinate and monitor global procurement of donated and non-donated essential medicines for treating neglected tropical diseases.

Output 1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support

Output indicator	Baseline	Target
Number of countries in which neglected tropical diseases are endemic that have adopted WHO norms, standards and evidence in diagnosing and treating neglected tropical diseases	84 (2017)	88 (2019)

Country office deliverables

- Provide technical support to countries in designing relevant clinical trials and in adapting technical guidance on the diagnosis, treatment, case management, transmission control and surveillance of neglected tropical diseases.

- Provide technical support in the development or revision of national guidelines specifically on mass drug administration for controlling and preventing specific diseases, including soil-transmitted helminth infections and schistosomiasis, conduct quality assurance and ensure pharmacovigilance.

Regional office deliverables

- Adapt global guidelines for improved prevention, access to interventions, case detection, case management and control of neglected tropical diseases to the regional context.

- Identify regional operational research priorities and advocate for and engage with WHO collaborating centres, research institutions and research networks in the region.

- Complement capacity in country offices to support Member States in adapting guidelines, quality assurance systems and other specific areas of neglected tropical disease control, elimination and/or eradication.

- Assist headquarters in developing technical guidelines by providing region-specific input on monitoring and evaluation of neglected tropical disease interventions and vector control.

Headquarters deliverables

- Develop and update technical norms and standards on neglected tropical diseases at global level by means of expert committees and study groups.

- Facilitate the development of rapid and simple diagnostic tests for neglected tropical diseases such as Buruli ulcer, human African trypanosomiasis, leishmaniasis, Chagas disease, yaws, fascioliasis and dengue and other regional neglected tropical diseases.

- Facilitate interdepartmental and intersectoral policy dialogue on gender and equity in the content, processes and impact of strategies for neglected tropical disease control and elimination.

Output 1.4.3. New knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries developed through strengthened research and training

Output indicator	Baseline	Target
Number of new and improved tools, solutions and implementation strategies developed	Not applicable	7 (2019)

Headquarters deliverables

- Facilitate setting of the research agenda on infectious diseases of poverty and convene stakeholders to agree recommendations and practices, with input from key disease-endemic countries.

- Develop high-quality intervention and implementation research evidence on infectious diseases of poverty, with the involvement of key disease-endemic countries, and develop methods, solutions and strategies for effective treatment and control of neglected tropical diseases.

- Support the strengthening of research capacity at individual and institutional levels in disease-endemic countries, in line with regional and country priorities.

1.5 VACCINE-PREVENTABLE DISEASES

Some 2.5 million children under the age of 5 years die from vaccine-preventable diseases each year, equivalent to more than 6800 child deaths every day. Immunization is one of the most successful and cost-effective public health interventions. Globally, over 85% of children receive the basic infant vaccinations, averting more than 2 million deaths annually. The high priority given internationally to current and future vaccine-preventable diseases is reflected in the Decade of Vaccines and the associated global vaccine action plan 2011–2020.

Several new vaccines are becoming available and routine immunization is being extended from infants and pregnant women, as the sole target groups, to include adolescents and adults. An increasing number of low- and middle-income countries are including new vaccines in their national programmes with support from the GAVI Alliance. New vaccines are increasingly being given as part of a package of interventions to control diseases, especially pneumonia, diarrhoea and cervical cancer. By scaling up the use of existing vaccines and introducing recently licensed vaccines, nearly 1 million additional deaths could be averted each year. Furthermore, vaccination has also been shown to reduce antimicrobial use and can thereby help counter antimicrobial resistance. The development and licensing of additional vaccines promises to further enhance the potential of immunization to avert death, disability and disease.

While high coverage is being achieved with vaccination, including at the national level, geographical and socioeconomic inequities in access to vaccination remain within countries. The addition of new vaccines has increased the complexity of programmes, requiring better-trained health care workers and improved supply chains, coverage monitoring and surveillance systems.

WHO'S FOCUS IN 2018–2019

In the biennium 2018–2019, the focus will be on achieving universal coverage through addressing inequity by reaching every community with life-saving vaccines. The Secretariat will support the development and implementation of national immunization plans by strengthening national capacity for monitoring immunization programmes and ensuring access to vaccines and supplies. Additionally, efforts will be intensified to meet the goals of measles and neonatal tetanus elimination and control of rubella and hepatitis B.

Outcome 1.5. Increased vaccination coverage for hard-to-reach populations and communities

Outcome indicators	Baseline	Target
Global average coverage with three doses of diphtheria, tetanus and pertussis vaccines	86% (2017)	≥ 90% (2019)
Number of Member States whose achievement of measles elimination has been verified	77/194 (2017)	88/194 (2019)
Proportion of the 75 priority Member States (as per Countdown 2015) that have introduced pneumococcal and rotavirus vaccines	52/75 (69%)	60/75 (80%)

Output 1.5.1. Implementation and monitoring of the global vaccine action plan with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines

Output indicator	Baseline	Target
Number of lower- and middle-income Member States not reaching the immunization coverage targets[1] of the global vaccine action plan that have been supported by WHO to develop annual workplans for improving coverage	0/94* (2017)	50/94* (2019)

Member States referred to in the global vaccine action plan.

Country office deliverables

- Support countries to develop and implement national multiyear plans and annual workplans (including micro-planning for immunizations) with a focus on under-vaccinated and unvaccinated populations.

- Support countries in mobilizing investments and partner support for the implementation of their national immunization strategic plans (comprehensive multiyear or other plans).

- Support the strengthening of country capacity in vaccine-preventable disease surveillance, improving immunization data quality and use of immunization data for monitoring vaccine performance, programme monitoring and improving programme performance.

Regional office deliverables

- Provide expertise to countries, where additional capacity is needed, in identifying inequities in coverage and developing strategies to reach unvaccinated and under-vaccinated populations and in introducing new vaccines, and facilitate partner collaboration.

- Support countries in establishing and implementing policies and strategies for ensuring the sustainability of immunization programmes, including support for the establishment and capacity-building of national decision-making bodies.

- Coordinate regional vaccine-preventable disease surveillance (including for rotavirus and vaccine-preventable invasive bacterial disease) and develop or adapt strategies to improve the quality and use of immunization monitoring data.

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[1] ≥90% coverage with three doses of diphtheria, tetanus and pertussis-containing vaccines at national level and ≥ 80% in all districts.

Headquarters deliverables

- Support regional offices with policy and strategic guidance for the implementation of the global vaccine action plan and report annually on progress in implementation of the Plan.

- Update policy recommendations on use of current and new vaccines and introduce guidelines for new and underutilized vaccines.

- Establish global standards for vaccine-preventable disease surveillance and programme impact monitoring with key contributions from regional and country levels.

Output 1.5.2. Intensified implementation and monitoring of strategies for measles and rubella elimination, hepatitis B control, and maternal and neonatal tetanus elimination facilitated

Output indicator	Baseline	Target
Number of Member States that have been supported by WHO to establish a national or subregional* measles verification committee	131/194 (2017)	138/194 (2019)

* Subregional committees may be more practical for some small countries in a subregion.

Country office deliverables

- Support countries in developing and implementing national strategies for the elimination or control of measles, rubella/congenital rubella syndrome, maternal and neonatal tetanus, and hepatitis B that include monitoring immunity gaps, identifying populations consistently missed by immunization and making special efforts to reach them.

- Support the strengthening of country capacity for surveillance of measles and rubella/congenital rubella syndrome, including technical assistance to countries seeking to attain accreditation for their measles/rubella laboratory.

- Support national verification committees in order to verify attainment of goals for the elimination and control of vaccine-preventable diseases.

Regional office deliverables

- Review and update regional strategies for the elimination or control of measles, rubella/congenital rubella syndrome, maternal and neonatal tetanus and hepatitis B, and backstop country offices in implementing them.

- Strengthen regional capacity for case-based surveillance of measles and rubella/congenital rubella syndrome with laboratory confirmation, including coordinating regional measles/rubella laboratory networks.

- Facilitate the establishment of, and provide support to, regional bodies and processes for verification of measles and rubella/congenital rubella syndrome elimination and hepatitis B control.

Headquarters deliverables

- Provide expertise where additional technical capacity is needed in implementing disease elimination and control and for verification of elimination and control.

- Coordinate global measles and rubella laboratory network.

- Monitor and report on global outcomes and trends in measles/rubella incidence and hepatitis B control.

Output 1.5.3. Research priorities and comprehensive reviews of vaccination policies for new vaccines and other immunization-related technologies defined and agreed, in order to develop and introduce vaccines of public health importance and overcome barriers to immunization

Output indicator	Baseline	Target
Number of target product profiles and preferred product characteristics established for priority new vaccines and immunization technologies during the biennium	0 (2017)	3 (2019)

Country office deliverables

- Support countries to generate data for evidence-based decision-making on use of vaccines and selection of programmatically suitable vaccine products.

- Support implementation research that would help to deal with any remaining barriers to reaching high and equitable coverage and access to vaccines and immunization services.

Regional office deliverables

- Coordinate vaccine-related demonstration/pilot studies for the introduction of new vaccines in regions.

- Support the establishment and strengthening of national institutional capacity for evidence-based decision-making and conduct systematic collection of evidence on vaccine performance and impacts in different settings or in different target groups for regionally adapted vaccination policies.

- Facilitate the setting of research priorities and the conduct of implementation research so as to support the strengthening of immunization programmes in regions.

Headquarters deliverables

- Set research priorities for immunization and facilitate the development and clinical evaluation of specific priority vaccines, including vaccines to respond to epidemics as per the research and development blueprint-based global research and development roadmaps and testing/licensure pathways.

- Provide the evidence base and recommendations for: policy on new and current vaccines; guidance on WHO's preferences for vaccine development, including target product profiles; and preferred product characteristics for new vaccines and immunization-related technologies.

- Encourage and/or support the development of frameworks, tools and reviews for critically appraising the evidence on impact evaluation of vaccines at global, regional and country levels, and of tools and/or protocols to improve the quality and availability of critical information.

1.6 ANTIMICROBIAL RESISTANCE

Antimicrobial resistance threatens the very core of modern medicine and the sustainability of an effective, global public health response to the enduring threat from infectious diseases. The global action plan on antimicrobial resistance defines WHO's work to address this threat. It was adopted by Member States in May 2015,[1] and is the basis upon which, systems, models and training have been provided to develop national action plans and surveillance methods. Following the adoption of the resolution on global health and foreign

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[1] Resolution WHA68.7.

policy at the United Nations General Assembly in December 2015,[1] antimicrobial resistance has been at the forefront of discussions across the wider United Nations community. Addressing it requires working across multiple sectors, which in turn contributes to the achievement of the Sustainable Development Goals.

WHO has established a new programme area to act as a hub for work on antimicrobial resistance and to improve coordination, resource mobilization, monitoring and evaluation. Other programme areas will contribute in various areas:

- The multisectoral approach to promoting the prudent use of antibiotics in food production and reducing the negative impact of antibiotic use in agriculture on public health through food, driven by this programme area, will be closely coordinated with the general food safety and related work carried out through FAO/OIE/WHO tripartite collaboration and the Codex Alimentarius under category 2.

- Antibiotic resistance related to complex interventions for diabetes-related infections and chemotherapy will continue to be programmed under category 2.

- Contamination of soil by animal and agricultural antibiotic residua requires action from the animal and agricultural health sectors in synergy with improvements to sanitation and the availability of clean water under category 3

- Infection prevention, antibiotic use and consumption, and development of a stewardship framework fall under this programme area in conjunction with several programme areas in category 4 that have a specific role under the global action plan.

- Resistance issues related to HIV, tuberculosis and malaria continue to be programmed and integrated under their respective programme areas, leveraging their long experience on antimicrobial resistance issues.

- Outbreaks of antibiotic-resistant infectious diseases will continue to be managed by the new WHO Health Emergencies Programme. National preparedness will benefit from robust surveillance methods and strengthened laboratory and diagnostic capacity, specifically for resistant strains. The learning acquired during outbreaks will be used by the WHO Health Emergencies Programme and the core antimicrobial resistance programme to develop further guidance and standard setting.

WHO'S FOCUS IN 2018–2019

The work is organized around three outputs.

Output 1 – to build knowledge, skills, systems and structures. Support will be provided to Member States to strengthen surveillance, infection prevention, awareness and education, and antibiotic consumption.

Output 2 – the antimicrobial resistance normative and regulatory framework, with a focus on hospital stewardship and the global development and stewardship programme. WHO will work with key partners to accelerate the development of new medicines, diagnostics and other tools to tackle antimicrobial resistance and to enable access to innovations and new products. It will also work for stronger collaboration with FAO and OIE to minimize the risks of resistance at the human–animal interface and will address the lack of treatment for specific sexually transmitted infections and resistance in neonatal sepsis and maternal mortality.

Output 3 – the global economy and health security at large, and the challenge of sustaining global political commitment to combat antimicrobial resistance. The Secretariat will work towards building the political consensus necessary for putting in place appropriate policies on trade, agriculture, education, financial investment as well as food and pharmaceutical production, working closely with partners and key stakeholders.

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[1] Resolution 70/183.

Outcome 1.6. All countries have essential capacity to respond to antimicrobial resistance

Outcome indicator	Baseline	Target
Number of countries with national plans that have implemented activities for three global action plan strategic objectives	32 (2017)	80 (2019)

Output 1.6.1. All countries have essential capacity to implement national action plans to monitor, prevent and reduce infections caused by antimicrobial resistance

Output indicators	Baseline	Target
Number of countries supported to participate in World Antibiotic Awareness Week during the biennium	Not applicable	25/194 (2019)
Number of countries with a national antimicrobial resistance surveillance system contributing antimicrobial resistance surveillance data to the global antimicrobial resistance surveillance system	35/194 (2017)	77/194 (2019)
Number of countries that provide data on antimicrobial consumption to the global antimicrobial resistance surveillance system	20/194 (2017)	55/194 (2019)
Number of countries with national infection prevention and control programmes that build on the WHO core components for infection prevention and control programmes and are implemented in health facilities to control antimicrobial resistance	0 (2017)	24 (2019)

Country office deliverables

- Support Member States in the development, implementation and monitoring of multisectoral national action plans on antimicrobial resistance.

- Support the development and strengthening of national antimicrobial resistance surveillance systems to enable participation in implementation of the global antimicrobial resistance surveillance system, together with support for the implementation of integrated surveillance, including the One Health approach, in line with guidance from the WHO Advisory Group on Integrated Surveillance of Antimicrobial Resistance.

- Support the participation of countries in regional and global programmes for surveillance that capture data on antimicrobial medicine consumption and use as well as incorporation into the global antimicrobial resistance surveillance system.

- Support health ministries to incorporate antimicrobial resistance into development and implementation of infection prevention and control programmes and practices at the national level through implementation of the WHO guidelines on core components of infection prevention and control programmes.

- Promote the engagement of community and patient groups in improving hygiene and infection prevention and control practices to control antibiotic resistance.

- Support the development of national awareness programmes, campaigns and educational materials.

Regional office deliverables

- Backstop country offices in the provision of support for the development, implementation and monitoring of multisectoral national plans on antimicrobial resistance.

- Support the development and strengthening of national antimicrobial resistance surveillance systems to enable participation in the global antimicrobial resistance surveillance system, including the strengthening of national reference laboratories on antimicrobial resistance.

- Support the implementation of integrated surveillance, including the One Health approach, in line with guidance from the WHO Advisory Group on Integrated Surveillance of Antimicrobial Resistance.

- Backstop country offices in laboratory capacity building and diagnostic stewardship, including support to the establishment and strengthening of national reference laboratories on antimicrobial resistance, to enable the development of national antimicrobial resistance surveillance systems.

- Support the participation of countries in global and regional programmes for surveillance that capture data on antimicrobial medicine consumption and use.

- Provide guidance, share good practices and promote the use of training modules and standard operating procedures in countries based on global and regional guidelines for managing antimicrobial resistance through improved infection prevention and control in health care, such as the WHO guidelines on core components of infection prevention and control programmes.

- Backstop country offices in developing, sharing and disseminating awareness programmes, campaigns (including World Antibiotic Awareness Week) and educational materials aimed at changing behaviour towards infection prevention and a more prudent use of antimicrobials.

Headquarters deliverables

- Evaluate the inclusion of new WHO recommendations on core components of infection prevention and control programmes in regional and country documents on antimicrobial resistance, including national action plans.

- Develop and implement the global antimicrobial resistance surveillance system and integrated surveillance, including the One Health approach, and monitor to ensure that surveillance is carried out in line with guidance from the WHO Advisory Group on Integrated Surveillance of Antimicrobial Resistance.

- Develop tools to strengthen national reference laboratories and report on the global antimicrobial resistance situation and trends.

- Develop training modules, standard operating procedures to prevent and control multidrug-resistant pathogens in health care.

- Develop, maintain and monitor a global programme for surveillance that captures data on antimicrobial medicine consumption and use.

- Backstop regional offices in supporting countries to develop, implement and monitor national and regional plans on antimicrobial resistance.

- Backstop regional offices in supporting countries to implement and monitor integrated surveillance of antimicrobial resistance, including the One Health approach.

- Develop, disseminate and monitor global awareness programmes/campaigns (World Antibiotic Awareness Week) and educational materials with the aim of changing behaviour towards antimicrobials.

Output 1.6.2. Appropriate use and availability of antimicrobial medicines in human health and food production settings as a contribution to improving access to and maintaining effectiveness of treatment

Output indicator	Baseline	Target
Number of countries with a national policy and regulations for improving access to and responsible and appropriate use of antibiotics developed and implemented in health care settings	54 (2017)	87 (2019)

Country office deliverables

- Support the adoption of guidance and standards for evidence-based selection of antibiotics across sectors at the country level.

- Support the development and enforcement of relevant policies and regulations on access to and responsible and appropriate use of antimicrobials across sectors.

- Support the implementation of policies and guidelines on hospital stewardship processes, options for managing, prescribing and dispensing antibiotics to encourage appropriate use, integration of advice on control of antibiotics, and regulation of antibiotics by national regulatory authorities.

Regional office deliverables

- Backstop country offices providing assistance for updating essential medicines lists and promote stewardship of antibiotics.

- Support country offices in the development and enforcement of relevant policies and regulations on responsible and appropriate use of antimicrobials across sectors in accordance with relevant Codex Alimentarius standards and related texts.

- Backstop country offices in the implementation of policies and guidelines on hospital stewardship processes, options for managing, prescribing and dispensing antibiotics to encourage appropriate use, integration of advice on control of antibiotics, and regulation of antibiotics by national regulatory authorities

Headquarters deliverables

- Develop policies and guidance on hospital stewardship processes, options for managing, prescribing and dispensing antibiotics to encourage appropriate use, integration of advice on control of antibiotics, and regulation of antibiotics by national regulatory authorities.

- Develop the initial elements of a global development and stewardship framework.

- Provide technical support to, and collaborate with, key partners working on the development of new products to address antimicrobial resistance, including the WHO/Drugs for Neglected Diseases initiative and the Global Antibiotic Research and Development Partnership.

- Encourage new models for the development of medicines, diagnostic tools, vaccines and other interventions relevant to antimicrobial resistance.

- Maintain and update the WHO list of critically important antimicrobials for human medicine and the accompanying WHO guidelines.

- Maintain and update the section of the WHO Model List of Essential Medicines related to antimicrobials.

- Develop good practices for improving and monitoring the availability of antimicrobials.

- Contribute to the revision and further development of the relevant Codex Alimentarius standards and related texts to reduce antimicrobial resistance in the food-chain by providing evidence-based guidance to the Codex Alimentarius Commission in collaboration with FAO.

- Improve understanding of the impact of antimicrobial resistance on health and the role of environmental contamination with residues and resistant bacteria as a driver of antimicrobial resistance.

- Update guidance and training on maternal and child health to reflect the importance of antimicrobial resistance.

- Strengthen the evidence base on the etiology of maternal and neonatal sepsis, and the prevalence of antibiotic resistance in these infections.

Output 1.6.3. High-level political commitment sustained and effective coordination at the global level to combat antimicrobial resistance in support of the Sustainable Development Goals

Output indicators	Baseline	Target
Number of Member States with a national policy on antimicrobial resistance	32/194 (2017)	80/194 (2019)
Active tripartite collaboration between FAO, OIE and WHO for combating antimicrobial resistance	No (2017)	Yes (2019)
Demonstrated active collaboration with the United Nations interagency coordination group on antimicrobial resistance	No (2017)	Yes (2019)

Country office deliverables

- Encourage cooperation, coordination and expansion of activities on antimicrobial resistance between the public health and agriculture sectors and other partners in countries to support implementation of the global action plan on antimicrobial resistance.

Regional office deliverables

- Encourage cooperation, coordination and expansion of activities on antimicrobial resistance at the regional level between WHO, FAO and OIE, and other United Nations and international partners from multiple sectors.

- Provide input and collect data to report on the status of antimicrobial resistance at the regional level.

Headquarters deliverables

- Ensure harmonization and coordination of actions across WHO and encourage cooperation, coordination and expansion of technical and advocacy activities on antimicrobial resistance between WHO, FAO and OIE at the global level.

- Co-chair and support the United Nations interagency coordination group on antimicrobial resistance as a follow-up to the relevant United Nations General Assembly decisions.

- Develop and implement a monitoring framework to report on the status of antimicrobial resistance globally.

- Coordinate with professional associations, education providers and relevant stakeholders to design, develop and deliver appropriate antimicrobial resistance curricula to all health care workers, including prescribers and dispensers.

LINKAGES WITH THE SUSTAINABLE DEVELOPMENT GOALS

WHO's achievements in this category will make strong contributions to the achievement not only of Sustainable Development **Goal 3** (Ensure healthy lives and promote well-being for all at all ages) but also to **Goal 1** (End poverty in all forms everywhere) through the work on addressing the "diseases of poverty"; **Goal 4** (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) through supporting health research degrees and training for increased capacity; **Goal 5** (Achieve gender equality and empower all women and girls) through identifying gender inequalities in access to health services and inclusion of all; **Goal 6** (Ensure availability and sustainable management of water and sanitation for all) through working with communities to identify and adopt practices that reduce vector-borne diseases; **Goal 10** (Reduce inequality within and among countries) through supporting and guiding official development assistance and

financial flows, including foreign direct investment and major international funds, to States where the need is greatest, in particular least developed countries; **Goal 11** (Make cities and human settlements inclusive, safe, resilient and sustainable) through fostering healthier cities through community-participatory approaches; and **Goal 17** (Strengthen the means of implementation and revitalize the global partnership for sustainable development) through to the joint efforts of Member States, key partnerships, global health initiatives, development agencies, major foundations and other non-State actors; as well as to the complementarity of the work of WHO with other agencies and coherence within the United Nations system.

Synergies and collaboration

Cross-cutting and multisectoral approaches are essential to the effective and sustainable delivery of all the programmes in this category. The drive to end epidemics, prevent diseases and advance work on antimicrobial resistance requires greater coordination with partners and better integration of disease programmes.

Engaging in intensified research and innovation, working through strengthened health systems to achieve universal health coverage and ensuring sustainable financing, as well as deepening the engagement with other sectors, development partners and non-State actors, are all essential. Many programme areas in this category have long and productive experience in this way of working that should be sustained and enhanced. The work on antimicrobial resistance complements and scales up existing work on communicable diseases and other categories. Integrated approaches to service delivery will be expanded. They have already led to success: the integrated delivery of preventive chemotherapy for at least five neglected tropical diseases, and the collaboration towards turning around the tuberculosis/HIV response, saving an estimated 5.9 million lives between 2000 and 2014, are illustrations of approaches to be continued or expanded.

There are also positive examples of programme integration with health systems, such as the incorporation of HIV interventions into maternal and child health services. Another example is the joint development of a global vector control response. Locally adapted and sustainable vector control will contribute not only to attainment of Sustainable Development Goal 3 but also to initiatives for clean water and sanitation (**Goal 6**), sustainable cities and communities (**Goal 11**) and climate action (**Goal 13**).

Antimicrobial resistance poses a major challenge to health systems, and work in each of the programme areas of the health systems category should be strengthened to respond to this challenge. National action plans need to be incorporated into broader sectoral strategies and budgets.

Antimicrobial resistance is a particular risk at the human–animal interface, and the antimicrobial resistance programme will work closely with the food safety programme to better understand these risks and to advocate for more responsible use of antibiotics in food production.

The capacities developed to address antimicrobial resistance at national and regional levels (in particular laboratory and surveillance capacity) will strengthen the preparedness of countries and reinforce the global capacity for outbreak response to epidemics and humanitarian emergencies, under the mandate of the new WHO Health Emergencies Programme.

Finally, the success achieved in respect of the Millennium Development Goals, especially Goal 6, can be attributed to the enormous efforts of countries and joint efforts of the global community, including support from key partnerships, global health initiatives, development agencies, major foundations and other non-State actors, as well as to the complementarity of the work of WHO with other agencies and coherence within the United Nations system. This work will need to be continued and further enhanced in the context of the 2030 Agenda for Sustainable Development. WHO will work towards enhancing global partnerships to support the achievement of the Goals. For example, WHO is strengthening partnerships with global bodies such as UNICEF and the World Bank, as well as with foundations, organizations and corporations serving a wide range of functions in public health. WHO works closely with the GAVI Alliance, carrying out the normative work that underpins successful immunization programmes, including facilitating research and development, setting standards and regulating vaccine quality, and marshalling the evidence to guide vaccine use and maximize

access. WHO's normative guidance will continue to play a key role in guiding investment by the Global Fund to Fight AIDS, Tuberculosis and Malaria, ensuring that concept notes for funding submitted by countries are based on WHO recommendations for evidence-based strategies, and that medicines and other health products are quality-assured.

CATEGORY 2 – NONCOMMUNICABLE DISEASES

Noncommunicable diseases – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – and their risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol), as well as mental disorders, disability, violence, injuries, substance abuse, food safety and zoonoses.

The goal of sound physical and mental health, rather than just extending life expectancy, is reflected in the Sustainable Development Goals, which call for the promotion of well-being at all ages. Many diseases, disorders and issues dealt with in this category cause untold suffering, reduce productivity, pose a significant social challenge and have a staggering economic impact. Premature deaths and disability may occur at older ages but exposure to their risk factors begins early in life. Hence the fact that protection and promotion of health, and prevention of these diseases, are critical to development and equity, as is evident from their high visibility within the 2030 Agenda for Sustainable Development.

Member States have given WHO a clear mandate to lead and coordinate action in this area. In 2011, Heads of State endorsed the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. More recently, Member States have singled out noncommunicable diseases for high attention as part of a priority-setting task, with this programme area being selected for technical support more frequently than all others. The Sustainable Development Goals include nine targets directly addressing noncommunicable diseases and key risk factors, which require cross-cutting linkages with many other goals, such as those relating to sustainable cities and communities (Goal 11), quality education (Goal 4), reduction of inequalities (Goal 10) and improved nutrition and sustainable agriculture (Goal 2). These reflect the interrelation of health with the overall Agenda for Sustainable Development. Feasible and cost-effective interventions, "best buys", designed to address category 2 issues, offer workable solutions, as well as excellent economic investments, even for the poorest countries, to help achieve the Sustainable Development Goals.

WHO'S FOCUS IN 2018–2019

In the next biennium, WHO will work towards achieving the Sustainable Development Goals and will hold Member States accountable to commitments made in various United Nations resolutions, such as the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,[1] the 2014 Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases,[2] the Decade of Action for Road Safety (2011–2020)[3] and the Decade of Action on Nutrition (2016–2025).[4]

WHO will also work towards providing effective and timely health data and leadership in policy development and advice – to governments and non-State actors, and towards broader global policies – and with a view to fostering collaboration with related agencies such as FAO, ILO, OIE, the World Bank and WTO.

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[1] United Nations General Assembly resolution 66/2.

[2] United Nations General Assembly resolution 68/300.

[3] United Nations General Assembly resolution 64/255.

[4] United Nations General Assembly resolution 70/269.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
2.1 Noncommunicable diseases	35.6	18.7	17.0	21.8	15.2	22.6	48.1	**179.0**
2.2 Mental health and substance abuse	6.9	3.3	3.3	5.9	5.9	4.0	17.7	**47.0**
2.3 Violence and injuries	3.6	2.8	3.2	2.6	1.7	3.2	13.3	**30.4**
2.4 Disability and rehabilitation	1.1	1.1	0.7	1.1	1.1	2.4	9.0	**16.5**
2.5 Nutrition	9.1	3.6	2.8	2.7	4.0	3.3	21.0	**46.5**
2.6 Food safety	4.7	3.7	1.0	1.0	2.1	3.8	15.7	**32.0**
Category 2 total	**61.0**	**33.2**	**28.0**	**35.1**	**30.0**	**39.3**	**124.8**	351.4

2.1 NONCOMMUNICABLE DISEASES

In 2015, 40 million deaths – more than two thirds of all deaths – were caused by noncommunicable diseases. Of those deaths, nearly 17 million involved people below the age of 70 years and for the most part could have been prevented if governments had implemented a set of cost-effective and affordable interventions – "best buys". These diseases, and their modifiable risk factors, are associated with marked inequities resulting from a number of social determinants, including poverty and illiteracy, gender differences in vulnerability and related risk factors. These need to be addressed in the design of interventions.

Following the 2011 High-level Meeting on Non-communicable Diseases, there is now a global agenda based on nine concrete targets, which set out the actions required to attain the first voluntary global target of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 2025. The targets under the 2030 Agenda for Sustainable Development are derived from these 2025 targets and include a target to reduce, by 2030, premature mortality from noncommunicable diseases by 33%.

WHO's Global Coordination Mechanism helps coordinate the significant amount of multisectoral activities and also works on advocacy, information sharing and innovation. The United Nations Interagency Task Force on Noncommunicable Diseases, led by WHO, helps mobilize sectors beyond health to strengthen national responses, by, for example: facilitating the sharing of resources and information, strengthening international cooperation and helping implement "best buy" interventions. WHO also runs a joint initiative with ITU on the use of mobile technologies in the prevention and management of noncommunicable diseases – "Be He@lthy, Be Mobile" – and is working on nine countries in this area.

WHO'S FOCUS IN 2018–2019

In the biennium 2018–2019, the Secretariat will continue to support countries in raising the priority of noncommunicable diseases in national responses to the Sustainable Development Goals,[1] in setting national targets, in reinforcing national surveillance systems to monitor progress and results, and in working on national multisectoral action plans to reduce modifiable risk factors, guided by global strategies that include:

- the Global action plan for the prevention and control of noncommunicable diseases 2013–2020;

- the WHO Framework Convention on Tobacco Control;

- the Addis Ababa Action Agenda;

- the Global Strategy on Diet, Physical Activity and Health;

- WHO recommendations on marketing of foods and non-alcoholic beverages to children;

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[1] Including targets 3.a, 3.b, 3c, 3.4, 3.5, and 3.8.

- the recommendations of the Commission on Ending Childhood Obesity; and,

- the global strategy to reduce the harmful use of alcohol.

The secretariats of WHO and the WHO Framework Convention on Tobacco Control will continue their collaboration to achieve common tobacco control objectives, such as supporting countries to increase tobacco taxes significantly, as a means both of reducing tobacco use and raising revenue. The WHO Secretariat will also provide technical support to countries that are being attacked through legal actions brought by the tobacco and other industries and support the promotion of healthy diet and physical activity, with a focus on fiscal and regulatory measures.

WHO will also support health ministries in adopting a strategic leadership and coordination role and in their work on national multisectoral action plans to reduce risk factors. It will also support efforts to strengthen health systems to improve prevention, early detection, access and quality to treatment, rehabilitation and palliative care for noncommunicable diseases. For example, the HEARTS technical package developed by WHO and partners will support the scaling up of heart disease and diabetes management in primary care, while an emergency kit is being prepared with the essential medicines and technology needed to maintain treatment of noncommunicable diseases in settings lacking regular supplies. WHO will lead the development of handbooks, and develop the knowledge and innovation hub for mHealth.

The Secretariat will support the preparations of the third High-level Meeting of the United Nations General Assembly on Non-communicable Diseases in 2018, submitting a progress report to the General Assembly and holding informal consultations during 2017 and 2018.

