World Health Organization

PROPOSED PROGRAMME BUDGET 2016–2017

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FOREWORD BY THE DIRECTOR-GENERAL

The proposed programme budget for 2016–2017 builds on programmatic and managerial reforms that began with a consultation on the future of financing for WHO held in January 2010. Since then, the changed approach has matured through successive budgets, with expectations of WHO performance now expressed as costed outputs so that achievements can be measured and the Organization held accountable for results and resources.

Programmes and priorities

The proposed programme budget demonstrates three strategic shifts.

The first is the clear application of the lessons we have learnt from the outbreak of Ebola virus disease in West Africa over the last year. At its peak, the Ebola crisis overwhelmed WHO, as it did all other actors in the national and international response. The pressure on WHO was, however, especially great, as the Organization is constitutionally mandated and historically expected to lead the international response to epidemics and other health emergencies. Just as the outbreak laid bare the consequences of weak health systems, so it also laid bare the consequences at WHO of staff and budget cuts. We have therefore planned to strengthen our core capacities in preparedness, surveillance and response, in order to prevent, detect and respond to disease outbreaks and other health emergencies effectively, as a component of resilient health systems.

The second is the response to the post-2015 agenda, with a focus on universal health coverage – enhancing our contribution to reproductive, maternal, newborn, child and adolescent health; accelerating progress towards elimination of malaria; and expanding our work on prevention and control of noncommunicable diseases.

The third is to tackle emerging threats and priorities, such as antimicrobial resistance, hepatitis, ageing and dementia.

A strengthened results chain links the work of the Secretariat to specific improvements in health and development and supports results-based management. Indicators, with baselines and targets, facilitate a more objective measurement of progress and performance against expected results. Programme planning has been bottom-up, driven by health needs at the country level. The distribution of work across the three levels of WHO is more readily visible.

The budget

The proposed programme budget 2016–2017 amounts to nearly US$ 4400 million overall, which comprises the "base" programmes of categories 1 to 6, plus polio, special programmes (those for research and training in tropical diseases and for research, development and research training in human reproduction), and the event-driven component of Outbreaks and crisis response. The "base" budget has increased by US$ 236.6 million for the biennium (equivalent to an 8% increase over the biennium 2014–2015). It is based on a realistic and rigorous calculation of funds needed to support the work that we have been asked to do by our governing bodies.

Efficiency savings

Rising costs and the adverse financial consequences of exchange rate fluctuations have been offset by budgetary discipline and efficiency savings. WHO has become a more cost-conscious Organization. We have made significant savings in staff costs, which have fallen from 47% to 41% of expenditure over the last three years. We have also made savings by off-shoring administrative work to countries where staff costs are lower; by replacing printed copies of documents and publications with online versions; and by better management of travel, with greater use of video teleconferencing instead of face-to-face meetings. Further cost savings will accrue in the coming biennium, with significant efficiencies to be gained through effective procurement of services, rigorous human resource planning and improved management of direct financial cooperation.

Financing

Member States have welcomed the financing dialogue, which helps to coordinate the mobilization of resources and improve oversight of funding commitments and gaps. In addition, another innovation, the programme budget web portal, is providing timely data on implementation of the budget and on the status of financing and shortfalls.

All of these stepwise improvements help me to carry out my administrative responsibilities to Member States with greater diligence. They fit well with the current emphasis in global health on transparency, accountability, and objective monitoring of results.

I want to thank the growing number of Member States that provide flexible voluntary contributions, which are not earmarked for a specific activity or area of work.

I am pleased to submit this proposed programme budget for 2016–2017 for consideration by Member States.

Dr Margaret Chan
Director-General

Geneva, 30 April 2015

INTRODUCTION

1.   The Proposed programme budget 2016–2017 is the second of the three biennial budgets to be formulated under the Twelfth General Programme of Work, 2014–2019.

2.   The Proposed programme Budget 2016–2017 builds on the programmatic and managerial reforms implemented during the development of the Programme budget 2014–2015, further strengthening the bottom-up planning process and clarifying the roles and functions of the three levels of the Organization, as well as scaling up the programme area and category networks.

3.   The Proposed programme budget has sharpened the linkage between the programmatic priorities and the assessment of the staff and non-staff resources required in order to respect those priorities. The cost implications of these resources were determined through existing standardized approaches as well as by advance rolling-out of human resources planning across the Organization.

4.   Consultations were held with Member States and partners during the different stages of the development of the Programme Budget. This process began at the country level, and was followed by presentations to all six regional committees and the Executive Board. More recently, an electronic platform consultation was put in place before the finalization of the Proposed programme budget for consideration by the Health Assembly.

PROGRAMMATIC PRIORITIES

5.   Based on the strategic direction outlined in the Twelfth General Programme of Work, 2014–2019, the bottom-up identification of priorities, deliberations within WHO's governing bodies on the Proposed programme budget 2016–2017, and the experience gained and lessons learnt from tackling the Ebola virus disease outbreak, the Organization will sharpen its focus on: global health security; disease outbreak; and humanitarian response in emergencies; preparedness and surveillance; strong, resilient and integrated health systems in the context of universal coverage; and the scale up of prevention and control interventions for noncommunicable diseases.

6.   In addition, WHO will place emphasis on: combating antimicrobial resistance; pursuing the unfinished agenda of the Millennium Development Goals to end preventable maternal, newborn and child deaths; a stronger push towards elimination of malaria; innovative mechanisms for developing vaccines and affordable treatment, especially against neglected tropic diseases; and strengthening regulatory systems.

7.   The biennium 2016–2017 will also see continuation of the activities honouring the commitments contained in the Polio Eradication and Endgame Strategic Plan 2013–2018, including, supporting the detection and interruption of wild poliovirus transmission, strengthening routine immunization systems, introduction of inactivated poliovirus vaccine and withdrawal of oral poliovirus vaccine, certification of eradication and containment of residual live polioviruses, and polio legacy planning and implementation.

8.   Building on the momentum generated by the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19 and 20 September 2011), the biennium 2016–2017 will see a further increase in investments to accelerate progress in countries in preventing and controlling noncommunicable diseases. The scaling up of activities in mental health, dementia, substance abuse, violence, injuries, disabilities and rehabilitation will also continue.

9.   Attention has been paid to areas that depend on building synergies or on interdependence across different programme areas. In the development of the Programme budget this involved specifying the contribution of different programme areas at each Organizational level in order, for example, to achieve the targets for preventing and controlling hepatitis and antimicrobial resistance. The same approach has been taken in respect of gender, equity and human rights and social determinants of health. In this way, the Organization is honouring its own commitment under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. The Secretariat will continue to work with Member States and partners to combat longer-term threats posed by climate change, and environmental health problems caused by air pollution. In addition, synergies will be established between ageing and health and other programmes areas in order to strengthen and integrate health and social services.

BUDGET OVERVIEW

10.   The structure of the Proposed programme budget 2016–2017 resembles that of the Programme budget 2014–2015, with two notable exceptions.

11.   Firstly, the budgets of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction and the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases are shown as distinct budget lines (from the base budget) because of their additional governance and resource mobilization mechanisms and budget cycle which inform the annual/biennial budgets for these special programmes. Having a distinct budget setting for these programmes provides the necessary flexibility for accommodating their requirements, while enhancing the transparency of their contributions to the agreed results in the Proposed programme budget.

12.   Second, questions have been raised by Member States about the inclusion of the outbreak and crisis response budget in the programme budget, given its event-driven nature and that, historically, the budget figures have proved to be unrealistic. Setting the budget for outbreak and crisis response on the basis of emergency planning processes would offer a more realistic way of setting the level of the programme budget.

13.   The budget for polio eradication is also presented as a distinct budget line. The estimated budget requirements are based on the biennium 2016–2017 resource requirements outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018. Hosted partnerships, such as the Roll Back Malaria Partnership, are not included in the budget presentation.

14.   The total Proposed programme budget 2016–2017 amounts to US$ 4384.9 million, which includes outbreak and crisis response. The table below summarizes the budget for the biennium 2016–2017.

Table 1. Proposed programme budget 2016–2017 – Summary budget as compared to the Approved programme budget 2014–2015 (US$ millions)

	Approved Programme budget 2014–2015[a]	Proposed programme budget 2016–2017	Change in Proposed programme budget 2016–2017 to 2014–2015 (%)
Categories 1–6	2 957.7	3 194.3	8.0
Other – Polio, Tropical disease research and Research in human reproduction	792.0	986.1	24.5
Subtotal	**3 749.7**	**4 180.4**	**11.5**
Outbreak and crisis response	227.5	204.5*	
Grand total	**3 977.2**	**4 384.9**	**10.3**

[a] *As approved in resolution WHA66.2 on Programme budget 2014–2015*

*Planning figure on historical basis

15. The total Proposed programme budget 2016–2017 represents an increase of US$ 236.6 million from the approved Programme budget 2014–2015, as shown in Table 1. The proposed increase primarily covers organizational enhancements triggered by the lessons learnt from the recent Ebola virus disease outbreak, including, supporting institutional, international and national capacities in preparedness, surveillance and response; strengthening the Organization's own core capacities in emergency operations; and building resilient integrated health systems. The increase also covers further investment in scaling up the work on antimicrobial resistance, malaria elimination, hepatitis, innovative ways of improving access to medicines and other health technologies, and scale-up of interventions against noncommunicable diseases, including dementia, in accordance with governing body resolutions. The requested increases for the programme areas cover staff increases to strengthen priority areas. This does not involve salary increases.

16. The budget by category, as summarized in Table 2 below, shows the prioritization of the proposed investments in the biennium 2016–2017 by category as compared with the biennium 2014–2015. Most notable are the proposed increases under category 5 and category 4, which are in line with the programmatic priorities described above. The proposed slight decrease in category 1 reflects a strategic shift towards upstream policy and technical work in two programme areas, Tuberculosis and Vaccine Preventable Diseases. It is also the result of strengthened country-level synergies with partners, including the GAVl Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. As investment in programmatic operations from the same source increases at country level, the Organization will be able to focus its work on filling gaps and maximizing its comparative advantage, thereby making the best use of resources.

Table 2. Proposed programme budget 2016–2017 by category (US$ millions)

Category	Approved Programme budget 2014–2015[a]	Proposed programme budget 2016–2017	Change in Proposed programme budget 2016–2017 to 2014–2015 (%)
1. Communicable diseases	792.1	765.0	(3.4)
2. Noncommunicable diseases	317.9	339.9	6.9
3. Promoting health through the life course	345.6	381.7	10.4
4. Health systems	531.1	594.5	11.9
5. Preparedness, surveillance and response	287.0	379.7	32.3
6. Corporate services/enabling functions	684.0	733.5	7.2
Subtotal	**2 957.7**	**3 194.3**	**8.0**
Other – Polio, Tropical disease research and Research in human reproduction	792.0	986.1	
Outbreak and crisis response	227.5	204.5*	
Grand total	**3 977.2**	**4 384.9**	

[a] *As approved in resolution WHA66.2 on Programme budget 2014–2015*

Planning figure on historical basis

17.   The Proposed programme budget 2016–2017 allocation by level of the Organization reflects the trend of increasing resources for technical cooperation at country level.

Table 3. Proposed programme budget by level of the Organization (excluding emergencies, Tropical disease research and Research in human reproduction, in US$ millions)

Level	Approved Programme budget 2014–2015[a]	Proposed programme budget 2016–2017	Approved Programme budget 2014–2015[a] (%)	Proposed programme budget 2016–2017 (%)
Country offices	1 109.2	1 271.2	37.5	39.8
Headquarters	1 107.3	1 176.8	37.4	36.8
Regional offices	741.2	746.3	25.1	23.4
Total	**2 957.7**	3 194.3	**100.0**	100.0

[a] *As approved in resolution WHA66.2 on Programme budget 2014–2015*

FINANCING THE PROGRAMME BUDGET

18.   It is envisaged that the Proposed programme budget 2016–2017 will build on the gains made in the biennium 2014–2015, when, at the mid-point, the Programme budget, excluding emergencies, was financed to a level of almost 90%, although misalignment continues in some areas.

19.   The Organization's budget will continue to be financed through a mix of assessed contributions from Member States and voluntary contributions from State and non-State actors.

20.   The financing dialogue will continue to be key to coordinating the mobilization of resources towards a better alignment of financing, transparency and a clearer understanding of WHO's long-term financing needs for effective implementation of its strategies.

21.   For the biennium 2016–2017, a financing dialogue will be held in November 2015 to highlight the financing commitments made so far and identify funding shortfalls.

ACCOUNTABILITY, PERFORMANCE ASSESSMENT AND MONITORING

22.   In presenting the results agreed between the Secretariat and the Member States, the Programme budget is the primary tool for ensuring accountability and transparency. The results chain links the work of the Secretariat (outputs) to the health and development changes to which it contributes both in countries and globally (outcomes and impacts). Improved application of the theory of change, as part of the WHO reform agenda, has strengthened the Secretariat's accountability, and the contributions of each level of the Organization to overall achievement of defined outputs.

23.   The Proposed programme budget 2016–2017 maintains the results chain established for the Programme budget 2014–2015, which is based on key elements of WHO reform. The improved results chain provides the basis for assessing the Organization's performance. It has two aspects: a clear definition of the outputs that the Secretariat is accountable for delivering during the biennium; and a logical demonstration of the link between WHO's contribution and the achievement of outcomes and impacts. Progress towards achievement of outcomes is measured in terms of changes in polices, practices, institutional capacities and coverage or access to services, and reduction of risk factors.

24.   It is envisaged that the 30 outcomes and 86 outputs defined in the Proposed programme budget 2016–2017 will converge to achieve the health impacts outlined in the Twelfth General Programme of Work, 2014–2019. The deliverables that contribute to achievement of the results clearly reflect the roles and responsibilities of each level of the Organization.

25.   Two key aspects of WHO's accountability framework are monitoring progress towards achieving the outputs, as well as their contribution to achieving outcomes and impacts, and assessing the Organization's performance. WHO will monitor and report on progress in implementation of the Programme budget through the mid-term review which will be issued at the mid-point of the biennium. Overall performance towards achieving results and use of strategically allocated resources will be assessed and reported on through the programme budget performance assessment at the end of the biennium. The programme budget web portal, which is regularly updated, will continue to ensure transparency, allowing Member States to monitor the status of financing and implementation of the programme budget.

26.   More robust processes for the mid-term review and the end-of-biennium performance assessment are being established. The strengthening of monitoring and performance assessment will focus on: (i) performance measures, including outcome and output indicators and targets, together with an analysis of assumptions and risks; (ii) improved analysis of changes resulting from the Organization's work, in particular the combined influence of outputs on health outcomes, and the consequent impact on people's lives; and (iii) clearer linkages between assessment of results and resource use.

27.   The indicators, with baseline and target, provide a more objective measurement of progress and performance against the results expected. Although the indicators do not cover all the results, they represent the dimension that is most relevant to the work and the expected changes. The outcome indicators are taken from existing agreements, strategies and plans. The output indicators have been discussed and agreed across the three levels of the Organization through interaction within each programme area network.

28.   Greater objectivity in results monitoring is envisaged with improved harmonization and coherence with other methodologies that supplement or reinforce the current self-assessment methods. Examples of these methodologies, which provide a greater depth and degree of independence, include, programme and administrative reviews, specific technical programme reviews, audits and corporate evaluations. The Secretariat will pursue the enhanced coherence and cohesiveness of those methodologies by firmly establishing the evaluation policy and evaluation framework.

29.   The enhancements will be carried out in the context of the new accountability framework, under which the results of the monitoring and evaluation processes will inform actions designed to ensure delivery of the work, as well as the strategic allocation of resources and appropriate internal controls, and drive greater efficiencies. Implementation of the internal controls will be further reinforced to ensure resources are managed and reported on effectively and efficiently. Including a risk management framework as an integral component of the programme budget and operational planning will strengthen the monitoring of liabilities and allow timely interventions.

30.   The Secretariat continues to undertake measures to control and reduce costs in order to maximize the value of the contributions. New procedures relating to the use of direct financial cooperation payments to countries have been introduced to improve accountability and reporting for the use of such funds and the results they achieve. Enhancements in information technology and telecommunications across the Organization will drive further cost efficiencies over time. Furthermore, staffing levels will be systematically reviewed to meet strategic and programmatic objectives within planned resource levels. During the operational planning for the biennium 2016–2017, specific measures that will further improve efficiencies – particularly those in the management of meetings, travel and procurement of services – will systematically be incorporated into the development of work plans. Mechanisms to monitor and report on the efficiency gains from such measures will be further strengthened. WHO will continue its active participation in efforts to improve efficiency and reduce costs across the United Nations system.

31.   Moreover, at the mid-point of the Twelfth General Programme of Work, 2014–2019, the Secretariat will conduct a review of the progress made towards meeting the commitments contained therein. That will provide an opportunity to report on the outcomes and impacts and describe the Secretariat's contribution towards achieving them. The review will also inform the next general programme of work.

Table 4. Comparison of the approved Programme budget 2014–2015 and Proposed programme budget 2016–2017, (US$ millions)

Category/Programme	Approved Programme budget 2014–2015[a]	Proposed programme budget 2016–2017	Change in Proposed programme budget 2016–2017 to 2014–2015	%
1. Communicable diseases				
HIV and hepatitis	131.5	141.3	9.8	7
Tuberculosis	130.9	117.5	(13.4)	(10)
Malaria	91.6	121.5	29.9	33
Neglected tropical diseases	91.3	104.2	12.9	14
Vaccine-preventable diseases	346.8	280.5	(66.3)	(19)
Category 1 total	**792.1**	**765.0**	**(27.1)**	**(3)**
2. Noncommunicable diseases				
Noncommunicable diseases	192.1	198.3	6.2	3
Mental health and substance abuse	39.2	46.0	6.8	17
Violence and injuries	31.1	34.4	3.3	11
Disabilities and rehabilitation	15.5	16.7	1.2	8
Nutrition	40.0	44.5	4.5	11
Category 2 total	**317.9**	**339.9**	**22.0**	**7**
3. Promoting health through the life course				
Reproductive, maternal, newborn, child and adolescent health	189.9	206.3	16.4	9
Ageing and health	9.5	13.5	4.0	42
Gender, equity and human rights mainstreaming	13.9	16.3	2.4	17
Social determinants of health	30.3	35.6	5.3	17
Health and the environment	102.0	110.0	8.0	8
Category 3 total	**345.6**	**381.7**	**36.1**	**10**
4. Health systems				
National health policies, strategies and plans	125.7	142.1	16.4	13
Integrated people-centred health services	151.5	156.5	5.0	3
Access to medicines and other health technologies and strengthening regulatory capacity	145.5	171.6	26.1	18
Health systems information and evidence	108.4	124.3	15.9	15
Category 4 total	**531.1**	**594.5**	**63.4**	**12**
5. Preparedness, surveillance and response				
Alert and response capacities	98.0	113.5	15.5	16
Epidemic- and pandemic-prone diseases	68.5	106.1	37.6	55
Emergency risk and crisis management	88.0	122.6	34.6	39
Food safety	32.5	37.5	5.0	15
Category 5 total	**287.0**	**379.7**	**92.7**	**32**

Category/Programme	Approved Programme budget 2014–2015[a]	Proposed programme budget 2016–2017	Change in Proposed programme budget 2016–2017 to 2014–2015	%
6. Corporate services/enabling functions				
Leadership and governance	227.7	222.7	(5.0)	(2)
Transparency, accountability and risk management	50.4	57.1	6.7	13
Strategic planning, resource coordination and reporting	34.5	41.0	6.5	19
Management and administration	334.3	372.7	38.4	11
Strategic communications	37.1	40.0	2.9	8
Category 6 total	**684.0**	**733.5**	**49.5**	**7**
Total categories 1–6	**2 957.7**	**3 194.3**	**236.6**	**8**
Polio[b]	700.4	894.5	194.1	
Outbreak and crisis response[c]	227.5	204.5	(23.0)	
Subtotal	**927.9**	**1099.0**	**171.1**	
Tropical disease research[d]	48.7	48.7		
Research in human reproduction[d]	42.9	42.9		
Grand total	**3 977.2**	**4 384.9**	**407.7**	**10**

[a] *As approved in resolution WHA66.2 on Programme budget 2014–2015.*

[b] *This is the initial estimate from the Global Polio Eradication Initiative for the biennium 2016–2017.*

[c] *The Outbreak and crisis response budget is event-driven; the figures provided for the biennium 2016–2017 are therefore indicative at this stage.*

[d] *The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction have their respective governance mechanisms in which WHO is a member and the executing agency.*

Table 5. Proposed programme budget 2016–2017 (US$ millions): breakdown by major office, level, category and programme area

Categories and programme areas	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	38.3	10.2	48.5	3.3	3.8	7.1	8.1	4.5	12.6
Tuberculosis	24.2	5.0	29.2	1.0	0.6	1.6	16.9	3.4	20.3
Malaria	30.4	14.4	44.8	0.4	1.2	1.6	6.1	5.1	11.2
Neglected tropical diseases	25.4	8.1	33.5	4.0	2.2	6.2	4.1	7.4	11.5
Vaccine-preventable diseases	96.1	31.9	128.0	5.9	5.4	11.3	21.2	6.0	27.2
Category 1 total	**214.4**	**69.6**	**284.0**	**14.6**	**13.2**	**27.8**	**56.4**	**26.4**	**82.8**
2. Noncommunicable diseases									
Noncommunicable diseases	29.1	18.2	47.3	12.7	5.6	18.3	11.5	5.3	16.8
Mental health and substance abuse	3.6	2.3	5.9	2.1	1.2	3.3	1.4	0.7	2.1
Violence and injuries	1.2	0.9	2.1	1.8	0.9	2.7	1.1	0.9	2.0
Disabilities and rehabilitation	0.4	0.8	1.2	0.7	0.4	1.1	0.6	0.2	0.8
Nutrition	5.1	0.2	5.3	2.3	1.2	3.5	1.5	1.1	2.6
Category 2 total	**39.4**	**22.4**	**61.8**	**19.6**	**9.3**	**28.9**	**16.1**	**8.2**	**24.3**
3. Promoting health through the life-course									
Reproductive, maternal, newborn, child and adolescent health	60.9	14.3	75.2	10.2	4.2	14.4	15.3	4.8	20.1
Ageing and health	1.1	0.6	1.7	0.7	0.4	1.1	0.9	0.6	1.5
Gender, equity and human rights mainstreaming	1.3	1.0	2.3	1.4	0.7	2.1	0.8	1.0	1.8
Social determinants of health	7.5	2.7	10.2	2.7	1.6	4.3	1.2	1.7	2.9
Health and the environment	9.6	6.2	15.8	8.5	4.8	13.3	5.4	3.4	8.8
Category 3 total	**80.4**	**24.8**	**105.2**	**23.5**	**11.7**	**35.2**	**23.6**	**11.5**	**35.1**
4. Health systems									
National health policies, strategies and plans	15.5	5.5	21.0	11.0	5.1	16.1	17.4	3.4	20.8
Integrated people-centred health services	22.5	12.5	35.0	4.1	2.2	6.3	11.9	5.3	17.2
Access to medicines and other health technologies and strengthening regulatory capacity	10.7	5.9	16.6	3.8	2.4	6.2	9.2	3.9	13.1
Health systems information and evidence	9.7	6.7	16.4	3.0	3.2	6.2	4.5	5.5	10.0
Category 4 total	**58.4**	**30.6**	**89.0**	**21.9**	**12.9**	**34.8**	**43.0**	**18.1**	**61.1**
5. Preparedness, surveillance and response									
Alert and response capacities	10.4	4.4	14.8	5.9	3.0	8.9	3.0	4.2	7.2
Epidemic- and pandemic-prone diseases	5.1	2.2	7.3	2.7	2.2	4.9	4.5	1.7	6.2
Emergency risk and crisis management	30.5	6.5	37.0	3.4	1.1	4.5	6.6	2.2	8.8
Food safety	3.2	2.0	5.2	6.2	1.0	7.2	0.7	0.3	1.0
Category 5 total	**49.2**	**15.1**	**64.3**	**18.2**	**7.3**	**25.5**	**14.8**	**8.4**	**23.2**
6. Corporate services/enabling functions									
Leadership and governance	33.9	13.3	47.2	4.3	3.0	7.3	9.3	6.7	16.0
Transparency, accountability and risk management		7.3	7.3	1.4	0.8	2.2	0.9	0.5	1.4
Strategic planning, resource coordination and reporting		5.7	5.7		0.6	0.6	2.0	1.7	3.7
Management and administration	48.2	33.9	82.1	5.2	6.6	11.8	16.3	17.3	33.6
Strategic communications		4.1	4.1	1.7	2.3	4.0	0.9	0.8	1.7
Category 6 total	**82.1**	**64.3**	**146.4**	**12.6**	**13.3**	**25.9**	**29.4**	**27.0**	**56.4**
Total categories 1–6	**523.9**	**226.8**	**750.7**	**110.4**	**67.7**	**178.1**	**183.3**	**99.6**	**282.9**
Tropical disease research		-	-					-	-
Research in human reproduction		-	-					-	-
Polio	359.3	13.0	372.3	0.8	0.4	1.2	63.5	13.5	77.0
Subtotal	**359.3**	**13.0**	**372.3**	**0.8**	**0.4**	**1.2**	**63.5**	**13.5**	**77.0**
Outbreak and crisis response	31.6	7.7	39.3	4.9	2.7	7.6	5.1	0.1	5.2
Subtotal	**31.6**	**7.7**	**39.3**	**4.9**	**2.7**	**7.6**	**5.1**	**0.1**	**5.2**
Grand total	**914.8**	**247.5**	**1 162.3**	**116.1**	**70.8**	**186.9**	**251.9**	**113.2**	**365.1**