Outcome 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

Outcome indicators	Baseline	Target
At least a 10% relative reduction in the harmful use of alcohol[1] as appropriate within the national context	6.2 litres (2010)	At least 10% reduction (2025)
A 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years	22% (2010)	30% reduction (2025)
A 10% relative reduction in the prevalence of insufficient physical activity	25% (2010)	10% reduction (2025)
A 25% relative reduction in the prevalence of raised blood pressure, or containment of the prevalence of raised blood pressure, according to national circumstances	23% (2010)	25% relative reduction (2025)
Halt in the rise in diabetes and obesity	8% diabetes/fasting plasma glucose; 12% obesity (2010)	0% increase (2025)
At least 50% of eligible people receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	Unknown	At least 50% coverage (2025)

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[1] In WHO's global strategy to reduce the harmful use of alcohol, the concept of the harmful use of alcohol encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker, and society at large, as well as patterns of drinking associated with increased risk of adverse health outcomes.

Outcome indicators	Baseline	Target
A 30% relative reduction in mean population intake of salt/sodium[1]	10 grams (2010)	30% reduction by 2025
An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities	Unknown	At least 80% (2025)

Output 2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated

Output indicators	Baseline	Target
Number of countries with at least one operational multisectoral national policy/strategy/action plan that integrates several noncommunicable diseases and shared risk factors	72/194 (2017)	86/194 (2019)
Number of countries which have set time-bound national noncommunicable disease targets and indicators based on WHO guidance	59/194 (2017)	70/194 (2019)
Number of countries with at least one operational national multisectoral commission, agency or mechanism for coordinated prevention and control of noncommunicable diseases	60/194 (2017)	72/194 (2019)

Country office deliverables

- Convene and support multisectoral dialogue and facilitate policy advice to national and subnational counterparts and partners for the prevention and control of noncommunicable diseases.

- Provide technical support to develop and implement country-led national and subnational multisectoral noncommunicable disease plans, in line with the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, global commitments, the Sustainable Development Goals, and regional strategies, plans and frameworks.

- Share country-level experiences of implementation successes and challenges in order to develop a global evidence base, particularly in respect of new areas such as mHealth for tobacco cessation.

Regional office deliverables

- Strengthen and complement country office capacity to provide technical support in developing, implementing and evaluating national and subnational multisectoral noncommunicable diseases action plans, targets and indicators, and multisectoral coordination mechanisms for the prevention and control of noncommunicable diseases.

- Develop regional policy frameworks based on existing national, regional and global action plans, strategies, guidance and tools, and legal instruments related to an integrated and multisectoral approach to noncommunicable diseases.

Headquarters deliverables

- Develop technical guidance and tools for developing, prioritizing, costing, implementing and evaluating national multisectoral noncommunicable disease plans, including guidance on a national multisectoral mechanism.

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[1] WHO's recommendation is an intake of less than 5 grams of salt or 2 grams of sodium per person per day.

- Engage partners to support research and innovation relating to implementation of interventions and policy options contained in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Output 2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants

Output indicators	Baseline	Target
Number of countries that have strengthened and expanded their implementation of population-based policy measures to reduce the harmful use of alcohol	71/194 (2017)	80/194 (2019)
Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	124/194 (2017)	136/194 (2019)
Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets	128/194 (2017)	141/194 (2019)
Number of countries that have implemented the following four demand-reduction measures in the WHO Framework Convention on Tobacco Control at the highest level of achievement: tobacco taxation, smoke-free environments, warnings, banning advertising and sponsorship	2/194 (2017)	4/194 (2019)

Country office deliverables

- Provide technical assistance to countries to implement cost-effective and affordable measures to reduce tobacco use and promote implementation of the WHO Framework Convention on Tobacco Control.

- Support multisectoral policy development and implementation of population-based measures to reduce the harmful use of alcohol through technical assistance, capacity-building and interagency coordination using WHO policy frameworks and technical tools.

- Provide technical support to countries for implementation of population-based prevention measures for reducing salt use, promoting physical activity and preventing overweight and obesity, including marketing to children, fiscal policies, and school-based interventions.

Regional office deliverables

- Adapt tools and guidelines to regional context, and facilitate the development of regional strategies aimed at reducing the main modifiable risk factors for noncommunicable diseases.

- Provide regional leadership, coordination and support to regional networks and country offices in implementing global and regional strategies and action plans on reducing the harmful use of alcohol through population-based measures.

- Engage regional networks and backstop country offices, in coordination with the Secretariat of the WHO Framework Convention on Tobacco Control, in fully implementing the Convention, with emphasis on demand reduction measures.

- Provide regional leadership and technical support for country implementation of multisectoral population-based measures aimed at promoting physical activity and preventing overweight and obesity.

- Provide regional leadership and technical support for country implementation of multisectoral population measures aimed at promoting a healthy diet, including reducing sodium use, and preventing overweight and obesity.

Headquarters deliverables

- Provide global leadership, coordination and technical guidance and support for implementation of the global strategy to reduce the harmful use of alcohol through population-based measures.

- Provide global leadership and specialized expertise, and develop policies, guidelines and innovative tools, involving the participation of relevant sectors, in order to promote physical activity and prevent overweight and obesity.

- Provide global leadership and specialized expertise, and develop policies, guidelines and innovative tools, involving the participation of relevant sectors, in order to promote healthy diets, including reducing sodium use, and prevent overweight and obesity, especially through the recommendations of the Commission on Ending Childhood Obesity.

- Generate and disseminate knowledge, tools and best practices, and provide support for development of multisectoral policies and action plans, in coordination with the Secretariat of the WHO Framework Convention on Tobacco Control, in order to accelerate full implementation of the Convention, with emphasis on demand reduction measures, and reduce tobacco use.

Output 2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors, including in crises and emergencies

Output indicators	Baseline	Target
Number of countries that have recognized/government-approved evidence-based national guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases	50/194 (2017)	60/194 (2019)
Number of countries that have incorporated early detection, referral and management of noncommunicable diseases into primary health care	38/194 (2017)	45/194 (2019)
Number of countries where essential noncommunicable disease medicines (aspirin, statins, angiotensin-converting enzyme inhibitors, thiazide diuretics, long-acting calcium channel blockers, metformin, insulin, bronchodilators and steroid inhalants) and technologies (blood pressure measurement devices, weighing scales, blood sugar and blood cholesterol measurement devices with strips and urine strips for albumin assay) are generally available in the public health sector	28/194 (2017)	34/194 (2019)

Country office deliverables

- Support the development or adaptation of national evidence-based guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.

- Strengthen national capacity to detect, diagnose, treat and manage noncommunicable diseases and risk factors as part of the national health system, with an emphasis on primary health care aimed at ensuring universal health coverage and reducing gender and health equity gaps.

- Promote and support implementation of guidelines covering integrated noncommunicable disease prevention and care in crises and emergencies.

- Promote the integration of all WHO inputs into the national response system in crises and emergencies.

Regional office deliverables

- Adapt global guidelines/protocols/standards for early detection, diagnosis, treatment and control of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases to the regional context, and support their implementation.

- Strengthen the capacity of country offices and support national efforts in building capacity for early detection, diagnosis, treatment and control of noncommunicable diseases, with an emphasis on primary health care.

- Support country offices in their efforts to include essential noncommunicable disease medicines, including generics, in their national essential medicines lists, and increase the availability and affordability of essential noncommunicable disease medicines and basic technologies in the public health sector.

- Guide and support countries for implementation of integrated noncommunicable disease prevention and care in crises and emergencies.

- Provide training in the use of guidelines and rosters of expert support in crises and emergencies.

Headquarters deliverables

- Develop technical guidelines and toolkits for early detection, diagnosis, treatment and control of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, including noncommunicable disease management in emergencies.

- Support regional offices in providing technical assistance at the country level to improve equitable health care coverage for noncommunicable diseases through strengthening primary and referral care, and through the use of new technologies such as mHealth.

- Develop guidance and support for improving equitable access to essential noncommunicable disease medicines, including generics, and basic technologies.

- Develop and disseminate a guideline on integrated noncommunicable disease prevention and care in crises and emergencies, and the use of noncommunicable disease systems to support the response to crises and emergencies.

- Design and manage global roster of experts in this programme area to support surge intervention on demand.

- Provide guidance to the international community on the integration of noncommunicable diseases in preparedness and response to crises and emergencies.

Output 2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020

Output indicator	Baseline	Target
Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets	52/194 (2017)	62/194 (2019)

Country office deliverables

- Adapt and implement tools for monitoring and surveillance of noncommunicable disease morbidity and mortality and their related modifiable risk factors.

- Support national efforts to build capacity to monitor the national health situation for noncommunicable diseases and their related modifiable risk factors.

Regional office deliverables

- Strengthen country office capacity in supporting the adaptation and implementation of tools for monitoring and surveillance of noncommunicable diseases mortality, morbidity, risk factors and national systems' responses.

- Complement country offices' efforts in building national capacity to assess, monitor and evaluate the national health situation for noncommunicable diseases and their related modifiable risk factors.

- Monitor the regional situation and trends in noncommunicable diseases, their risk factors, and policies and interventions of health systems to prevent and control them, and report on progress according to agreed mandates, targets and indicators.

Headquarters deliverables

- Develop guidance and tools for strengthening country capacity in the surveillance and monitoring of the noncommunicable disease burden based on the comprehensive global monitoring framework for noncommunicable diseases, the nine indicators in the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and the 10 progress monitoring indicators for assessing achievement of national commitments to addressing noncommunicable diseases.

- Monitor the global status of noncommunicable diseases, risk factors and national capacity to prevent and control them, and produce periodic global status reports based on this monitoring (including noncommunicable disease country profiles, the report on the global tobacco epidemic, the global status report on alcohol and health, the global status report on noncommunicable diseases and the noncommunicable diseases progress monitor).

Output 2.1.5. Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases

Output indicators	Baseline	Target
Number of countries incorporating noncommunicable diseases in their national development agenda, including in United Nations Development Assistance Frameworks, as appropriate	35/194 (2017)	42/194 (2019)
Number of functional global and regional knowledge-sharing mechanisms convened with Member States, United Nations system organizations and non-State actors on multistakeholder action for the prevention and control of noncommunicable diseases	11 (2017)	17 (2019)

Country office deliverables

- Coordinate WHO's interagency work with the United Nations in incorporating noncommunicable diseases in national development agendas through United Nations Development Assistance Frameworks and WHO country cooperation strategies, as appropriate.

- Encourage participation of stakeholders from national and subnational levels in regional and global multistakeholder platforms for policy dialogue on the prevention and control of noncommunicable diseases.

Regional office deliverables

- Strengthen and support country offices to advocate for incorporating noncommunicable diseases in national development agendas, United Nations Development Assistance Frameworks and WHO country cooperation strategies.

- Support global and regional multistakeholder knowledge-sharing platforms for advocacy and dialogue, including building networks and sharing of best practices and results of research on noncommunicable diseases and their risk factors.

- Provide guidance to country offices and technical partners on managing conflicts of interest in multistakeholder engagement.

- Adapt and disseminate global communications material on the prevention and control of noncommunicable diseases.

Headquarters deliverables

- Provide global coordination and strengthen partnerships in support of noncommunicable disease prevention and control, including through the WHO Global Coordination Mechanism on the prevention and control of noncommunicable diseases and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, and the joint WHO partnership with ITU on mHealth for Noncommunicable Diseases.

- Promote and support the establishment of global and regional knowledge-sharing platforms, convened with Member States, United Nations system organizations and non-State actors, on multistakeholder action and the realization of high-level commitments on the prevention and control of noncommunicable diseases.

- Develop guidance and tools for incorporating noncommunicable diseases in national development agendas, including through United Nations Development Assistance Frameworks and WHO country cooperation strategies.

- Develop and disseminate global communications materials that raise awareness regarding both the public health burden caused by noncommunicable diseases and the actions required to achieve (i) the nine voluntary global noncommunicable disease targets and (ii) the noncommunicable disease-related Sustainable Development Goals; and evaluate the impact of these efforts.

2.2   Mental health and substance abuse

In 2015, an estimated 311 million people suffered from depression globally, 23 million people from schizophrenia and over 110 million people from alcohol and drug use disorders. In addition, there were over 47 million people living with dementia and more than 50 million people had epilepsy. More than 800 000 people committed suicide in 2012. The latest WHO estimates indicate that every year at least 3.3 million deaths are caused by alcohol use and at least 400 000 deaths by psychoactive drug use. Current evidence indicates that the following priority mental, neurological and substance use conditions make the largest contribution to overall morbidity in most developing countries: depression, disorders caused by use of alcohol and illicit drugs, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, and mental disorders in children. In addition, humanitarian emergencies and gender-based violence have an effect on mental health outcomes.

Addressing these health conditions requires concerted and coordinated action. Accordingly, WHO's comprehensive mental health action plan 2013–2020 is organized around six global targets to be attained by 2020, and includes actions for Member States, international partners and the Secretariat.

In the 2030 Agenda for Sustainable Development, target 3.4 commits governments to promoting mental health and well-being, and SDG target 3.5 to strengthening the prevention and treatment of substance abuse. The global strategy to reduce the harmful use of alcohol provides a set of policy options and interventions for Member States. In 2016, the special session of the United Nations General Assembly on the world drug problem adopted an outcome document with recommendations on public measures, which are being implemented within WHO's mandate and core functions in collaboration with partners.

Resolution WHA67.8 (2014) on the management of autism spectrum disorders calls for the Secretariat to provide support for the strengthening of national capacities to improve care and services for affected children and families. Resolution WHA68.20 (2015) on the global burden of epilepsy includes a set of evidence-based actions for implementation by Member States.

WHO's FOCUS IN 2018–2019

The Secretariat will support countries to: strengthen effective leadership, governance and policy development; provide comprehensive, integrated and responsive health and social services in community-based settings; carry out health promotion and implement prevention strategies, interventions and rehabilitation; and strengthen information systems, evidence and research, including information relevant to the indicators of the Sustainable Development Goals. In addition, in decision EB139(1) (2016), the Executive Board requested the Secretariat to develop a global action plan on a public health response to dementia.

Outcome 2.2. Increased access to services for mental health and substance use disorders

Outcome indicators	Baseline	Target
Percentage of persons with a severe mental disorder (psychosis, bipolar affective disorder, moderate-severe depression) who are using services	35% (2017)	40% (2019)
Suicide rate per year per 100 000 population (linked to Sustainable Development Goal indicator 3.4.2)	10.8 per 100 000 (2017)	10.5 per 100 000 (2019)

Output 2.2.1. Countries' capacity strengthened to develop and implement national policies, plans and information systems in line with the comprehensive mental health action plan 2013–2020 and other governing body resolutions and action plans

Output indicators	Baseline	Target
Number of countries with a national policy and/or plan for mental health that is in line with the comprehensive mental health action plan 2013–2020	116 (2017)	136 (2019)
Number of countries with a national policy/plan/strategy for dementia	29 (2017)	45 (2019)

Country office deliverables

- Work with partners to support the development and implementation of national mental health policies, laws and regulations and plans in line with regional and global mental health action plans and human rights standards.

- Work with partners to support the development and implementation of national policies, plans, or strategies in line with regional and global dementia action plans and human rights standards.

- Support the collection, analysis, dissemination and use of data on national magnitude, trends, consequences and risk factors for mental and neurological disorders; support countries in strengthening evidence and research to guide policy development and planning.

Regional office deliverables

- Provide guidance and support to countries in the region to develop and implement national mental health policies/strategies and legislation including through the use of guidance and tools developed at headquarters and regional levels.

- Coordinate regional activities and plans for implementing the comprehensive mental health action plan 2013–2020 and regional frameworks/plans.

- Provide guidance and support to countries in the region to develop and implement national policies/plans/strategies for dementia.

- Collect, analyse and report on regional data following a core set of global mental and neurological health indicators.

Headquarters deliverables

- Provide guidance and tools for the development of human rights-compliant mental health-related policies and laws, as well as tools for resource planning and stakeholder collaboration.

- Provide guidance on implementing a core set of indicators for monitoring the mental health situation in countries, and publish a biennial assessment of progress towards implementation of the comprehensive mental health action plan 2013–2020.

- Develop, maintain and regularly update the WHO MiNDbank online platform on national policies, strategies, laws and service standards in mental health and related areas, as well as relevant regional and international resolutions and human rights standards.

- Provide guidance and tools for developing policies/plans/strategies on dementia and implementing a core set of dementia indicators through a global dementia observatory.

Output 2.2.2. Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery

Output indicators	Baseline	Target
Number of countries with functioning programmes for intersectoral mental health promotion and prevention of mental disorders	115 (2017)	140 (2019)
Number of countries using the QualityRights capacity-building materials to train stakeholders in mental health and related fields	10 (2017)	40 (2019)
Number of countries using the mental health Gap Action Programme (mhGAP) for scaling up services	60 (2017)	90 (2019)

Country office deliverables

- Support the organization of community-based mental health services integrated within primary health care and working closely with social care services.

- Promote and support the implementation of guidelines and training for mental and neurological disorders covering quality of care, treatment, recovery, prevention and promotion.

Regional office deliverables

- Support countries in developing community-oriented, integrated models of mental health and neurological care services using guidance and tools developed at headquarters and regional levels.

- Compile and disseminate regional evidence on the effectiveness and cost–effectiveness of interventions for treatment, recovery, promotion and prevention of mental and neurological disorders.

- Guide and support countries in providing mental health and psychosocial support in complex emergencies.

Headquarters deliverables

- Develop and disseminate expanded guidance and tools for service organization and the development and provision of integrated and responsive health and social care in primary health care and community settings, including interventions for mental and neurological disorders and capacity-building in human rights and the recovery approach.

- Develop and disseminate guidance and tools for coordinating multisectoral strategies for promotion and prevention in the area of mental health, including suicide prevention.

- Establish a global dementia observatory and assist Member States in developing and implementing dementia strategies.

- Develop and disseminate guidance and other technical tools to strengthen services for the promotion of child development, and prevention and care for children with developmental disorders.

- Develop and disseminate guidance and technical tools to improve epilepsy management and care.

- Develop and disseminate guidance and technical tools on mental health interventions for populations affected by adversity such as humanitarian emergencies and gender-based violence.

Output 2.2.3. Countries have technical capacity and policy development strengthened for expanding country strategies, policies and systems to increase coverage and quality of prevention and treatment interventions for disorders caused by alcohol, psychoactive drugs and addictive behaviours

Output indicators	Baseline	Target
Number of countries with prevention and treatment policies, strategies, systems and interventions for psychoactive substance use and disorders caused by alcohol, drugs and addictive behaviours expanded and strengthened	80 (2017)	85 (2019)
Number of countries that have increased coverage of treatment interventions for substance use disorders	70/194 (2017)	80/194 (2019)

Country office deliverables

- Support countries in adapting and implementing WHO strategies, action plans, guidelines and other technical tools and activities for reducing the harmful use of alcohol and preventing and treating substance use disorders and related health conditions.

- Facilitate networks for exchanging experiences and practices and develop action plans in line with the global strategy to reduce the harmful use of alcohol.

Regional office deliverables

- Facilitate and support networks for exchanging experiences and practices, and develop and implement regional action plans in line with the global strategy to reduce the harmful use of alcohol.

- Coordinate the development and implementation of regional strategies and action plans aimed at increasing effective coverage and quality of prevention and treatment interventions for substance use disorders and related health conditions.

- Assist country offices in adapting and implementing WHO strategies, action plans, guidelines, standards and other technical tools for building local capacity in reducing the harmful use of alcohol and psychoactive drugs and increasing coverage and quality of prevention and treatment interventions for substance use disorders.

Headquarters deliverables

- Develop and disseminate guidelines, standards and other technical tools to strengthen policy and programme responses in support of implementation of the global strategy to reduce the harmful use of alcohol.

- Facilitate and strengthen the public health dimensions of drug policy dialogues and international efforts addressing the health sector response to the world drug problem, including dialogue and collaboration within the United Nations system, in particular with the United Nations Office on Drugs and Crime.

- Develop and disseminate guidelines, standards, treatment and research protocols, information products and other technical tools to strengthen prevention and treatment strategies and systems, i.e., increased coverage and quality of prevention and treatment interventions for disorders due to alcohol, psychoactive drug use and addictive behaviours, as well as related health conditions.

- Develop, maintain and regularly update the global information systems on psychoactive substance use and its impact -on population health and prevention and treatment policies, strategies and interventions for health conditions due to alcohol, drug use and addictive behaviours by collecting, generating, analysing and disseminating the information aligned with the relevant indicators in the 2030 Agenda for Sustainable Development.

2.3 VIOLENCE AND INJURIES

Each year, over 5 million people die as a result of violence and unintentional injuries. Road traffic crashes account for a quarter of these deaths. Suicide and homicide account for another quarter. For every person who dies as a result of violence, many more are affected by non-fatal violence. Globally, up to 1 billion children suffer physical, sexual and emotional violence each year. Non-fatal violence not only causes injuries but is also a major risk factor for mental health problems and behaviours such as smoking, unsafe sex, and alcohol and drug abuse, which in turn raise the risk of various diseases. Falls, drowning, burns and poisoning are also significant causes of death and disability.

Injuries are also a major contributor to inequities in health, and are unevenly distributed among rich and poor nations, and within countries. Inequities relating to gender, age and ethnicity are also evident and vary by causes of injury and settings. For example, twice as many men as women die from injuries each year. Gender inequality is both a cause and a consequence of violence against women and girls. Girls suffer child sexual abuse two to three times more often than boys. Women are more often victims of intimate partner violence: 38% of all female homicides globally are attributed to partners or ex-partners.

The 2030 Agenda for Sustainable Development includes ambitious targets to reduce road traffic deaths and injuries by 50% by 2020 (target 3.6), to end violence against women and children (target 5.2) and to significantly reduce all forms of violence and related deaths (target 16.1). In 2016, the Health Assembly

adopted a historic resolution[1] endorsing the WHO global plan of action to strengthen the role of the health system to address interpersonal violence, in particular against women and girls, and against children.

Interventions to reduce inequities and the global toll of violence and injuries require a focus on measures beyond the health sector, such as: parenting and caregiver support; early childhood development; education; housing and environmental safety; alcohol, drug and firearm policies and laws; sustainable and affordable transport; social protection systems; and economic inequality reduction policies. Interventions directed at changing individuals' behaviour are insufficient on their own.

Strengthening emergency care systems is critical to mitigating the impact of violence and injuries, and key to improving health equity. Better-organized emergency care systems – an essential component of universal health coverage – have been shown to save lives and improve functional outcomes among the injured.

WHO'S FOCUS IN 2018–2019

The Secretariat will continue to raise the profile of violence and unintentional injuries and the potential for prevention. It will focus on: strengthening the evidence base for effective policies, programmes and laws and supporting selected Member States to implement them; supporting sustainable improvements in the care of the injured through emergency and trauma care programmes and the WHO Global Alliance for Care of the Injured. The Secretariat will also strengthen activities set out in the Decade of Action for Road Safety (2011–2020) and in the global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women, girls and children, including through implementation of the WHO-led interagency technical package INSPIRE: seven strategies for ending violence against children, and participation in the Global Partnership to End Violence Against Children.

Outcome 2.3. Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence

Outcome indicators	Baseline	Target
Percentage of countries with comprehensive laws tackling the five key risk factors for road safety	15% (2010)	46% (2019)
Percentage of countries implementing six or more interpersonal violence prevention programmes	48% (2014)	63% (2019)

Output 2.3.1. Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the Decade of Action for Road Safety (2011–2020)

Output indicator	Baseline	Target
Number of countries with funded road safety strategies	119/194 (2010)	153/194 (2019)

Country office deliverables

- Coordinate strengthening of country capacity to develop national model programmes focusing on achieving the targets set under the Decade of Action for Road Safety (2011–2020).

- Convene policy dialogue at country level to promote multisectoral collaboration in developing and implementing policies and programmes on road safety.

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[1] Resolution WHA69.5.

Regional office deliverables

- Support development of country capacity and national model programmes towards achieving the targets of the Decade of Action for Road Safety (2011–2020), as monitored through the series of global status reports.

- Engage with Member States and other partners to develop, implement, monitor and evaluate regional strategies, action plans and trauma care, and lend support to the implementation of global strategies.

Headquarters deliverables

- Coordinate global initiatives on road safety, including the United Nations Road Safety Collaboration and the secretariat of the Decade of Action for Road Safety (2011–2020).

- Publish the fourth global status report on road safety as a tool for monitoring the Decade of Action for Road Safety (2011–2020) and the attainment of target 3.6 under Sustainable Development Goal 3.

- Formulate normative guidance and training materials on road safety to support country implementation of good practices towards attainment of Sustainable Development Goal 3, target 3.6.

Output 2.3.2. Countries and partners enabled to develop and implement programmes and plans to prevent unintentional deaths and injuries from burns, drowning and falls

Output indicator	Baseline	Target
Number of countries receiving an assessment of their child injury prevention policies	13/194 (2017)	28/194 (2019)

Country office deliverables

- Lead the strengthening of country capacity to develop national evidence-based programmes to prevent unintentional injuries.

- Support policy dialogue at country level to promote multisectoral collaboration to prevent unintentional injuries.

Regional office deliverables

- Support development of country capacity and exchange of experiences within the region for unintentional injury prevention.

- Engage with Member States and other partners to promote multisectoral policy responses to prevent unintentional injuries.

Headquarters deliverables

- Provide support and expertise where additional capacity is needed for the prevention of unintentional injuries.

- Provide leadership and technical guidance on policies for prevention of drowning, burns and other unintentional injuries.

Output 2.3.3. Development and implementation of policies and programmes to address violence against women, young people and children facilitated

Output indicator	Baseline	Target
Number of countries implementing at least half of the interpersonal violence prevention programmes surveyed by the global status report on violence prevention 2014	54/194 (2017)	74/194 (2019)

Country office deliverables

- Strengthen country capacity to develop and implement programmes that address violence against children, women and young people, and monitor their implementation.

Regional office deliverables

- Backstop countries in the provision of support for implementation and monitoring of the global plan of action to strengthen the role of health systems in addressing interpersonal violence and the WHO interagency package to prevent violence against children.

- Conduct regional and intercountry capacity-building efforts for policy and programme development and monitoring to prevent and respond to violence.

- Support countries to collect data for the second global status report on violence prevention, and to produce regional factsheets on violence prevention.

Headquarters deliverables

- Support implementation and monitoring of the WHO global plan of action that strengthens the role of the health system in addressing interpersonal violence and the WHO interagency technical package to prevent violence against children.

- Publish the second global status report on violence prevention, and formulate normative guidance and training materials on violence prevention and victim services.

- Convene partners of the Violence Prevention Alliance and strengthen activities undertaken by the Alliance, co-lead the Global Partnership to End Violence Against Children.

Output 2.3.4. Improved pre-hospital and facility-based emergency care systems to address injury

Output indicator	Baseline	Target
Number of countries performing a standardized national emergency care system assessment to identify gaps and set priority actions for system development (using WHO's Emergency Care Systems Assessment tool, or similar)	10/194 (2017)	20/194 (2019)

Country office deliverables

- Support the implementation of initiatives to improve emergency care for the injured.

Regional office deliverables

- Support regional improvements in the provision of emergency care for the injured that follow WHO technical guidance.

Headquarters deliverables

- Lead the development of frameworks and tools for quality and safety improvements in emergency care for injury, and coordinate the Global Alliance for Care of the Injured.

2.4 DISABILITIES AND REHABILITATION

More than a billion people in the world experience disability, that is, about one person in seven.[1] The number is expected to increase given that people are living longer and increasingly experience noncommunicable diseases and other chronic health conditions, including mental disorders and the consequences of injuries. Women, older people and poor people are more likely to experience disability. A lack of attention to their needs means that they are confronted by numerous barriers, including stigmatization and discrimination, lack of adequate health care and rehabilitation services, and restricted access to transport, buildings and information. People with disability face barriers in access to health services, and have worse health outcomes than people without disability.

Improving understanding of the depth of the problem – through better measurements – is tackled within the 2030 Agenda for Sustainable Development under target 4.5, which addresses unemployment rates for persons with disabilities, and target 10.2, which aims to empower and promote the social, economic and political inclusion of all.

Significantly, 285 million people across the world are visually impaired and 360 million people live with disabling hearing loss. Yet 80% of visual impairment and most hearing loss can be avoided through preventive and curative strategies.

WHO'S FOCUS IN 2018–2019

In the biennium 2018–2019, the Secretariat will work with governments and partners to prevent visual impairment and hearing loss. Particular attention will be paid to supporting the development of national eye and hearing health policies, plans and programmes, and to strengthening service delivery as part of wider health system strengthening. The Secretariat will also work with governments and partners to: remove barriers to access health services and programmes for all persons with disability; strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation; and strengthen the collection of relevant data and support research on disability.

Outcome 2.4. Increased access to comprehensive eye care, hearing care and rehabilitation services

Outcome indicators	Baseline	Target
Number of countries strengthening rehabilitation policies and services in collaboration with WHO	41/194 (2017)	58/194 (2019)
Number of countries reporting implementation of services for eye and hearing care in collaboration with WHO	6/194 (2017)	18/194 (2019)

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[1] World report on disability 2011. Geneva: World Health Organization; 2011 (http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1, accessed 17 March 2017).

Output 2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities

Output indicator	Baseline	Target
Number of countries collecting comprehensive data on disability using the Model Disability Survey	4/194 (2017)	15/194 (2019)

Country office deliverables

- Support countries in developing and implementing disability-inclusive health system strengthening, with a focus on improving access to services under universal health coverage and removing barriers for persons with disabilities.

- Support countries in strengthening national policy, planning and coordination mechanisms for rehabilitation, assistive technology and community-based rehabilitation.

- Support countries in the collection, analysis, dissemination and use of national data on disability for policy, programming and monitoring.

Regional office deliverables

- Assist country offices to provide technical expertise in countries to support disability-inclusive health system strengthening with a focus on improving access to services under universal health coverage and removing barriers.

- Assist country offices to provide technical expertise to support national policy, planning and coordination mechanisms for rehabilitation, habilitation, support services, assistive technology and community-based rehabilitation.

- Assist country offices where additional technical expertise is needed in the collection, analysis, dissemination and use of national disability data for policy, programming and monitoring.

Headquarters deliverables

- Provide policy and technical guidance for disability-inclusive health system strengthening, with a focus on improving access to services under universal health coverage and on removing barriers.

- Provide policy and technical guidance for national policy, planning and coordination mechanisms for rehabilitation, habilitation, assistive technology, assistance and support services and community-based rehabilitation.

- Provide policy and technical guidance for the collection, analysis, dissemination and use of national disability data for policy, programming and monitoring.

Output 2.4.2. Countries enabled to strengthen comprehensive eye care services in the framework of health systems

Output indicator	Baseline	Target
Number of countries with a documented assessment of comprehensive eye care service delivery	25/194 (2017)	40/194 (2019)

Country office deliverables

- Support countries in including comprehensive eye care services in national health plans, programmes and projects.

- Support countries in collecting information on eye care-specific indicators with WHO tools or health information systems.

Regional office deliverables

- Provide back-up technical expertise to secure inclusion of comprehensive eye care services in regional and national health programmes and plans.

- Provide back-up technical expertise to country offices and Member States to collect information on eye health service indicators with WHO tools or health information systems.

Headquarters deliverables

- Provide policy, strategic and technical guidance to assess, develop, implement and monitor national comprehensive eye care service plans and programmes, integrated where possible in general health services.

- Provide tools and technical guidance for the collection of eye care-specific indicators for policy, programming, financing and monitoring.

- Produce a global report on eye care.

Output 2.4.3. Countries enabled to strengthen prevention and management of ear diseases and hearing loss in the framework of health systems

Output indicator	Baseline	Target
Number of countries implementing ear and hearing care strategies in collaboration with WHO	12/194 (2017)	22/194 (2019)

Country office deliverables

- Support countries in developing, implementing and monitoring national ear and hearing care plans, including integration in other health services.

- Support countries in collecting information on ear health-specific indicators with national health information systems.

Regional office deliverables

- Provide back-up technical expertise in countries to support the development, implementation and monitoring of national ear and hearing care plans, including integration in other health services.

- Provide back-up technical expertise in countries to collect information on ear and hearing care-specific indicators with national health information systems.

Headquarters deliverables

- Provide back-up technical expertise in countries to collect information on ear and hearing care-specific indicators with national health information systems.

- Provide policy and technical guidance for the collection of ear and hearing care indicators for policy, programming and monitoring.

- Participate in and lead global partnerships to promote ear and hearing care services.

2.5 NUTRITION

In 2015, an estimated 50 million people had low weight for their height and 156 million people had stunted growth. In addition, 42 million preschool children in developing and developed countries were overweight. In 2011, anaemia affected 29% of women of reproductive age (496 million) and 43% of children under 5 years of age (273 million). Every year, an estimated 13 million children are born with intrauterine growth retardation.

Low socioeconomic groups are worst affected by different forms of malnutrition, have lower prevalence of adequate breastfeeding[1] and are less likely to have healthy diets. Supporting the most vulnerable groups achieve a healthy diet is an ethical imperative. This will require work to close gaps in the food system.[2]

The WHO comprehensive implementation plan on maternal, infant and young child nutrition aims to alleviate the double burden of malnutrition in children starting from the earliest stages of development. The plan is organized around six global targets to be attained by 2025 and includes actions for Member States, international partners and the Secretariat. The United Nations General Assembly has declared 2016–2025 to be the United Nations Decade of Action on Nutrition, asking FAO and WHO to take the lead.[3]

The Second International Conference on Nutrition, jointly convened by FAO and WHO in 2014, led to a commitment to take urgent corrective action to ensure that the provision of healthy diets throughout the life-course becomes the main goal of policies and programmes shaping the production, distribution and consumption of food.[4] The 2030 Agenda for Sustainable Development recognizes these approaches and includes commitments to ensure access by all people to safe, nutritious and sufficient food all year round (Sustainable Development Goal target 2.1), end all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons (target 2.2).

WHO's FOCUS IN 2018–2019

In the biennium 2018–2019, the Secretariat will work on further developing guidance on promoting healthy diets, implementing effective nutrition actions, and monitoring progress towards achievement of global nutrition targets. It will also support the strengthening of national capacities to allow countries to: create a supportive environment for implementation of comprehensive food and nutrition policies; include all health interventions with an impact on nutrition in national nutrition plans; stimulate relevant development policies and programmes; provide sufficient human and financial resources for the implementation of nutrition interventions; and monitor and evaluate the implementation of policies and programmes.

The Secretariat will work towards collating commitments under the Decade of Action on Nutrition and will produce reports on the status of their implementation. The Secretariat is working on a revision of the vision, mission and action model of WHO in nutrition in order to address the multiple challenges of malnutrition.

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[1] Social determinants of health – Nutrition fact sheet (https://www.health.qld.gov.au/__data/assets/pdf_file/0028/423478/20403.pdf, accessed 17 March 2017).

[2] Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, endorsed by the Regional Committee for Europe in resolution EUR/RC63/R4 (http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2013/vienna-declaration-on-nutrition-and-noncommunicable-diseases-in-the-context-of-health-2020, accessed 17 March 2017).

[3] United Nations General Assembly resolution 70/259.

[4] Food and Agriculture Organization of the United Nations and World Health Organization, documents ICN2 2014/2 and ICN2 2014/3.

Outcome 2.5. Reduced nutritional risk for improved health and well-being

Outcome indicators	Baseline	Target
Number of stunted children below 5 years of age (linked with indicator 2.2.1 under the Sustainable Development Goals)	165 million (2011)	102 million (2025)
Proportion of women of reproductive age (15–49 years) with anaemia	30% (2015)	15% (2025)

Output 2.5.1. Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals

Output indicator	Baseline	Target
Number of countries implementing national action plans consistent with the comprehensive implementation plan on maternal, infant and young child nutrition	74/194 (2017)	84/194 (2019)

Country office deliverables

- Support countries to set national nutrition targets and develop or strengthen national policies, strategies and action plans aligned with the comprehensive implementation plan on maternal, infant and young child nutrition, the Second International Conference on Nutrition Framework for Action, and the nutrition component of the Sustainable Development Goals that are consistent with WHO regional nutrition strategies.

- Advocate for nutrition, mobilize country commitments under the Decade of Action on Nutrition, support the establishment of partnerships and coordination mechanisms on nutrition and synergies between nutrition and other programmes[1] in order to promote healthy diets and achieve national nutrition targets for food and nutrition security.

- Support countries to establish and manage integrated systems for monitoring and evaluating nutrition outcomes and nutrition policy implementation, and to evaluate effectiveness of action plans for national and international accountability.

Regional office deliverables

- Develop, implement and evaluate, as appropriate, regional action plans aligned with the comprehensive implementation plan on maternal, infant and young child nutrition, the Second International Conference on Nutrition Framework for Action and the nutrition-related Sustainable Development Goals.

- Catalyse partnerships by linking with stakeholders, including non-health sectors, and mobilize commitments under the Decade of Action on Nutrition, in order to promote interagency and multisectoral action and coordination for ensuring healthy diets and food and nutrition security at regional level.

- Develop and strengthen regional information systems on nutrition outcomes and nutrition policy implementation.

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[1] Communicable and noncommunicable diseases, maternal and child health, health and the environment, and health systems strengthening.

- Provide technical support for establishing national targets, developing and monitoring national action plans and advocating for the promotion of healthy diets and food and nutrition security.

Headquarters deliverables

- Contribute to executing the Decade of Action on Nutrition by mobilizing commitments under the 2030 Agenda for Sustainable Development, implementing the Second International Conference on Nutrition Framework for Action, and facilitating global dialogue among United Nations entities and other stakeholders.

- Provide technical support to regional and country offices and design tools to help countries strengthen, develop, and monitor national nutritional plans and policies aligned with the comprehensive implementation plan on maternal, infant and young child nutrition, the Second International Conference on Nutrition Framework for Action and the nutrition components of the Sustainable Development Goals.

- Publish global reports on the progress made towards achieving global nutrition targets, the Second International Conference on Nutrition Framework for Action outcomes, and the nutrition components of the Sustainable Development Goals.

Output 2.5.2. Norms, standards and policy options for promoting population dietary goals and the global nutrition targets 2025 and nutrition-related Sustainable Development Goals developed, adopted and integrated into current national health and development plans

Output indicator	Baseline	Target
Number of countries adopting WHO guidelines and recommended policies for addressing malnutrition in all its forms	70 (2017)	80 (2019)

Country office deliverables

- Support the establishment and updating of national guidelines and recommendations on healthy diets, and legislation, regulations and programmes on nutrition by adapting global standards and guidelines.

- Support the implementation of effective nutrition interventions in the health sector, the food system and other related sectors by addressing all forms of malnutrition in stable and emergency situations.

- Strengthen human resource capacity for effective health and nutrition programmes by integrating nutrition actions for women, adolescents, children and the ageing population.

Regional office deliverables

- Provide support to countries to adopt global and regional guidance and translate it into effective interventions in the health sector, the food system and other related sectors, in order to promote healthy diets and food and nutrition security, and to address all forms of malnutrition in stable and emergency situations.

- Strengthen country capacities to develop legislation and regulations on food labelling, food marketing, and food reformulation and fortification, and on management of conflicts of interest.

- Introduce innovative approaches for delivering effective nutrition actions.

Headquarters deliverables

- Develop and update population dietary goals, guidelines and standards for effective nutrition actions for prevention and management of all forms of malnutrition in stable and emergency situations.

- Provide technical guidance and scientific advice on nutrition and food labelling to support the work of the Codex Alimentarius.

- Develop evidence-informed effective policy options and strategies to address malnutrition in all its forms and the nutrition components of the Sustainable Development Goals, including through effective evidence-informed nutrition actions and promoting healthy diets.

2.6 FOOD SAFETY

Unsafe food causes acute and lifelong diseases, ranging from diarrhoeal diseases to various forms of cancer, and is the origin of a significant global disease burden, as demonstrated by the WHO global estimates of foodborne disease burden, published in 2015: 31 selected foodborne hazards cause 600 million episodes of illness each year, affecting one in 10 people, and causing 420 000 deaths, of which one third occur in children under 5 years of age.[1]

Access to safe, sufficient and nutritious food is the right of every individual.[2] A safe food supply also supports a country's economy, trade and tourism and stimulates sustainable development. The 2030 Agenda for Sustainable Development includes a vision of sufficient, safe, affordable and nutritious food. This is reflected in target 2.1 which, inter alia, commits the world to ensuring access for all people to safe food.

The principles governing the detection, assessment, prevention and management of health risks and disease events apply equally to food safety. A key aspect in preventing foodborne diseases is the establishment of internationally harmonized recommendations and standards, based on sound risk assessment. Similarly, preparedness depends on evidence-based risk management options to control major hazards throughout the food chain. WHO's support for capacity building will be guided by countries' needs assessments. More emphasis will be placed on multisectoral collaboration.

WHO'S FOCUS IN 2018–2019

In the biennium 2018–2019, the Secretariat will continue to promote international norms, standards and recommendations through the Codex Alimentarius Commission, and to serve as a secretariat for the International Food Safety Authorities Network. The work in this programme area contributes to strengthening countries' preparedness capacity for such outbreaks and convening international expert meetings to perform risk assessments on priority food hazards. The Secretariat will provide technical support to countries for building risk-based food safety systems, lead advocacy and health education efforts in food safety, and act as secretariat for the FAO/OIE/WHO tripartite collaboration with the agriculture, animal and human health sectors, including the food safety aspects of antimicrobial resistance.

Outcome 2.6. All countries are adequately prepared to prevent and mitigate risks to food safety

Outcome indicator	Baseline	Target
Number of countries that have adequate mechanisms in place for preventing or mitigating risks to food safety	123/194 (2017)	129/194 (2019)

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[1] WHO estimates of the global burden of foodborne diseases. Geneva: World Health Organization; 2015 (http://www.who.int/mediacentre/news/releases/2015/foodborne-disease-estimates/en/ (accessed 20 March 2017).

[2] See the Conference Outcome Document of the Rome Declaration on Nutrition (the Second International Conference on Nutrition), available at http://www.fao.org/3/a-ml542e.pdf (accessed 17 March 2017).

Output 2.6.1. Countries enabled to control the risk and reduce the burden of foodborne diseases

Output indicator	Baseline	Target
Number of countries that have a food safety system with an appropriate legal framework and enforcement structure	149/194 (2017)	155/194 (2019)

Country office deliverables

- Facilitate multisectoral collaboration between the public health, animal health, agriculture and environment sectors.

- Support countries in strengthening the management and communication of foodborne and zoonotic risks along the farm-to-table continuum, including multisectoral actions to contain antimicrobial resistance such as integrated surveillance and the implementation of Codex standards and related texts relevant to public health.

Regional office deliverables

- Guide a strategic approach to promoting food safety in regions, with the involvement of regional Codex Alimentarius Coordinating Committees.

- Coordinate regional collaboration between the public health, animal health, agriculture and environment sectors in strengthening competent authorities in order to deal with food safety risks, including antimicrobial resistance.

- Support Member States in advocating for and building capacity in food safety risk management at the animal–human interface, including antimicrobial resistance and in times of emergency.

Headquarters deliverables

- Provide support to regional and country offices on supporting the administration of the Codex Trust Fund in eligible countries.

- Promote collaboration between the public health, animal health, agriculture and environment sectors in order to deal with food-related zoonotic diseases and the food safety aspects of antimicrobial resistance.

- Develop risk communication tools and key health promotion messages for foodborne public health risks.

- Improve country capacity to deal with food safety events in line with the International Health Regulations (2005) through the International Food Safety Authorities Network.

- Provide support for building country capacity to establish risk-based food safety systems and to analyse and interpret data, and put in place control measures related to specific hazards along the food chain, including antimicrobial resistance.

Output 2.6.2. International standards set and a global information exchange platform as well as multisectoral collaboration in place for effectively managing foodborne risks

Output indicator	Baseline	Target
Number of countries with a mechanism for multisectoral collaboration on reducing foodborne public health risks	152/194 (2017)	158/194 (2019)

Country office deliverables

- Facilitate and support the work of the Codex Alimentarius Commission at the national level, including through the Codex Trust Fund.

- Facilitate the participation of national contact points in the International Food Safety Authorities Network.

Regional office deliverables

- Facilitate and support the work of the Codex Alimentarius Commission at the regional level, including through the Codex Trust Fund.

- Develop and implement regional approaches for enhancing and strengthening the International Food Safety Authorities Network.

- Facilitate the systematic collection, analysis and interpretation of regional data to support risk management activities, including standard-setting and policy decision-making.

Headquarters deliverables

- Develop and formulate international norms, standards and recommendations through the Codex Alimentarius Commission.

- Provide the secretariat to the International Food Safety Authorities Network in order to ensure a rapid international response to food safety emergencies and outbreaks of foodborne diseases.

- Develop and update global guidance for the management of foodborne health risks at the human–animal-ecosystems interface and throughout the food chain, including on the use of Whole Genome Sequencing, integrated surveillance of antimicrobial resistance and related protocols and tools, as well as the list of critically important antimicrobials for human medicine and accompanying guidelines.

- Act as secretariat for FAO/OIE/WHO tripartite collaboration and cooperation with other international partners in order to promote coordination among the public health, animal health, agriculture and environment sectors, including for cross-sectoral monitoring and risk assessment of emerging food-related zoonotic diseases and the food safety and food security aspects of antimicrobial resistance.

Output 2.6.3. Scientific advice in food safety to support the work of the Codex Alimentarius Commission and Member States to develop food safety standards, guidelines and recommendations

Output indicator	Baseline	Target
Percentage of high-priority requests from the Codex Alimentarius Commission for scientific advice addressed	80% (2017)	90% (2019)

Country office deliverables

- Support countries to contribute data and experts to risk assessment activities.

- Support countries to interpret and use the outcomes of risk assessment activities.

Regional office deliverables

- Support countries in the region to contribute data and experts to risk assessment activities.

- Facilitate systematic collection, analysis and interpretation of regional data to support risk assessment activities.

- • Facilitate dissemination of the outcomes of risk assessment activities.

Headquarters deliverables

- • Provide scientific advice to Member States and to the Codex Alimentarius Commission by performing risk assessments, convening international expert meetings and collecting and monitoring data with respect to priority food hazards, including those associated with antimicrobials.

LINKAGES WITH THE SUSTAINABLE DEVELOPMENT GOALS

Many of the diseases, disorders and issues covered in category 2 are affected by, and in turn affect, economic, social and economic determinants that are interrelated with several Sustainable Development Goals. WHO's achievements this category will make strong contributions to the achievement not only of Goal 3 (Ensure healthy lives and promote well-being for all at all ages), but will also contribute, directly or indirectly, to the achievement of Goals 1, 2, 3, 4, 5, 8, 10, 11, 12 ,16 and 17.

Synergies and collaboration

Opportunities for synergy with other sectors and other technical categories are plentiful, as well as with the WHO Health Emergencies Programme. Communicable diseases, including vaccine-preventable diseases, are a major cause of some cancers and hearing loss, and there are strong linkages between tuberculosis, HIV/AIDS, mental health, substance abuse and noncommunicable and foodborne diseases. Unhealthy environments and behaviours in all stages of life affect all the priority areas in this category.

Responding to the social determinants of health and reducing poverty are critical for many programme areas. There are also some broad technical approaches, such as the WHO–ITU partnership mHealth, through which a mobile health programme for diabetes was used to send out Ebola prevention text messages at the peak of the Ebola crisis in 2014.

Health systems based on primary care that support universal health coverage, which is also a critical target within the Sustainable Development Goals, are important in preventing and controlling many conditions covered in this category, including the major noncommunicable diseases and their risk factors. The global joint programme on cervical cancer brings together seven organizations of the United Nations system to provide integrated technical support to countries. There will be close collaboration on health system information and evidence to improve WHO's cardiovascular and cancer estimates, as well as those for injury- and violence-related mortality and disability.

The prevention, preparedness, early detection and response to food-related emergencies calls for continued collaboration with initiatives related to the International Health Regulations (2005) and their implementation, which is led by the WHO Health Emergencies Programme.

WHO is collaborating with several United Nations agencies, the World Bank and other intergovernmental organizations in various areas. Efforts to tackle public health risks at the animal–human–ecosystem interface, including antimicrobial resistance and zoonoses, are driven by the tripartite WHO, FAO and OIE "One Health" initiative. The Organization will scale up other interagency work, including with the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases and the United Nations Road Safety Collaboration, and as co-chair the Global Partnership to End Violence Against Children (Goal 5). WHO is also an active member of the Scaling Up Nutrition movement (Goal 2).

The Organization is working with Bloomberg Philanthropies to support Member States in reducing tobacco use among their populations, with an increased focus on tobacco taxation work, as well as on addressing road safety and drowning. It works with the Bill & Melinda Gates Foundation in the area of tobacco use and nutrition, with the United Nations Office on Drugs and Crime on drug use and treatment, and with the United States

Centers for Disease Control on improving cardiovascular risk identification and management in primary health care for drug use disorders.

Linkages to other conditions in the noncommunicable and foodborne diseases category include: reducing obesity through transport policies that promote physical activity and which also limit exposure to motorized traffic (Goal 11); reducing the harmful use of alcohol through appropriate policies (Goal target 3.5); and devising programmes to tackle child maltreatment (Goal 5), which can have an impact on mental illness and noncommunicable and foodborne diseases throughout the life-course.

CATEGORY 3 – PROMOTING HEALTH THROUGH THE LIFE COURSE

Promoting health through the life-course – including equity, social, economic and environmental determinants, gender equality and human rights

Category 3 brings together evidence-based strategies to improve health through the life-course – from preconception, pregnancy and childbirth to infancy, childhood, adolescence, adulthood and older age, as well as across generations. It promotes health and health equity as critical outcomes of all policies, taking into account social, economic and environmental determinants, and principles of equity, gender equality and human rights. The mandate of category 3 includes providing leadership and technical guidance on these cross-cutting areas both for the Secretariat's work and in support of the work of Member States, including in the implementation and monitoring of progress towards the Sustainable Development Goals related to this category in respect of which the Organization plays a custodial role.

WHO'S FOCUS IN 2018–2019

Work under category 3 will focus on key health issues at critical life stages (for example, pregnancy and childbirth, early childhood development, adolescent health, gender-based violence, women's health beyond reproduction, and healthy ageing). With respect to the Sustainable Development Goals, this category will emphasize the interrelationship between healthy people, prosperity and sustainable development. Several programme areas will strengthen those cross-sectoral collaborations with the greatest potential to improve the environmental and social determinants of health, including social and economic inequities, education, housing, clean air, affordable and clean energy, water and sanitation, chemicals and health, especially in relation to unintentional poisoning and climate change. The Secretariat will provide packages of evidence-based interventions and guidelines to support Member States, monitor and report trends and progress towards the targets for the Sustainable Development Goals (in particular for those indicators in respect of which the activities undertaken under category 3 serve a custodial function). Promoting equity, gender equality and human rights, universality, and social inclusion also will be guiding priorities for the biennium and beyond.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
3.1 Reproductive, maternal, newborn and child health	74.9	19.9	17.2	7.4	19.8	12.5	59.6	**211.3**
3.2 Ageing and health	1.7	1.5	0.6	1.5	0.9	1.4	7.3	**14.9**
3.5 Health and the environment	15.7	7.6	8.9	21.5	5.5	10.7	37.7	**107.6**
3.6 Equity, social determinants, gender equality and human rights*	13.0	7.3	2.9	9.3	4.1	3.4	10.5	**50.5**
Category 3 total	105.3	36.3	29.6	39.7	30.3	28.0	115.1	384.3

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Research in human reproduction	-	-	-	-	-	-	68.4	68.4
Research in human reproduction total	-	-	-	-	-	-	-	**68.4**

* 3.6 – A new programme area that merges gender, equity and human rights (3.3) and social determinants of health (3.4), including their budgets.

3.1 REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Considerable progress has been made in reducing maternal and child mortality in recent years. Between 1990 and 2015, maternal and child mortality was almost halved, with the greatest reductions occurring in the second half of that period. But each day over 800 women still die from pregnancy- or childbirth-related events. Each year, 5.9 million children die before their fifth birthday with about 45% of those children dying during the first four weeks of life. Unmet sexual and reproductive health needs also take a high toll. The unmet need of an estimated 222 million women for contraception, if met, would prevent 118 000 maternal deaths. Moreover, 47 000 girls and women die each year from complications resulting from unsafe abortion, representing 13% of all maternal deaths. Every year, 358 million new cases of four curable sexually transmitted infections occur, leading to easily preventable mortality and morbidity.

Most maternal and child deaths occur in low- and middle-income countries. Effective interventions exist for improving sexual and reproductive, maternal, newborn and child health and preventing those deaths. The challenges are to implement and expand those interventions, making them accessible to all who need them before and during pregnancy, childbirth and the early years of life, and to ensure the quality of care.

Aligned to the Sustainable Development Goals, the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) shapes an ambitious agenda and challenges for the programme area. The new Global Strategy is about surviving, thriving and transforming. The inclusion of adolescents in the Global Strategy and its focus on health and development, multisectoral action, gender, equity and rights, and humanitarian and fragile settings, among others, pose new challenges for all stakeholders and partners in translating the targets and objectives into action at country level.

Implementing the Global Strategy, with increased financing, would yield tremendous returns by 2030:

- an end to preventable maternal, newborn, child and adolescent deaths and stillbirths;
- at least a 10-fold return on investments through better educational attainments, workforce participation and social contributions;
- at least US$ 100 billion in demographic dividends from investments in family planning, early childhood and adolescent health and development; and
- a "grand convergence" in health, giving all women, children and adolescents an equal chance to survive and thrive.

This programme area also covers the work related to research on human reproduction and on maternal, newborn and adolescent health. Implementation research, carried out with national and international partners, will support the strengthening of effective and efficient national programmes. Research capacity strengthening will continue, primarily in low- and middle-income countries. In implementing this portfolio, WHO will continue to ensure that all research considers gender and rights perspectives, and is of the highest ethical and technical standards.

Special Programme of Research, Development and Research Training in Human Reproduction, cosponsored by UNDP, UNFPA, UNICEF, WHO and the World Bank

The Special Programme is the main instrument within the United Nations system for promoting research in sexual and reproductive health and rights, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research. The Special Programme supports and coordinates research on a global scale, supports implementation research in countries, synthesizes research through systematic reviews of literature, builds research capacity in low-income countries and develops dissemination tools to make efficient use of ever-increasing research information. The Special Programme was established by WHO in 1972, and a governance structure based on cosponsorship was established by the Health Assembly in 1988, under resolution WHA41.9.

Thematic areas covered by the Special Programme include contraception and family planning, maternal and perinatal health, preventing unsafe abortion, sexually transmitted infections, reproductive tract cancers, linkages between sexual and reproductive health and HIV, infertility, adolescent sexual and reproductive health, female genital mutilation, digital health innovations, measuring and monitoring of sexual and reproductive health indicators, and sexual and reproductive health in emergency and humanitarian settings. Analyses of the social determinants of sexual and reproductive health underpin all of HRP's research. The Special Programme operates within a broad framework of intergovernmental and interagency cooperation and participation, thus ensuring that its research programme is complementary with the work and supportive of the objectives of each of its United Nations cosponsors, including WHO.

Maternal, newborn, child and adolescent health research

WHO coordinates several multicountry trials, including work on pneumonia and diarrhoea prevention and treatment, prevention and treatment of newborn sepsis, maternal immunization, implementation science programmes, birth cohort studies at 11 country sites, reviews of community mobilization priorities, research gaps and reporting standards, a multicountry trial of antenatal corticosteroids in district hospitals, and a wide variety of implementation science projects working with country partners. Further work on rights and care for mothers and children in humanitarian settings, on quality of care and on adolescent health programmes is planned.

WHO's FOCUS IN 2018–2019

WHO will work to provide the required technical support for implementation of the Global Strategy for Women's, Children's and Adolescents' Health. The support includes research, development of guidelines and standards, support for strategic planning, implementation and monitoring and evaluation.

Under the umbrella of the Global Strategy for Women's, Children's and Adolescents' Health, the following areas of work will require specific attention:

- Quality of care: While the rate of skilled birth attendance has increased in many high-burden countries due to focused advocacy and investment, many women and their babies still die, or suffer from lifelong disabilities, even after reaching a health facility, due to poor care practices. Improving quality of care and patient safety is therefore critical to ending preventable maternal and newborn death and achieving the Sustainable Development Goals by 2030; improving community voices in defining quality of care will also contribute to the "transform" objectives and targets under the Global Strategy.

- Adolescent health: The Sustainable Development Goals, which seek to achieve global economic, social, and environmental sustainable development by 2030, will not be realized without investment in adolescent health and well-being. Through implementation guidance on accelerated action for the health of adolescents (AA-HA!), WHO will support planning, implementation and monitoring and evaluation of interventions that are most effective, appropriate and acceptable, and which are tailored to specific country needs and contexts.

- Continuing support to the scaling up of effective interventions for ending preventable maternal, newborn and child mortality, with a focus on the most vulnerable and hardest to reach, leaving no one behind.

Implementation of the WHO global health sector strategy on sexually transmitted infections (2016–2021) will require substantial attention, through preventing and treating infection and managing adverse outcomes. In particular, efforts to prevent and treat human papillomavirus will contribute significantly to reducing the more than 260 000 deaths from cervical cancer each year. Moreover, eliminating maternal syphilis will prevent 143 000 early fetal deaths and stillbirths, 62 000 neonatal deaths, 44 000 preterm or low weight births, and 102 000 infants from becoming infected worldwide.

The global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children has been initiated,

following endorsement by the Health Assembly in resolution WHA69.5(2016), through implementation of four strategic priorities: health system leadership and governance; health service delivery and health providers' capacity to respond; programming to prevent violence against women and girls; and information collection and evidence.

In 2018–2019, the Special Programme of Research, Development and Research Training in Human Reproduction will evaluate new technologies and approaches to ensuring sexual and reproductive health, assess the safety, efficacy and utilization of existing technologies, and support country-based implementation research and capacity strengthening.

Outcome 3.1. Increased access to interventions for improving health of women, newborns, children and adolescents

Outcome indicators	Baseline	Target
Contraceptive prevalence rate (world, any modern method)	57% (2015)	68% (2019)
Number of targeted countries that have reduced the wealth quintile gap for satisfaction of demand for modern contraception by at least 10%	Not applicable	25/75 (2019)
Skilled attendant at birth (percentage of live births attended by skilled health personnel)	75% (2015)	85% (2019)
Number of targeted countries that have reduced the wealth quintile gap for skilled attendant at birth by at least 10% during the biennium	Not applicable	25/75 (2019)
Postnatal care for mothers and babies (proportion of women and proportion of newborns who have postpartum contact with a health care provider within 2 days of childbirth)	60% (2015)	70% (2019)
Exclusive breastfeeding for 6 months (percentage of infants aged 0–5 months who are exclusively breastfed)	40% (2015)	50% (2019)
Proportion of children with suspected pneumonia taken to an appropriate health care provider	63% (2016)	70% (2019)
Adolescent birth rate (per 1000 girls aged 15–19 years)	45 per 1000 (2015)	40 per 1000 (2019)
Proportion of ever-married or -partnered women aged 15–49 years who have experienced violence from a male intimate partner in the past 12 months (Sustainable Development Goal indicator 5.2.1)	30% (2013)	25% (2019)
Proportion of children under 5 years of age whose births have been registered with a civil authority (Sustainable Development Goal indicator 16.9.1)	72% (2014) (UNICEF Global database)	80% (2019)
Number of countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education (Sustainable Development Goal indicator 5.6.2)	115/194 (2015)	150/194 (2019)

Output 3.1.1. Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths), with a particular focus on the 24-hour period around childbirth

Output indicators	Baseline	Target
Number of countries that are aligning plans with the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) with inclusion of Thrive and Transform targets	0 (2015)	100/194 (2019)
Number of targeted countries that have plans with intermediate targets for ending preventable maternal deaths, stillbirths and neonatal deaths by 2030	0 (2015)	54/54 (2019)

Country office deliverables

- Adapt and implement global guidelines and conduct policy dialogue among partners at country level on the overall strategy and plans for addressing health system bottlenecks and expanding access to, and improving quality of, interventions to end preventable maternal and newborn deaths and reduce birth defects.

- Support capacity-building for improving health information on maternal and perinatal health, as well as for maternal and perinatal death surveillance and response.

- Strengthen national capacity for collection, analysis, dissemination and use of data on maternal and newborn health, and institute regular programme reviews, including documentation of best practices, in order to improve access to, and quality of, interventions.

- Work with partners, including the other agencies of the Global Health Partnership H6 and the Global Fund to Fight AIDS, Tuberculosis and Malaria, towards creating synergies between different programmes and health system areas, and mobilize resources for ending preventable maternal and newborn deaths and preventing mother-to-child transmission of HIV.

Regional office deliverables

- Provide a platform for advocacy and sharing of policy options, experiences and best practices, and support policies and strategies to end preventable maternal and perinatal death and reduce birth defects by increasing access to high-quality interventions from pre-pregnancy to postpartum, especially during the 24-hour period around childbirth.

- Adapt clinical and monitoring guidelines, including on maternal and perinatal death surveillance and response, as well as perinatal death reviews at regional level, and provide support for their implementation in countries.

- Support countries in engaging with partners, including other agencies of the Global Health Partnership H6 and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to create synergies between different programme areas for ending preventable maternal and newborn deaths.

- Support countries to adopt, implement and monitor policies, strategies and guidelines for ending preventable maternal and perinatal deaths and improving the quality, equity and dignity of care.

Headquarters deliverables

- Develop and update strategies, policies and technical guidance on expanding access to, and improving the quality of, effective interventions from pre-pregnancy to the postpartum period in order to end preventable maternal and perinatal death.

- Strengthen collaborative work with partners, including other agencies of the Global Health Partnership H6, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility and the Partnership for Maternal, Newborn and Child Health.

- Strengthen measurement and monitoring of maternal and perinatal mortality, including providing global estimates, developing/updating guidelines on maternal/perinatal death surveillance and response and "near-miss" reviews, as well as measurements of the quality of maternal and newborn care; establish clear indicators and publish global reports.

Output 3.1.2. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health

Output indicators	Baseline	Target
Number of Family Planning 2020 countries implementing WHO strategies and interventions to cover unmet needs in family planning	15/69 (2016)	60/69 (2019)
Number of technical, clinical and policy guidelines issued on sexual and reproductive health (such as family planning, maternal and perinatal health) during the biennium	Not applicable	20 (2019)
Proportion of technical, clinical and policy guidelines issued on sexual and reproductive health in which gender and rights are explicitly elaborated during the biennium	Not applicable	100% (2019)

Country office deliverables

- Support countries in using a multistakeholder/partnership approach to tackling health system bottlenecks and adopting/adapting guidelines on sexual and reproductive health – which have linkages to HIV and congenital syphilis and adolescent health – and provide support for their implementation with a focus on decreasing inequalities in sexual and reproductive health.

- Support countries in implementing and monitoring interventions related to sexual and reproductive health, prevention of unsafe abortions, sexually transmitted and other reproductive tract infections and cancers of reproductive organs, and prevention and management of gender-based violence, as well as in strengthening linkages with other programmes, such as noncommunicable diseases.

- Strengthen national information systems through the inclusion of sexual and reproductive health indicators.

Regional office deliverables

- Facilitate intercountry technical cooperation in order to promote implementation of effective interventions, guidelines and tools to meet related Sustainable Development Goals and cover unmet needs in sexual and reproductive health, with a focus on decreasing inequalities.

- Facilitate regional policy dialogue on sexual and reproductive health in countries; convene regional consultations as a platform for sharing best practices.

- Support the dissemination, adoption, implementation and monitoring of policies and guidelines, as well as health system strengthening, related to sexual and reproductive health, including HIV, sexually transmitted infections, gynaecological cancers and prevention and management of gender-based violence.

Headquarters deliverables

- Develop evidence-based policies and technical and clinical guidelines covering unmet needs in sexual and reproductive health.

- Develop and validate indicators for sexual and reproductive health included in the Indicators and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

Output 3.1.3. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions

Output indicator	Baseline	Target
Number of countries that include early childhood development as part of national development plans or integrated strategic plans for newborn and child health	25 (2017)	50/194 (2019)
Number of targeted countries that have plans with intermediate targets for ending preventable newborn and child deaths by 2030	0 (2017)	54/54 (2019)

Country office deliverables

- Support countries to develop policies and strategies, including for the integrated management of childhood illness, and in adapting/adopting and implementing guidelines and tools for preventing child deaths and morbidity.