Europe			Eastern Mediterranean			Western Pacific			Headquarters	Total
Country offices	Regional Office	Total	Country offices	Regional Office	Total	Country offices	Regional Office	Total		
1.9	5.0	**6.9**	4.3	2.9	**7.2**	7.8	5.2	**13.0**	46.0	141.3
8.0	2.8	**10.8**	5.7	2.0	**7.7**	8.1	5.7	**13.8**	34.1	117.5
0.2	2.9	**3.1**	4.6	3.4	**8.0**	10.2	6.6	**16.8**	36.0	121.5
-	0.6	**0.6**	2.2	0.8	**3.0**	3.2	3.2	**6.4**	43.0	104.2
3.6	8.8	**12.4**	18.2	6.2	**24.4**	13.0	10.6	**23.6**	53.6	280.5
13.7	**20.1**	**33.8**	**35.0**	**15.3**	**50.3**	**42.3**	**31.3**	**73.6**	212.7	765.0
9.7	9.5	**19.2**	11.0	5.0	**16.0**	13.7	10.9	**24.6**	56.1	198.3
2.8	2.4	**5.2**	3.0	2.2	**5.2**	3.6	2.0	**5.6**	18.7	46.0
1.9	5.0	**6.9**	2.6	0.4	**3.0**	1.2	1.6	**2.8**	14.9	34.4
0.4	0.1	**0.5**	0.5	0.3	**0.8**	1.1	1.2	**2.3**	10.0	16.7
0.3	1.8	**2.1**	2.5	0.7	**3.2**	3.6	1.9	**5.5**	22.3	44.5
15.1	**18.8**	**33.9**	**19.6**	**8.6**	**28.2**	**23.2**	**17.6**	40.8	122.0	339.9
3.0	3.5	**6.5**	13.7	4.7	**18.4**	9.2	3.0	**12.2**	59.5	206.3
0.4	1.0	**1.4**	0.6	0.3	**0.9**	1.3	0.9	**2.2**	4.7	13.5
0.1	0.9	**1.0**	0.8	0.3	**1.1**	1.5	0.2	**1.7**	6.3	16.3
2.0	5.9	**7.9**	2.4	0.6	**3.0**	0.5	0.4	**0.9**	6.4	35.6
4.1	17.4	**21.5**	2.6	3.4	**6.0**	6.2	3.1	**9.3**	35.3	110.0
9.6	**28.7**	**38.3**	**20.1**	**9.3**	**29.4**	**18.7**	**7.6**	26.3	112.2	381.7
5.2	9.8	**15.0**	9.4	2.8	**12.2**	13.1	3.9	**17.0**	40.0	142.1
6.3	9.1	**15.4**	14.7	7.1	**21.8**	8.8	6.1	**14.9**	45.9	156.5
1.1	6.0	**7.1**	7.1	4.6	**11.7**	7.3	3.9	**11.2**	105.7	171.6
2.7	8.0	**10.7**	5.5	6.4	**11.9**	5.4	5.4	**10.8**	58.3	124.3
15.3	**32.9**	**48.2**	**36.7**	**20.9**	**57.6**	**34.6**	**19.3**	53.9	249.9	594.5
3.2	5.0	**8.2**	6.9	1.7	**8.6**	9.2	6.0	**15.2**	50.6	113.5
2.5	5.5	**8.0**	7.5	2.9	**10.4**	7.8	4.9	**12.7**	56.6	106.1
1.7	2.4	**4.1**	23.8	5.1	**28.9**	1.2	2.2	**3.4**	35.9	122.6
0.3	0.7	**1.0**	0.5	1.1	**1.6**	1.4	1.3	**2.7**	18.8	37.5
7.7	**13.6**	**21.3**	**38.7**	**10.8**	**49.5**	**19.6**	**14.4**	34.0	161.9	379.7
20.1	13.0	**33.1**	14.0	6.9	**20.9**	10.4	5.1	**15.5**	82.7	222.7
0.4	2.4	**2.8**	0.8	2.7	**3.5**	0.4	2.0	**2.4**	37.5	57.1
1.2	3.4	**4.6**	1.0	3.1	**4.1**	2.8	4.5	**7.3**	15.0	41.0
7.1	9.3	**16.4**	33.7	12.4	**46.1**	9.9	10.2	**20.1**	162.6	372.7
0.9	2.1	**3.0**	0.2	2.8	**3.0**	0.8	3.1	**3.9**	20.3	40.0
29.7	**30.2**	**59.9**	**49.7**	**27.9**	**77.6**	**24.3**	**24.9**	49.2	318.1	733.5
91.1	**144.3**	**235.4**	**199.8**	**92.8**	**292.6**	**162.7**	**115.1**	277.8	1 176.8	3 194.3
	-	**-**		-	**-**		-	**-**	48.7	48.7
	-	**-**		-	**-**		-	**-**	42.9	42.9
1.4	6.0	**7.4**	173.3	7.0	**180.3**	0.8	2.1	**2.9**	253.4	894.5
1.4	**6.0**	**7.4**	**173.3**	**7.0**	**180.3**	**0.8**	**2.1**	2.9	345.0	986.1
0.7	2.3	**3.0**	123.7	6.6	**130.3**	4.8	0.1	**4.9**	14.2	204.5
0.7	**2.3**	**3.0**	**123.7**	**6.6**	**130.3**	**4.8**	**0.1**	4.9	14.2	204.5
93.2	**152.6**	**245.8**	**496.8**	**106.4**	**603.2**	**168.3**	**117.3**	285.6	1 536.0	4 384.9

CATEGORY 1. COMMUNICABLE DISEASES

Reducing the burden of communicable diseases, including HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases

The category specifically covers HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases.

The biennium 2016–2017 marks the transition to the post-2015 Millennium Development Goals era. The challenges posed by HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases continue and the unfinished agenda risks leaving behind it millions of people who have not benefitted from the achievements recorded in pursuing the Millennium Development Goals.

The payoff from investing in cost-effective public health interventions continues to be considerable in those programme areas, for example, in HIV prevention and treatment, tuberculosis treatment, malaria prevention through use of long-lasting insecticide-treated bednets, scaling up efforts to overcome the impact of neglected tropical diseases, and immunization against vaccine-preventable diseases. These packages continue to be extremely effective in averting deaths and reducing disability, especially among the world's most-at-risk and vulnerable populations in low- and middle-income countries, and in enabling one billion people to fully share those health gains.

The international community should continue to build on the achievements of the past two decades, which have seen unprecedented progress. Ending the silent burden and preventing epidemics can serve as a powerful catalyst in eliminating diseases of poverty, ensuring the human right to health, including of the most at-risk and vulnerable populations, and reducing the global inequities inherent in global health in the post-2015 era.

In a climate of growing complexity, interdependence, shifting landscapes in development and rapid innovation, Category 1 programmes will be aimed at guiding and supporting countries:

- to develop, implement and monitor the post-2015 development agenda and other global commitments, national strategies and targets aimed at tackling HIV, hepatitis, tuberculosis, malaria and neglected tropical diseases by leveraging the opportunities offered by universal health coverage and social protection schemes for more effective prevention and care;

- to develop and implement national immunization plans by strengthening national capacity in monitoring immunization programmes and ensuring access to the vaccines and supplies in order to meet the needs of all Member States as part of the Decade of Vaccines;

- to scale up access to essential medicines and vaccines so as to benefit both low- and middle-income countries;

- to better serve the most fragile population groups left behind or under-served by current public health efforts and create stronger links to more inclusive and sustainable interventions; and

- to leverage innovation and ensure that investment in programmes is used to maximum effect; contribute to accelerating economic development and nurturing partnerships.

HIV and hepatitis

Significant progress has been made in achieving the key targets set by the United Nations in the Millennium Development Goals and in the 2011 Political Declaration on HIV and AIDS. New HIV infections and deaths from AIDS have peaked and have begun to decline in the past few years. The target of reaching 15 million people with life-saving antiretroviral therapy is likely to be exceeded by the end of 2015. Although some other targets have still not been achieved, progress has been steady and significant.

The biennium 2016–2017 marks the end date of the Millennium Development Goals and the targets set in the 2011 Political Declaration on HIV and AIDS. As we transition to a new post-2015 era, we must build on the achievements of the past while rising to the challenge of attaining bolder goals and targets for the future. New WHO guidance that recommends earlier initiation of antiretroviral therapy for people living with HIV has greatly increased the number of people estimated to be eligible for treatment, and emerging 2020 targets call for enrolling more than 80% of all the 35 million people living with HIV in antiretroviral treatment. Key populations, such as men who have sex with men, sex workers, transgender people and people in prisons who inject drugs, as well as the sexual partners of all those key populations, remain hidden and hard to reach. Nearly half those living with HIV are still unaware of their health situation. Children remain largely excluded from HIV treatment, and transmission of HIV from mothers to their children has not yet been eliminated.

During the biennium 2016–2017, WHO will support countries in implementing and monitoring the global health sector strategy on HIV/AIDS, 2016–2021, and in strengthening capacity for HIV policy and programme implementation. The priorities will be: strategic use of antiretroviral therapy for HIV treatment and prevention; elimination of mother-to-child transmission of HIV and syphilis; expanding access to paediatric HIV treatment; an improved health sector response to HIV among key populations; further innovation in HIV prevention, diagnosis, treatment and care; strategic information for effective scale-up; and stronger links between HIV and related health outcomes, such as noncommunicable diseases; and maternal and child health, chronic care and health systems strengthening. Continued focus will be placed on integrating and fostering gender, equity and a human rights agenda in the development and implementation of HIV programmes.