- Establish a working mechanism for collaboration between reproductive, maternal, newborn and child health and relevant programmes, such as immunization, and for multisectoral approaches to improving child health, including pneumonia and diarrhoea control.

- Strengthen national capacity for collection, analysis and use of disaggregated data on child morbidity, mortality and causes of child deaths, in line with the overall strengthening of health information systems.

Regional office deliverables

- Facilitate regional policy and strategic dialogue among countries and partners on expanding effective integrated interventions to improve newborn and child health and early child development and end preventable newborn and child deaths in line with the Sustainable Development Goal targets.

- Support implementation and monitoring of strategies and plans at regional and country levels.

- Work with countries and partners to create synergies between different programme areas by sharing experiences and best practices for improving quality of care for children using a rights-based approach, for prevention and management of diarrhoea and pneumonia and for promoting child health and development.

Headquarters deliverables

- Develop and update strategies, policies and technical guidance, as well as tools and capacity for adapting, implementing and monitoring them, in order to expand access to, and coverage of, newborn and child health interventions to promote child development and end preventable child deaths from pneumonia and diarrhoea, and newborn and other conditions.

- Update and develop implementation tools, build capacity for their use, and provide expertise where needed, to support the implementation of integrated child health strategies, policies and guidelines on childhood development, as well as on diarrhoea, pneumonia and other serious childhood conditions.

- Develop and maintain a monitoring framework and global databases in line with the indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), including the Global Health Observatory, and publish global reports on, for example, the Child Health Epidemiology Reference Group, the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and the Quality of Care Initiative.

Output 3.1.4. Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours

Output indicator	Baseline	Target
Number of countries with a comprehensive adolescent strategy/plan as part of a broader strategy on reproductive, maternal, newborn, child and adolescent health or national health plan	47/194 (2016)	80/194 (2019)

Country office deliverables

- Support countries in adopting/adapting and implementing cross-sectoral guidelines on adolescent health policies and strategies which include system strengthening, especially improvement of health service delivery.

- Support countries in developing, implementing and monitoring comprehensive (or intersectoral) interventions for adolescent health, including strengthening linkages between activities and key programmes, such as those on sexual and reproductive health, HIV and sexually transmitted infections, nutrition and physical activity tobacco control, substance use, mental health, and prevention of noncommunicable diseases, and promoting healthy lifestyles.

- Strengthen the quality and availability of information on adolescent health by including adolescent indicators disaggregated by age and sex in national health information systems.

Regional office deliverables

- Assist country offices in providing support for adopting evidence-based guidelines and implementing effective policies and interventions to address adolescent health by promoting healthy lifestyles and physical activity, and to reduce adolescent health risk behaviours and risk factors, including in sexual and reproductive health, HIV and sexually transmitted infections, nutrition, violence and injuries, substance abuse, tobacco control and mental health.

- Facilitate regional policy dialogue on, and intercountry technical cooperation in, sharing technical evidence, successful experiences and best practices in adolescent health, and monitoring the implementation of adolescent health programmes.

Headquarters deliverables

- Develop evidence-based policy and strategy guidance on building synergies across key programme and system areas that are relevant to and promote adolescent health.

- Develop evidence-based guidelines on promoting adolescent health and healthy lifestyles.

- Support the compilation and analysis of data on the health status of adolescents, and develop a standard framework for reporting on adolescent health, with data disaggregated for variables, including age and sex.

Output 3.1.5. Research undertaken and evidence generated and synthesized for newborn, child and adolescent health and related programmatic research for designing key interventions

Output indicator	Baseline	Target
Number of scientific publications issued reporting new and improved tools, solutions and strategies in newborn, child and adolescent health during the biennium	Not applicable	100 (2019)

Country office deliverables

- Support the development of research priorities in sexual and reproductive, maternal, newborn, child and adolescent health, and the application of research results at country level.

- Promote operational and system research at country level, especially where it will inform national policies and strategies, as well as the management and implementation of programmes.

- Strengthen national capacity for research in sexual and reproductive, maternal, newborn, child and adolescent health, especially in national institutions, including by linking the institutions with WHO collaborating centres.

Regional office deliverables

- Develop regional research priorities and support research.

- Strengthen research capacity in countries, including by facilitating engagement with, and securing support from, WHO collaborating centres and national institutions; plan and facilitate the sharing and use of results, especially for multicountry research work; and maintain and update a regional database.

Headquarters deliverables

- Implement a comprehensive research agenda, including setting research priorities, and support research centres.

- Coordinate research and systematic reviews to generate knowledge and an evidence base in order to underpin the design of key interventions and the design of strategies for implementation.

- Publish global reports and disseminate the results of research and systematic reviews.

Output 3.1.6. Research undertaken and research capacity strengthened for sexual and reproductive and maternal health through the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

Output indicators	Baseline	Target
Number of scientific publications issued reporting new and improved tools, solutions and strategies in sexual and reproductive health during the biennium	Not applicable	320 (2019)
Number of systematic reviews of key questions in sexual and reproductive health published during the biennium	Not applicable	80 (2019)
Number of research centres strengthened through research capacity strengthening grants during the biennium	Not applicable	50 (2019)

Headquarters deliverables

- Research undertaken and evidence generated and synthesized on family planning, maternal and perinatal health, and reproductive health, sexually transmitted infections, preventing unsafe abortion, infertility, female genital mutilation, and sexual and reproductive health in humanitarian settings.

- Research capacity strengthened through the HRP Alliance and mobilization of research grants.

- Research findings and guidelines disseminated through global, regional and national networks and platforms.

3.2 AGEING AND HEALTH

By 2050, the world's population aged 60 years and older will total 2 billion, up from 900 million in 2015. A shift in the delivery of care will be required for older people, whose health needs are more chronic and complex.

The WHO global strategy and action plan on ageing and health envisions a world in which everyone can live a long and healthy life. The strategy covers the 15-year period (2015–2030) of the Sustainable Development Goals, and echoes their emphasis on equity. It identifies five strategic objectives and priority areas for action to achieve each of the goals: ensuring and supporting commitment to the development of policies and strategies; delivery of older person-centred and integrated care; development of long-term care systems; improving evidence monitoring and evaluation; and promoting age-friendly environments.

Despite many significant gaps in our understanding of what can foster healthy ageing, there is sufficient evidence in many areas to act now. The strategy's first goal therefore calls for evidence-based action to maximize functional ability that reaches every person.

However, the global strategy also acknowledges a lack of evidence and infrastructure in many crucial areas. The second goal – "By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030" – looks to use the five-year period of the strategy up to 2020 to fill these gaps and ensure that Member States and other stakeholders can undertake a decade of evidence-informed, concerted action from 2020 to 2030.

WHO'S FOCUS IN 2018–2019

WHO's work over this period will achieve concrete progress towards meeting both goals of the global strategy. At country level, the emphasis will be on supporting Member States to develop, and deliver on, evidence-based plans for healthy ageing, and to develop age-friendly environments. At the global level, the focus will be on filling the knowledge gaps, providing evidence-based guidance and tools, establishing monitoring mechanisms and building the partnerships required to enable a decade of concerted global action from 2020. This will include developing norms, standards, guidelines and policy guidance; fostering exchanges of experiences and innovations among countries; and creating advisory mechanisms to facilitate the ongoing input of technical experts in the field of ageing to discuss priority issues and coordinate their responses.

Outcome 3.2. Increased proportion of people who are able to live a long and healthy life

Outcome indicator	Baseline	Target
Healthy life expectancy at birth (*or at age 60 years*)[1]	Males: 61.5 years Females: 64.6 years (2014)	Target to be established in 2018 following consultations on indicators for the new global strategy

Output 3.2.1. Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life-course

Output indicator	Baseline	Target
Number of countries that have developed and are implementing national health plans (policies, strategies, plans) that explicitly include actions to address the health needs of older people	0/194 (2017)	25/194 (2019)

Country office deliverables

- Support countries to develop and implement national and subnational plans, policies and capacity to foster healthy ageing, including the development of multisectoral healthy ageing plans.

Regional office deliverables

- Support countries to develop and implement national and regional plans, policies and capacity to foster healthy ageing and the development of intersectoral approaches.

Headquarters deliverables

- Assist regional and country offices in supporting Member States in the development and implementation of healthy ageing policies and plans and building capacity.

- Establish and maintain global mechanisms to link and support decision-makers and key partners.

- Promote high-level political commitment, policy dialogue and knowledge translation on healthy ageing and maintain platforms to strengthen intersectoral collaboration.

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[1] The baseline is global average healthy life expectancy at birth by sex for 2015, the latest year for which data are available. World Health Statistics, 2016. Geneva: World Health Organization; 2016; see section 3.2 on healthy life expectancy, reflecting methods described in Technical Paper WHO/HIS/HSI/GHE/2014.5 (available at www.who.int/healthinfo/statistics/LT_method.pdf?ua=1&ua=1, accessed 27 March 2017). This outcome indicator will be changed to healthy life expectancy at age 60 years, if estimates from 2015 onwards become available prior to 2018. This requires countries to report high-quality data on mortality and the disease burden in older adults, to enable comparable estimations of healthy life expectancy at birth and at 60 years of age. Global and national reports should aim to provide disaggregated data across sub-populations within a country, and to distinguish between healthy life expectancy at birth and at 60 years of age.

Output 3.2.2. Countries enabled to deliver older person-centred and integrated care that responds to the needs of women and men and to tackle health inequities in low-, middle- and high-income settings

Output indicator	Baseline	Target
Number of countries supported to deliver older person-centred and integrated care that responds to the needs of women and men in low-, middle- and high-income settings	21 (2017)	39 (2019)

Country office deliverables

- Promote and provide technical support to countries to enable the delivery of people-centred health and long-term care, within the context of universal health coverage, based on WHO clinical guidelines on integrated care for older people.

Regional office deliverables

- Provide technical assistance to foster understanding and development of policies and plans to build sustainable and equitable long-term care systems.

- Assist country offices in providing support to reorient health systems and deliver older person-centred and integrated care within the context of universal health coverage, based on WHO clinical guidelines on integrated care for older people.

Headquarters deliverables

- Develop norms, standards, guidelines and policy/technical guidance to support health system realignment to deliver older person-centred and integrated care.

- Provide guidance and technical support on models of sustainable and equitable long-term care relevant to different resource settings.

- Provide technical advice and develop standardized approaches to enable the monitoring and evaluation of global, regional and national health and long-term care systems.

Output 3.2.3. Evidence base and monitoring and evaluation strengthened, informing policies and actions to address key issues relevant to the health of older people

Output indicator	Baseline	Target
Number of countries that are monitoring and reporting on the diverse health trends and the distribution and determinants of health among older people	14 (2017)	31 (2019)

Country office deliverables

- Support Member States in strengthening the collection, analysis, sharing and reporting of data from national, subnational and community-based monitoring and surveillance of healthy ageing.

- Support Member States to promote research and evidence synthesis on what works to foster healthy ageing.

Regional office deliverables

- Support Member States to strengthen the review and sharing of data, indicators and methods for monitoring and surveillance, contribute to the development of WHO metrics and methods, and integrate these within existing health information systems.

- Undertake policy dialogue and advocacy to strengthen research and evidence synthesis capacities, methods and collaborations in order to foster healthy ageing.

Headquarters deliverables

- Develop and communicate a global research agenda on healthy ageing and advocate for its implementation, including the expansion and strengthening of the global network of WHO collaborating centres on healthy ageing.

- Develop and foster consensus on metrics and methods to describe, analyse, monitor and report on healthy ageing at community and population levels, foster the generation of regular, high-quality data, and provide technical guidance for uptake by regions and countries.

- Collate, analyse and report on global monitoring of healthy ageing.

Output 3.2.4. Age-friendly environments developed and maintained in countries in line with the WHO strategy and plan of action on ageing and health

Output indicators	Baseline	Target
Number of countries with at least one municipality participating in the WHO Global Network of Age-friendly Cities and Communities	45 (2017)	64 (2019)
Number of countries participating in the global campaign against ageism	0 (2017)	10 (2019)

Country office deliverables

- Promote and support the creation of age-friendly environments and ageing responses in humanitarian settings.

Regional office deliverables

- Provide technical support to enable Member States to develop age-friendly cities and communities and to respond appropriately to the needs of older people in humanitarian settings.

Headquarters deliverables

- Strengthen and expand the Global Network of Age-friendly Cities and Communities.

- Develop and implement a global campaign against ageism.

- Provide technical guidance and backstop support for regional and country offices to enable countries to develop age-friendly environments, including within humanitarian contexts.

3.5 HEALTH AND THE ENVIRONMENT

Environmental determinants of health are responsible for about one quarter of the global burden of disease and an estimated 12.6 million deaths each year. The people mainly affected are poor children and women, especially during pregnancy, who live and work in the world's most polluted and fragile ecosystems and whose health is at risk from diverse factors, such as polluted air, chemicals, lack of safe water and sanitation, precarious work conditions, climate change and radiation exposure.

Small island countries are at particular risk from climate change and rising sea levels. The change is not just rapid and intense; it is also increasingly unpredictable, posing new challenges, particularly as regards preparedness and response to extreme weather events and other climate-related disasters, which are relevant for all Member States.

Historically, environmental factors have primarily been associated with communicable diseases, notably waterborne and vector-borne diseases. However, it is now known that environmental factors – mainly air pollution and chemicals –are strongly correlated with noncommunicable diseases.

WHO'S FOCUS IN 2018–2019

The Secretariat will pay increased attention to monitoring and reporting in the context of the Sustainable Development Goals, particularly in relation to indicators outside the health Goal. WHO is the formal custodial agent for 10 indicators related to health and the environment,[1] seven of which do not fall under Goal 3. In addition to covering morbidity and mortality associated with illnesses and deaths from hazardous chemicals and air, water and soil pollution and contamination (target 3.9), monitoring and reporting will also focus on key settings or sectors where actions are most likely to improve environmental and occupational determinants of health. Examples include: scaling up access to water and sanitation (Goal 6); promoting universal access to sustainable and modern energy, including in homes (Goal 7); promoting decent work and a safe work environment (Goal 8); making cities and human settlements cleaner, safer and more sustainable (Goal 11); ensuring responsible consumption and production (Goal 12); and taking action to tackle climate change and its impacts (Goal 13).

Given the multisectoral nature of work on environmental and occupational determinants of health, increased attention is also being paid in the health and environment programme area to ensuring adequate health sector engagement in global, regional and national processes on the environment, labour and sustainable development. In this context, the Secretariat will also maintain its support to relevant multisectoral policy platforms and processes, notably those involving ministries of health and the environment in several regions. In addition, the Secretariat will also scale up its support to Member States for:

- implementation of the health aspects of the Minamata Convention on Mercury;

- implementation of the road map on the role of the health sector in sound chemicals management;

- achieving the objectives of the WHO Global plan of action on workers' health 2008–2017;

- implementing the workplan on climate change and health for the period 2014–2019, as approved by the Executive Board in decision EB136(15) (2015);

- meeting the public health objectives addressed in the Paris Agreement on climate change (2015); and

- implementation of a road map for an enhanced global response to the adverse health effects of air pollution, as welcomed by the World Health Assembly.

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[1] Under Goal 3 (Ensure healthy lives and promote well-being for all at all ages): indicators 3.9.1 (mortality rate attributed to household and ambient air pollution), 3.9.2 (mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene) and 3.9.3 (mortality rate attributed to unintentional poisoning). Under Goal 6 (Ensure availability and sustainable management of water and sanitation for all): indicators 6.1.1 (proportion of the population using safely managed drinking water services), 6.2.1 (proportion of the population using safely managed sanitation services, including a hand-washing facility with soap and water) and 6.3.1 (proportion of wastewater treated safely), as well as indicators 6.a.1 (amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan) and 6.b.1 (proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management). Under Goal 7 (Ensure access to affordable, reliable, sustainable and modern energy for all): indicator 7.1.2 (proportion of the population with primary reliance on clean fuels and technology). Under Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable): indicator 11.6.2 (annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population-weighted)).

Outcome 3.5. Reduced environmental threats to health

Outcome indicators[1,2]	Baseline	Target
Percentage of population using safely managed drinking water services (Sustainable Development Goal indicator 6.1.1)	To be determined* (2017)	To be determined* (2019)
Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (Sustainable Development Goal indicator 6.2.1)	To be determined* (2017)	To be determined* (2019)
Proportion of population with primary reliance on clean fuels and technology (Sustainable Development Goal indicator 7.1.2)	To be determined* (2017)	To be determined* (2019)
Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population-weighted) (Sustainable Development Goal indicator 11.6.2)	To be determined* (2017)	To be determined* (2019)

Please see footnote below on the explanation of the indicators.

Output 3.5.1. Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks

Output indicators	Baseline	Target
Number of countries that have undertaken a national assessment or status review of water and sanitation drawing on WHO data, analysis or technical support	55/194 (2017)	65/194 (2019)
Number of countries that have developed health adaptation plans for climate change	40/194 (2017)	52/194 (2019)
Number of countries that have developed national policy instruments for workers' health with support from WHO	145/194 (2008)	To be determined[3]

Country office deliverables

- Enhance, as a result of WHO technical support, national and subnational capacity to engage in effective cross-sectoral coordination for environment, labour and health, assess and manage the health impacts of environmental risks, including through health impact assessments, and support the development of national policies and plans on environmental and workers' health.

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[1] The outcome indicators selected for 2018–2019 are some of the Sustainable Development Goal indicators related to health and the environment for which WHO is the official custodial agency. They have been selected because definitions and assessment methodologies have been agreed with the United Nations Inter-Agency and Expert Group on Sustainable Development Goal Indicators, and because baseline estimates will be available by mid-2017. The United Nations Statistical Division, has not yet agreed on the metrics and procedures (for example, standard operating procedures) to be used by countries for reporting. It is therefore not possible at this time to provide baseline and target estimates. It is also expected that follow-on assessments for these indicators will be undertaken before the end of 2019, thus allowing for meaningful reporting on results within the biennium.

[2] Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (document E/CN.3/2016/2/Rev.1; available at http://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-IAEG-SDGs-Rev1-E.pdf, accessed 27 March 2017).

[3] This indicator is tracking progress with the implementation of actions called for under resolution WHA60.26 (Worker's health: global plan of action 2008–2017). An assessment of progress is currently under way and will be reported to the Seventy-first World Health Assembly in May 2018. At that time it is expected that further clarity will be provided regarding targets and additional work to be supported in this area by the Secretariat in the period 2018–2019.

- Strengthen national and subnational capacity for preparedness and response to environmental emergencies (such as extreme weather events, chemical, radiological and other environmental emergencies), including in the context of the International Health Regulations (2005), as well as addressing environmental health risks, such as the provision of adequate water and sanitation and protection of occupational health and safety, in the preparedness and response to all health emergencies.

Regional office deliverables

- Provide WHO leadership to support the development and implementation of regional strategies/action plans on environmental health, including on water, sanitation, waste, air quality, chemicals and climate change, as well as on occupational health and safety.

- Provide technical support to country offices as needed to support the development and implementation of policies and regulations on environmental and occupational health and for strengthening of health systems in order to improve the assessment and management of environmental threats to health and promote and protect workers' health, including in emergencies.

- Establish, support and strengthen partnerships and intersectoral policy platforms among Member States and regional partners to address environmental and occupational determinants of health.

Headquarters deliverables

- Develop methodologies and tools and generate evidence to support the development of policies, strategies and regulations for prevention and management of environmental and occupational risks and climate change, including in sectors of the economy other than health.

- Provide WHO leadership and support for the development and implementation of global strategies/action plans on environmental and workers' health issues and for the strengthening of global cooperation and partnerships to address environmental and occupational determinants of health.

- Provide technical support to regional offices as needed for highly specialized technical areas, including in emergencies.

- Develop guidelines, standard operating procedures, policies, tools and training materials for preparedness and response to environmental emergencies (such as extreme weather events, chemical, radiological and other environmental emergencies), including in the context of the International Health Regulations (2005), as well as addressing environmental health risks, provision of adequate water and sanitation, and protection of occupational health and safety in the preparedness and response to all health emergencies.

Output 3.5.2. Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, and climate change and technical support provided at the regional and country levels for their implementation.

Output indicators	Baseline	Target
Number of WHO norms, standards and guidelines on environmental and occupational health risks developed or updated within the biennium	Not applicable	3 (2019)
Number of countries that have developed new or revised existing policies or national standards based on WHO guidelines for environmental and occupational health risks	35 (2017)	50 (2019)

Country office deliverables

- Provide WHO support for country- and city-level implementation of WHO guidelines, tools, and methodologies for preventing and managing the health impacts of environmental determinants of health, for example those associated with air pollution, chemical exposures, lack of access to water and sanitation, and occupational health risks.

Regional office deliverables

- Provide WHO technical support for country- and city-level implementation and adaptation of WHO norms, standards and guidelines on environmental and occupational health as needed, and for the regional application of such norms, standards and guidelines, and their development where relevant and necessary, in agreement and coordination with headquarters.

Headquarters deliverables

- Develop and update norms, standards and guidelines relating to environmental and occupational health risks, and provide support to regional and country offices as relevant for their implementation, taking into account the evidence generated by regions and countries.

Output 3.5.3. Public health objectives addressed in implementation of multilateral agreements and conventions and initiatives on the environment, the Paris Agreement (as adopted by United Nations Framework Convention on Climate Change), international labour conventions related to occupational health and safety, and in relation to the Sustainable Development Goals

Output indicators	Baseline	Target
Number of countries that have included public health considerations within their national strategies to support the ratification and implementation of the Minamata Convention, based on WHO input	7 (2017)	20 (2019)
Number of countries that have included public health considerations in relation to mitigation within their nationally determined contributions to implementation of the Paris Agreement[1]	28/194 (2017)	28/194 (2019)

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[1] The target for 2019 is the same as the baseline because countries are not expected to update their nationally determined contributions until 2020, as this is the timeframe defined in the Paris Agreement.

Country office deliverables

- Provide WHO technical support for effective intersectoral collaboration, conducting policy dialogues, convening partners, raising the profile of public health issues in national environmental, labour and sustainable development agendas, as well as for implementing, at country and city levels, the agreed provisions of multilateral agreements and conventions on the environment, labour and sustainable development.

Regional office deliverables

- Advocate for and actively support multisectoral cooperation among regional stakeholders and for the promotion of the health agenda in regional initiatives on the environment, labour and sustainable development, and for the implementation of regional multilateral environmental agreements, including in the context of relevant regional intergovernmental and partnership forums.

- Monitor and report on the environmental and occupational health situation and trends at regional level, including as part of global monitoring efforts where relevant.

Headquarters deliverables

- Provide WHO technical stewardship and leadership in the context of global forums on the environment and sustainable development attended by other United Nations agencies, international donors and agencies dealing with public health issues.

- Conduct advocacy to support the inclusion of public health issues in the preparation and implementation of multilateral agreements, conventions and global initiatives on the environment, labour and sustainable development.

- Monitor and report on the environmental and occupational health situation and trends at the global level, including in the context of the Sustainable Development Goals.

3.6 EQUITY, SOCIAL DETERMINANTS, GENDER EQUALITY AND HUMAN RIGHTS[1]

The Sustainable Development Goals seek to realize the human rights of all, achieve gender equality and address the root causes of inequities that hinder empowerment and social well-being. The Goals are integrated and indivisible and balance the three dimensions of sustainable development: the economic, the social and the environmental. They require innovative mechanisms for intersectoral action and for mainstreaming equity, gender, human rights and social determinants into WHO's programme areas and into the strategies, policies and programmes, and information systems of Member States.

Equity, gender, human rights and social determinants of health are at the core of the Sustainable Development Goals. In fact, the bulk of the global burden of disease and the major causes of health inequities arise from the interaction of social determinants, i.e. the conditions in which people are born, grow, live, work and age. However, every day many people around the world, particularly in vulnerable or neglected populations, face barriers to accessing quality health services across the continuum, thus undermining efforts to attain the goal of universal health coverage. They are also unequally exposed to risks. Against the backdrop of the Sustainable Development Goals, this programme area works to reduce health inequities, including gender inequities, by furthering the right to health and tackling the social determinants of health so that no one is left behind.

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[1] This is a new programme area that merges the work of two former programme areas (gender, equity and human rights (3.3) and social determinants of health (3.4)), which will therefore no longer exist as separate areas in the biennium 2018–2019.

Health equity across the life-course and between generations requires targeted and systematic efforts to address the structural and intermediate social determinants of health and apply a human rights-based approach to health. This means identifying and addressing the causes of differences in exposure to risk factors and vulnerability, differences in access to and effective coverage by health services, differences in health outcomes, and differences in the consequences of using health services (e.g. impoverishment or stigmatization). Identifying these differences (e.g. through health inequality monitoring by age, sex, income, education, rural/urban residency, ethnicity or race, migrant status or other characteristics) and addressing them – through actions within the health sector and beyond, including through a "Health in All Policies" approach – is central to progressive realization of universal health coverage and the right to health in the context of the Sustainable Development Goals. While health care, and in particular universal health care, constitute a key entry point, the achievement of sustainable population health requires embracing the whole spectrum of promotion and prevention. Addressing health through all the Sustainable Development Goals creates the opportunity to create healthier living conditions based on sound economic development, social equity and environmental protection. Adopting a "Health in All Goals" approach provides an important opportunity for primary prevention and health equity.

The Secretariat's core work includes mainstreaming the four intersecting elements (equity, gender equality, human rights and social determinants) into WHO programmes, and supporting Member States in mainstreaming them into the design and implementation of health strategies, policies, programmes and national health information systems, to ensure that nobody is left behind. This perspective makes such policies and programmes more effective (better tailored to needs), more inclusive and sustainable (through more participatory design), and more focused (on reducing health inequities). The Secretariat's work also includes increased capacity building to promote and implement intersectoral action, engagement and collaboration between the health sector and other sectors, and promoting national, regional and global collaboration on intersectoral action for health (Health in All Policies). Tools such as guidelines on how to address social determinants in specific sectors, for example housing, and a standard set of indicators for monitoring action on social determinants of health, are needed in order to implement the "Health in All Policies" approach. Furthermore, health programming functions need guidance on mainstreaming and more work with other organizations in the United Nations system.

Reinvigorated by the emphasis on tackling inequality defined in the 2030 Agenda for Sustainable Development, a more routine and systematic inclusion of these four intersecting considerations will help address the specific needs of those left behind. By these means, WHO contributes to Sustainable Development Goal 3 (on health), Goal 5 (on gender equality), Goal 10 (on reducing inequalities), Goal 17 (including the target on data disaggregation) and several other Goals linked to social determinants of health.

WHO's focus in 2018–2019

The Secretariat will continue to raise political awareness of and ensure technical support to mainstreaming equity, social determinants, gender equality and human rights. It will continue to build internal and external capacity for such efforts through enhanced coordination of a coherent Organization-wide approach to leaving no one behind, in the context of the Sustainable Development Goals, the scale-up and roll-out of pilot-tested tools, as well as contributing to this focus in normative technical guidelines. Instruments and approaches will include health inequality monitoring; providing guidance for development and implementation of key strategies and interventions in key sectors addressing the social determinants of health (housing, urban planning, etc.); the Innov8 approach for reviewing national health programmes to leave no one behind; guidance on Health in All Polices; methods to assess barriers to services and financial protection experienced by disadvantaged subpopulations; support to Member States on leaving no one behind in health sector planning at national and subnational levels; technical input to guideline development processes; support for the incorporation in country cooperation strategies of an approach that ensures that no one is left behind; and related staff training and learning development. Moreover, as articulated in the Rio Political Declaration on Social Determinants of Health, the Secretariat will focus on improving health governance among the growing

number of actors in the health sector. Global governance for health has become increasingly prominent as a result of the Foreign Policy and Global Health Initiative.

The programme area will galvanize initiatives towards better and policy-relevant research and evidence findings that support WHO and Member States in policy-making and programme design and implementation so that they are inclusive of an integrated approach to equity, gender, human rights and social determinants. The programme area will reinvigorate and expand existing networks and forge new partnerships to promote greater accountability for the Sustainable Development Goals agenda. Greater disaggregation of data will be important in this effort. The United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women continues to be a relevant accountability tool. However, a more holistic view of progress, complemented by emerging frameworks, such as new United Nations Development Assistance Frameworks, regional strategies and commitments, and frameworks at the level of the United Nations System Chief Executives Board for Coordination that support the centrality of rights under the Sustainable Development Goals, will enhance these mechanisms.

The work under this programme area will be conducive to strengthening collaboration and partnerships with United Nations partners, such as UNHCR, UN WOMEN, UNDP, UNICEF, UN Habitat and UNEP, as well as other organizations in line with WHO's Framework of Engagement with Non-State Actors.

Outcome 3.6 Improved capacities in WHO, the health sector and across all government departments and agencies (whole-of-government) for addressing social determinants, gender inequalities and human rights in health, and producing equitable outcomes across the Sustainable Development Goals

Outcome indicators	Baseline	Target
Number of countries with data disaggregation for health inequality monitoring, including on gender inequality and other prohibited grounds of discrimination under human rights law	100 (2017)	110 (2019)
Number of countries showing a decrease in the proportion of the urban population living in slums, informal settlements or inadequate housing (linked to Sustainable Development Goal target 11.1)	8/194 (2017)	12/194 (2019)

Output 3.6.1 Equity, gender equality, human rights and social determinants addressed across WHO programme areas, and Member States enabled to promote, design, and implement related health strategies, policies, plans, programmes and resolutions or laws

Output indicators	Baseline	Target
Number of WHO programme areas that address equity, gender equality, human rights and social determinants	13/26 (2017)	21/26 (2019)
Number of countries that address equity, gender equality, human rights and social determinants in their health policies and programmes	84 (2017)	90 (2019)
Percentage of all WHO guidelines that address equity, gender equality, human rights and social determinants during the biennium	Not applicable	100% (2019)

Country office deliverables

- Enable capacity-building of WHO staff in country offices in order to support integrated equity, social determinants of health, gender and human rights approaches in WHO programmes and in those of Member States.

- Provide technical support to national authorities in strengthening national strategies, policies, plans, programmes, and laws that aim to leave no one behind in progress towards the Sustainable Development Goals, including through equity-oriented, gender-responsive, human rights-based approaches and action on social determinants of health.

- Support country-specific adaptation and implementation of tools and methodologies for integrating equity, social determinants of health, gender and human rights, and generating implementation evidence as necessary.

- Convene/provide technical support and capacity building for national authorities to strengthen national health policies, plans, programmes, and laws for leaving no one behind through equity-oriented, gender-responsive, human rights-based approaches and addressing social determinants of health.

- As lead and coordinating agency for health in the United Nations system, spearhead and/or engage in multilateral system activities at country level relevant to leaving no one behind in the health sector and its progress towards universal health care as part of the Sustainable Development Goals, including through United Nations Development Assistance Frameworks and other United Nations country team activities relevant to implementation of the Sustainable Development Goals.

Regional office deliverables

- Assist country offices in supporting national authorities to strengthen national strategies, policies, plans, programmes, and laws for leaving no one behind in progress towards the Sustainable Development Goals, including through equity-oriented, gender-responsive, human rights-based approaches and action on social determinants of health.

- Adapt or co-develop global tools and capacity-building strategies for integrating equity, social determinants of health, gender and human rights into WHO programme areas and related institutional mechanisms, including collaboration across programmes.

- Collect and synthesize regional evidence on key challenges, lessons learned and best practices on integrating equity, social determinants of health gender and human rights into WHO programme areas and into national health strategies, policies, plans, programmes, and laws.

- At regional level, convene, conduct and facilitate partnerships, platforms, coordination mechanisms, policy dialogues, capacity-building activities, regional analyses and evidence, and regional/bilateral lessons-learned exchange for integrated equity, social determinants of health, gender and human rights.

- Backstop WHO country offices in adapting WHO methodologies, guidelines and tools for integrating equity, social determinants, equity and human rights into national health policies, plans, programmes, and laws.

Headquarters deliverables

- Develop guidance and tools for building capacity, and support the integration of equity, social determinants of health, gender and human rights into WHO programme areas and management and planning mechanisms across the three levels of the Organization in collaboration with regional and country offices, including with a view to making progress towards meeting the targets in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women.