Hepatitis will also be addressed under the HIV and hepatitis area of work. Globally, viral hepatitis is responsible for an estimated 1.4 million deaths each year, mainly as a result of chronic hepatitis B and chronic hepatitis C infection. Effective vaccines exist for preventing hepatitis A, hepatitis B and hepatitis E infection and hepatitis C can be prevented through infection control, including safe injections. Recent developments in the treatment of chronic hepatitis, including medicines that can cure chronic hepatitis C infection, provide opportunities for making a major impact on the public health burden posed by viral hepatitis. During 2016–2017, WHO will concentrate on supporting countries in adopting and implementing a global hepatitis strategy, as well as in developing national hepatitis strategies and action plans that will enable them to integrate hepatitis into existing health care systems. In addition to providing technical support to countries to create robust national viral hepatitis programmes, WHO will develop normative and technical guidance; conduct modelling work to quantify the burden of hepatitis infections; prepare a monitoring and reporting system to assess progress in scaling up hepatitis prevention and treatment; and promote equitable access to hepatitis prevention, diagnosis, care and treatment.

Tuberculosis

Global efforts to diagnose, treat and prevent tuberculosis have produced significant results. The Millennium Development Goal target of reversing the incidence rate of tuberculosis has been achieved, and the burden of tuberculosis has been declining in all WHO regions, albeit too slowly. The tuberculosis mortality rate has decreased by 45% in the period 1990–2013, and tuberculosis mortality is on track for a 50% reduction in all regions apart from the European Region and the African Region. It is estimated that more than 70 million people will have been successfully treated during the period 1995–2015, following the strategy recommended by WHO. New diagnostic tools and novel tuberculosis medicines have been introduced in the past two bienniums. There has also been an increased effort to reduce the gap in tuberculosis case-finding and in responding to HIV/tuberculosis coinfection and the multidrug-resistant tuberculosis crisis, especially in countries facing a high burden of disease.

Increased attention has been focused on the social determinants of tuberculosis, associated economic hardship, human rights and gender concerns, and the complex dynamics associated with tuberculosis comorbidities, including those related to nutrition and noncommunicable diseases, in addition to HIV/AIDS. In 2014, the Sixty-seventh World Health Assembly adopted a new global tuberculosis strategy aimed at ending the global tuberculosis epidemic by 2035, with an associated decline in tuberculosis deaths by 95% and in tuberculosis incidence by 90%, and the elimination of associated catastrophic costs for affected households. In addition, a framework adapting the global strategy to low tuberculosis-incidence settings has been developed,

with a pre-elimination target for 2035 and elimination targeted for 2050. The three pillars of the strategy are: integrated patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation. The four principles underlying the global strategy and targets for tuberculosis prevention, care and control after 2015 are: government stewardship and accountability, with monitoring and evaluation; strong coalition with civil society organizations and communities; protection and promotion of human rights, ethics and equity; and adaptation of the strategy and targets at country level, with global collaboration.

During 2016–2017, Member States will begin to adopt and adapt the global strategy and targets for tuberculosis prevention, care and control after 2015 to end the global tuberculosis epidemic by 2035. Substantial challenges exist in pursuing this aim. Government stewardship and accountability for overseeing design, implementation and monitoring of national strategies need to be strengthened, with associated mobilization to fill significant resource gaps. Capacity needs to be reinforced in order to pursue epidemiological assessments, including identification of the most vulnerable populations and eliciting their engagement in designing a response. Basic service quality and capacity should be extended in order to enable early diagnosis, including drug sensitivity evaluation for all patients tested and access to patient-centred treatment, care and prevention. Locally appropriate platforms are needed for effective integration of services, cross-programmatic collaboration and multisectoral engagement in order to enact the required bold policies and establish the systems envisioned in the new strategy and in national tuberculosis research planning. The opportunities offered by universal health coverage and social protection schemes should be exploited for more effective tuberculosis prevention and care.

In the biennium 2016–2017, the Secretariat will support Member States in adapting and implementing the post-2015 global strategy. New guidance and tools will be developed for monitoring and conducting an impact analysis on the new targets for 2035. WHO's work at all levels with partners, based on new rapid diagnostics, effective multidrug-resistant tuberculosis treatments and preventive therapy, as well as that related to social determinants of tuberculosis, will provide strong support for the implementation of the post-2015 global strategy in countries working towards attainment of the 2020 milestones.

Malaria

There were an estimated 207 million cases of malaria worldwide in 2012 (uncertainty range: 135–287 million), and 627 000 deaths from malaria (uncertainty range: 473 000–789 000). A total of 80% of cases and 90% of deaths occurred in the African Region. Since 2000, the global disease burden has been substantially reduced, and, if current trends continue, global case incidence is projected to decrease by 36% by 2015, while mortality rates are expected to decline by 52%. The progress made is due to an increase in international disbursements from less than US$ 100 million in 2000 to an estimated US$ 1.97 billion in 2013, which has allowed the scaling up of treatment and prevention measures, such as long-lasting insecticidal nets. However, international funding for malaria continues to remain significantly below the level required to meet the goal set in resolution WHA58.2 of reducing malaria cases and deaths by 75% by 2015. 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 package of core malaria interventions – namely, vector control, chemoprevention, diagnostic testing and treatment – should be scaled up to cover all populations at risk of malaria. In addition, all countries should intensify their efforts to eliminate the disease, especially in areas with low transmission. The strengthening of surveillance systems is essential in ensuring effective allocation of limited resources through data-driven programme planning, and in evaluating the progress and impact of control measures.

In the biennium 2016–2017, the Secretariat will support countries in which malaria is endemic by continuing to contribute to capacity-building for malaria prevention, control and elimination, while prioritizing the need to strengthen surveillance and deal with the threat of drug and insecticide resistance. A new global technical strategy for malaria control and elimination covering the period 2016–2025 will be launched in 2015 to guide countries and implementing partners in sustaining the successes of the past decade, while accelerating elimination efforts. The Secretariat will continue to provide updated, evidence-based policy recommendations

through the Malaria Policy Advisory Committee framework, and technical programme guidance on vector control, diagnostic testing, treatment, surveillance and elimination.

Neglected tropical diseases

One billion people are infected with one or more neglected tropical diseases, with two billion at risk in tropical and subtropical countries and areas. Those most affected are the poorest, who often live in remote rural areas, urban slums or conflict zones where such diseases are a major cause of disability and loss of productivity among some of the world's most disadvantaged people. More than 70% of countries and territories affected by neglected tropical diseases are low- or lower middle-income countries, and 100% of low-income countries are affected by at least five neglected tropical diseases, partly because of their association with various combinations of social determinants, and partly because their populations are unable to 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 road map 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 17 specific diseases. It reflects the complex context of neglected tropical disease interventions, including their integration into existing health systems and other sectors, and provides a rigorous analysis of equity, gender and other social determinants of health considerations. Partnerships with manufacturers are important in securing access to high-quality medicines. Sustaining the current momentum for tackling these diseases requires not only commodities and financing, but also political support.

In the biennium 2016–2017, in the area of global eradication of guinea-worm disease and achievement of the target of interruption of transmission of guinea-worm disease by the end of 2015, all countries will report zero cases. 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. It will support the intensification of activities to eliminate blinding trachoma, leprosy, human African trypanosomiasis and lymphatic filariasis in line with the global target for elimination of neglected tropical diseases by 2020. 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 burden of disease estimates, development of new vector control tools and integrated vector management. Additionally, strengthening national capacity for disease surveillance and certification/verification of the elimination of selected neglected tropical diseases will remain central to the Secretariat's support to countries.

The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases focuses on two key priorities in the context of its 2012–2017 strategy: strengthening local research capacity and supporting implementation research that addresses country needs. The Special Programme concentrates on vulnerable populations and ensures that countries play a leading role in establishing research priorities, managing and conducting research and disseminating the results. Evidence from intervention and implementation research will be used to inform policy decision-making and public health practice. The Special Programme will closely monitor the emerging landscape of health research and play a proactive role in maintaining its relevance to countries.

Vaccine-preventable diseases

Some 2.5 million children under the age of five years die from vaccine-preventable diseases each year, that is, more than 6800 child deaths every day. Immunization is one of the most successful and cost-effective public health interventions. Globally, more children than ever before are being immunized. The protection afforded

by vaccines is estimated to avert more than two million deaths annually. The priority given to current and future vaccine-preventable diseases is reflected in the international attention being paid to this subject as part of the Decade of Vaccines and WHO's associated global vaccine action plan.

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. The introduction of new vaccines is increasingly being carried out in coordination with other programmes as part of a package of interventions to control diseases, especially pneumonia, diarrhoea and cervical cancer. However, up to one fifth of children born each year are not receiving the full complement of infant vaccines. By scaling up the use of existing vaccines and introducing more recently licensed vaccines, nearly one million additional deaths could be averted each year. The development and licensing of additional vaccines promises to further enhance the potential of immunization to avert death, disability and disease.

In the biennium 2016–2017, the focus will be on implementing and monitoring the global vaccine action plan. The Secretariat will support the development and implementation of national immunization plans, strengthening national capacity for monitoring immunization programmes, and ensuring access to vaccines and supplies to meet the needs of all Member States. Additionally, efforts will be intensified in order to contribute to meeting the goals of measles and neonatal tetanus elimination, and control of rubella and hepatitis B.

Linkages with other programmes and partners

Efforts and deliverables related to work on the prevention and control of communicable diseases carry wider benefits for health and development. For example, work related to scaling up quality-assured rapid diagnostic tests through mechanisms such as integrated community case management of malaria provides an entry point for improving the management of all causes of fever, not just malaria. Similarly, work on preventing and treating some neglected tropical diseases, including schistosomiasis and soil-transmitted helminthiasis, will improve female and maternal health and birth outcomes. Enhancement of surveillance activities in line with the goals of control, elimination and eradication of vaccine-preventable diseases will support efforts to prevent and respond to outbreaks of vaccine-preventable diseases. There are also linkages to the work on the core requirements of the International Health Regulations (2005) on strengthening public laboratories and for foodborne diseases. The strengthening of tuberculosis laboratory services should link with overall improvements in laboratory services, and be facilitated through common diagnostic platforms, such as molecular testing for tuberculosis and HIV, integrated skills development, such as producing multi-skilled laboratory personnel, and common supply chain mechanisms, including specimen referral and commodity procurement. Health systems based on primary care that support universal health coverage are important in preventing and controlling the major communicable diseases. Achieving the goals for preventing and controlling communicable diseases depends on well-functioning health systems, harmonized work on antimicrobial resistance and tackling the social determinants of health.

Moreover, communicable disease work streams entail joint efforts, complementarity and provision of support to relevant organizations in the United Nations system and key partnerships, including UNAIDS, UNICEF, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Drug Purchase Facility (UNITAID), the Asian Development Bank, the Foundation for Innovative New Diagnostics, the United States of America's President's Emergency Plan for AIDS Relief, the Stop TB Partnership, the Roll Back Malaria Partnership, the GAVI Alliance, the Measles and Rubella Initiative, the Medicines for Malaria Venture, the African Programme for Onchocerciasis Control and the Global Alliance for the Elimination of Lymphatic Filariasis, as well as bilateral agencies and major foundations.

HIV AND HEPATITIS

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

Outcome indicators	Baseline	Target
Number of new HIV infections per year	2.1 million (2013)	<500 000 (2015)
Percentage of people living with HIV who are on antiretroviral treatment	37% (2013)	81% (2020)
Percentage of HIV-positive pregnant women provided with antiretroviral treatment (antiretroviral prophylaxis or antiretroviral treatment) to reduce mother-to-child transmission during pregnancy and delivery	67% (2013)	90% (2017 – to be confirmed)
Cumulative number of voluntary medical male circumcisions performed in 14 priority countries	5.8 million (2013)	20.8 million (2016)

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 focus countries with national HIV/AIDS strategies that are in line with the global health sector strategy on HIV/AIDS 2016–2021	0 (2015)	58 (2017)

Country office deliverables

- Facilitate updating of national strategies, guidelines and tools in line with global and regional consolidated 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

- Support countries in mapping national HIV technical assistance needs and facilitate provision of adequate, high-quality technical assistance for programme management, governance, implementation and domestic and foreign resource mobilization

Regional office deliverables

- Facilitate the development and implementation of regional HIV/AIDS strategies and action plans aligned with the global health sector strategy on HIV/AIDS, 2016–2021

- Track progress in implementation of regional strategies through regular reviews and reports

- Support the dissemination, adaptation and implementation of global guidelines on HIV prevention, diagnosis, care and treatment

- Develop and promote regional policies, practices and integrated service delivery approaches in order to promote equitable access to HIV prevention, diagnosis, care and treatment, including prevention of mother-to-child transmission with the goal of elimination of mother-to-child transmission

- Establish regional expert networks of quality assured technical assistance providers to support countries in implementing WHO guidelines

- Support country offices in policy dialogue, technical assistance and capacity building for national HIV programmes

Headquarters deliverables

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

- Provide normative guidance, policy options and technical support for the effective prevention of HIV transmission and equitable inclusion of key populations in the HIV response

- Provide normative guidance, policy options and technical support for reducing mortality and incidence through the treatment and care of people living with HIV

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

- Monitor and report on the progress of the health sector response to HIV

- Guide HIV service delivery models and scale-up approaches linked to universal health coverage, chronic diseases, tuberculosis, hepatitis, sexual and reproductive health, maternal and child health, mental health, and essential medicines

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 hepatitis strategy	5 (2015)	20 (2017)

Country office deliverables

- Support the development and implementation of national multisectoral policies and strategies on viral hepatitis prevention and control based on local epidemiological context

- Strengthen capacity for development of national surveillance systems and data collection on viral hepatitis

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

- Support awareness campaigns about viral hepatitis among policy-makers and the general population using existing health promotion mechanisms

Regional office deliverables

- Raise awareness and mobilize political commitment for the prevention and control of viral hepatitis and facilitate the development of regional action plans in support of implementation of the global strategy

- Promote and support the development and implementation of national policies and strategies for the prevention and control of viral hepatitis

- Facilitate the dissemination, adaptation and implementation of global guidelines for the prevention and control of viral hepatitis

- Monitor trends in viral hepatitis epidemiology and support the strengthening of regional and national capacity in surveillance and data collection on hepatitis

- Track progress in the implementation of the global strategy and regional action plans for the prevention and control of viral hepatitis, and publish regular reviews and reports

Headquarters deliverables

- Provide leadership and coordination of global viral hepatitis prevention, diagnosis, care and treatment activities

- Develop and implement normative guidance to help expansion of viral hepatitis prevention, diagnosis, care and treatment efforts

- Develop and strengthen health information and reporting systems to assess and monitor viral hepatitis epidemics and implementation of viral hepatitis activities

- Develop guidance and provide technical assistance for development of national hepatitis strategies and plans in order to achieve a balanced hepatitis response that is integrated in general health programmes

Tuberculosis

Outcome 1.2. Universal access to quality tuberculosis care in line with the post-2015 global tuberculosis strategy and targets

Outcome indicators	Baseline	Target
Cumulative number of people with tuberculosis diagnosed and successfully treated since the adoption of the WHO-recommended strategy (1995)	70 million (end 2015)	80 million (end 2017)
Annual number of tuberculosis patients with confirmed or presumptive multidrug-resistant tuberculosis (including rifampicin-resistant cases) placed on multidrug-resistant tuberculosis treatment worldwide	97 000 (2013)	300 000 (by 2017)

Output 1.2.1. Worldwide adaptation and implementation of the global 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 national strategic plans, for reduction in tuberculosis mortality and incidence in line with the global targets as set in resolution WHA67.1	0 (2015)	194 (2017)

Country office deliverables

- Support and strengthen country capacity in the adaptation and implementation of guidelines and tools in line with the post-2015 global strategy, current national strategic plans and national health reform

- 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 through evaluation of tuberculosis policies and programmes

Regional office deliverables

- Complement countries' capacity to support adaptation and strengthen their capacity to implement WHO guidelines and tools in line with the post-2015 global strategy

- Coordinate the provision of technical support according to countries' needs at regional level, including regional support mechanisms, for example, the Tuberculosis Technical Assistance Mechanism (TBTEAM), regional Green Light Committees and WHO collaborating centres

- Improve monitoring of the regional tuberculosis, HIV/tuberculosis coinfection and drug-resistant tuberculosis situation and trends by strengthening surveillance systems and 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 and coordination to support adoption and implementation of the post-2015 global strategy and collaborate with regional offices and global tuberculosis, HIV and other stakeholders

- Provide global leadership, coordination and monitoring of scale-up of drug-resistant and HIV/tuberculosis coinfection prevention, diagnosis, treatment and care delivery in support of resolution WHA67.1 on the global strategy and targets for tuberculosis prevention, care and control after 2015

- Provide global monitoring and evaluation of progress in the implementation and financing of the post-2015 global strategy and progress towards 2035 targets for reducing tuberculosis mortality and incidence, with wide dissemination of the results, including in global tuberculosis reports

Output 1.2.2. Updated policy guidelines and technical tools to support the adoption and implementation of the global strategy and 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 global strategy developed and adopted in regions and countries	3 (2015)	12 (2017)

Country office deliverables

- Support countries in adapting global tuberculosis policies to national policies, strategies and plans which reflect country priorities in line with the post-2015 global strategy and relevant regional frameworks; 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 policies and strategies, provide a regional platform for policy dialogue and adapt global tuberculosis strategies and plans to the regional context

- Articulate policy options and develop technical guidance to facilitate the adoption and implementation of the post-2015 global strategy within regional policy frameworks

- Lead in supporting Member States' engagement in tuberculosis-related international initiatives, as well as their active participation in 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

Headquarters deliverables

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

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

- Develop policy guidance and tools in support of effective implementation of enhanced national policy, regulatory and research frameworks in support of the post-2015 global tuberculosis strategy

Malaria

Outcome 1.3. Increased access of populations at risk to preventive interventions and first-line antimalarial treatment for confirmed malaria cases

Outcome indicators	Baseline	Target
Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy	70% (2013)	80% (2017)
Proportion of population in need of vector control interventions that has access to them	53% (2013)	75% (2017)
Number of countries with ongoing malaria transmission in 2015 that report zero indigenous cases	0 (2015)	3 (2017)

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 capacity strengthening for enhanced malaria reduction

Output indicator	Baseline	Target
Number of countries in which malaria is endemic where an assessment of malaria trends is carried out using routine surveillance systems	58/97 (2013)	70/97 (2017)

Country office deliverables

- Support national anti-malaria 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 further strengthening monitoring of, and reporting on, the therapeutic efficacy of antimalarial medicines and insecticide resistance; and improve malaria surveillance, including tracking malaria control through national health information systems and use of the data

- Support strong national strategies and programmatic gap analyses to facilitate fund raising

Regional office deliverables

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

- Provide intercountry and country-specific support to accelerate malaria control and elimination, including training, technical support, advocacy and resource mobilization, in collaboration with stakeholders, partners and relevant sectors

- Support country offices in improving countries' capacity to gather strategic information, including through risk mapping, generating information for better malaria stratification, monitoring and analysis of regional trends, and use of malaria surveillance, programmes and health-related data

- Strengthen country capacity for scaling up effective coverage of vector control interventions and high-quality parasitological diagnosis of malaria through training, country support, monitoring and supervision

Headquarters deliverables

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

- Manage strategic global information on malaria, including establishing 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 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, integrated management of febrile illness, surveillance, 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	78/97 (2013)	85/97 (2017)

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 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; and discuss capacity gaps and plan for effective implementation of malaria control and elimination

Regional office deliverables

- Provide normative guidance and expertise to countries where additional capacity is needed for implementing regional responses to artemisinin and insecticide resistance

- Support adoption and implementation of the global technical strategy, including strategies for malaria reduction and elimination at subregional, national and subnational levels, as well as operational research

Headquarters deliverables

- Update technical guidelines on surveillance, vector control, diagnostic testing and treatment, including for special populations, and on the integrated management of febrile illness; 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 artemisinin and insecticide resistance, transmission reduction and prevention of reintroduction

Neglected tropical diseases

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	187/194 (2015)	194/194 (2019)
Number of countries in which diseases are endemic having achieved the recommended target coverage of the population at risk of contracting lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis	25/114 (2012)	100/114 (2020)

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

Output indicator	Baseline	Target
Number of countries in which neglected tropical disease are endemic implementing neglected tropical disease national plans in line with the road map to reduce the burden of neglected tropical diseases	80/114 (2015)	85/114 (2017)

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 of 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 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 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 partners on implementation plans at country level in line with the WHO road map for controlling and preventing neglected tropical diseases

• Coordinate regional programme review groups and meetings of programme managers in order to monitor progress and update national plans for tackling neglected tropical diseases

• Support the strengthening of monitoring and evaluation capacity in countries in the region, particularly in surveillance, use of operational research, and certification/verification of selected neglected tropical disease elimination

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 road map on neglected tropical diseases

• Coordinate certification of elimination/eradication in relevant countries

• Strengthen monitoring and evaluation and reporting, including development of a neglected tropical disease database, and publish the global neglected tropical disease report and statistics

- 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	80/114 (2015)	84/114 (2017)

Country office deliverables

- Provide technical support to countries in designing relevant clinical trials; adapt 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 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 towards improved prevention, case detection, case management and control of neglected tropical diseases in the regional context

- Harness support from WHO collaborating centres, research institutions and research networks in the region

- Complement capacity in country offices to support Member States in developing or 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 inputs 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

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

Output indicator	Baseline	Target
Number of new and improved tools, solutions and implementation strategies developed	Not applicable	8 (2017)

Headquarters deliverables

- Facilitate setting of 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 interventions and implementation research evidence, including for the prevention and control of infectious diseases of poverty, with the involvement of key

disease-endemic countries, covering methods, solutions and strategies, for the effective treatment and control of infectious diseases of poverty

• Strengthen capacity at individual and institutional level for research on infectious diseases of poverty, which reflects regional and country priorities in disease-endemic countries

Vaccine-preventable diseases

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 vaccine	83% (2015)	≥90% (2017)
WHO regions that have achieved measles elimination	1 (2015)	4 (2017)
Proportion of the 75 priority Member States (as per Countdown to 2015) that have introduced pneumococcal and rotavirus vaccines	49% (2015)	69% (2017)

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 Member States with DTP3 coverage < 70% supported to update and implement plans to increase their immunization coverage	0/18 (2015)	12/18 (2017)

Country office deliverables

• Support countries in developing and implementing national multi-year plans and annual implementation plans, including micro-planning for immunization, with a focus on under-vaccinated and unvaccinated populations

• Support countries in mobilizing resources for vaccines and related needs for implementation of their national immunization strategic plans (comprehensive multi-year or other plans)

• Support the strengthening of country capacity in surveillance and use of immunization data for programme monitoring and reporting

Regional office deliverables

• Coordinate regional vaccine-preventable disease surveillance, including rotavirus and vaccine-preventable invasive bacterial disease surveillance, and develop/adapt strategies to improve quality and use of immunization monitoring data

• Support countries in establishing and implementing policies and strategies for ensuring the sustainability of immunization programmes

• Provide expertise to countries, where additional capacity is needed, in developing strategies to reach unvaccinated and under-vaccinated populations, and in introducing new vaccines

Headquarters deliverables

• Support regional offices with policy and strategic guidance for implementing the global vaccine action plan; report annually on progress in implementing the global plan

• Update policy recommendations and introduce guidelines on new and underutilized vaccines

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

Output 1.5.2. Intensified implementation and monitoring of measles and rubella elimination strategies facilitated

Output indicator	Baseline	Target
Number of Member States supported to develop national plans to introduce measles and rubella-containing vaccine in their national childhood immunization schedule	150 (2015)	175 (2017)