- Collect and synthesize research and global evidence on lessons learned and best practices on integrating equity, social determinants of health, gender and human rights into WHO programme areas and national health policies, plans, programmes, and laws.

- Monitor and engage with WHO programme areas to assess the integration of equity, social determinants of health, gender and human rights into WHO's policies, programmes, workplans and approaches.

- Develop tools and provide technical support to regional and country offices to support national authorities in strengthening national strategies, policies, plans, programmes, and laws for leaving no one behind in progress towards the Sustainable Development Goals, including through equity-oriented, gender-responsive, human rights-based approaches and action on social determinants of health.

- Strengthen global dialogue, expert inputs, and coordination in relation to equity-oriented, gender-responsive, human rights-based approaches.

Output 3.6.2 Improved country policies, capacities and intersectoral actions for addressing social determinants, in order to improve health equity through Health in All Policies, and whole-of-government approaches

Output indicators	Baseline	Target
Number of countries implementing WHO tools, guidance and approaches to strengthen "Health in All Policies" and capacities for intersectoral actions for reducing health inequities and operationalizing human rights-based approaches to health, including through other sectors	35/194 (2017)	48/194 (2019)

Country office deliverables

- Support countries in implementing a "Health in All Policies" approach (including through capacity building) in the context of the Sustainable Development Goals, including strengthening health sector and cross-government mechanisms.

- Convene partners, conduct policy dialogues on key policies on social determinants of health related, for example, to housing, poverty, basic (environmental and other) services, employment conditions (e.g. in mining), and the strengthening of national public health policy reviews.

- Support national governments in obtaining access to a set of evidence-based policies and actions to address the social determinants of health, including country examples, and in conducting policy evaluation research on housing, poverty, basic (environmental and other) services, and on employment conditions (e.g. in mining).

Regional office deliverables

- Convene partners and conduct policy dialogue at the regional level to increase awareness of and the sharing of good practice on key policies on social determinants of health (outside the health sector) and of the "Health in All Policies" approach, including how it is used to advance the Sustainable Development Goals.

- Support the development of evidence on intersectoral/multisectoral mechanisms and the use of evidence in intersectoral work, including through contributing to relevant global databases, adapting process evaluation methodologies, adapting "Health in All Policies" training and capacity building materials and supporting evaluations of housing, poverty, basic (environmental and other) services, and of employment conditions (e.g. in mining).

- Backstop WHO country offices in applying "Health in All Policies" approaches and in increasing the capacity of health sectors in countries to work with other sectors to address key social determinants of health (housing, education, urban planning, employment conditions in mining, etc.).

Headquarters deliverables

- Develop and strengthen/refine WHO methodologies, guidance and tools to apply "Health in All Policies" approaches, including supporting a network of trainers, and share tools and best practices across regions, countries and jurisdictions.

- Strengthen lessons learned and the evidence related to key policies and actions on social determinants of health (e.g. poverty, housing, basic services, employment conditions in mining) and provide WHO leadership and global support to the gathering of evidence on key social determinants of health interventions, such as slum upgrading and social protection.

- Strengthen global dialogue and actions to address equity, social determinants of health, gender equality and human rights in organizations in the United Nations system and key partners in the context of the Sustainable Development Goals.

Output 3.6.3 WHO Secretariat and Member States have enhanced capacities for measuring and monitoring equity, gender equality, human rights and social determinants

Output indicators	Baseline	Target
Number of WHO programme areas (with a programmatic orientation) using health inequality monitoring instruments for reporting their data disaggregation	0/26 (2017)	10/26 (2019)
Number of WHO reports on regional and global trends in social determinants of health and in the actions to address them, and on the progress made therewith	2 (2017)	4 (2019)

Country office deliverables

- Build country capacity and support health information systems to ensure the collection, analysis, dissemination and use of data on health inequalities, in the context of human rights instruments and national monitoring of the Sustainable Development Goals.

- Build country capacity to monitor social determinants of health actions, including policies, in other sectors and link this to "Health in All Policies" work, in the context of human rights instruments and national monitoring of the Sustainable Development Goals.

- Support health system strengthening with strategic evidence, to ensure the provision of inclusive services to the whole population (addressing health systems in conflict or disaster areas to reach the most neglected populations, including scheduled tribes/castes).

- Facilitate WHO's participation in interagency work on equity, gender equality and human rights, including in strengthening national capacities and actions relating to reporting on health-related treaties and conventions.

Regional office deliverables

- Provide technical support to countries to support the production of reports on national action on social determinants of health, linked to public health reporting on health determinants.

- Facilitate and conduct equity and gender analysis of policies and their impacts with existing quantitative and qualitative national data, using appropriate methods and tools, including human rights-based approaches.

- Support the strengthening of regional health information systems for the collection, analysis, dissemination and use of data in order to monitor the regional situation and trends in health

inequalities and action on social determinants, supporting systems for data disaggregation within and beyond the health sector at regional and country levels.

- Support evaluation research and use impact evaluations of interventions on social determinants covered by the Sustainable Development Goals, in particular in relation to those goals for which WHO is a custodian.

Headquarters deliverables

- Monitor and report on the global situation and trends in relation to health inequality and support regional capacity for monitoring equity, action on social determinants of health, gender equality and human rights in health.

- Monitor and report on the global situation and trends in relation to action on the social determinants of health, integrating gender equality perspectives and human rights actions.

- Convene global expert groups, forums and partnerships on equity, social determinants, gender equality and human rights in health.

- Provide guidance in the development of national public health reports, with specific emphasis on the social determinants of health (in particular with action monitoring focused on the social determinants of health) and on linkages to implementation of "Health in All Policies".

- Provide technical support to and backstop regional offices in supporting capacity-building by country offices through training and in strengthening national health information on social determinants of health, including research on and impact evaluations of interventions focused on the Sustainable Development Goals.

LINKAGES WITH THE SUSTAINABLE DEVELOPMENT GOALS

By its very nature, the work related to this category and its cross-cutting approaches, involving social determinants of health, health and the environment, gender, equity and human rights, contribute to, and benefit from, interaction with other categories. Analysis and monitoring of cross-cutting areas across WHO programmes and in countries will be the key to answering the global call for making progress on the 2030 Agenda for Sustainable Development.

Work carried out under this cross-cutting category directly contributes to the health and non-health Sustainable Development Goals, reflecting the fact that health affects, and is in turn affected by, economic, social and environmental determinants that are influenced by development policies implemented in domains (sectors) other than health. Programme areas within this category address specific Sustainable Development Goals. For example, Goal 1, to end poverty, has a profound impact on equity in health, which in turn is related to the target under Goal 2 to end hunger. The work done in programme areas in this category also contributes to the achievement of Goals 3 and 5, which call for gender equality. Goal 10, on reducing inequalities, and Goal 1, on ending poverty, can clearly only be achieved if the needs and potential of older people are fully considered. Progress made in the achievement of Goal 6, which calls for the availability of water and sanitation for all, will directly and substantially benefit health and well-being, particularly in low-income settings. Scaling up household access to modern energy services, a target under Goal 7, will mitigate (or potentially eliminate) exposure to household air pollution – one of the leading environmental risk factors associated with childhood pneumonia in low-income settings. The programme area on reproductive, maternal, newborn, child and adolescent health will directly address Goal 3 and specifically targets 3.1, 3.2, and 3.7, and will contribute to several others, including Goal 5, on gender equality, in regard to sexual and reproductive rights.

In relation to Goal 7, which calls for access to sustainable energy, WHO continues to exercise a role in UN-Energy and the United Nations Secretary General's initiative, Sustainable Energy for All. In relation to Goal 6, WHO engages with UN-Water and UNICEF on global monitoring of water and sanitation. In relation to Goal 11,

it works with UN Habitat and the Climate and Clean Air Coalition on urban environmental health issues, while for Goal 12 it works with relevant partners through the Inter-Organization Programme for the Sound Management of Chemicals and within the framework of relevant international environmental agreements on chemicals (for example, the Basel, Rotterdam, Stockholm and Minamata Conventions). WHO's work to support work under Goal 13 (on climate change) includes providing technical health input to programmes supported under the United Nations Framework Convention on Climate Change, as well as in partnerships with other United Nations agencies.

Synergies and collaboration

This category has many linkages with other WHO programmes, such as those on communicable diseases, vaccines, nutrition, and integrated, people-centred health services for reducing maternal and child mortality and morbidity, as well as with programmes dealing with risky behaviours in adolescence and noncommunicable diseases in adults, especially among working populations. The Secretariat's response to the health needs of older populations is multifaceted and involves all parts of the Organization. Close collaboration with programmes on noncommunicable diseases and mental disorders in older people and their access to health care and long-term care will be extremely important; equally important will be developing and maintaining links with efforts to ensure the health of women, children and the elderly during emergency situations.

The experience gained by WHO from its collaborative work with other United Nations organizations in the context of the United Nations platform on social determinants of health means that it is well placed to stress the critical importance of intersectoral action and a whole-of-government approach in ensuring the achievement of the Sustainable Development Goals, and to position health and health equity as key indicators for measuring wider progress on sustainable development.

Implementation of the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 will be undertaken with WHO's partners, including other organizations in the Global Health Partnership H6 (UNAIDS, UNFPA, UNICEF, UN WOMEN and the World Bank) and the Partnership for Maternal, Newborn and Child Health, as well as UNDP, the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, academic and research institutions, civil society and development partners.

CATEGORY 4 – HEALTH SYSTEMS

Health systems based on primary health care, supporting universal health coverage

By the end of the biennium, only about 10 years will remain to reach the target under the Sustainable Development Goals of achieving universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Universal health coverage, based on primary health care, is a unifying concept, a platform for the integrated, person-centred delivery of health services, and one of the most powerful social equalizers among all policy options. It is the ultimate expression of fairness. People who cannot pay for health care are not left to suffer ill health, see their health decline further, or die as a result of a preventable or treatable condition. In order to accomplish this, health systems need to be reoriented through strengthened participatory, accountable and responsive governance, intersectoral action, appropriate legislative frameworks, and patient, family and civil society participation. They also need to be monitored, with the primary focus being on vulnerable and underserved populations.

The positive effects of universal health coverage on development are well documented. Universal health coverage is based on the principle that all individuals and communities should receive the quality health services they need without suffering financial hardship. Universal health coverage has a direct impact on a population's health and welfare. Access to and use of health services enables people to be more productive and to be active contributors to their families and communities. It also ensures that children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty when they must pay for health services out of their own pockets. Universal health coverage also enables countries to prevent, detect, and respond more effectively to pandemics or other public health emergencies, thus dramatically reducing the disruptions and economic costs of such events. In short, universal health coverage is a critical component of sustainable development and poverty reduction, a key element of any effort to reduce social inequities, and a hallmark of a government's commitment to improve the well-being of all its citizens and promote health security.

Sustaining progress towards universal health coverage requires, among other things, health financing arrangements that raise revenues, pool funds and pay providers in ways that promote equity and keep expenditure growth manageable. It is estimated that 400 million people do not have access to essential health services and that 6% of people in low- and middle-income countries are tipped into or pushed further into extreme poverty because of health spending. Many more only obtain services of poor quality. It also requires a well-trained and motivated workforce, with the right skills at the right place.

Health system frameworks identify key functions and components (sometimes referred to as "building blocks") that are subject to policy decisions and are important determinants of health system performance. Recognizing that different policy areas interact and jointly affect performance dimensions – often more than one – makes the task of designing or reforming systems a complex one, but is critical for a systemic approach to health system strengthening.

In order to apply this systemic approach and prioritize its technical assistance, WHO has developed a "FIT for purpose, fit for context" flagship approach to tailor health system support to the situations and challenges of individual countries:

- "F": Building health systems *foundations* in challenging environments;

- "I": Strengthening health system *institutions* where foundations are already in place; and

- "T": Supporting health system *transformation* towards universal health coverage where health systems are mature.

It should be noted that many countries might benefit from all three approaches simultaneously, as different aspects of the health system may require a foundation-building, institution-strengthening or a transformation-focused approach.

WHO'S FOCUS IN 2018–2019

In 2018–2019, the Secretariat will continue to provide tailored "FIT" support to its Member States in strengthening national health systems and increasing their resilience, with a view to progressing towards the goal of universal health coverage. This includes developing, implementing and monitoring national health policies, strategies and plans; establishing sound health governance and financing systems; ensuring the availability of equitable, integrated, people-centred health services through an adequate, competent workforce; ensuring access to safe and essential health services; facilitating access to affordable, safe and effective medicines and other health technologies, including strengthened laboratory and blood transfusion services; promoting needs-driven innovation; improving patient safety and quality of health care; enhancing health information systems; and strengthening research capacity, as well as the generation and management of knowledge and evidence for health interventions and policy-making.

At the same time, WHO will continue developing global public goods, notably in the area the medicines (e.g. norms and standards, regulatory strengthening, prequalification of medicines and other health technologies) and data and information (e.g. global observatories and classifications).

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
4.1 National health policies, strategies and plans	20.5	13.7	17.3	16.7	15.4	16.8	42.3	**142.7**
4.2 Integrated people-centred services	32.5	6.3	16.8	16.6	20.0	16.4	47.3	**155.9**
4.3 Access to medicines and other health technologies, and strengthening regulatory capacity	19.3	7.4	9.7	5.5	8.8	11.2	106.0	**167.9**
4.4 Health systems information and evidence	16.2	8.1	13.9	10.7	12.0	8.3	53.8	**123.0**
Category 4 total	**88.5**	**35.5**	**57.7**	**49.5**	**56.2**	**52.7**	**249.4**	**589.5**

4.1 NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

National health policies, strategies and plans are essential for defining country priorities and budgets, as well as embodying a vision for improving health and financial risk protection, and ensuring health system resilience, while moving closer to universal health coverage. In line with the Sustainable Development Goals, the policies, strategies and plans concerned should go beyond the health sector and be flexible and responsive to crises. Improving health system governance will be essential to increase transparency and accountability among stakeholders.

WHO'S FOCUS IN 2018–2019

WHO will work with 120 Member States to strengthen health governance frameworks and capacities in increasingly decentralized systems, and will promote policy dialogue between health ministries and the private sector, civil society and other sectors. A key part of the health governance approach consists in giving citizens a voice in decision-making processes, as well as in the implementation, monitoring and evaluation of activities to increase accountability, participation, coherence and transparency.

The Secretariat will also support countries in developing, implementing and revising policy options and the related institutional, legal, regulatory and societal frameworks required for national health plans to move

towards universal health coverage. This includes supporting health ministries in leading multisectoral dialogue on national health system strengthening options for moving towards universal health coverage, including: undertaking the appropriate health financing reforms; setting standards; and maintaining global databases on national health policies, strategies and plans, financial protection and health expenditure, and leveraging these for effective engagement with national policy reform processes. Key components will include the generation of evidence of best practice, development and application of tools, institutional capacity building, and lessons learned across countries.

The Secretariat will emphasize an appropriate intersectoral and multistakeholder orientation for whole-of-government, Health in All Policies approaches to national and regional health strategies. It will support the principles of the International Health Partnership for Universal Health Coverage 2030, including national ownership of health priorities, predictable funding, harmonization and alignment with country systems, and mutual accountability for results.

Outcome 4.1. All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage

Outcome indicator	Baseline	Target
Number of countries with a comprehensive national health sector policy/strategy/plan with goals and targets updated within the last five years	115/194 (2016)	125/194 (2019)

Output 4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a "Health in All Policies" approach and equity policies)

Output indicator	Baseline	Target
Number of countries enabled to monitor the progress of their national health policy/strategy/plan during the biennium	0 (2017)	75/125 (2019)

Country office deliverables

- Facilitate the development and implementation of comprehensive national health policies/strategies/plans applying WHO tools and approaches that ensure and/or promote the resilience of health systems and a rights-based approach, respect national ownership, give a voice to the population, improve accountability and policy coherence, and are in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030.

- Support health officials in engaging with the population and stakeholders from the private sector, communities, nongovernmental organizations, civil society, development agencies and other sectors in policy dialogue, in order to develop and implement national health policies, strategies and plans aligned with intersectoral "Health in All Policies" and human rights-based approaches that will increase the resilience of their health systems as part of the effort to promote equitable progress towards universal health coverage and attainment of the Sustainable Development Goals.

- Identify needs and provide support to strengthen country governance capacity, including the institutional, legislative, regulatory and societal frameworks required to increase accountability, participation, coherence and transparency for making progress towards universal health coverage and for tackling critical global health and security priorities such as antimicrobial resistance and emergencies.

Regional office deliverables

- Backstop country offices to provide technical support to Member States for developing, implementing and monitoring comprehensive national health policies/strategies/plans, as well as institutional reforms applying a human rights-based approach, that ensure progress towards attaining equitable universal health coverage and the Sustainable Development Goals, promote health system resilience, respect national ownership, give a voice to the population, improve accountability and policy coherence, and are in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030.

- Generate evidence and document regional good practices and lessons learned on: effective participation of the population and stakeholders from the private sector, communities, nongovernmental organizations, civil society and other sectors in policy dialogue; intersectoral action and "Health in All Policies"; and implementation of priority national health policies, strategies and plans that will increase the resilience of health systems, all as part of the effort to promote equitable progress towards universal health coverage and attainment of the Sustainable Development Goals, "with no one left behind".

- Adapt to the regional context global tools and approaches for improving health system governance, including institutional, legal, regulatory and societal frameworks, and coordinate with regional partners, United Nations system organizations and development partners to improve accountability and transparency and make progress towards equitable universal health coverage and attainment of the Sustainable Development Goals.

Headquarters deliverables

- Generate international best practices and develop guidance to support Member States in leading multistakeholder, bottom-up, inclusive policy dialogue and capacity-building for the development, implementation and monitoring of comprehensive national health policies/strategies/plans that adopt a human rights-based approach, in order to strengthen their health systems and make progress towards equitable universal health coverage and attainment of the Sustainable Development Goals.

- Coordinate with partners globally and assist regional and country offices to facilitate the coordination and alignment of national and external stakeholders in health systems strengthening efforts in support of universal health coverage and attainment of the Sustainable Development Goals, and, where necessary, to develop and sign compacts or other coordination documents in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030.

- Generate international best practices and develop tools and guidance to support Member States in leading institutional reforms, including decentralization, in order to strengthen their health systems in line with the principles of human rights and equity and the values of universal health coverage and attainment of the Sustainable Development Goals.

- Generate international best practices and develop guidance to support Member States in leading multisectoral policy dialogue and capacity-building for effective development and implementation of intersectoral action and "Health in All Policies" oriented towards universal health coverage and attainment of the Sustainable Development Goals.

- Generate international best practices and develop tools and guidance to support Member States in giving citizens a voice in decision-making processes, as well as in the implementation, monitoring and evaluation of activities, with the aim of increasing accountability, participation, coherence and transparency and, consequently, strengthening health systems in line with the principles of universal health coverage and attainment of Sustainable Development Goal 16.

- Generate international best practices and develop tools and guidance to support Member States in developing legal and regulatory frameworks, including regulation of the private sector, with the aim of

strengthening health systems in line with the principles of universal health coverage and attainment of the Sustainable Development Goals.

Output 4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage

Output indicator	Baseline	Target
Number of countries monitoring and reporting their progress in financial protection	50 (2017)	100 (2019)

Country office deliverables

- Facilitate country-level advocacy for, and policy on, national health financing policies/strategies to sustain progress towards the attainment of target 3.8 (universal health coverage) under the Sustainable Development Goals.

- Support countries in institutionalizing the monitoring of information needed to support health financing policy/strategy development and implementation, including financial protection and resource tracking.

- Support/facilitate countries in developing institutional capacity to analyse, develop and implement options for health financing that incorporate lessons learned from other countries or regional and global experiences.

Regional office deliverables

- Backstop country offices to support Member States in developing health financing strategies for the attainment of target 3.8 (universal health coverage) under the Sustainable Development Goals, including institutional capacity development and policy dialogue with national budgetary authorities and other relevant stakeholders on sustainable financing for health.

- Backstop country offices to support Member States in monitoring financial protection and equity in the funding and use of health services, assessing value for money and tracking health expenditures, while also facilitating updates of relevant global databases.

- Synthesize and disseminate lessons learned from country and regional health financing reform experiences, including applying them to training programmes on health system financing for universal health coverage and promoting evidence-informed policy-making.

Headquarters deliverables

- Guide partners at the international level and assist country and regional offices in supporting Member States to sustain progress towards target 3.8 (universal health coverage) under the Sustainable Development Goals by supporting policy dialogue and leading capacity development on health financing, with a focus on strengthening domestic financing arrangements, aligning with public financial management systems, and informing fiscally sustainable transitions away from reliance on external aid.

- Provide conceptual guidance, synthesize best practices, and convene international partners, experts and communities of practice to assist country and regional offices in supporting Member States to design and implement policies linking the allocation of resources to providers according to their performance and the health needs of the populations they serve ("strategic purchasing").

- Refine tools and set standards for resource tracking, promote their use for health financing policy and public accountability, and maintain the global health expenditure database.

- Refine tools and set standards for the measurement of equity and of financial protection, promote their use for health financing policy and the measurement of progress towards the attainment of target 3.8 (universal health coverage) under the Sustainable Development Goals, and maintain a global database on financial protection.

- Conduct economic analysis of the health sector in relation to the rest of the economy to inform policy dialogue at the country, regional and global levels.

- Provide process guidance and develop and refine methods and tools for economic evaluation (incorporating cost–effectiveness, costing and budget impact and equity analyses) to support health intervention and technology assessment, maintain relevant global databases, and promote their use to support evidence-informed decision-making.

4.2 INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

In May 2016, the Sixty-ninth World Health Assembly adopted the framework for integrated people-centred health services[1] and the Global Strategy on Human Resources for Health: Workforce 2030.[2] Both instruments, jointly developed to align investments in health systems, lay out evidence-informed strategic objectives and policy options for Member States in the pursuit of universal health coverage and broader socioeconomic gains in the Agenda for Sustainable Development. The recommendations of the United Nations Commission on Health Employment and Economic Growth build on this foundation, accompanied by immediate actions to accelerate implementation at global, regional and national levels. Activities within this programme area are fully aligned and complementary with these documents, and additionally establish linkages between surveillance, preparedness and core public health capacities under the International Health Regulations (2005), and antimicrobial resistance. Shortages and inadequate distribution of health workers, including physicians, nurses, midwives, pharmacists, mid-level and community-based health workers, laboratory workers and educators, place considerable pressure on countries in addressing the health needs of their populations.

Poor-quality services can compromise health outcomes. WHO's framework for integrated people-centred health services calls for reforms that put individuals, families, carers and communities at the centre of responsive health services. Active community participation is essential to orient services towards community needs. The role of families will gain in importance, especially in supporting patients with long-term care needs.

The Secretariat will support Member States in assessing their health systems and formulating appropriate strategies to ensure access to high-quality, safe and integrated health services throughout the life-course and across the continuum of care, with strong links to social services. Reducing health inequities requires a focus on community-based and primary care services targeted at risk groups, as well as minimizing out-of-pocket payments (by removing user fees) and using other innovative ways to limit health care costs. There also needs to be an increase in geographical access through public services in underserved areas, and in strategies to improve the quality and accountability of the public and private sectors, including actions to overcome gender-driven access barriers. This requires strong multisectoral engagement and cooperation, including participation with civil society and other key actors. Urgent action is required on global employment policies, and on the distribution, management, deployment and retention of health personnel. The Global Strategy on Human Resources for Health: Workforce 2030 and the United Nations Commission on Health Employment and Economic Growth outline a global mismatch between supply, demand and need with regard to the health workforce. Labour mobility continues to grow, highlighting the critical relevance of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

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[1] Resolution WHA69.24.

[2] Resolution WHA69.19.

Countries will need to scale up and improve the technical vocational education and training of health workers, ensure professional certification, and promote equitable distribution and retention. Transformational change in education can determine the appropriate skill mix, which will ultimately lead to cost savings. It is critical to build the institutional and individual capacity of human resources for health to provide effective stewardship of the necessary policy reforms. The establishment of registries of health workers, and the progressive implementation of national health workforce accounts, will underpin analysis and policy reforms. Unregulated private sectors, dysfunctional referral systems and irrational use of technologies continue to be other challenges faced by many countries. In some regions, hospital governance and management will need to be strengthened and hospital reform prioritized, hand in hand with reinforcing primary health care.

WHO'S FOCUS IN 2018–2019

The Secretariat will support the reform of health institutions and services and the strengthening of capacity within health systems to improve access for underserved populations, and examine new approaches for assessing the quality of care in the public and private sectors. This requires broader multisectoral approaches to tackling the social and structural determinants of health. The Secretariat will focus on the implementation of the Global Strategy on Human Resources for Health: Workforce 2030, and the recommendations of the High-Level Commission on Health Employment and Economic Growth, including the five-year action plan 2017–2021. Every country needs to have a robust public health system capable of dealing effectively with unexpected health events. However, public health services and functions are currently fragmented, variable and incomplete, and often disconnected from the health system as a whole. At the same time, there is frequently little common understanding of essential public health functions in a globalized and interconnected world. WHO will therefore continue to work with partners to advance a globally recognized set of public health functions. This can be used as a framework for investment, and can be adapted as a tool for assisting countries to further strengthen global health security, foster the sustainability of health systems and attain wider Sustainable Development Goals, including compliance with the International Health Regulations (2005).

Outcome 4.2. Policies, financing and human resources in place to increase access to integrated, people-centred health services

Outcome indicators	Baseline	Target
Number of countries implementing integrated services	80/194 (2017)	92/194 (2019)
Number of countries reporting on national health workforce disaggregation (by top 10 cadres, place of employment, urban/rural, subnational (second-level) administrative area)	50 (2017)	91 (2019)

Output 4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened

Output indicator	Baseline	Target
Number of countries enabled to implement integrated, people-centred health service strategies through different models of care delivery matched with their infrastructure, capacities and other resources	83/194 (2017)	95/194 (2019)

Country office deliverables

- Identify capacity-strengthening needs in order to move towards universal health coverage through a multisectoral approach.

- Support countries in developing and implementing national strategies while taking into account global frameworks, including the WHO framework on integrated people-centred health services, the WHO

traditional medicine strategy: 2014–2023, and the Global Strategy on Human Resources for Health: Workforce 2030.

- Promote and disseminate, at national and local levels, successful approaches based on public health principles in order to reduce inequalities, prevent diseases, protect health and increase well-being through different models of care delivery matched with infrastructures, capacities and other resources.

- Provide support for delineating the role and improving the performance of primary, hospital, long-term, community and home-based care services within integrated, people-centred health service delivery systems, and strengthening emergency and essential surgical care and anaesthesia, including strengthening their governance, accountability, management, quality and safety, and for responding effectively to emergencies and disasters.

Regional office deliverables

- Backstop country offices in optimizing essential public health functions as a core component of a resilient health system and in support of improving overall health outcomes.

- Develop regional strategies/roadmaps guiding the actions of all stakeholders in support of integrated people-centred service delivery reforms directed towards achieving the Sustainable Development Goals and especially universal health coverage, with special attention to linkages between social and health services.

- Consolidate lessons learned and best practices from countries of the region, and provide platforms for sharing information and interaction between key stakeholders on successful models of service delivery in order to move towards universal health coverage.

- Assist country offices in supporting Member States to engage with communities and other stakeholders on delivery of integrated, people-centred health services, including collecting and sharing best practices and models relating to patient engagement and empowerment at the regional level.

- Backstop country offices in the provision of support to countries in developing and implementing national strategies while taking into account global frameworks, including the Framework on integrated people-centred health services, the traditional medicine strategy: 2014–2023 and the Global Strategy on Human Resources for Health: Workforce 2030.

- Backstop country offices in the provision of technical assistance and capacity-building tools to strengthen primary, hospital, long-term, palliative, community and home-based care services, and strengthening emergency and essential surgical care and anaesthesia, including their governance, accountability, management, quality and safety, as part of an efficient, integrated and people-centred service delivery system, and to enable them to respond effectively to emergencies and disasters.

Headquarters deliverables

- Monitor progress of Member States in using global strategies, including the framework on integrated people-centred health services and strengthening emergency and essential surgical care and anaesthesia, in order to move their health systems towards achieving the Sustainable Development Goals, and in particular the goal of universal health coverage of high-quality services in a continuum from promotion to palliation, as well as the traditional medicine strategy: 2014–2023, and the Global Strategy on Human Resources for Health: Workforce 2030.

- Collect, analyse, synthesize, disseminate and facilitate exchanges of experience among regions on successful models of service delivery and best practices, including surgical, obstetric and anaesthesia service delivery, in order to facilitate adaptation at the regional and country levels and to create linkages across social and health services, with a special focus on performance improvement and accountability in hospitals, primary care and community care, as well as palliative care.

- Refine a globally applicable framework of action on essential public health functions alongside mechanisms for intercountry and interregional technical exchanges.

- Refine a global framework of action on migration and health alongside mechanisms for intercountry and interregional technical exchanges.

- Develop a globally validated approach to support health system underpinning of national emergency preparedness alongside mechanisms for intercountry technical exchanges.

- Develop a framework for action on patient, family and community engagement as well as providing technical assistance and tools to support the implementation of the framework on integrated and people-centred health services.

Output 4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries

Output indicator	Baseline	Target
Number of countries that are implementing national health workforce accounts during the biennium	30/194 (2017)	38/194 (2019)

Country office deliverables

- Support Member States in strengthening health workforce information gathering and reporting on national health workforce accounts and minimum data sets, as well as in implementing regional and global resolutions, such as those on the WHO Global Code of Practice on the International Recruitment of Health Personnel, and on education, retention, nursing and midwifery.

- Provide policy advice and support for strengthening Member States governance and capacity to develop and implement human resources for health strategies in line with the Global Strategy on Human Resources for Health: Workforce 2030 and the framework on integrated people-centred health services, as well as regional health workforce strategies.

- Provide policy advice and support for the strengthening of Member States' governance and capacity to implement recommendations of the Commission on Health Employment and Economic Growth, with a particular focus on ensuring benefits across the Sustainable Development Goals, specifically education (Goal 4), gender equality (Goal 5), decent work and economic growth (Goal 8), and reduced inequalities (Goal 10).

- Support Member States in educating and training a suitably equipped workforce to address critical global health priorities, such as the prevention and control of epidemics and other emergencies, in line with the International Health Regulations (2005) and the global action plan on antimicrobial resistance.

Regional office deliverables

- Provide guidance and monitor the implementation of national health workforce accounts in order to facilitate strategic planning and the updating, strengthening and integration of regional databases and observatories on human resources for health as part of health information systems.

- Monitor progress at national and regional levels on implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and global and regional workforce strategies.

- Backstop country offices on strengthening Member States' governance and capacity to implement the Global Strategy on Human Resources for Health: Workforce 2030, the framework on integrated people-centred health services and regional health workforce strategies.

- Backstop country offices on strengthening Member States' governance capacity and capacity to implement recommendations of the Commission on Health Employment and Economic Growth, with a particular focus on ensuring benefits across the Sustainable Development Goals, specifically education (Goal 4), gender equality (Goal 5), decent work and economic growth (Goal 8), and reduced inequalities (Goal 10).

- Support intercountry and regional approaches to building health workforce capabilities for critical global health priorities, such as the prevention and control of epidemics and other emergencies, in line with the International Health Regulations (2005) and the global action plan on antimicrobial resistance.

Headquarters deliverables

- Provide guidance and monitor the implementation of national health workforce accounts in support of strategic planning; update and maintain health workforce global databases and statistics, including monitoring implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

- Communicate, disseminate and support implementation of the Global Strategy on Human Resources for Health: Workforce 2030, the framework on integrated people-centred health services and existing World Health Assembly resolutions.

- Communicate, disseminate and support implementation of the recommendations of the Commission on Health Employment and Economic Growth with particular focus on ensuring benefits across the Sustainable Development Goals, specifically education (Goal 4), gender equality (Goal 5), decent work and economic growth (Goal 8), and reduced inequalities (Goal 10).

- Support global approaches to building health workforce capabilities for critical global health priorities, such as the prevention and control of epidemics and other emergencies, in line with the International Health Regulations (2005) and the global action plan on antimicrobial resistance.