Country office deliverables

- Support countries in developing and implementing national strategies on measles elimination, rubella/congenital rubella syndrome elimination/control, and neonatal tetanus and hepatitis B control

- Support the strengthening of country capacity for measles and rubella/congenital rubella syndrome surveillance, including providing technical support to countries for attaining accreditation of their measles/rubella laboratories

- Support national verification committees in order to eliminate and control vaccine-preventable diseases

Regional office deliverables

- Review and update regional strategies on measles elimination, rubella/congenital rubella syndrome elimination/control and hepatitis B control; and support country offices in implementing them

- Strengthen regional capacity in measles and rubella/congenital rubella syndrome case-based surveillance with laboratory confirmation, including coordination of regional measles/rubella laboratory network

- Facilitate 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 and verifying disease elimination/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. Target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization

Output indicator	Baseline	Target
Number of preferred product characteristics and policy recommendations established for priority new vaccines	1 (2015)	3 (2017)

Country office deliverables

- Support countries in defining needs for new vaccine products and immunization-related technologies through in-country dialogue and backed up by country level evidence, and work with country stakeholders on related implementation research and data in order to inform decisions

Regional office deliverables

- Coordinate vaccine-related demonstration/pilot studies for new vaccine introduction in regions

- Conduct systematic collection of evidence on vaccine performance and impacts in different settings/target groups to inform regionally-adapted vaccination policies

- Facilitate establishment of research priorities that are relevant to strengthening immunization programmes in regions

Headquarters deliverables

- Establish research priorities for immunization by building scientific consensus and track progress in their implementation

- Provide evidence base and recommendations for policy development, including target product profiles for new vaccines and immunization-related technologies, for example, vaccines against malaria, dengue, influenza and typhoid

- Facilitate the development and clinical evaluation of specific priority vaccines

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
HIV and hepatitis	48.5	7.1	12.6	6.9	7.2	13.0	46.0	**141.3**
Tuberculosis	29.2	1.6	20.3	10.8	7.7	13.8	34.1	**117.5**
Malaria	44.8	1.6	11.2	3.1	8.0	16.8	36.0	**121.5**
Neglected tropical diseases	33.5	6.2	11.5	0.6	3.0	6.4	43.0	**104.2**
Vaccine-preventable diseases	128.0	11.3	27.2	12.4	24.4	23.6	53.6	**280.5**
Category 1 total	**284.0**	**27.8**	**82.8**	**33.8**	**50.3**	**73.6**	**212.7**	**765.0**

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Tropical disease research	-		-	-	-	-	48.7	**48.7**
Tropical disease research total	**-**		**-**	**-**	**-**	**-**	**48.7**	**48.7**

CATEGORY 2. NONCOMMUNICABLE DISEASES

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancer, chronic lung diseases, diabetes, and mental disorders, as well as disability, violence and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors.

This category covers the four primary noncommunicable diseases (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and their major risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol), as well as oral health, mental disorders, eye and ear health, disabilities, and the consequences of violence, injuries, substance abuse and poor nutrition.

There is growing international awareness that premature deaths from noncommunicable diseases, mental, neurological and substance use disorders, malnutrition, violence and injuries cause untold suffering, reduce productivity, curtail economic growth and pose a significant social challenge in most countries.

There is now unequivocal evidence that "best buy" interventions to address such conditions are workable solutions, as well as excellent economic investments, including in the poorest countries.

The mission of category 2 is to provide global leadership in improving health by reducing the burden of noncommunicable diseases, mental, neurological and substance use disorders, malnutrition, violence and injuries, and in enhancing the lives of people with disabilities.

The objectives of the work include: providing effective and timely epidemiological and public health data to support evidence-based public health action; working with countries on approaches to policy development that involve all government departments and non-State actors; leading the development of global public health policies and plans and supporting broader international development objectives; giving greater priority to noncommunicable diseases in national and international agendas; providing effective and timely public health policy and technical advice to countries; working in a way that encourages universal health coverage; and being accountable to the United Nations General Assembly and World Health Assembly.

Noncommunicable diseases

Of the 56 million deaths that occurred globally in 2012, 38 million – more than two thirds – were from noncommunicable diseases. Nearly 14 million were of people between the ages of 30 and 70, mainly living in low- and middle-income countries, and which could mostly have been prevented if governments were to implement a set of cost-effective and affordable interventions.

The modifiable risk factors, as well as the individual noncommunicable diseases, are associated with marked inequities resulting from a number of social determinants of health. In many low-income countries, noncommunicable diseases are detected late, when patients need extensive and expensive hospital care for severe complications or acute events. In addition, men and women have different levels of exposure and vulnerability to noncommunicable disease risk factors and may not show symptoms or react to risks in the same way. Such gender differences need to be addressed in the design of interventions. Many determinants of noncommunicable diseases and their associated risk factors lie outside the health domain and have strong linkages to social determinants of health, human rights and universal health coverage, such as poverty and illiteracy, which also have an impact on health in general. Policy actions are also needed in order to strengthen health systems

and orient them towards addressing the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred health services and universal health coverage throughout the life cycle, building on the guidance set out in Appendix 3 to the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Noncommunicable diseases have become a prominent part of the global health agenda since world leaders adopted the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2011. There is now a global agenda based on nine concrete global targets for 2025 and organized around the global action plan, which comprises a set of actions that, when performed collectively by Member States, international partners and the Secretariat, will help to attain the voluntary global target of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025. The United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases, which the United Nations Secretary-General established in 2013 and placed under the leadership of WHO, is providing support to countries in mobilizing sectors beyond health. WHO's global coordination mechanism for the prevention and control of noncommunicable diseases aims to facilitate and enhance the coordination of activities, multistakeholder engagement and actions across sectors at national, regional and global levels in order to contribute to implementation of the global action plan. Progress within countries matters most. The Secretariat will provide support for strengthening national capacity to allow countries: to consider setting national targets for noncommunicable diseases; to develop and implement national multisectoral action plans that reduce modifiable risk factors for noncommunicable diseases, including, but not limited to, the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health, the WHO recommendations on marketing of foods and non-alcoholic beverages to children and the global strategy to reduce the harmful use of alcohol, as well as strengthen and orient health systems through people-centred primary health care and universal coverage; and to reinforce national surveillance systems in order to monitor progress and measure results. The Secretariat will also support countries in promoting policy coherence, including through application of the "health in all policies" approach, and in establishing a national multisectoral mechanism in order to implement national plans and integrate noncommunicable diseases into priority-setting, planning and national development plans and policies for health, including the United Nations Development Assistance Framework design process. Equally importantly, WHO will support countries that are attacked through legal actions brought by the tobacco industry.

The Secretariat will also promote the follow-up to the outcome document adopted at the high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, held in New York on 10 and 11 July 2014.

MENTAL HEALTH AND SUBSTANCE ABUSE

In 2002, 154 million people suffered from depression globally, 25 million people from schizophrenia and over 100 million people from alcohol or drug abuse disorders. Close to 900 000 people commit suicide each year. Current evidence indicates that the following priority mental health conditions make the largest contribution to overall morbidity in the majority of developing countries: depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders caused by use of alcohol and illicit drugs, and mental disorders in children.

Addressing these mental 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. The global strategy to reduce the harmful use of alcohol includes a set of policy options and interventions for consideration by Member States.

In the biennium 2016–2017, the Secretariat's work will focus on strengthening national capacity to allow countries: to strengthen effective leadership and governance for mental health and substance abuse; to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; to carry out health promotion and implement prevention strategies in the fields of mental health and substance abuse; and to strengthen information systems, evidence and research relating to mental health.

VIOLENCE AND INJURIES

Each year, over five million people die as a result of violence and unintentional injuries. Road traffic accidents account for one quarter of these deaths, with pedestrians, cyclists, and motorcyclists among the most vulnerable of road users. Suicide and homicide account for another quarter. For every person who dies as a result of violence, many more suffer injuries and experience a range of physical, sexual, reproductive and mental health problems. Falls, drowning, burns and poisoning are also significant causes of death and disability. Children and youth are at particular risk from most types of injuries, while the elderly are at particular risk of falling. The United Nations General Assembly proclaimed the period 2011–2020 as the Decade of Action for Road Safety with the goal of stabilizing and reducing the forecast level of road traffic fatalities around the world by 2020, saving five million lives.

Injuries are also a major contributor to inequities in health. Intentional and unintentional injuries are unevenly distributed among rich and poor nations, and, within countries, among rich and poor. Inequities relating to gender, age and ethnicity are also evident and vary according to the causes of injury, as well as settings. Across all causes, twice as many men as women die each year, and death rates for homicide, suicide, drowning, poisoning and road traffic injuries are substantially higher for men than women. Girls suffer child sexual abuse between two and three times more often than boys. Women are more often victims of intimate partner physical and sexual violence and account for the majority of victims of sexual violence where the perpetrator is a stranger or acquaintance. The homicide patterns for men and women also differ, with 38% of all female homicides globally being attributed to partners or ex-partners.

Interventions to reduce inequities and the global toll of death and disability need to focus on measures that address transport, education, housing and alcohol policies. Placing emphasis on behavioural interventions directed towards individuals, and in more developed countries, the secondary and tertiary care of the injured, will further widen inequities.

In the biennium 2016–2017, the Secretariat will continue to raise the profile of preventing violence and unintentional injuries. It will focus on: strengthening the evidence base for policies, programmes and laws that are effective in addressing the underlying causes of violence, road traffic injuries, drowning and other unintentional injuries; supporting selected Member States in implementing such policies, programmes and laws; and supporting sustainable improvements in the care of the injured through the WHO Global Alliance for Care of the Injured. The Secretariat will also develop a global action plan to strengthen the role of the health system in addressing interpersonal violence, in particular against women, girls and children, thereby building on its existing work.

DISABILITIES AND REHABILITATION

The first-ever *World report on disability*[1] reveals that more than 1000 million people in the world are disabled, that is, about 15% of the world's population, or one person in seven. Of this number, between 110 and 190 million people encounter significant difficulties in their daily lives. 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.

Across the world, 285 million people are visually impaired and 360 million live with disabling hearing loss. Eighty per cent of the visual impairments and most hearing loss can be avoided through preventive and curative strategies.

With the goal of achieving optimal health, functioning, well-being and human rights for all persons with disabilities, the WHO global disability action plan 2014–2021, promotes coordinated action by Member States, international and national partners and the Secretariat.

In the biennium 2016–2017, the Secretariat will work with governments and their partners: to remove barriers in order to improve access to health services and programmes for all persons with disabilities; to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services and community-based rehabilitation; and to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services. The Secretariat will also work with governments and partners to prevent blindness and deafness. Particular attention will also be paid to supporting the development of national eye and hearing health policies, plans and programmes, and strengthening service delivery as part of wider health system capacity-building.

NUTRITION

In 2013, an estimated 99 million children under five years of age worldwide were underweight, 51 million had low weight for their height and 161 million had stunted growth. In addition, 42 million pre-school children in developing and developed countries were overweight. In 2011, anaemia affected 38% of pregnant women (32 million women), 29% of non-pregnant women of reproductive age (496 million women) and 43% of children under five years of age (273 million children). Every year, an estimated 13 million children are born with intrauterine growth retardation. Low socioeconomic groups are worse affected by different forms of malnutrition, have lower prevalence of adequate breastfeeding,[2] and are less likely to have healthy diets.

Access to a healthy and affordable diet is an integral part of the effort to tackle social inequalities. Supporting the most vulnerable groups to enable all citizens to achieve a healthy diet and active life is an ethical imperative and will require gaps in food system governance to be addressed.[3]

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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 5 December 2014).

[2] Social determinants of health Nutrition fact sheet http://www.health.qld.gov.au/ph/Documents/saphs/20403.pdf (accessed 4 December 2014).

[3] 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 4 December 2014).

The WHO comprehensive implementation plan on maternal, infant and young child nutrition, 2012–2025, 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.

In the biennium 2016–2017, the Secretariat will focus its work on further developing guidance on promoting healthy diets, effective nutrition actions, and monitoring progress towards achievement of global nutrition targets. It will also support strengthening national capacities to allow countries: to create a supportive environment for implementation of comprehensive food and nutrition policies; to include all required effective health interventions with an impact on nutrition in national nutrition plans; to stimulate development policies and programmes outside the health sector that recognize and include nutrition; to provide sufficient human and financial resources for the implementation of nutrition interventions; and to monitor and evaluate the implementation of policies and programmes. The Secretariat will also promote the follow-up to the Rome Declaration on Nutrition and accompanying Framework for Action, which were adopted at the Second International Conference on Nutrition, organized jointly by FAO and WHO in Rome on 19–21 November 2014.

LINKAGES WITH OTHER PROGRAMMES AND PARTNERS

The five priority areas within the noncommunicable diseases category have linkages to all other categories. Communicable diseases, including vaccine-preventable diseases, are a major cause of some cancers, and there are strong linkages between tuberculosis, HIV/AIDS, mental health and noncommunicable diseases. In a similar manner, good nutrition is essential for the prevention and management of communicable diseases. Unhealthy environments and behaviours in the newborn, child and adolescent stages of life affect all the priority areas in this category. They include development and management of noncommunicable diseases, tobacco use, harmful use of alcohol, and violence and injury. Preventing undernutrition and overweight is central to the promotion of health throughout the life course. Responding to the social determinants of health and reducing poverty are critical for all programme areas in category 2. The promotion of healthy living and working environments is important in preventing cancer, cardiovascular diseases and mental health conditions, as well as in improving road safety and preventing burns and drowning.

Health systems based on primary care that support universal health coverage are important in preventing and controlling the major noncommunicable diseases and their risk factors, as well as the other noncommunicable conditions covered under the five programme areas in this category. 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, and to lessen the impact of conditions that affect mental health and substance abuse. The increasing number of people in the world with noncommunicable diseases and mental health conditions means that care for those populations is increasingly important in planning for, and responding to, emergencies and disasters. Violence and injuries increase in emergency settings and undernutrition is a common consequence of humanitarian disasters.

A growing number of resolutions adopted by the United Nations General Assembly and the Health Assembly highlight the importance of WHO working with the United Nations, civil society and private sector partners. WHO is collaborating with several organizations in the United Nations system, including the World Bank, and other intergovernmental organizations in order to scale up joint programming in the areas mentioned. The Organization will scale up its work to support United Nations Country Teams, through the heads of WHO country offices, in integrating the areas in

question into the United Nations Development Assistance Framework. It will continue to chair the Interagency Task Force and the United Nations Road Safety Collaboration. WHO is also an active member of the Scaling Up Nutrition movement.

The Organization is working with Bloomberg Philanthropies to support Member States in reducing tobacco use among their populations and addressing road safety. It is working with the Bill & Melinda Gates Foundation in support of national efforts to reduce tobacco use and improve global nutrition. Linkages to other conditions in the noncommunicable diseases category include: reducing obesity through transport policies promoting physical activity and which also limit exposure to motorized traffic: reducing alcohol harm through appropriate policies; and devising programmes to tackle child maltreatment, which can have an impact on mental illness and noncommunicable diseases throughout the life course.

NONCOMMUNICABLE DISEASES

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 prevalence of current tobacco use in persons aged 15+ years	22% (2010)	30% reduction (2025)
A 10% relative reduction in prevalence of insufficient physical activity	25% (2010)	10% reduction (2025)
A 25% relative reduction in the prevalence of raised blood pressure, or contain the prevalence of raised blood pressure, according to national circumstances	40% (2008)	25% relative reduction (2025)
Halt in the rise in diabetes and obesity	10% diabetes/fasting plasma glucose; 12% obesity (2008)	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)
A 30% relative reduction in mean population intake of salt/sodium[2]	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)

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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.

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

Output 2.1.1. Development and/or 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	110/194 (2015)	134/194 (2017)
Number of countries incorporating noncommunicable diseases in national development agenda, including in United Nations Development Assistance Frameworks, as appropriate	30/194 (2015)	42/194 (2017)

Country office deliverables

- Convene and coordinate multisectoral dialogue and provide policy advice to national counterparts and partners for the prevention and control of noncommunicable diseases

- Provide technical support to jointly develop and implement country-led national multisectoral plans to combat noncommunicable diseases, in line with the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and regional strategies, plans and frameworks

- Lead WHO's interagency work with the United Nations in integrating noncommunicable diseases in national development agendas and health prioritization, planning, including in country cooperation strategies and United Nations Development Assistance Frameworks, financing and the monitoring process

Regional office deliverables

- Complement country office capacity to provide technical support in developing and implementing national multisectoral action plans for the prevention and control of noncommunicable diseases based on the global action plan

- Develop regional policy frameworks based on existing action plans, global frameworks, strategies and legal instruments related to noncommunicable diseases and their risk factors

- Support knowledge networks at the regional level to provide a platform for dialogue, including sharing of best practices and results of research on noncommunicable diseases and their risk factors

Headquarters deliverables

- Provide global leadership and strengthen global partnerships and engagement of all relevant stakeholders in support of implementation of the global action plan, through the global coordination mechanism on the prevention and control of noncommunicable diseases and the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases

- Maintain global advocacy for high-level political commitment and strengthen national capacity for prevention and control of noncommunicable diseases

- Provide policy advice for the prioritization, development and implementation of multisectoral policies and plans, and coordinate and integrate actions across noncommunicable diseases prevention and control (One-WHO work plan for the prevention and control of noncommunicable diseases)

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	50/194 (2015)	60/194 (2017)
Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity	100/194 (2015)	130/194 (2017)
Number of countries implementing policies that promote a reduction in salt consumption in the population	70/194 (2015)	100/194 (2017)
Number of countries with an operational obesity prevention policy, strategy or action plan	98/194 (2015)	128/194 (2017)
Number of countries that have made significant progress (increased by at least one category level in the Report on the global tobacco epidemic[1]) in implementing at least one MPOWER measure (tobacco taxes, smoke-free environments, tobacco advertising, promotion and sponsorship ban or health warnings as defined in Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020)	0/194 (2015)	10/194 (2017)

Country office deliverables

• Lead WHO's interagency work in supporting multisectoral policy planning and implementation of policies and action plans to reduce modifiable risk factors for noncommunicable diseases

• Provide technical assistance to implement cost-effective and affordable measures to reduce modifiable risk factors and lead implementation of the WHO Framework Convention on Tobacco Control

Regional office deliverables

• Engage regional networks and support country offices in involving relevant national stakeholders in the implementation of cost-effective and affordable measures to reduce modifiable risk factors, as well as of the WHO Framework Convention on Tobacco Control, and support the related reporting processes

• Adapt guidelines and technical tools to regional context and country priorities in order to facilitate implementation of multisectoral policies and action plans aimed at reducing the main modifiable risk factors for noncommunicable diseases

Headquarters deliverables

• Disseminate knowledge and tools for implementation of multisectoral policies and action plans in order to reduce modifiable risk factors

• Support regional offices in providing specialized technical assistance at country level for reducing modifiable risk factors, and in providing technical assistance to countries

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[1] WHO Report on the Global Tobacco Epidemic, 2008. The MPOWER package. Geneva: World Health Organization; 2008 (http://whqlibdoc.who.int/publications/2008/9789241596282_eng.pdf, accessed 5 December 2014).

- Implement recommendations of the Commission on Ending Childhood Obesity

- Promote the effective implementation of the WHO Framework Convention on Tobacco Control, and implement the decisions of the Conference of the Parties applicable to WHO

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 through strengthening health systems

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, including emergency and palliative care	96/194 (2015)	111/194 (2017)
Number of countries that have incorporated risk factor detection and disease management into national primary health care systems	156/194 (2015)	166/194 (2017)
Number of countries that have included the following 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) in their national essential medicines lists and which are generally available in the public health sector	101/194 (2015)	116/194 (2017)

Country office deliverables

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

- Support countries' efforts to increase health care coverage for noncommunicable diseases and their risk factors, as well as the integration of measures for the prevention and control of noncommunicable diseases in countries' frameworks and policies aimed at ensuring universal health coverage and reducing health equity gaps

- Promote operational research for prevention and control of noncommunicable diseases and strengthen required national research capacity

Regional office deliverables

- Adapt global guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases to the regional context and implement

- Complement country offices' capacity in supporting the improvement of primary health care and health systems response in the management of noncommunicable diseases.

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

Headquarters deliverables

- Develop technical guidelines and toolkits for managing cardiovascular diseases, cancer, diabetes and chronic respiratory diseases

- Support regional offices in providing technical assistance at the country level to improve health care coverage through strengthening primary health care for noncommunicable diseases

- Support research and innovation relating to implementation, and promote the establishment of global and regional platforms for policy dialogue and the sharing of knowledge, best practices, lessons learnt and results of implementation research on noncommunicable diseases

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	38/194 (2015)	55/194 (2017)

Country office deliverables

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

- Strengthen national capacity to monitor the national health situation for noncommunicable diseases and their related modifiable risk factors

Regional office deliverables

- Assist country offices in supporting the adaptation and implementation of tools for monitoring and surveillance of noncommunicable disease morbidity and mortality and their related modifiable risk factors

- 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

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, including the 25 indicators and nine voluntary global targets, and the nine action plan indicators for the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020

- Produce the global status report on noncommunicable diseases, the report on the global tobacco epidemic and the report to the Health Assembly on implementation of the global action plan and global monitoring framework for the prevention and control of noncommunicable diseases

MENTAL HEALTH AND SUBSTANCE ABUSE

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	30% (2015)	35% (2017)
Suicide rate per year per 100 000 population	11.1 per 100 000 (2015)	10.8 per 100 000 (2017)

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

Output indicator	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	85 (2015)	100 (2017)

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

- 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

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

- 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 mental health-related policies, laws, 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

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

Output indicator	Baseline	Target
Number of countries with functioning programmes for intersectoral mental health promotion and prevention	83 (2015)	100 (2017)

Country office deliverables

- Support organization of mental health and social care services and their integration in primary care

- Promote and support implementation of mental health guidelines covering treatment, recovery, prevention and promotion

Regional office deliverables

- Compile and disseminate regional evidence on the effectiveness and cost-effectiveness of interventions for treatment, recovery, promotion and prevention

- Implement regional strategies to strengthen delivery of mental health programmes

Headquarters deliverables

- Develop and disseminate expanded guidance and tools for service organization and provision of integrated and responsive health and social care in primary health care settings, including interventions for mental and neurological disorders

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

- Establish Global Dementia Observatory and assist Member States in developing and implementing dementia strategies

Output 2.2.3. Expansion and strengthening of country strategies, systems and interventions for disorders caused by alcohol and other psychoactive substance use enabled

Output indicator	Baseline	Target
Number of countries with prevention and treatment strategies, systems and interventions for substance use disorders and associated conditions expanded and strengthened	70 (2015)	80 (2017)

Country office deliverables

- Support countries in adapting and implementing WHO strategies, action plans, guidelines and other technical tools for reducing the harmful use of alcohol and for the prevention and treatment of substance use disorders

- 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 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 action plans aimed at preventing and treating substance use disorders

- Assist country offices in adapting and implementing WHO strategies, action plans, guidelines and other technical tools for reducing the harmful use of alcohol and for preventing and treating substance use disorders

Headquarters deliverables

- Develop and disseminate guidelines and other technical tools to strengthen the response of health services to alcohol use disorders in support of implementation of the global strategy to reduce the harmful use of alcohol

- Facilitate and strengthen public health aspects of policy dialogues and international efforts addressing drug use disorders, such as dialogue and collaboration within the United Nations system, and, in particular, with the United Nations Office on Drugs and Crime

- Develop and disseminate guidelines, treatment and research protocols and other technical tools in order to strengthen prevention and treatment strategies, systems and other interventions against disorders caused by psychoactive substance use, as well as related health conditions