Output 4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage

Output indicator	Baseline	Target
Number of countries enabled to develop and implement strategies for improving patient safety and quality of health services at the national level within the context of universal health coverage	77/194 (2017)	89/194 (2019)

Country office deliverables

- Identify national capacity-strengthening needs and support Member States in improving the quality and safety of health services, through regulation, accreditation and measurement of outcomes.

- Facilitate the engagement and empowerment of communities and patients through patient initiatives, networks and associations.

- Support Member States in improving hygiene and infection prevention and control practices, particularly to combat antimicrobial resistance in health care settings.

Regional office deliverables

- Adapt, disseminate and support implementation of policies, guidelines and innovative tools for supporting the assessment and strengthening of the quality and safety of health services.

- Assist country offices to support Member States in dealing with global patient safety challenges and in implementing quality improvement efforts in general, including the accreditation and regulation of health facilities.

- Facilitate the development of partnerships and support regional networks of providers, such as innovative hospital-to-hospital partnerships, and the engagement of communities and patients through the Patients for Patient Safety network and other patient initiatives and associations.

- Backstop country offices to support Member States in improving hygiene and infection prevention and control practices, particularly to combat antimicrobial resistance in health care settings.

Headquarters deliverables

- Provide specialized expertise where needed in regions and countries for enhancing hygiene and infection prevention and control practices, particularly those associated with invasive and surgical procedures, preventing sepsis and combating antimicrobial resistance in health care settings, including through promoting the integration of education on antimicrobial resistance in professional training and the implementation of the WHO core components for infection prevention and control.

- Develop best practices, policies, guidelines and innovative approaches for assessing and improving patient safety and quality, including technical issues of clinical governance and risk management; support networks of providers, and facilitate the engagement and empowerment of patients, families and communities; and partnership approaches for performance improvement within the context of universal health coverage.

- Develop and support the application of evidence concerning global technical norms and standards on the safety and quality of traditional, complementary and integrative medicine.

- Support a global patient safety challenge on medication safety in collaboration with the programme area on Access to medicines and other health technologies and strengthening regulatory capacity, in order to reduce medication errors and medication-associated harm, using the best available evidence, and develop and implement strategies, guidance and tools to improve overall safety and quality of the medication process.

- Develop policies, guidelines and innovative tools for encouraging global consensus on a framework of ethical principles for blood and other medical products of human origin, including systems for good governance and management, and surveillance and vigilance approaches.

- Develop a globally validated approach to the development and refinement of national quality policies and strategies within the context of universal health coverage, alongside mechanisms for intercountry technical exchanges.

- Establish global partnerships to address issues arising in the field of human genomics, including birth defects and haemoglobinopathies.

4.3 ACCESS TO MEDICINES AND OTHER HEALTH TECHNOLOGIES [1] AND STRENGTHENING REGULATORY CAPACITY

- Universal access to health services is dependent on the accessibility of affordable medicines and other health technologies (vaccines, diagnostics and devices) of assured quality, and their rational and cost-effective use. This programme area has accordingly been highlighted as one of the six WHO leadership priorities in the Twelfth General Programme of Work 2014–2019. Medicines and other

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[1] The term "health technologies" refers to devices, including assistive technologies, medicines, vaccines, procedures and systems, developed to solve health problems and improve the quality of lives.

health technologies are the second-largest component of most health budgets (after human resources costs), and the largest component of private health expenditure in low- and middle-income countries. In most of these countries, regulatory systems are weak and the safety, efficacy and quality of medicines and other health technologies cannot be guaranteed. This perpetuates inequitable access to quality medicines and impedes the right to health.

WHO'S FOCUS IN 2018–2019

- WHO will continue to support the development of appropriate national policies for medicines and health technologies, based on principles of good governance, rational procurement and management of prices, as well as ensuring optimal prescribing and appropriate use.

- WHO will intensify the strengthening of national and regional regulatory systems and promote the rational use of medicines and other medical technologies, as an important component of the global action plan on antimicrobial resistance. Models of effective stewardship will be developed. The Secretariat will continue to enhance and broaden WHO's prequalification programme to ensure that affordable, good-quality priority medicines, diagnostics and vaccines are available to those in need, covering all disease areas in the WHO Essential Medicines List. This will require enhanced support for regional and national regulatory authorities, as well as the strengthening of regulatory systems. Such activities will contribute to tackling the impact of substandard and falsified medical products.[1]

- In addition, the Secretariat will continue to support implementation of the global strategy and plan of action on public health, innovation and intellectual property, and evaluation of its effectiveness. The work will include promoting capacity for innovation in developing countries, strengthening country capacity to manage intellectual property rights issues, stimulating technology transfer and facilitating local production to increase access to health technologies. Linked to this effort will be the strengthening of WHO's Global Observatory on Health Research and Development.

- Core normative work through the expert committees on the selection and use of essential medicines, drug dependence, biological standardization, international nonproprietary names and specifications for pharmaceutical preparations will continue to underpin WHO's unique role in the area of medicines and other health technologies.

- As demand for traditional and complementary medicine is increasing and countries recognize the need to develop a cohesive and integrated approach, the Secretariat will support Member States in fully integrating traditional and complementary medicines of proven quality, safety and efficacy into their health systems.

Outcome 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies

Outcome indicator	Baseline	Target
Availability of tracer medicines in the public and private sectors	65% (2017)	75% (2019)

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[1] In January 2017, the Executive Board adopted decision EB140(6), in which it recommended that the Seventieth World Health Assembly request the Director-General to replace the term "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" with "substandard and falsified medical products" as the term to be used in the name of the Member State mechanism and in all future documentation on the subject of medical products of this type.

Output 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools

Output indicator	Baseline	Target
Number of countries developing and implementing national policies, strategies and/or tools for improving availability and affordability of essential medicines and other health technologies	133/165 (2017)	159/194 (2019)

Country office deliverables

- Provide/coordinate technical support for revising and effectively implementing national policies, strategies and tools for access to and rational use of affordable essential medicines, including antimicrobials, vaccines and other health technologies.

- Support institutionalization and capacity-building efforts to enhance sustainable access to and rational use of medicines, vaccines and other health technologies, including in emergency and disease outbreak settings.

- Support the establishment, maintenance and effective use of national databases for collecting and analysing data on national consumption and prescribing of essential medicines, including antimicrobials.

- Provide technical assistance for procurement and supply chain management, to improve access to affordable quality medicines and other health technologies.

Regional office deliverables

- Collate, analyse, synthesize and disseminate country information on access to and use of medicines and other health technologies, including antimicrobials.

- Assist country offices in developing/adapting policies, strategies and technical guidelines to promote access to and evidence-based selection and rational use of medicines, vaccines and other health technologies, including essential medicine/technology lists and building their capacity.

- Backstop country offices in providing technical assistance to Member States in surveillance and collection of data on access to and use of quality essential medicines, vaccines and other health technologies.

- Publish regional reports on trends related to availability, prices and financial mechanisms for essential medicines and medical devices.

- Backstop country offices in supporting the capacity of Member States to establish and strengthen policies, strategies and/or tools to improve prescribing and use of medicines and other health technologies, and to curb irrational use of antimicrobials.

Headquarters deliverables

- Develop guidance, based on evidence and best practice, on policies for better availability and access to affordable essential medicines, vaccines and other health technologies, and for evidence-based selection and rational use in countries, using health technology assessment tools, including the WHO Model List of Essential Medicines and similar lists of health technologies.

- Develop, enhance and maintain global observatories/databases for data on policies and practices for availability, access to and rational use of affordable essential medicines and other health technologies for use in countries, including, for example, on prices and availability.

- Develop and update policy guidance, best practice and tools for promoting fair pricing of medicines and health technologies that are based on evidence related to mechanisms that influence prices, such as cost of production, research and development, and pooled procurement.

- Develop and update policy guidance, best practice and tools for an efficient supply chain and for improved availability of essential medicines, vaccines and health technologies in countries.

- Develop and update policy guidance, best practice and tools for rational use of medicines in countries, including antimicrobial medicines, and support development of stewardship programmes in countries.

- Develop and update policy guidance, best practice and tools for improving governance of pharmaceutical services in countries, including in hospitals, taking into account the role of the private sector in contributing to quality public health-oriented pharmaceutical services.

Output 4.3.2. Implementation of the global strategy and plan of action on public health, innovation and intellectual property

Output indicator	Baseline	Target
Number of countries that report data on product research and development investments for health	71/194 (2017)	100/194 (2019)

Country office deliverables

- Support the collection and dissemination of information on progress and challenges affecting implementation of the global strategy and plan of action on public health, innovation and intellectual property.

- Support Member States in implementing standards for ethical and appropriate clinical trials of medicines, including those involving children, and facilitate coordination to promote the sharing of paediatric and other clinical trial information.

Regional office deliverables

- Establish, update and maintain regional observatories for health research and development, or a regional web-based platform on health innovation and access to health technologies.

- Provide technical expertise to country offices to support implementation of the various elements of the global strategy and plan of action on public health, innovation and intellectual property.

Headquarters deliverables

- Strengthen innovation capacity for research and development to improve access to medicines and other health technologies through dissemination of policy options on the application and management of intellectual property.

- Provide oversight and support for implementing the global strategy and plan of action on public health, innovation and intellectual property, including guidance on strategic local production of medicines and technologies.

- Provide leadership for implementation of the Research and development blueprint for action to prevent epidemics for which no or limited countermeasures exist, in collaboration with other relevant WHO programme areas.

Output 4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification

Output indicators	Baseline	Target
Number of national regulatory authorities ensuring core regulatory functions for medicines and vaccines	50/194 (2015)	72/194 (2019)
Number of national regulatory authorities that have all basic regulatory controls included in their legislation (medical devices)	33/194 (2015)	48/194 (2019)

Country office deliverables

- Support national capacity-building for implementing WHO technical guidelines, norms and standards related to quality assurance and control and safety of medicines, vaccines and other health technologies.

- Support strengthening of regulatory systems in order to foster appropriate practices for optimizing stewardship of antimicrobials in combating antimicrobial resistance.

- Strengthen national regulatory authorities' functions for medicines, vaccines and other health technologies.

- Support data collection and reporting by national regulatory authorities on safety issues with medicines, vaccines and other health technologies, including on substandard and falsified medical products, pharmacovigilance, haemovigilance and technovigilance.

- Support implementation of surveillance systems to prevent, detect and respond to the risk of substandard and falsified medical products entering the supply chain.

- Support the use of the WHO benchmarking tool in national regulatory authority self-assessment and promote the institutional development plan in addressing identified weaknesses and gaps.

Regional office deliverables

- Provide technical assistance to country offices for strengthening national regulatory authorities and systems, including in the implementation of WHO norms and standards for quality assurance and safety of health technologies and use of the WHO benchmarking tool in national regulatory authority assessment and self-assessment, and promote, support and implement the institutional development plan in addressing identified weaknesses and gaps.

- Facilitate country collaboration leading to the progressive convergence of regulatory practices across countries in the region and across regions in order to improve their quality and efficacy.

- Support global initiatives to develop new models for the prequalification of medicines, vaccines and other health technologies.

- Facilitate regional platforms in order to foster international collaboration and sharing of best practices in safety, pharmacovigilance and monitoring and regulation of supply chains, and raise awareness of substandard and falsified medical products.

- Provide technical expertise to country offices in strengthening regulatory systems to support appropriate practices for optimizing use of antimicrobials and combating antimicrobial resistance.

Headquarters deliverables

- Develop and support the application of global technical guidelines, norms and standards for the quality assurance and safety of medicines, vaccines and other health technologies, including for complex biological products, biotherapeutic and similar products, blood products, in vitro diagnostics

and new medicines for human use based on gene therapy, somatic cell therapy and tissue engineering.

- Convene WHO's Expert Committees on Biological Standardization and on Specification for Pharmaceutical Preparations, taking into account technological advances in the characterization of biological and biotherapeutic products, national regulatory needs and capacities and gender balance, equal regional representation and diversity of technical competence.

- Provide global leadership to strengthen regulatory systems and facilitate progressive convergence of regulatory practices, reliance and work-sharing by promoting interaction between different networks and initiatives, application of the WHO global national regulatory authority benchmarking tool and process, formation of a global coalition of development agencies and centres of excellence, and development of a series of guidelines and tools on best regulatory practices.

- Host and maintain the global regulatory intelligence repository, including developing and updating relevant databases in the area of good regulatory practices and capacity-building.

- Prequalify medicines, vaccines and other health technologies (including vector control products) for international procurement, while developing and piloting new prequalification models.

- Facilitate global platforms in order to foster international collaboration and sharing of data on, and best practice in, safety, pharmacovigilance and monitoring and regulation of supply chains, and to prevent and combat substandard and falsified medical products.

- Host and support global advisory bodies on product safety to evaluate benefit-risk and communicate data to national authorities.

- Provide leadership in strengthening regulatory systems and support best practice in optimizing the use of antimicrobials and combating antimicrobial resistance.

4.4 HEALTH SYSTEMS, INFORMATION AND EVIDENCE

- Information and evidence are the foundations of sound public health policies and programmes, resource allocation and decision-making for health. Health information systems that provide accurate, timely and complete information on health situations and trends, meet local demands for better planning and implementation, and assess progress towards attainment of the health-related Sustainable Development Goals, are still inadequate in many countries. The information gaps are particularly large in terms of identifying and monitoring widespread inequities, which are critical in informing policies, programmes and interventions. The work includes the disaggregation of data by sex, age and other key equity variables, and the routine collection of data on health inequities and their determinants.

- There are also major gaps in evidence about what works and the related costs, and in uptake of knowledge and evidence to improve policies and programmes. At the global level, WHO will focus on providing strategic and technical advice, as well as advocacy, on the basis of sound monitoring of health research and development through WHO's Global Observatory on Health Research and Development, promotion of high-quality systematic review-based guidelines and public health ethics, and maintenance of a clinical trials registry platform. Regarding Member States, WHO will focus on building capacity to engage in research, following globally accepted ethical principles, in order to generate knowledge and translate it into policy and practice for the strategic use of information and communication technologies in health services and systems. Equitable and sustainable access to health knowledge remains a vital need.

- The Secretariat will support Member States in strengthening health information systems, emphasizing the use of innovative approaches to the collection, transfer, analysis and communication of data, including all major data sources. Special attention will be paid to enhancing civil registration and vital statistics systems, to monitoring progress towards the health-related Sustainable Development Goals

and targets, including universal health coverage, and to making use of electronic facility reporting systems. This work will also be useful in surveillance, including for disease outbreaks.

WHO's FOCUS IN 2018–2019

- WHO will continue to monitor and disseminate data on the health situation and trends at global, regional and national levels through global and regional health observatories. The Secretariat will launch the 11th revision of the International Classification of Diseases and further update the international classification systems used to guide the provision of health services and to maintain epidemiological and other records, including accurate mortality statistics.

- The Organization will continue to provide strategic guidance and support to countries for implementation of national strategies on the use of information and communication technologies for health (eHealth) and on medical and public health practice supported by mobile devices (mHealth), for improving the standardization and interoperability of eHealth services and information systems, innovation and electronic learning, and for assessing global trends and building the evidence base for eHealth.

- WHO will also work towards: developing evidence-based guidelines and tools; producing multilingual and multiformat information products; enabling sustainable access to up to date scientific and technical knowledge for health care professionals; maintaining platforms for sharing information on clinical trials and health research; managing and supporting knowledge networks; generating and translating evidence into policies and practices; and promoting the appropriate use of information and communication technologies.

Outcome 4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities

Outcome indicator	Baseline	Target
Number of countries that have annual good quality equity-oriented public analytical reports for informing regular reviews of the health sector strategy	80 (2017)	100 (2019)

Output 4.4.1. Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants using global standards, including data collection and analysis to address data gaps and system performance assessment

Output indicator	Baseline	Target
Number of countries that have produced a comprehensive health situation and trends assessment during 2018–2019	100 (2017)	120 (2019)

Country office deliverables

- Regularly review and assess the national and subnational health situation and trends using comparable methods, taking into account national, regional and global priorities on the Sustainable Development Goals, and ensure quality of statistics.

- Generate and consolidate information and corresponding national and subnational statistics at an appropriate level of disaggregation using internationally agreed standards and methods in support of evidence-informed policy-making.

- Support the use of international standards for health information systems and for health data management.

- Support timely data sharing and reporting on indicators, especially those related to the Sustainable Development Goals or approved by WHO's governing bodies.

- Advocate and support the provision of effective open data policies and tools, and the allocation of sufficient policy support and resources to strengthen equity-oriented national and subnational health information systems and other innovations in health information system development, including individual health record-based systems.

- Support the development and implementation of strategies, actions and investment plans for health information, as well as civil registration and vital statistics systems.

- Support the development and implementation of open health data, including structured and unstructured data.

Regional office deliverables

- Regularly assess regional and national health situations and trends using comparable methods and taking into account regional priorities and targets, and ensure quality of all WHO information products, with a focus on health and the health-related Sustainable Development Goals.

- Generate and consolidate information through regional health information observatories, data platforms and monitoring dashboards in order to support evidence-informed policy-making on progress in attaining the Sustainable Development Goals, taking account of, and collaborating with, other relevant supranational agencies in the region.

- Develop, adapt, disseminate and advocate use of standards, methods and tools for health-related information for countries, including regional strategy/framework/models on monitoring the health and health-related Sustainable Development Goals/universal health coverage.

- Establish and lead related regional and subregional collaborative and peer-learning networks and activities, including technical forums and regional expertise networks, to strengthen capacity in countries for tracking of progress towards attainment of the Sustainable Development Goals and universal health coverage and improve accountability.

- Backstop country offices to provide technical support to countries to strengthen national institutional capacity for equity-oriented monitoring and evaluation of public health using data from routine health information systems, surveys and other sources, such as civil registration and vital statistics systems, as well as to improve the quality, inequity measurement, analysis, dissemination and use of national and subnational statistical reports, with emphasis on monitoring progress towards attainment of the Sustainable Development Goals.

- Identify and generate best practice and innovative methods for health information system strengthening and evidence-informed decision-making at all levels.

- Strengthen country analytical expertise through regional capacity-building activities.

- Strengthen country capacity through the enhancement or establishment of regional or subregional health information networks in health information and evidence for policy.

Headquarters deliverables

- Assess the global, regional and country health situation and trends using comparable methods on a regular basis and ensure the quality of all WHO statistics and estimates, with a focus on monitoring progress towards attainment of the health and health-related Sustainable Development Goals.

- Generate and consolidate information and corresponding global, regional and national statistics through the Global Health Observatory in order to support evidence-informed policy-making.

- Develop, revise and publish standards for health information, including revision of the International Classification of Diseases and standards related to monitoring progress towards attainment of the Sustainable Development Goals.

- Develop tools and guidance to strengthen equity-oriented national health information systems and monitor progress towards global targets, and align global partners in support of strengthening country and regional systems as part of the Health Data Collaborative.

- Ensure that WHO has developed and is implementing a strategy on innovation, such as the use of big data, geospatial information and related advances in health information systems.

- Support regional offices in strengthening their capacity to provide technical cooperation throughout the region they serve.

Output 4.4.2. Countries enabled to plan, develop and implement an eHealth strategy

Output indicator	Baseline	Target
Number of countries that have developed and are implementing an eHealth strategy	110/194 (2017)	120/194 (2019)

Country office deliverables

- Support capacity-building and partnerships in developing and implementing a national eHealth strategy to improve health services and evidence-based policy-making, including shifting to electronic health records.

- Support further use of mHealth in noncommunicable diseases management and improving mother and child health care on the basis of national priorities and needs.

Regional office deliverables

- Support capacity-building and partnerships in developing and implementing a national eHealth strategy to improve health services and evidence-based policy-making, including shifting to electronic health records.

- Collect and synthesize good practices and facilitate access to knowledge, experience, resources and networks in order to build the evidence base on eHealth.

- Assist country offices in the provision of support to countries in the development and implementation of national eHealth strategies, and in the application of eHealth standards for more sustainable and effective interoperability and strengthening of national eHealth architecture.

- Engage with eHealth and innovation partners to harmonize regional activities in support of the role and applications of technology, such as electronic health records, in achieving universal health coverage and the Sustainable Development Goals.

- Promote the development of national health information exchange platforms, including use of unique identifiers and registries for patients and clients, health facilities and the health workforce.

- Provide support to the integration of national health systems through harmonization of health information and standardization of service delivery processes, aided by technology.

- Adapt guidelines to facilitate the evaluation of eHealth services in countries.

- Identify priority areas for action and promote the use of evidence-based mHealth approaches to improve service delivery for universal health coverage, including maternal and child health and noncommunicable diseases.

Headquarters deliverables

- Collaborate with the United Nations system and other stakeholders to promote standards and provide guidance, tools and resources for the development of national eHealth strategies and the adoption of eHealth standards and tools.

- Build the evidence base on eHealth and disseminate the information and evidence collected by means of the WHO Global Observatory for eHealth.

- Provide policy guidance and resources on eHealth governance, including ethics, privacy and security.

- Promote the use of evidence-based eHealth/mHealth approaches to improving service delivery, and to improving access to care, as well as the quality and safety of care.

Output 4.4.3. Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge

Output indicator	Baseline	Target
Number of publications that synthesize evidence and provide policy options for decision-making	400 (2017)	440 (2019)

Country office deliverables

- Establish mechanisms for continually strengthening national capacity in knowledge management and translation to support the implementation of public health policies and interventions.

- Support adaptation/development of evidence-informed public health and clinical practice guidelines linked to national health priorities.

- Identify national expertise for potential incorporation in the global compendium of national expertise and other expertise locator systems.

- Advocate for efficient use by countries of WHO's information products and knowledge management platforms; advise technical producers on appropriate formats/languages; and support the use of knowledge management platforms, including the HINARI Access to Research in Health programme, the WHO Institutional Repository for Information Sharing and other technical information products, such as the Virtual Health Library.

Regional office deliverables

- Assist country offices to provide support for strengthening national capacity in identifying, generating, translating and using evidence for policy-making through platforms for knowledge translation, such as the Evidence-informed Policy Network.

- Support the relevance and quality of the contribution of regional networks of WHO collaborating centres to national, regional and global health priorities in evidence-informed health policy-making.

- Facilitate and sustain access to key information products and resources, including regional Index Medicus databases, the HINARI Access to Research in Health programme, the Institutional Repository for Information Sharing and the network of WHO documentation centres.

- Produce, publish and disseminate information products in line with regional priorities and in relevant languages and standardized formats.

- Support capacity-building of WHO staff in knowledge management, covering the use of knowledge tools and accessing key information products and resources in publishing and librarianship, including the Global Information Full Text project.

- Improve regional capacity in the adaptation of evidence-based public health and clinical practice guidelines, and development of policy briefs or similar products that facilitate health policy-making.

Headquarters deliverables

- Develop tools and methodologies for strengthening national capacity to identify, translate and use evidence for policy through platforms on knowledge translation.

- Support national, regional and global health priorities through the global network of WHO collaborating centres, advisory and expert committees/panels.

- Consolidate the Institutional Repository for Information Sharing as the sole repository for all WHO information products, promote the use of the Global Index Medicus, and provide access to medical, technical and scientific literature for all low-income countries, including through the HINARI Access to Research in Health programme.

- Produce, publish and disseminate information products in line with WHO's global priorities and in relevant languages and formats.

- Set norms and standards for publishing by WHO through the Publishing Policy Coordination Group and provide access to medical, technical and scientific literature for all WHO staff through the Global Information Full Text project.

- Strengthen and ensure the quality and evidence base of WHO guidelines through the Guidelines Review Committee.

Output 4.4.4. Policy options, tools and technical support provided to promote and increase research capacity on health and address ethical issues in public health and research

Output indicator	Baseline	Target
Number of countries that have an explicit national policy requiring all research involving human subjects to be registered in a recognized public registry	76 (2017)	81 (2019)

Country office deliverables

- Identify capacity-strengthening needs and provide support to Member States in areas such as governance for health research, health systems research, and ethical conduct and publication of health research in support of universal health coverage.

- Support Member States in identifying and addressing ethical issues related to implementation of public health programmes and health service delivery.

- Support health ministries in improving research capacity, setting research priorities, conducting implementation and evaluative research to assess the impact of health programmes and different policies, and providing the evidence base for sound decision-making based on national priorities.

Regional office deliverables

- Facilitate regional priority-setting for health research, for example through advisory committees on health research or other consensus-building mechanisms on the basis of regional or national health priorities, with a focus on universal health coverage and the health-related Sustainable Development Goals.

- Establish and strengthen WHO's regional research ethics review committees and backstop country offices in supporting national ethics reviews committees.

- Assist country offices in supporting Member States to develop and increase their capacity in the governance and conduct of public health and health systems research, and in the registration of clinical trials.

- Assist country offices in supporting Member States to identify and address ethical issues related to the implementation of public health programmes and service delivery, including in emergency settings.

- Assess research capacity and research and development structures in countries and assist country offices to support ministries of health in improving research capacity.

Headquarters deliverables

- Facilitate priority-setting and consolidation of a global agenda on research for health, with a focus on universal health coverage and the health-related Sustainable Development Goals.

- Develop and disseminate tools, standards and guidelines for public health and research ethics, including through further development of WHO's international clinical trials registry platform and the WHO Research Ethics Review Committee.

- Facilitate global platforms and networks for consensus-building on priority ethical issues related to public health, health services and research for health, with a focus on data and information systems.

- Work with Member States and partners to establish a sustainable repository for research on antimicrobial resistance and diseases of epidemic potential, as part of the Observatory on Global Health Research Development agenda for closing major gaps in knowledge about antimicrobial resistance.

LINKAGES WITH THE SUSTAINABLE DEVELOPMENT GOALS

WHO's achievements in this category will have strong contributions to the achievement not only of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) but also to almost every other Goal. The pursuit of universal health coverage contributes to the broad security agenda (Goal 16 on promoting peaceful and inclusive societies). The principles of universal health coverage are clearly linked to reducing inequalities (Goal 10) and gender equality (Goal 5).

The Sustainable Development Goals help to bring coherence to different sector policies and are a tool for breaking down barriers and building partnerships to bring coherence to policies and actions (Goal 17 on strengthening means of implementation). WHO will continue to engage global health actors beyond WHO, such as UNICEF, UNFPA, UNDP, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, as well as others outside the health sector. Of particular importance will be the financing sector (in collaboration with the IMF, the OECD, the World Bank and regional development banks, in particular) and the workforce education sector (in collaboration with UNESCO, towards Goal 2). Health systems also need to engage with the labour market sector (in collaboration with ILO and OECD) to ensure that labour conditions and decent work (Goal 8) are conducive to reducing current and future gaps in the health workforce, and that the potential of the health sector to support inclusive economic growth (Goal 8).

Synergies and collaboration

Implementation of the Sustainable Development Goals calls for synergies and collaboration between technical programmes within WHO, while other non-health sectors also need to be strengthened. In order to focus collaboration within and between categories most effectively, support will be provided to countries across the three levels of the Organization, such as in health service delivery in order to scale up universal health coverage at the country level. There needs to be a link between the work on health systems development and disease- or population-specific service delivery programme areas in other categories, such as: maternal, child, adolescent, adult and older people's health (promoting health through the life-course); immunization, HIV/AIDS, tuberculosis, malaria and other infectious diseases (communicable diseases); and noncommunicable diseases and violence and injury prevention (noncommunicable diseases). As health systems are also essential in preparing for, responding to and recovering from health emergencies of all types, there is also an integral link with the WHO Health Emergencies Programme.

The health systems category also has linkages with WHO's cross-cutting work on gender, human rights, equity and social determinants of health. In reorienting health systems so that they mitigate health inequities, it is imperative to address social determinants of health, gender inequality and human rights. The health systems category will therefore work closely with the category on promoting health through the life-course to operationalize WHO's commitments to health equity and the right to health. The health systems category will also work closely with the communicable diseases category to implement the research and development blueprint for action to prevent epidemics.

Maximizing access to medicines and other health technologies requires collaboration with WIPO and WTO on intellectual property and trade issues. Work on eHealth and mHealth will continue to be conducted jointly with ITU, in collaboration with international standard-setting organizations. For information and evidence, the Health Data Collaborative offers a global platform for streamlining all major global and country efforts to strengthen country health information systems, with WHO in a central facilitating role.

Certain priority areas of work need engagement across the three levels of the Organization, as well as by all categories and sectors. Combating antimicrobial resistance, one such priority area, will provide an opportunity for demonstrating how the health systems category can bring together the other categories in order to overcome a major public health challenge.

E. WHO HEALTH EMERGENCIES PROGRAMME

The work of the WHO Health Emergencies Programme over the coming years will continue to address the challenges outlined in United Nations General Assembly resolution 70/1 of September 2015, in which the General Assembly adopted the 17 Sustainable Development Goals and 169 targets that have been codified in the 2030 Agenda for Sustainable Development. In adopting the resolution, the members of the General Assembly warned that "global health threats, more frequent and intense natural disasters, spiralling conflict, violent extremism, terrorism and related humanitarian crises and forced displacement of people threaten to reverse much of the development progress made in recent decades".

Climate change, increasing urbanization, globalization and an intensification of civil conflicts are increasing the frequency and severity of emergencies with health consequences. An outbreak of even a limited number of cases can spark high levels of concern and response activity, while large-scale emergencies cause widespread death and suffering. Irrespective of the hazard, emergencies disproportionately affect the poorest and most vulnerable people. The resulting economic cost averages over US$ 100 billion per year. The appropriate and timely management of risk requires effective national and international capacities and collaboration. Working more closely with partners is essential: WHO cannot deliver results alone.

The vast majority of health emergencies and disease outbreaks with high morbidity and mortality occur in less developed countries with limited capacity to prepare for and respond effectively to emergencies. Everything the WHO Health Emergencies Programme does must contribute to the delivery of better results at country level. To prevent, detect and respond to emergencies, the Programme focuses on building country capacity with the requisite support from national, regional and global partners.

A pyramid conceptual framework provides a high-level vision and focus for the programme. At its foundation are strong health systems and essential public health services, especially in the most highly vulnerable countries, upon which the Programme consistently and rigorously supports Member States to: build all-hazards emergency preparedness, mitigation and response capacities; develop long-term interagency strategies to prevent and control infectious diseases; and utilize a strong, resourced and efficient detection, risk assessment and response arm that projects WHO and partner capacities for maximum impact in support of national health authorities.

The work of the WHO Health Emergencies Programme is organized around five major areas: (E1) infectious hazard management, to ensure that strategies and capacities are established for priority high-threat infectious hazards; (E2) country health emergency preparedness and the International Health Regulations (2005), to ensure that country capacities are established for all-hazards emergency risk management; (E3) health emergency information and risk assessment, to provide timely and authoritative situation analysis, risk assessment and response monitoring for all major health threats and events; (E4) emergency operations, to ensure that populations affected by emergencies have access to an essential package of life-saving health services; and (E5) emergency core services, to ensure that the WHO Health Emergencies Programme is rapidly and sustainably financed and staffed.

This section sets out the results framework for the WHO Health Emergencies Programme. As one programme across the three levels of the Organization with five major areas of work, the WHO Health Emergencies Programme works as one team to deliver results. The roles and responsibilities of each of the levels of the Organization and delegation of authority in the WHO Health Emergencies Programme has been specified in the report of the Director-General on the reform of WHO's work in health emergency management (document A69/30).

WHO'S FOCUS IN 2018–2019

This mission of the WHO Health Emergencies Programme is to help countries, and to coordinate international action, to prevent, prepare for, detect, rapidly respond to and recover from outbreaks and emergencies. The

budget for the WHO Health Emergencies Programme has been designed to achieve this by carefully balancing the required normative and technical roles of WHO (led primarily at headquarters and regional office levels) with the need to strengthen operational response on the ground (particularly at country level, with support from headquarters and regional offices). In the biennium 2018–2019 there is an increase, relative to the biennium 2016–2017, in the budget levels for regional offices and even more so for country offices. Moreover, the budget has been expanded in the areas of the WHO Health Emergencies Programme that were historically under-resourced, particularly health emergency information and risk assessment, emergency operations and emergency core services. The budget also reflects the priorities as outlined by Member States in their input to the development of the 2018–2019 budget in the discussions held in regional committees in 2016 and the Executive Board in 2017.

The continued focus of the work of the WHO Health Emergencies Programme in 2018–2019 will be: (1) ensuring robust and timely risk assessment and response to every significant new acute event (an all-hazards approach); (2) fostering strengthened partnerships for coordinated and predictable collective action; (3) developing and supporting the implementation of high-quality, comprehensive national prevention and preparedness action plans; (4) implementing the country business model in specific priority countries to ensure delivery of programmatic results; and (5) developing high-profile, disease-specific strategies and applying them at country level.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
E.I. Infectious hazard management	20.0	7.0	3.3	6.3	10.1	3.8	43.3	**93.8**
E.2 Country health emergency preparedness and the International Health Regulations (2005)	40.6	9.4	13.0	13.0	14.6	19.7	36.5	**146.8**
E.3 Health emergency information and risk assessment	15.4	3.2	3.1	3.9	12.4	5.3	20.2	**63.5**
E.4 Emergency operations	43.7	6.2	7.1	5.8	37.4	5.5	48.3	**154.0**
E.5 Emergency core services	21.5	3.5	4.5	4.2	18.4	3.8	40.2	**96.1**
WHO Health Emergencies Programme total	**141.2**	**29.3**	**31.0**	**33.2**	**92.9**	**38.1**	**188.5**	**554.2**

E.1   INFECTIOUS HAZARD MANAGEMENT

Emerging and re-emerging epidemic diseases pose an ongoing threat to global health security, and the list of infectious hazards is growing. The Infectious Hazard Management department provides technical support to countries and communities to prevent and control epidemics. This includes prepositioning reagents and drugs so that they are readily accessible, managing global vaccine emergency stockpiles, deploying technical field assistance, helping strengthen national response capacity, and supporting preparedness plans.

Global strategies are being developed with partners from a wide range of technical, scientific and social fields, to counter high-threat infectious hazards such as cholera and yellow fever. During 2018–2019 this work will continue. Expert systems and networks will be further strengthened, and emphasis will continue to be placed on transferring technical knowledge and skills to all who need it – from front-line responders and affected communities to subnational and national public health authorities. Mechanisms governing the management of global vaccine stockpiles will continue to be strengthened, in order to ensure accountability, transparency, reliability and consistency. To increase countries' preparedness, there will also continue to be a major focus on anticipating where epidemics caused by known infectious hazards may be likely to occur.

Outcome E.1. All countries are equipped to mitigate risks from high-threat infectious hazards

Outcome indicator	Baseline	Target	
Number of countries with risk mitigation measures for high-threat infectious hazards incorporated in national action plans	40% (2017)	60% (2018)	80% (2019)

Output E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens

Output indicator	Baseline	Target	
Number of global strategies and plans agreed for the management of high-threat infectious hazards (for example, by means of influenza vaccines, antivirals, yellow fever vaccine and cholera vaccine)	5 (2017)	8 (2018)	10 (2019)

Deliverables

- Develop and coordinate networks of technical experts for the management of selected high-threat infectious hazards.

- Monitor, analyse, model and project high-threat infectious hazard events.

- Develop and test new strategies and tools for the prevention and control of high-threat infectious hazards.

- Develop and disseminate technical guidelines and other knowledge products for the management of high-threat infectious hazards.

- Support countries to establish and maintain surveillance and prevention programmes for high-threat infectious hazards.

Output E.1.2. Global expert networks and innovative mechanisms developed to manage new and evolving high-threat infectious hazards (such as for clinical management, laboratories, social science, and data modelling)

Output indicator	Baseline	Target	
Number of institutions contributing to global expert networks and mechanisms	65 (2017)	80 (2018)	95 (2019)

Deliverables

- Develop and operate a partnership mechanism at global level to ensure access to life-saving interventions for high-threat infectious hazards (e.g. stockpiles).

- Develop and manage expert networks at global level for forecasting and modelling, pathogen identification and virulence assessment, clinical management and health worker protection, risk communication and social science-driven response.

- Develop a public health research agenda to manage new and evolving high-threat infectious hazards.

- Provide technical expertise for risk assessment, event mitigation/control and response to new and evolving high-threat infectious hazards.

- Ensure wide access to adapted technical knowledge on new and evolving high-threat infectious hazards.

E.2 **C**OUNTRY HEALTH EMERGENCY PREPAREDNESS AND THE **I**NTERNATIONAL **H**EALTH **R**EGULATIONS **(2005)**

Work on country health emergency preparedness and the International Health Regulations (2005) includes monitoring and evaluation of national preparedness capacities, planning and building critical capacities and, at headquarters, acting as the secretariat of the International Health Regulations (2005). The Regulations themselves, including their monitoring and evaluation framework, and the Sendai Framework for Disaster Risk Reduction 2015–2030 are major instruments for ensuring all-hazard and multisectoral preparedness and linking national core capacities under the Regulations with resilient health systems.

This area of work supports Member States in the dynamic and ongoing process of evaluation and strengthening of their capacities under the International Health Regulations (2005), in line with the monitoring and evaluation framework, as well as in preparing, implementing and following up on the legal requirements under the Regulations, reporting to governing bodies, and the International Health Regulations (2005) emergency and review committees. This area of work includes acting as the secretariat of the International Health Regulations (2005) and the roll-out of the Joint External Evaluation process to assess country capacities and develop national action plans to build critical core capacities, focusing on vulnerable countries.

In cooperation with organizations of the United Nations system, nongovernmental organizations and other stakeholders, work in this area will also further strengthen the support provided to Member States in building capacity for the full emergency management cycle (prevention, preparedness, response and early recovery). Other responsibilities include ensuring the operational readiness of Member States and the Secretariat in highly vulnerable countries, gathering information in preparation for mass gatherings, securing international transport, travel and trade, and providing guidance for travellers during outbreaks.

Outcome E.2. All countries assess and address critical gaps in preparedness for health emergencies, including in core capacities under the International Health Regulations (2005) and in capacities for all-hazard health emergency risk management.

Outcome indicator	Baseline	Target	
Number of countries reporting annually on the status of implementation of the International Health Regulations (2005)	100 (2017)	120 (2018)	140 (2019)

Output E.2.1. Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed

Output indicators	Baseline	Target	
Number of countries with core capacities independently evaluated	60 (2017)	120 (2018)	180 (2019)
Number of countries with national action plans for strengthening capacities developed	25 (2017)	60 (2018)	130 (2019)

Deliverables

- Review annual reporting on the implementation of the International Health Regulations (2005) in coordination with national focal points.

- Conduct simulation exercises and after-action reviews as part of country evaluation.

- Coordinate and support the process of voluntary independent multisectoral evaluation of country core capacities and implementation of the International Health Regulations (2005). Develop and disseminate regular reports on the implementation of countries' core capacity requirements under the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030. Support the development of multisectoral national action plans for managing

risks of emergencies based on assessments of country capacities and support the matching of resources to fill critical core capacity gaps. Report on the implementation of national action plans.

Output E.2.2. Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries

Output indicator	Baseline	Target	
Percentage of most vulnerable countries supported by WHO which have demonstrated progress in critical capacities for health emergencies, in line with the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030	30% (2017)	60% (2018)	80% (2019)

Deliverables

- Develop policies and guidelines for multisectoral health emergency preparedness capacity.

- Provide technical support to priority countries for emergency preparedness, including strengthening capacities for early detection of and timely and effective response to all-hazards health emergencies (such as national health emergency operations centres, early warning and response, laboratories, points of entry, training). Support multisectoral international networks and collaboration to foster information-sharing and best practices for health emergency and disaster risk management, including preparedness. Provide technical support to strengthen linkages/integration of all-hazards health emergency and disaster risk management.

- Support the implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030.

Output E.2.3. Operational readiness plans (WHO and partners) in place and tested for specific threats in highly vulnerable countries

Output indicator	Baseline	Target	
Percentage of WHO country offices with a minimum package of operational readiness in place	20% (2017)	50% (2018)	70% (2019)

Deliverables

- Conduct strategic risk assessment and mapping in highly vulnerable countries. Support countries and partners to develop business continuity and contingency plans to address specific hazards and risks.

- Support the implementation of actions to increase operational readiness in WHO, high-risk, vulnerable countries and partners.

- Conduct simulation exercises to test the readiness of WHO and partners.

Output E.2.4. Secretariat support provided for implementation of the International Health Regulations (2005)

Output indicator	Baseline	Target	
Number of national focal points supported in implementation of the International Health Regulations (2005)	60 (2017)	100 (2018)	150 (2019)

Deliverables

- Maintain the roster of experts and directory of national and regional focal/contact points for the International Health Regulations (2005).

- Provide legal advice in relation to implementation and interpretation of the International Health Regulations (2005).

- Convene and provide support to emergency committees for public health events of international concern under the International Health Regulations (2005).

- Monitor and report on the implementation of temporary recommendations issued by emergency committees for public health events of international concern under the International Health Regulations (2005).

- Facilitate global dialogue across stakeholders/partners, sectors and disciplines on issues related to public health events of international concern.

- Convene and provide support to review committees under the International Health Regulations (2005).

E.3   HEALTH EMERGENCY INFORMATION AND RISK ASSESSMENT

This area of work provides authoritative information for public health decision-making in emergencies, with responsibility for identifying new public health events, assessing risks to public health, conducting epidemiological surveillance and field investigations, monitoring public health interventions, and communicating public health information to technical partners. Event-based surveillance is a core activity of the area of work, as it enables the WHO Health Emergencies Programme to identify new events that may have adverse public health impacts. Assessing the public health risks of new events is important for the initiation of preparedness and response measures. Epidemiological surveillance and investigation, as well as monitoring of public health interventions, is critical for effective management of the health consequences of new and ongoing emergencies. Being able to communicate technical information to partners within the emergencies and public health community is needed so that coordination of joint interventions and capacities can be optimized. The Health Emergency Information and Risk Assessment Department works closely with the other areas of work across the Health Emergencies Programme, WHO country and regional offices, and partner organizations.

Outcome E.3. Health events are detected and risks are assessed and communicated for appropriate action

Outcome indicator	Baseline	Target	
Percentage of detected events of public health importance for which health related risks are assessed and communicated	No baseline value	85% (2018)	100% (2019)

Output E.3.1. New events detected and public health risks assessed

Output indicator	Baseline	Target	
Average number of days between posting on WHO's Event Management System and Event Information Site for detected acute events of international public health importance	15 (2017)	10 (2018)	5 (2019)

Deliverables

- Conduct 24/7 event-based surveillance using the multiple data sources available.

- Develop a new generation of tools for event-based surveillance, including the Event Management System and Event Information Site.

- Integrate event-based surveillance with other public health surveillance systems, including humanitarian emergencies and natural disasters.

- Develop standard operating procedures and tools for identifying public health events that need to be risk-assessed.

- Conduct and communicate risk assessments and recommended actions for all relevant public health events.

Output E.3.2. Reliable and up-to-date information available to inform public health interventions and monitor response operations

Output indicator	Baseline	Target	
Within two weeks of grading, the percentage of events for which a core set of health indicators has been agreed for monitoring (outcome, risk or health coverage) and for which health service mapping has been initiated	No baseline value	85% (2018)	100% (2019)

Deliverables

- Collect epidemiological data and assess the availability of health services during emergency events.

- Collaborate with partners to establish, collect and share key performance indicators to monitor ongoing response operations.

- Develop standard operating procedures and maintain catalogues of key performance indicators to be used to monitor response implementation.

Output E.3.3. Accurate information about emergency events reported in a timely manner

Output indicator	Baseline	Target	
Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is publicly available to decision-makers, by any format, starting within one week from grading or from posting on the Event Information Site	No baseline value	85% (2018)	100% (2019)

Deliverables

- Produce regular situation reports for ongoing events and risks.

- Develop data management repositories and systems.

- Develop maps and other infographics.

- Share analysis of health information for events through appropriate channels.

E.4 EMERGENCY OPERATIONS

WHO continues to enhance its systems and processes to ensure a more predictable and effective response to health emergencies. Emergency operations have three main elements: (i) strengthening WHO's own operational capacities; (ii) expanding and strengthening international capacities for emergency response through partnerships; and (iii) catalysing and coordinating the international response to health emergencies. Partnership is therefore vital to WHO operations, with a full organizational commitment to collective action.

WHO works with governments and partners to ensure that the response to acute public health events is rapid and targeted, so that they do not escalate into large-scale outbreaks. The Global Outbreak Alert and Response Network plays a central role in this process, from alert and risk assessment to rapid implementation of disease control measures. When emergencies threaten health, WHO supports the rapid scale-up of essential public health interventions and health services, based on accepted standards, to mitigate surges in morbidity and

mortality. The Global Health Cluster, the Global Outbreak Alert and Response Network, emergency medical teams, standby partners and other networks play front-line roles in these efforts.

WHO continues to strengthen the management of its own emergency operations through the adoption and institutionalization of the Incident Management System. Under this system, critical emergency management functions will consistently be established at country level, with incident management support teams at regional and headquarters levels providing the required technical and operational backstopping. Emergency operations centres should be fully resourced in regional offices and headquarters and operate according to international standards. They will increasingly be linked to other emergency operations centres globally through the WHO-coordinated Public Health Emergency Operations Centres Network.

A strong operational platform is required to ensure that WHO has the capacities to respond effectively, even in the "deep field". WHO's own operational support, health logistics and supply chain capacities will therefore continue to be developed and expanded. Strategic partnerships are also vital to this work, as the Organization collaborates to leverage the comparative advantages of its operational partners.

Outcome E.4. Populations affected by health emergencies have access to essential life-saving health services and public health interventions

Outcome indicator	Baseline	Target	
Percentage of emergency-affected populations which have received one or more basic health services	75% (2017)	75% (2018)	75% (2019)

Output E.4.1. Health operations effectively managed in support of national and local response

Output indicators	Baseline	Target	
Percentage of all graded emergencies which activate an Incident Management System at country level within 72 hours	50% (2017)	75% (2018)	100% (2019)
Percentage of newly graded events for which a strategic response plan is developed with partners within 30 days	80% (2017)	90% (2018)	100% (2019)

Deliverables

- Establish an in-country Incident Management System structure and Regional Office/headquarters support mechanisms for all graded health emergencies.

- Provide effective management at national and subnational levels for all health emergencies.

- Establish and maintain emergency operations centres; lead development of a strategic plan for the health sector in all graded and protracted events.

- Leverage technical capacities from across the Organization in support of emergency operations.

Output E.4.2. Collective response by operational partners effectively coordinated

Output indicators	Baseline	Target	
Percentage of newly graded events for which a joint operations plan is developed with partners within 30 days	80% (2017)	90% (2018)	100% (2019)
Number of Global Outbreak Alert and Response Network partners supporting alert, risk assessment and response to public health events and emergencies	230 (2017)	250 (2018)	270 (2019)
Percentage of country health clusters with a dedicated, full-time health cluster coordinator	90% (2017)	100% (2018)	100% (2019)

Output indicators	Baseline	Target	
Number of emergency medical teams verified and/or mentored at global level	40 (2017)	80 (2018)	130 (2019)
Number of deployments in support of emergency operations effected through standby partners	45 (2017)	55 (2018)	65 (2019)

Deliverables

- Increase global capacities for interoperable health emergency response through expansion and strengthening of the Global Outbreak Alert and Response Network, the Global Health Cluster, emergency medical teams and standby partners, ensuring increased interoperability among networks.

- Engage the Global Outbreak Alert and Response Network consistently for alert, risk assessment and response to public health events and health emergencies.

- Engage the Global Outbreak Alert and Response Network, the Global Health Cluster, emergency medical teams and standby partners consistently for the response to health emergencies.

- Address capacity gaps for the international response to health emergencies through development of strategic partnerships.

- Promote/develop technical standards for health emergency operations and monitor health response against standards.

- Undertake joint trainings and exercises among operational partners (the Global Outbreak Alert and Response Network, the Global Health Cluster, emergency medical teams, standby partners and others).

Output E.4.3. Effective logistics and operational support rapidly established and maintained

Output indicator	Baseline	Target	
Percentage of emergency events for which operational support and supplies are provided within one week	70% (2017)	100% (2018)	100% (2019)

Deliverables

- Provide operational support including transport, accommodation, facilities, security and information and communication technologies.

- Ensure the availability of medical supplies and equipment.

- Develop policies and standard operating procedures for operational support and supply chain management.

- Establish and monitor technical standards for health logistics.

- Provide security management support.

Output E.4.4. Priority gaps in humanitarian policy and guidance addressed, with specific emphasis on health

Output indicator	Baseline	Target	
Number of guidance documents developed to address priority policy/technical gaps, in collaboration with partners	0 (2017)	2 (2018)	3 (2019)

Deliverables

- Develop and test policies, guidelines and best practices for health emergency operations.

- Ensure integration of health in humanitarian and development interagency policy.

- Ensure reporting and authoritative documentation of attacks on health care and their impact on health service delivery.

E.5   EMERGENCY CORE SERVICES

The area of emergency core services is responsible for implementing capacities, policies, procedures and systems that are standardized and aligned with Organization-wide practices and services, and fit for purpose, in order to support effective management and sustainable staffing and financing of the Health Emergencies Programme, coordinated with all WHO expertise required while ensuring interoperability and consistency during coordinated emergency response efforts through partnership. This area of work encompasses the provision and accessibility of administration, communications, resource mobilization and grant management, strategic planning, financial and human resources management, security, and staff health and well-being services within the overall WHO administrative and management framework.

WHO continues to strengthen its management and administration for health emergencies, to ensure that management decisions rapidly trigger the seamless provision of services that meet emergency performance standards and facilitate the WHO Health Emergencies Programme. This is achieved both through the establishment of standard operating procedures, policies, guidelines and standardized templates, building on lessons learned from previous response efforts and best practice from other operational partners, and through ongoing review and assessment of performance in this area. This approach will lead to continuous improvement and contribute to the overall goal of business process excellence.

Outcome E.5. National emergency programmes supported by a well-resourced and efficient WHO Health Emergencies Programme

Outcome indicators	Baseline	Target	
Percentage of planned positions filled	75% (2017)	80% (2018)	80% (2019)
Percentage of core requirements funded by WHO core resources or multiyear funding agreements	40% (2017)	40% (2018)	50% (2019)

Output E.5.1. WHO Health Emergencies Programme effectively managed and sustainably staffed and financed

Output indicators	Baseline	Target	
Percentage of core budget available at mid-point of biennium	50% (2017)	75% (2018)	75% (2019)
Percentage of requests for initial emergency funds of up to US$ 500 000 disbursed within 24 hours of request	100% (2017)	100% (2018)	100% (2019)
Percentage of internal and external roster targets filled with preapproved, trained roster members	75% (2017)	75% (2018)	75% (2019)
Percentage of rapid response teams from the WHO Health Emergencies Programme deployed within 72 hours of decision to deploy	75% (2017)	75% (2018)	75% (2019)

Deliverables

- Establish standardized emergency workplans and budgets.

- Monitor the status of available and projected funding and funding gaps.

- Manage rosters, recruit and deploy staff and consultants.

- Collaborate with resources across WHO to provide staff medical and well-being services.

- Track and manage grants and their reporting requirements for the WHO Health Emergencies Programme.

- Develop and implement standard operating procedures for administrative services.

Output E.5.2. Effective communication and resource mobilization

Output indicator	Baseline	Target	
Number of donors financially supporting the WHO Health Emergencies Programme through voluntary contributions of over US$ 1 million per biennium	22 (2017)	26 (2018)	28 (2019)

Deliverables

- Inform the public through statements to local and international media and other types of outreach.

- Issue local donor alerts, conduct fundraising with local donors and support international fundraising; engage with donors to secure adequate, sustainable and timely financing, while ensuring that reporting requirements are met.

Output E.5.3. Effective leadership, planning and performance management

Output indicator	Baseline	Target	
WHO Health Emergencies Programme performance assessed annually	Yes (2017)	Yes (2018)	Yes (2019)

Deliverables

- Provide effective external and internal leadership of the Health Emergencies Programme.

- Ensure coherent strategic and operations planning across all programme areas.

- Assess programme performance and institutionalize continuous learning.

CATEGORY 6 – CORPORATE SERVICES/ENABLING FUNCTIONS

In the last several years, WHO has embarked on an ambitious agenda to become a more effective, transparent and accountable leader in global health. This process was driven by unprecedented new health challenges, a poorly coordinated public health landscape and a need to focus on priorities. Also crucially important for strengthening WHO's leadership in the 2030 Agenda for Sustainable Development will be the stewardship and coordination of WHO's work on the Sustainable Development Goals at all levels of the Organization and across all categories and programme areas.

The work of this category covers the activities that provide the organizational leadership and corporate services needed in order to maintain the integrity and efficiency of WHO and the alignment of WHO's programmes with the 2030 Agenda, and to help operationalize the Organization's work on the Sustainable Development Goals, especially at country level. The activities concerned include: strengthening WHO's leadership and governance; improving transparency, accountability and risk management; enhancing strategic planning, resource management and reporting; and ensuring effective general management and administration, as well as strategic communications. Organizational leadership and corporate services form the backbone of successful mainstreaming of values and approaches to equity, human rights and gender.

Recent steps in reforming work in these areas include:

- a strengthened role in leadership and governance – such as better positioning of WHO as a leader in global health and a new framework for partnerships (the Framework of Engagement with Non-State Actors);

- significant progress in the arena of accountability and transparency, with several new initiatives;

- improvements in the planning process, resource mobilization and more predictable financing; and

- establishment of a strategic communications framework for effective communication.

WHO'S FOCUS IN 2018–2019

WHO will continue to enhance its effectiveness as an organization and continue the implementation of its reform process, in alignment with the Sustainable Development Goals and the changing global health landscape. These steps will enable it to best perform its role, as stipulated in its Constitution, as the "directing and coordinating authority" of global health work. The newly implemented reforms to drive efficiencies across categories and achieve results in a cost-effective manner will be especially significant amid a tightening of the budget. Efforts to further strengthen accountability and transparency will increase WHO's legitimacy and performance.

WHO's leadership at the country level, ever more relevant with regard to the Sustainable Development Goals, will benefit from continued efforts to improve priority setting and to strengthen country offices. Enhancing the Organization's governance will also continue to be a priority area, supporting more strategic and streamlined decision-making by Member States. This category will continue to provide services to other technical categories and the WHO Health Emergencies Programme. All of the above will be embedded in a results-based management approach, with clear results defined and regularly monitored.

BUDGET BY MAJOR OFFICE AND PROGRAMME AREA (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
6.1 Leadership and governance	47.9	7.4	18.6	33.5	21.6	16.2	84.7	**229.9**
6.2 Transparency, accountability and risk management	4.3	2.7	3.2	2.4	2.9	3.4	37.7	**56.6**
6.3 Strategic planning, resource coordination and reporting	5.9	2.0	3.1	2.5	3.6	5.8	15.8	**38.7**
6.4 Management and administration	108.4	10.2	33.5	25.8	53.1	26.5	228.9	**486.4**
6.5 Strategic communications	4.7	3.1	2.5	4.3	2.8	3.9	22.6	**43.9**
Subtotal	**171.2**	**25.4**	**60.9**	**68.5**	**84.0**	**55.8**	**389.7**	855.5
Less post occupancy charge	24.2	-	6.4	9.3	8.8	7.2	84.1	**140.0**
Category 6 total	**147.0**	**25.4**	**54.5**	**59.2**	**75.2**	**48.6**	**305.6**	**715.5**

6.1 LEADERSHIP AND GOVERNANCE

WHO will continue to strengthen its role in global health governance, with the Sustainable Development Goals providing direction for WHO's work in this area, particularly in terms of coordinating work at the national level and with external stakeholders.

WHO plays a leading role in enabling many different actors to work towards the common agenda of the Goals, acting as a convenor for a wide range of negotiations and discussions among Member States and other stakeholders. The new Framework of Engagement with Non-State Actors provides comprehensive policies to strengthen engagement with nongovernmental organizations, the private sector, philanthropic foundations and academic institutions, while better protecting WHO by means of specific mechanisms to ensure transparency and accountability. Engagement with partners will follow a thorough analysis of the risks entailed.

As the Sustainable Development Goals are owned, led and implemented by national governments, WHO's work at the country level, particularly in better prioritization and resource allocation, is especially important.

The new WHO Health Emergencies Programme is a fundamental development for the Organization, complementing its traditional technical and normative role with new operational capacities and capabilities for work in outbreaks and humanitarian emergencies. Implementation of the WHO Health Emergencies Programme requires action across all three levels of WHO, namely integration of the new structure, strengthening of functionality and harmonization of processes, as well as governance and partner engagement. The work in this category builds on the results of the WHO governance reform process.

WHO's FOCUS IN 2018–2019

WHO's leadership and stewardship role in global health governance is expressed at all three levels of the Organization. A more effective Secretariat will enable WHO to respond better to country needs and priorities. Country cooperation strategies, aligned with the Sustainable Development Goals, the programme budget and national health priorities, provide the basis for this work. A key priority is to strengthen WHO's in-country leadership capacity by ensuring that staff have the appropriate skills and competencies.

A stewardship and coordinating mechanism to support WHO's work has been established, with Sustainable Development Goal networks across categories and regions. Catalytic funding is being provided for coordination activities to articulate, align and amplify WHO's work on the Sustainable Development Goals, in conjunction with other categories.

WHO will continue to work on governance reforms. It will further strengthen the strategic role of the governing bodies and increase their inclusiveness, transparency and efficiency, through more manageable agendas, better tools for communicating with Member States, improved timeliness in the availability of supporting

documents, and more effective management of governing body sessions. It will also work to implement new reform measures and plans, such as the Framework of Engagement with Non-State Actors.

The Thirteenth General Programme of Work will be developed during the biennium, setting the strategic directions of WHO's work for the coming years, and will be considered for adoption by the Health Assembly in 2019.

Outcome 6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people

Outcome indicator	Baseline	Target
Extent to which WHO leadership priorities are reflected in the resolutions and decisions of the governing bodies (World Health Assembly, Executive Board and regional committees) adopted during the biennium	55% (2015)	At least 80% (2019)

Output 6.1.1. Effective WHO leadership and management and improved capacities of the WHO Secretariat and Member States to promote, align, coordinate and operationalize efforts to achieve the Sustainable Development Goals

Output indicators	Baseline	Target
Progress towards meeting the targets in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women	67% (2015)	90% (2019)
Percentage of WHO country cooperation strategies (CCS), or equivalent instruments, that are explicitly aligned with national development plans and priorities and based on the Sustainable Development Goals	To be determined at the end of 2017 following updates of many CCS	To be determined
Number of countries that have developed a roadmap to implement the 2030 Agenda for Sustainable Development with support of the Secretariat	To be determined at the end of 2017	50

Country office deliverables

- Establish and maintain effective leadership and coordination of WHO's work at the country level, fully aligning country cooperation strategies with the Sustainable Development Goals.

- Support Member States to incorporate relevant health-related Sustainable Development Goals and targets in national development policies, strategies and plans and help to mobilize domestic and external resources to implement the health-related Sustainable Development Goals within the context of the national road map for implementation of the Sustainable Development Goals.

Regional office deliverables

- Establish effective leadership and coordination of WHO's work at the country and regional level, including the stewardship and coordination of implementation of work to attain the Sustainable Development Goals.

- Support the establishment of regional capacities for generation, management, analysis, dissemination and knowledge management relating to progress in working to attain the Sustainable Development Goals, including case studies on best practices.

- Support Member States in their policy dialogue efforts to reorient their health policies, strategies and plans, and to coordinate with other sectors the incorporation of SDG 3 and other health related goals and targets in national development and health plans.

- Establish effective leadership by engaging with regional partners and United Nations agencies on important matters of policy, strategic dialogue and advocacy, such as South–South and triangular cooperation, and create platforms for exchanging experiences in respect of multisectoral action to achieve the Sustainable Development Goals.

Headquarters deliverables

- Strengthen WHO's technical cooperation at country level by improving coordination of work across the three levels of the Organization and build WHO's capacity, skills and competence to work across programme areas, regional and country offices, especially among heads of country offices, in the implementation of the 2030 Agenda for Sustainable Development.

- Collect and disseminate information on evidence-based interventions and strategies that accelerate achievement of the health-related Sustainable Development Goals and share best practices and country experiences.

- Support preparation for the Thirteenth General Programme of Work, 2020–2025 that demonstrates the alignment with the Sustainable Development Goals taking into account global, regional and national priorities.

- Establish effective leadership by engaging with global partners and stakeholders on important matters of policy, strategic dialogue and advocacy, including South–South and triangular cooperation, and mobilize resources to support implementation of the 2030 Agenda for Sustainable Development.

- Provide legal services to senior management and units in country and regional offices and in headquarters, as appropriate.

Output 6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities

Output indicator	Baseline	Target
Number of non-State actors and partnerships for which information on their nature and WHO's engagement is available	100 (2015)	2500 (2019)

Country office deliverables

- Promote effective mechanisms for engaging with other sectors, civil society and other non-State actors on the common health agenda, including the Sustainable Development Goals.

- Coordinate WHO's engagement with the United Nations at country level, including active participation in United Nations Country Teams and development of the United Nations Development Assistance Framework.

- Lead the integration of relevant health-related SDGs in joint UN programming instruments such as UNDAF or equivalent, as part of UN country teams.

Regional office deliverables

- Facilitate effective working relations and mechanisms for engagement with the non-health sector, including non-health ministries, parliaments, government agencies and non-State actors.

- Engage with regional partnerships, technical partners, donors and governing bodies of other organizations (including those in the United Nations system) in order to advocate for health priorities specific to countries and the region as a whole.

Headquarters deliverables

- Maintain and strengthen WHO cooperation, policy and systems to support the management of WHO hosted partnerships.

- Engage with non-State actors on the common health agenda, including Sustainable Development Goals.

- Engage with global partnerships, global technical partner networks, donors and governing bodies of other organizations, including those in the United Nations system.

Output 6.1.3. WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas

Output indicator	Baseline	Target
Percentage of governing bodies' documentation that is provided within agreed timeline	53% (2016)	80% (2019)

Country office deliverables

- Support Member States in preparing for meetings and other regional and global governing body processes, as well as in implementing decisions and resolutions adopted by the governing bodies.

Regional office deliverables

- Manage and administer regional committees and subcommittees in all relevant official languages, and support countries in preparing for effective engagement in the work of the governing bodies.

Headquarters deliverables

- Manage, administer and provide legal advice and services to the World Health Assembly, the Executive Board and its committees, and related working/drafting groups, as well as other intergovernmental processes, in all official languages, and support Member States in preparing for effective engagement in the work of the governing bodies.

6.2 TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT

Significant progress has been made in recent years in the areas of accountability, transparency and risk management, which remain key priorities for the Organization. Many measures have been introduced and implemented over the last two bienniums, including:

- an accountability framework – to support a results-based management approach and which includes compliance functions in major offices, an annual "accountability compact" between the Director-General and assistant directors-general, and "letters of representation" for regional directors;

- a programme budget web portal – to offer transparency regarding WHO's programme budget by providing details, updated quarterly, of the budget structure and funding;

- a whistleblowing policy with protection against retaliation – to protect whistle-blowers and help ensure wrongdoings are reported, supported by an "integrity hotline" for reporting alleged misconduct with free telephone numbers and a web access tool;

- a risk management policy and register – to assess and monitor risks and compliance gaps across the Organization, and which identifies, assesses and prioritizes the most critical risks;

- measures to promote access to WHO information, including an information disclosure policy, a data sharing policy, and an open access policy; and

- membership of the International Aid Transparency Initiative, which aims to improve transparency of development cooperation by making information publicly available.

Managing risk merits particular attention. WHO is exposed to various types of risks, related to its technical and public health work, its financing and procurement, its systems and structures, the political and governance context, and its reputation. The identification, mitigation and monitoring of risks are being integrated into results-based management, linking more closely the management of risks with the effective delivery of results.

The Secretariat's internal audit and oversight services will continue to ensure the highest standards of business practice, particularly in relation to the adequacy and effectiveness of the Organization's system of internal control, financial management and use of assets, as well as investigation of misconduct, all of which are reported annually in an update. An internal self-assessment checklist tool has also been developed.

Evaluation continues to play a critical role in improving performance, increasing accountability for results and promoting organizational learning. Following the institutionalization of the evaluation function, the focus is now on additional evaluation capacity building and further work to foster the culture of evaluation. Evaluation is included as an integral component of planning, along with robust assessment of WHO's performance against the programme budget.

WHO's FOCUS IN 2018–2019

Strengthening accountability and transparency will continue to take precedence, with the implementation of several additional measures, based on an Organization-wide accountability plan. WHO will continue to implement the information disclosure policy progressively. Information on the management of resources and delivery of results will be further enhanced through the programme budget web portal.

Risk mitigation strategies will be better integrated into routine planning and monitoring as part of the comprehensive risk management framework. Particular attention will be paid to the area of organizational learning, enabling lessons learned, findings and recommendations to inform policy and operational decisions, thus contributing to overall efficiency. The planned budget reduction in category 6 will not affect the implementation of measures to strengthen the work in this area.

Outcome 6.2. WHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks

Outcome indicator	Baseline	Target
Percentage of operational audits issuing a "satisfactory" or "partially satisfactory" assessment during the biennium	75% (2015)	100% (2019)

Output 6.2.1. Accountability ensured and corporate risk management strengthened at all levels of the Organization

Output indicator	Baseline	Target
Percentage of corporate critical risks with approved mitigation plans implemented	0% (2015)	85% (2019)

Country office deliverables

- Ensure appropriate application of organizational compliance mechanisms, including a comprehensive risk management framework at country level.

Regional office deliverables

- Implement a control framework in line with WHO's administrative policies and regulations at regional level.

- Maintain an effective and efficient compliance mechanism, including a comprehensive risk management framework.

Headquarters deliverables

- Implement the control framework in line with WHO's administrative policies and regulations at all levels.

- Maintain an effective and efficient compliance mechanism, including a comprehensive risk management framework at corporate level.

- Conduct audit and implement recommendations of the internal and external auditors and other independent oversight mechanisms.

Output 6.2.2. Organizational learning through implementation of evaluation policy and plans

Output indicator	Baseline	Target
Proportion of recommendations in corporate evaluations implemented within the specified time frame	To be determined at the end of 2017	At least 80% (2019)

Country office deliverables

- Conduct country-level evaluations in line with WHO's evaluation policy and methodologies, and strengthen capacity of country offices to implement the policy.

Regional office deliverables

- Undertake evaluations and document and share results at regional level; support countries to prepare for evaluation in line with WHO's evaluation policy and methodologies; apply lessons learned.

Headquarters deliverables

- Coordinate implementation and monitoring of WHO's evaluation policy.

- Conduct systematic evaluations as defined in the biennial evaluation workplan to be submitted for approval by the Executive Board at its 142nd session, and monitor implementation of the findings and recommendations in order to foster organizational learning.

Output 6.2.3. Ethical behaviour, decent conduct and fairness promoted across the Organization

Output indicators	Baseline	Target
Percentage of staff who have completed training in ethical behaviour during the biennium	Not applicable	100% (2019)
Percentage of eligible staff who have completed the annual declaration of interests	100% (2016)	100% (2019)

Country office deliverables

- Promote good ethical behaviour, develop capacity and manage conflicts of interest at country level.

Regional office deliverables

- Promote good ethical behaviour, develop staff capacity and manage conflicts of interest at regional and country level.

- Maintain fair and just mechanisms for staff representation, administration of internal justice, and initiation of timely investigations of alleged staff misconduct and harassment within the region.

Headquarters deliverables

- Promote good ethical behaviour, develop capacity and manage conflicts of interest at global level.

- Maintain fair and just mechanisms for staff representation, administration of internal justice, and timely investigations of alleged staff misconduct and harassment.

6.3 STRATEGIC PLANNING, RESOURCE COORDINATION AND REPORTING

This component is concerned with financing and the alignment of resources with the priorities and health needs of Member States in order to deliver better results. It involves the application of a results-based management framework in strategic planning, operational planning and performance assessment. It also includes budget management, resource mobilization, and reporting at all three levels of the Organization.

Substantial improvements in priority setting, starting with a bottom-up process at the country level, have been established. A rigorous and transparent prioritization process ensures that the work and resources are directed towards a focused set of priorities. For 2018–2019, nearly all countries have gone through the structured process of prioritization. More than 75% of country offices have allocated 80% of their budgets to up to 10 priority programmes for the biennium.

Financing remains a challenge, but some improvements include better alignment and short-term predictability, and reduced vulnerability.

The integrated assessment of WHO's performance, from the financial and programmatic perspectives, will continue to be strengthened in the biennium. As the Organization continues to implement the reforms requested by its Member States, improvements will be made in the definition, measurement and reporting of results, and in linking achievements in individual programme areas with outcomes and impact to demonstrate more clearly value for money for WHO's contributors.

WHO will ensure that equity, human rights, gender and social determinants of health continue to be taken into account in its planning, implementation, monitoring and reporting across programme areas and the three levels of the Organization

WHO'S FOCUS IN 2018–2019

WHO will continue to pursue a realistic programme budget for the biennium 2018–2019 that highlights the results delivered at all levels of the Organization. Preparatory work will begin for development of the Thirteenth General Programme of Work, 2020–2025, which will set the strategic directions of WHO's work for the coming years.

Further work will be undertaken to enhance the WHO programme budget web portal to provide additional detailed information on budget resources and results.

The biennial financing dialogue will continue to play a key role in promoting transparency in financing, and ensuring the predictability of resources. Resource mobilization will be further strengthened to support more predictable and flexible financing in the implementation of the programme budget. Funding will be allocated in a way that allows each level of the Organization to fulfil its roles and responsibilities and operate optimally. Success in this effort calls for well-coordinated planning and resource mobilization, efficient coordination and

management of resources, and robust monitoring and evidence-based reporting of performance, especially on the delivery of results at the country level.

Further strengthening of the category and programme area networks to harness the benefits of integrated and coordinated programmatic work across the three levels of the Organization will continue.

Greater efforts are being made to ensure more precise tracking of results from allocation decisions. The strategic management of financial and human resources will be further strengthened to ensure that the Organization is maximizing its resources in delivering results.

Outcome 6.3. Financing and resource allocation aligned with priorities and health needs of Member States in a results-based management framework

Outcome indicators	Baseline	Target
Percentage of the programme budget funded at the beginning of the biennium	83% (2016–2017)	85% (2020–2021)
Proportion of programme areas at least 75% funded at the midpoint of the biennium across all major offices	12/30*	26/30* (2019)

* Excluding polio eradication.

Output 6.3.1. Needs-driven priority-setting in place and resource allocation aligned to delivery of results

Output indicator	Baseline	Target
Percentage of outputs fully achieved at the end of the biennium by programme area and major office	To be determined at the end of 2017	82% (2018–2019)

Country office deliverables

- Conduct effective needs assessment, prioritization, operational planning, implementation and monitoring, including tracking of financial vulnerability.

- Support the implementation of the action plan for the empowerment of the category and programme area networks

Regional office deliverables

- Provide effective regional coordination and support to countries for bottom-up planning and realistic costing of regional and country priorities, in line with agreed roles and responsibilities at the three levels of the Organization and in consultation with regional governing bodies.

- Coordinate monitoring and assessment of the contribution of regional and country offices to the achievement of outcomes, outputs and plans, including tracking performance indicators and providing related performance, budget and implementation analyses and reporting.

- Contribute to preparation of the Thirteenth General Programme of Work, 2020–2025.

- Provide support to the coordination and implementation of the action plan for the formalization and empowerment of category and programme area networks.

Headquarters deliverables

- Ensure effective coordination of global planning processes, including developing the programme budget, identifying priorities through a bottom-up process, consolidating technical work through category and programme area networks, and applying costing approaches in order to more effectively estimate resource needs.

- Carry out global monitoring and assessment of the Organization's overall performance in relation to the programme budget against the performance indicators, and ensure transparent reporting of results delivery and use of resources.

- Coordinate preparation of the Thirteenth General Programme of Work, 2020–2025, in consultation with Member States and all levels of the Organization.

- Provide secretariat support and coordination to the implementation of the action plan for the formalization and empowerment of category and programme area networks.

Output 6.3.2. Predictable, adequate and aligned financing in place that allows for full implementation of WHO's programme budget across all programme areas and major offices

Output indicator	Baseline	Target
Percentage of funding proposals prepared through an organization-wide system	0% (2015)	90% (2019)

Country office deliverables

- Align country-level approaches and practices for resource mobilization and resource management with agreed priorities, including timely and accurate reporting.

Regional office deliverables

- Ensure effective coordination of resource mobilization efforts and engagement with donors, as well as timely information-sharing and accurate reporting on progress at regional level.

Headquarters deliverables

- Ensure effective implementation of resource mobilization policy, including the financing dialogue, for a fully funded programme budget.

- Ensure effective coordination of resource mobilization efforts and engagement with donors, as well as timely information-sharing and accurate reporting on progress at global level.

6.4 MANAGEMENT AND ADMINISTRATION

This programme area covers the core administrative services that underpin the effective and efficient functioning of WHO: finance, human resources, information technology, operations support, procurement and field and premises security. Sound financial management ensures that expenditure is properly authorized, processed and recorded; that assets are safeguarded and liabilities are correctly quantified; and that financial reporting is accurate and timely. WHO needs to have systems that show clearly to Member States and donors how the resources invested in the Organization have been used, as well as the programmatic results of that investment. In this context, WHO will continue to pay attention to cost-efficiency measures across all categories and programme areas.

Initiatives in human resources reform include a "respectful workplace" initiative, a strategy to attract and retain talent, and a geographical mobility exercise that began in 2016.

Operations and support services remain a focus for improving efficiencies. Implementation of the new procurement policy will provide a more robust, transparent and effective approach to the procurement of goods and services across the Organization. As WHO's core functions include convening consultations and meetings of national experts, effective alternatives to, and close monitoring of, travel arrangements will be sought with a view to containing costs.

The information management and technology support function enables the efficient delivery of services that facilitate collective and cohesive support and allow programmes to achieve their goals. Specific services include: a project management office; a business intelligence centre with tools for making timely and informed decision-making; a solutions architecture centre to build cost-effective, scalable and sustainable information systems; and an information technology security team.

WHO's FOCUS IN 2018–2019

This category has brought many initiatives that demonstrate value for money. The Organization is making a strong commitment to driving further efficiencies across all programmes and especially in the areas of administration and management, by absorbing part of the budget cut in 2018–2019. Efforts will be made to deliver a similar level of quality of services with the reduced budget and resources in this area, and at the same time to continue to support new initiatives such as geographical rotation and mobility, building renovation and construction, and the WHO Health Emergencies Programme.

The revised human resources strategy will continue to be implemented as a priority during the biennium 2018–2019. The strategy is an essential part of overall management reform that allows the Organization to respond rapidly to changing circumstances and evolving public health needs, including in emergencies. The second staff geographical mobility compendium for international positions was issued in early 2017, and will continue to be open for applications as part of implementation of WHO's geographical mobility policy.

Efforts will continue to improve the safety and security of staff and premises across all levels of the Organization to meet the increased global security risk. As part of the Geneva buildings renovation strategy, construction work will run from mid-2017 to 2020. This ambitious strategy, due for completion in 2024, will undoubtedly have a significant impact on routine operations. Renovation works will also be carried out at the Regional Office for South-East Asia.

Through the newly established IT Board, information management reform will continue to support the evolving needs of the Organization. Innovative information technology approaches in the area of public health will be implemented to ensure that the Organization maximizes its benefit from using new information technology solutions, including in emergency and crisis response.

Outcome 6.4. Effective and efficient management and administration consistently established across the Organization

Outcome indicator	Baseline	Target
Level of performance of WHO management and administration	Adequate (2013)	Strong (2019)

Output 6.4.1. Sound financial practices managed through an adequate control framework

Output indicators	Baseline	Target
Percentage of country offices compliant with imprest reconciliations	96% with an "A" rating (2017)	100% with an "A" rating (2019)
An unqualified audit opinion	Yes (2017)	Yes (2019)

Country office deliverables

- Implement sound financial management practices, including expenditure tracking and reporting, imprest and local payment management, at country level, in accordance with established policies and procedures.

Regional office deliverables

- Manage accounts, compliance and control, expenditure tracking and financial reporting at regional level to ensure accuracy.

- Manage local payments at regional level.

Headquarters deliverables

- Manage, account for and report on organizational income and expenditures; process and verify payables, payroll, entitlements and travel.

- Manage corporate treasury, accounts, expenditure tracking and reporting, income and awards.

- Manage the pension scheme and all insurances.

Output 6.4.2. Effective and efficient human resources management and coordination in place

Output indicators	Baseline	Target
Overall male/female ratio of international professional staff	55:45 (2017)	53:47 (2019)
Percentage of unrepresented and under-represented (List A) countries in the Organization's staffing	28% (2017)	27% (2019)
Percentage of international staff changing duty station	5% (2017)	10% (2019)

Country office deliverables

- Implement effective human resources planning to align staff resources with priorities.

Regional office deliverables

- Implement the human resources policy and strategy, including achieving gender balance and geographical distribution, with a focus on recruitment, rotation and mobility, performance management and staff development.

- Facilitate human resources planning in accordance with needs and priorities for the region and monitor implementation of the human resources plan.

Headquarters deliverables

- Develop/update human resources policies, including on achieving gender balance and geographical distribution, with a focus on recruitment, rotation and mobility, performance management, staff development, monitoring, and position management.

- Support human resources planning in accordance with the needs and priorities of the Organization; monitor the implementation of plans globally.

- Process staff contracts, administer entitlements and manage human resources and staff data efficiently and effectively.

Output 6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications

Output indicator	Baseline	Target
Percentage of locations with essential information technology infrastructure and services aligned with agreed organizational standards, including corporate and health systems applications	40% (2017)	50% (2019)

Country office deliverables

- Administer information and communications technology in a way that ensures its effective and efficient application in country offices.

Regional office deliverables

- Manage and administer information and communications technology in the areas of governance, policy, coordination, and development of business continuity capability, and ensure compliance with agreed global and regional initiatives on information and communications technology.

- Manage and administer information and communications technology applications, including training and support.

Headquarters deliverables

- Manage and administer global and headquarters-specific information and communications in the areas of governance, policy, strategy, coordination and development of business continuity capability.

- Manage the implementation and operation of global technology roadmaps, and identify and design common services and solutions, including those for networks and telecommunications, platforms, end-user systems and tools, hosting, business solutions and applications, and training.

- Manage corporate services and support, including the Global Management System (with appropriate governance) and the Global Service Desk.

Output 6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property

Output indicators	Baseline	Target
Percentage of WHO offices at security level 3 worldwide that are compliant with United Nations Minimum Operating Security Standards	80% (2017)	90% (2019)
Percentage of use of the e-tendering system that concerns the bidding of goods over US$ 200 000 (with the exception of emergency procurement)	Nil (2016)	90% (2019)

Country office deliverables

- Ensure effective management of administrative services, building maintenance, procurement of goods and services, fixed assets, security and travel.

- Coordinate with the United Nations on ensuring the security of WHO staff at country level.

Regional office deliverables

- Ensure provision and effective management of oversight for administrative services, building maintenance, procurement of goods and services, fixed assets, security and travel at regional level.

- Coordinate with the United Nations on ensuring the security of WHO staff and on other identified shared costs at regional level.

Headquarters deliverables

- Ensure provision and effective management of oversight for administrative services, building maintenance, procurement of goods and services, fixed assets, security and travel at global level.

- Coordinate with the United Nations on ensuring the security of WHO staff and on other shared costs.

- Develop procurement policy, strategy and planning; manage and administer their implementation.

- Manage global contracts, administer goods and process service purchase orders.

- Manage and administer the infrastructure and operations of the Global Service Centre.

6.5 STRATEGIC COMMUNICATIONS

WHO communications must be seen to be credible and trustworthy, understandable, relevant, timely and easily accessible, and capable of being translated into action. WHO's communications strategy outlines steps to ensure that all these requirements are met and describes the communications continuum – the process of moving audiences from awareness of a health issue through to taking action that protects health. In order to implement this, the Secretariat will support internal units as well as Member States by creating capacity for health communication.

The WHO strategic framework for effective communication provides strategic guidance and a web-based portal for sharing tools, templates, resources and best practices for external communication

WHO has also expanded its emergency communication network to include 150 WHO staff members and consultants ready for deployment in public health emergencies and humanitarian crises. A systematic operations plan for public emergency communication has been written and implemented.

WHO will work with the media and staff in adopting a proactive approach to explain the Organization's role and the impact of its actions on people's health. WHO has identified a series of key principles and lists a range of policies, templates, examples of best practice, checklists, training materials, and other tools, all of which will be further refined and promoted across the Organization.

WHO'S FOCUS IN 2018–2019

In the biennium 2018–2019, efforts will increase in this area to strengthen WHO's capacity at the three levels of the Organization, including risk communication and meeting crucial communication needs in relation to health emergencies. Communications will also be strengthened with a new strategic communication framework, which will help provide guidance and the tools, templates and resources required for a broad array of communications. It will help to ensure that WHO's information and guidance effectively reaches key audience to protect the health of individuals, communities and nations.

Outcome 6.5. Improved public and stakeholders' understanding of the work of WHO

Outcome indicator	Baseline	Target
Percentage of public and other stakeholder representatives evaluating WHO's performance as excellent or good	64% (2015)	88% (2019)

Output 6.5.1. Accurate and timely health information accessible through a platform for effective communication and related practices

Output indicator	Baseline	Target
Percentage of public and other stakeholders who rate the timeliness and accessibility of WHO's public health information as "good" or "excellent"	63% for timeliness; 69% for accessibility (2015)	75% (2019)

Country office deliverables

- Ensure visibility of WHO's work through strategic networks and partnerships with health communicators, the media and other relevant practitioners at country level.

Regional office deliverables

- Develop strategic networks and partnerships with health communicators, the media and other relevant practitioners at regional level in order to support communication needs in country offices.
- Ensure the visibility of WHO's work through efficient communications and advocacy platforms in all relevant languages at regional level.

Headquarters deliverables

- Elaborate communication policies and standard operating procedures to strengthen strategic communications, as well as the quality and usage of media platforms.
- Ensure strategic networks and partnerships with health communicators, the media and other relevant practitioners at global level are in place.
- Ensure the visibility of WHO's work through efficient communications and advocacy platforms in all relevant languages at global level.

Output 6.5.2. Organizational capacity enhanced for timely and accurate provision of internal and external communications in accordance with WHO's programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises

Output indicator	Baseline	Target
Number of offices that have completed global communications strategy workshops (headquarters, regional and country offices)	12 (2015)	20 (2019)

Country office deliverables

- Implement standard operating procedures for communications during emergencies at country level.

Regional office deliverables

- Implement standard operating procedures for communications during emergencies and provide surge capacity to country offices where needed.

- Strengthen the capacity of WHO staff at regional and country level to contribute to communications activities.

Headquarters deliverables

- Support implementation of standard operating procedures for communications during emergencies and provide surge capacity to regions.

- Strengthen the capacity of WHO staff to contribute to communications activities.

POLIO ERADICATION

In May 2015, the Sixty-eighth World Health Assembly adopted a resolution on poliomyelitis,[1] which noted the progress made in interrupting transmission and the phased removal of oral polio vaccines, and urged Member States to provide the resources required for continued implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018.[2] The Strategic Plan has four objectives: (i) detection and interruption of poliovirus transmission; (ii) strengthening of routine immunization systems, introduction of inactivated poliovirus vaccine and withdrawal of type 2 oral polio vaccine; (iii) containment of residual live polioviruses and certification of eradication; and (iv) planning for the post-polio eradication transition (originally termed "legacy planning"). In 2014, following the international spread of poliovirus, the Director-General convened the Emergency Committee under the International Health Regulations (2005). On the Committee's advice, the Director-General declared a public health emergency of international concern and issued temporary recommendations in order to stop the spread of poliovirus.[3]

The Strategic Plan was amended by the Polio Oversight Board in 2015, reflecting delays in interrupting transmission in remaining endemic areas. In April 2016, the Global Polio Eradication Initiative published its 2016–2019 budget estimates, expanding the total funding requirement for implementing partners – WHO, UNICEF and the GAVI Alliance – from US\$ 5.5 billion for 2013–2018 to US\$ 7.0 billion for 2013–2019, of which WHO's share for 2018–2019 is about US\$ 900 million. Today, transmission of wild poliovirus is at its lowest-ever level, with endemic transmission occurring only in parts of Pakistan, Afghanistan and Nigeria (in order of burden of disease). Only one wild serotype (poliovirus type 1) continues to be detected, with wild poliovirus type 2 officially declared eradicated in 2015 and no case due to wild poliovirus type 3 detected anywhere since 2012.

As a partner in the Global Polio Eradication Initiative, WHO provides overall operational leadership of the planning, implementation and monitoring of the Strategic Plan. It provides large-scale, field-based technical support to Member States in priority geographical areas. The majority of field personnel and most of the polio programme's total resources focus on objective 1 of the Strategic Plan, which has these primary activities: (i) maintaining and enhancing field and laboratory surveillance for poliovirus among acute flaccid paralysis cases and through environmental surveillance; (ii) providing expert technical assistance for the planning, implementation and monitoring of national, subnational and other supplementary immunization activities to achieve sufficient population immunity to stop transmission of polioviruses and for the strengthening of routine immunization; and (iii) supporting emergency response activities in the event of a poliomyelitis outbreak. WHO, with its Global Polio Eradication Initiative partners, is also fully engaged in supporting the programme of work associated with objectives 2–4 of the Strategic Plan.

Objective 2 in the Strategic Plan is the phased removal of oral polio vaccines, beginning with the globally coordinated switch from trivalent to bivalent oral polio vaccine, which was successfully completed in April 2016. As part of this objective, inactivated poliovirus vaccine is being introduced, although a global supply constraint is hampering this move, which is being carefully managed by the partnership. A global stockpile of monovalent oral polio vaccine type 2 is in place to facilitate an outbreak response, if needed.

In addition, the Secretariat will continue to support research and development activities to generate the necessary data and products, including production processes with non-infectious materials for inactivated poliovirus vaccine, novel formulations of oral poliovirus vaccine, and microneedle patches for inactivated

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[1] Resolution WHA68.3.

[2] See http://www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx (accessed 23 March 2017).

[3] WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus. Available at http://www.who.int/mediacentre/news/statements/2014/polio-20140505/en/ (accessed 23 March 2017).

poliovirus vaccination (facilitating house-to-house administration), in order to achieve the objectives of the Strategic Plan and secure polio eradication for perpetuity.

To support the containment of residual live polioviruses, the Secretariat is providing technical advice to the national authorities of Member States on containment and to laboratories and vaccine manufacturers. WHO is also working with partners to plan for post-eradication transition. A total of 16 priority countries receiving significant financial and technical support from the Global Polio Eradication Initiative are also being supported to plan for the decline and eventual withdrawal of such support, to conduct detailed mapping of all national polio assets, and to develop national polio transition plans with the full engagement of the Government and relevant stakeholders. These national transition plans would have to address the need for mainstreaming or integration of essential polio functions to support the post-certification strategy, the potential transition of staff and assets to support other national and global health priorities, the phasing out of non-essential functions and assets, and the application of lessons learned from polio eradication to support health systems, immunization programmes, outbreak surveillance and other areas.

A WHO-wide steering committee has been established under the leadership of the Office of the Director-General to guide the transition, and similar committees have been established in the African and Eastern Mediterranean regional offices. The Secretariat will regularly report to the governing bodies throughout the biennium regarding the human resource, finance and programmatic risks as well as opportunities for the organization that arise from the polio transition, including its relevance to the achievement of health targets under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

BUDGET BY MAJOR OFFICE (US$ MILLION)

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Polio eradication	327.5	1.9	55.5	5.5	208.7	4.6	299.1	902.8
Polio eradication total	**327.5**	**1.9**	**55.5**	**5.5**	**208.7**	**4.6**	**299.1**	**902.8**

Outcome. No case of paralysis due to wild or type-2 vaccine-related poliovirus globally

Outcome indicator	Baseline	Target
Number of countries reporting cases of paralysis due to any wild poliovirus or type-2 vaccine-related poliovirus in the preceding 12 months	6 (2015)	0 (2019)

Output – Technical assistance to enhance surveillance and ensure high population immunity to the threshold needed to maintain polio-free status, especially in at-risk areas

Output indicator	Baseline	Target
Number of high-risk countries supported to conduct certification-level surveillance and polio vaccination campaigns to ensure high population immunity	85 (2017)	85 (2019)

Country office deliverables

- Provide direct in-country support for surveillance and polio vaccination campaigns in all countries either experiencing an outbreak of the disease or at high risk of such an outbreak.

- High-risk countries prepare weekly reports of case-based data on acute flaccid paralysis and polio, as well as supplementary polio vaccination activities.

Regional office deliverables

- Prepare biannual regional risk assessment reports (quarterly for high-risk countries) to identify and fill gaps in population immunity and surveillance sensitivity for poliovirus.

- Consolidate country reports into weekly and monthly regional bulletins, and provide analysis and country-specific feedback.

- Support outbreak response, surveillance reviews and programme assessments for polio eradication.

Headquarters deliverables

- Develop and update every six months, with regional offices, operational action plans for the Global Polio Eradication Initiative; consolidate regional reports into weekly and monthly global bulletins.

- Coordinate a quarterly global risk assessment for areas requiring supplementary immunization in order to inform the reallocation of financial and human resources.

Output. Number of countries with an agreed timeline for cessation of use of bivalent oral poliovirus vaccine in all routine immunization programmes globally

Output indicator	Baseline	Target
Number of countries and territories (those using oral polio vaccine) with an agreed timeline for cessation of use of bivalent oral polio vaccine in routine immunization	0 (2017)	152 (2019)

Country office deliverables

- Support countries to develop plan for the withdrawal of bivalent oral poliovirus vaccine.

Regional office deliverables

- Support development of regional plan to withdraw bivalent oral poliovirus vaccine.

Headquarters deliverables

- Coordinate the planning of withdrawal of bivalent oral poliovirus vaccine and identify the mitigation of risks associated with its cessation in consultation with the Strategic Advisory Group of Experts on immunization.

- Coordinate the pre-cessation planning of risk mitigation planning and post-cessation response plans.

Output. Processes established for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally

Output indicator	Baseline	Target
Number of WHO regions with no cases of polio reported for at least two years	4 (2016)	6 (2019)

Country office deliverables

- Support countries in developing plans for the containment of types 1 and 3 poliovirus.

- Support countries in preparing national certification documents and submitting them to the Regional Certification Commission.

Regional office deliverables

- Ensure plans are developed for the containment of types 1 and 3 poliovirus.

- Support the work of the Regional Certification Commission.

Headquarters deliverables

- Develop the global guidelines and action plan for containment, including standard operating procedures for the global polio laboratory network, and develop protocols for the era following withdrawal of all oral polio vaccine.

Output. Transition plan for post-polio eradication era finalized and under implementation globally

Output indicator	Baseline	Target
Number of countries supported by the Global Polio Eradication Initiative that are implementing the transition plan for the post-eradication era during the biennium	0 (2015)	16 (2019)

Country office deliverables

- Support countries in developing and implementing national transition plans.

Regional office deliverables

- Support development and implementation of plans for all regions.

Headquarters deliverables

- Support the development by the Global Polio Eradication Initiative of a post-certification strategy that will identify the essential long-term polio functions.

- Mainstream essential long-term functions for polio control in conjunction with the implementation of Global Polio Eradication Initiative's post-certification strategy.

- Transfer assets to support other health priorities.

- Develop advance plans, including for human resources, for the systematic phasing out of non-essential polio functions and assets.

- Develop regional consensus on priorities for the transition from the polio eradication programme.

- Establish and maintain a global inventory of the human and material assets of the polio eradication programme.

- Consolidate, document and disseminate lessons learned in polio eradication.

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ANNEX 1. SEVENTIETH WORLD HEALTH ASSEMBLY, ADOPTED RESOLUTION

SEVENTIETH WORLD HEALTH ASSEMBLY   **WHA70.5**

26 May 2017

Programme budget 2018–2019

The Seventieth World Health Assembly,

Having considered the Proposed programme budget 2018–2019;[1]

Having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly;[2]

Welcoming the work being conducted to identify efficiencies in the area of management and administration;

Considering the continuing increase in the volume of tasks assigned by WHO's governing bodies to the Director-General, including the recent creation of the WHO Health Emergencies Programme;

Conscious of the necessity to prioritize and, in a context of limited resources, to concentrate such resources on those programmes that have the greatest impact on public health, or where WHO has a significant comparative advantage, as agreed by the Member States;

Stressing that proposed increases above the level of the approved Programme budget 2018−2019 should be requested only when necessary for the purpose of the Organization's mandated activities and after all possible steps have been taken to finance such increases through savings, efficiencies and prioritization,

1.   APPROVES the programme of work, as outlined in the Proposed programme budget 2018–2019;

2.   APPROVES the budget for the financial period 2018–2019, under all sources of funds, namely, assessed and voluntary contributions of US$ 4421.5 million;

3.   ALLOCATES the budget for the financial period 2018–2019 to the following categories and other areas:

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[1] Document A70/7.
[2] Document A70/59.

(1)   Communicable diseases US$ 805.4 million;

(2)   Noncommunicable diseases US$ 351.4 million;

(3)   Promoting health through the life course US$ 384.3

million; (4)   Health systems US$ 589.5 million;

(E)   WHO Health Emergencies Programme US$ 554.2 million;

(6)   Corporate services/enabling functions US$ 715.5 million;

Other areas:

- Polio eradication (US$ 902.8 million), Tropical disease research (US$ 50.0 million), and Research in human reproduction (US$ 68.4 million) totalling US$ 1021.2 million; and
- Outbreak and crisis response and scalable operations, which is subject to the event-driven nature of the activities concerned and, as such, does not have a budget requirement;

4.   RESOLVES that the budget will be financed as follows:

- by net assessments on Member States adjusted for estimated Member State non-assessed income, for a total of US$ 956.9 million;

- from voluntary contributions, for a total of US$ 3464.6 million;

5.   FURTHER RESOLVES that the gross amount of the assessed contribution for each Member State shall be reduced by the sum standing to their credit in the Tax Equalization Fund; that this reduction shall be adjusted in the case of those Members that require staff members to pay income taxes on their WHO emoluments, taxes which the Organization reimburses to said staff members; and that the amount of such tax reimbursements is estimated at US$ 31.8 million, resulting in a total assessment on Members of US$ 988.7 million;

6.   DECIDES that the Working Capital Fund shall be maintained at its existing level of US$ 31 million;

7.   AUTHORIZES the Director-General to use the assessed contributions together with the voluntary contributions, subject to the availability of resources, to finance the budget as allocated in paragraph 3, up to the amounts approved;

8.   FURTHER AUTHORIZES the Director-General, where necessary, to make budget transfers among the six categories, up to an amount not exceeding 5% of the amount allocated to the category from which the transfer is made. Any such transfers will be reported in the statutory reports to the respective governing bodies;

9.   FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the Outbreak and crisis response and scalable operations area, subject to availability of resources;

10.   FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the Polio, Tropical disease research, and Research in human reproduction components of the budget beyond the amount allocated for those components, as a result of additional governance and resource mobilization mechanisms, as well as their budget cycle, which inform the annual/biennial budgets for these special programmes, subject to availability of resources;

11.   REQUESTS the Director-General:

(1)   to submit regular reports on the financing and implementation of the budget as presented in document A70/7 and on the outcome of the financing dialogue, the strategic allocation of flexible resources and the results of the coordinated resource mobilization strategy, through the Executive Board and its Programme, Budget and Administration Committee, to the World Health Assembly;

(2)   to submit regular reports on the availability of resources and expenditures under the budget area of Outbreak and crisis response and scalable operations, Polio and on the special programmes of the Tropical disease research, and Research on human reproduction areas;

(3)   to provide additional information on the prioritization process and a plan, including details of the activities that should be discontinued, in preparation for the Thirteenth General Programme of Work, through the Executive Board and its Programme Budget and Administration Committee, to the Seventy-first World Health Assembly;

(4)   to control costs and seek efficiencies, and to submit regular reports with detailed information on savings and efficiencies as well as an estimation of savings achieved.

(Eighth plenary meeting, 26 May 2017 –
Committee A, second report)

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