VIOLENCE AND INJURIES

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)	50% (2020)
Percentage of countries implementing six or more interpersonal violence prevention programmes	48% (2014)	53% (2017)

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 United Nations 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 (2017)

Country office deliverables

- Coordinate the strengthening of country capacity to develop national model programmes that focus 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

- Support the identification, assessment and compilation of an evidence base and best practices for quality and safety improvement in trauma care

Regional office deliverables

- Support the 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 Global Road Safety Collaboration and the secretariat for 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

- Lead the development of best practices for improvements in trauma care and coordinate the global alliance for the care of the injured

Output 2.3.2. Countries and partners enabled to develop and implement programmes and plans to prevent child injuries

Output indicator	Baseline	Target
Number of countries receiving an assessment of their child injury prevention policies during the biennium 2016–2017	0 (2015)	10 (2017)

Country office deliverables

- Provision of technical support to countries for developing plans consistent with WHO guidance to prevent child injuries

- Convene partners at country level to promote public policies that prevent child injuries

- Support implementation of the child injury prevention policy assessment tool as needed

Regional office deliverables

- Support intercountry capacity building on the prevention of child injuries, including facilitating the convening of regional training workshops

- Advocate for the integration of child injury and violence prevention into programmes to promote maternal and child health, child and adolescent health, and health throughout the life course

- Support an assessment of child injury policies in selected countries as required

Headquarters deliverables

- Coordinate a global network of partners in order to increase the global visibility of, and number of actions to prevent, child injury

- Support implementation of the recommendations in the global report on drowning

- Oversee an assessment of child injury policies in 10 countries

Output 2.3.3. Development and implementation of policies and programmes to address violence against women, youth 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	42/194 (2015)	52/194 (2017)

Country office deliverables

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

Regional office deliverables

- Conduct regional or intercountry training workshops on policy and programme development and monitoring

- Produce regional fact sheets on violence prevention

Headquarters deliverables

- Support development of the global plan of action to strengthen the role of health systems in addressing interpersonal violence, as well as its adoption by the Sixty-ninth World Health Assembly in 2016

- 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

- Convene the 8th Milestones of a Global Campaign for Violence Prevention Meeting in 2017

DISABILITIES AND REHABILITATION

Outcome 2.4. Increased access to services for people with disabilities

Outcome indicators	Baseline	Target
Number of countries reporting increased access to services for persons with disabilities	30 (2014)	53 (2021)
Number of countries reporting implementation of national plans for eye and ear care	20 (2014)	30 (2021)

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 that have comprehensive policies/programmes on health and rehabilitation	30/152 (2015)	53/152 (2017)

Country office deliverables

- Support countries in developing and implementing disability-inclusive health policies, programmes and services

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

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

Regional office deliverables

- Provide back-up expertise in countries to support disability-inclusive health system strengthening with a focus on improving access to services under universal health coverage

- Provide back-up expertise in countries, where needed, to support rehabilitation, community-based rehabilitation and assistive device service system strengthening

- Translate and generate disability data and evidence and utilize for advocacy and policy dialogue

Headquarters deliverables

- Provide policy and technical guidance to remove barriers and improve access to health services and programmes

- Provide policy and technical guidance to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services and community-based rehabilitation

- Develop training materials to support use of the model disability survey

Output 2.4.2. Countries enabled to strengthen prevention and management of eye and ear diseases in the framework of health systems

Output indicator	Baseline	Target
Number of countries that have completed an eye care service assessment	6/194 (2015)	30/194 (2017)

Country office deliverables

- Provide support to countries to develop, implement and monitor national eye- and ear-health plans, including integration in other health services, for example, through linkages with noncommunicable diseases
- Support countries in collecting information on indicators within national health information systems

Regional office deliverables

- Promote data collection and inclusion of indicators and targets in national health information systems; compile eye- and ear-health data at regional level to be used for advocacy purposes

Headquarters deliverables

- Develop strategies and tools to effectively prevent and manage chronic eye and ear diseases
- Support the formulation of policies to increase access to, and prevention and cure of, eye and ear diseases
- Develop a standardized approach to the collection, analysis and dissemination of information on eye and ear health

NUTRITION

Outcome 2.5. Reduced nutritional risk factors

Outcome indicators	Baseline	Target
Number of stunted children below five years of age	165 million (2011)	102 million (2025)
Proportion of women of reproductive age (15–49 years) with anaemia	30% (2014)	15% (2025)

Output 2.5.1. Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan, which takes into consideration the double burden of malnutrition

Output indicator	Baseline	Target
Number of countries that are implementing national action plans consistent with the comprehensive implementation plan on maternal, infant and young child nutrition	54/194 (2015)	74/194 (2017)

Country office deliverables

- Support countries in setting targets and establishing national action plans in line with the comprehensive implementation plan on maternal, infant and young child nutrition
- Support the establishment of systems for monitoring nutrition outcomes and implementation of national action plans

- Mobilize commitment to promoting healthy diets and achieving nutritional goals for food and nutrition security at country level

- Support the establishment of coordination mechanisms in nutrition and synergies between nutrition and other programmes

- Strengthen human resource capacity at country level for effective nutrition programmes, including supporting training and education programmes for health and education staff and extension and community workers, and for building managerial capacity in nutrition

Regional office deliverables

- Develop, implement and evaluate, as appropriate, regional action plans that include elements of maternal, infant and young child nutrition

- Assist country offices in providing technical support for establishing national targets and monitoring national action plans

- Support national advocacy efforts to promote a healthy diet, and for food and nutrition security at regional level

- Promote interagency and multisectoral coordination to promote a healthy diet, as well as food and nutrition security at regional level, and catalyse partnerships by linking with stakeholders, especially from non-health sectors

- Develop and strengthen regional nutrition information systems

Headquarters deliverables

- Contribute to implementing commitments on the post-2015 global nutrition agenda and in the Rome Declaration on Nutrition and its companion Framework for Action facilitate the global dialogue among United Nations entities and other stakeholders

- Develop tools to help countries develop, implement and monitor national nutritional plans and policies, as well as the comprehensive implementation plan on maternal, infant and young child nutrition

- Publish global reports on the progress made towards achieving global nutrition targets

Output 2.5.2. Norms and standards and policy options for promoting population dietary goals and cost-effective interventions to address the double burden of malnutrition, and their adoption by countries in developing national guidelines and legislation supporting effective nutrition actions

Output indicator	Baseline	Target
Number of countries adopting, where appropriate, policies, legislation and regulatory measures and guidelines on dietary goals and effective nutrition actions for addressing the double burden of malnutrition	68/147 (2015)	90/147 (2017)

Country office deliverables

- Support the development, adaptation and updating of national guidelines and legislation on nutrition, based on the updated global norms, standards and guidelines, for example, food-based dietary guidelines, guidelines on micronutrient supplementation and fortification, and draft legislation on marketing breast-milk substitutes, as well as the promotion of healthy diets

- Support countries in implementing effective nutrition interventions for different issues and situations, and in delivering services in stable and emergency situations at primary level, including through promotion of healthy optimal infant and young child feeding and healthy diets, management and treatment of severe cases of malnutrition and anaemia, addressing the double burden of malnutrition, and others

Regional office deliverables

- Provide intercountry support to translate global and regional guidance into effective interventions in order to promote nutrition

- Provide expertise in countries where additional capacity is needed in special areas, such as legislation, standards and specifications for the promotion of healthy diets, food labelling and fortification of food with micronutrients

- Introduce innovative approaches for delivering effective nutrition actions and the application of food standards and WHO guidelines

Headquarters deliverables

- Provide technical guidance and scientific advice on nutrition and food labelling in order to contribute to the Codex Alimentarius

- Develop policy options and strategies for effective and evidence-based nutrition actions addressing stunting, wasting, anaemia, childhood obesity, breastfeeding and healthy diets

- Update technical norms, standards and guidelines on effective nutrition actions and population dietary goals in stable and emergency situations

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Noncommunicable diseases	47.3	18.3	16.8	19.2	16.0	24.6	56.1	198.3
Mental health and substance abuse	5.9	3.3	2.1	5.2	5.2	5.6	18.7	46.0
Violence and injuries	2.1	2.7	2.0	6.9	3.0	2.8	14.9	34.4
Disabilities and rehabilitation	1.2	1.1	0.8	0.5	0.8	2.3	10.0	16.7
Nutrition	5.3	3.5	2.6	2.1	3.2	5.5	22.3	44.5
Category 2 total	61.8	28.9	24.3	33.9	28.2	40.8	122.0	339.9

CATEGORY 3. PROMOTING HEALTH THROUGH THE LIFE COURSE

Promoting good health at key stages of life, taking into account the need to address health equity, social determinants of health and human rights, with a focus on gender equality

The category brings together strategies for promoting health and well-being from conception to old age. It is concerned with health as an outcome of all policies and in relation to the environment, and includes leadership and technical guidance on these cross-cutting areas across the Organization and in the health sectors of Member States.

The category is by its nature cross-cutting, and has an additional mandate to ensure its themes are adopted across all programmes and categories. In doing so, it addresses population health needs with a special focus on key stages in life. Such an approach enables the development of integrated strategies that are responsive to evolving needs, changing demographics, epidemiological, social, cultural, environmental and behavioural factors, and gender inequalities in health. The life course approach considers how multiple determinants, particularly gender, interact and affect health throughout life and across generations while ensuring accountability, transparency and participation, which are key contributions of human rights-based approaches. Health is considered as a dynamic continuum rather than a series of isolated health states. The approach highlights the importance of transitions, linking each stage to the next, defining factors that protect against risk, and prioritizing investment in health care and social and environmental determinants. Moreover, the work undertaken in this category contributes to addressing the unfinished business of ending preventable maternal, newborn and child deaths, and to all proposed health-related sustainable development goals in the post-2015 agenda. In addition to the wider contribution made by this category to the sustainable development goals, especially to the specific health-related goal, several programme areas will focus on other sustainable development goals, including in sectors with the greatest potential to positively improve environmental and social determinants of health and reduce health inequities.

Reproductive, maternal, newborn, child and adolescent health

Progress has been made in reducing maternal and child mortality. Between 1990 and 2012, maternal and child mortality was almost halved, with the greatest reductions occurring in the second half of that period. But each day about 800 women still die from pregnancy- or childbirth-related events. Each year, 6.6 million children die before their fifth birthday, about 44% of them during their first four weeks of life. Unmet sexual and reproductive health needs persist, with an estimated 222 million women having unmet needs for contraception and 499 million new cases of curable sexually transmitted infections occurring every year.

Most maternal and child deaths occur in low- and middle-income countries. Effective interventions exist for improving 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.

Investing in women's and children's health will not only reduce mortality, but will also generate high health, social, and economic returns. These returns include greater gross domestic product growth through improved productivity, and prevention by 2035 of the needless deaths of 147 million children and five million women, as well as 32 million stillbirths.

Ending preventable maternal and child deaths shapes the ambitious agenda and challenge for the programme area. In the biennium 2016–2017, WHO will support countries in meeting existing commitments made in global and regional initiatives to end preventable maternal and child death, promoting effective interventions to levels approaching those in wealthier countries, and reducing disparities between the poorest and wealthiest within countries. They include, "Every newborn: an action plan to end preventable deaths", pledges made in the Family Planning 2020 initiative, "A Promise Renewed", the ending of preventable maternal

mortality consensus statement, and the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea.

For adolescents, the Secretariat's support will focus on addressing health risk behaviours, given that many behaviours which start in adolescence affect health in later life, as well as sexual and reproductive health needs. The health problems and health-related behaviours that arise during adolescence shape adult health, with important implications for public health in the future. In the biennium 2016–2017, the focus of the Secretariat's work will include support for developing and implementing guidelines, policies and interventions addressing health-promoting lifestyles, promoting physical activity, and reducing adolescent health risk behaviours and other risk factors such as, tobacco use and sexually transmitted infections.

The recent report *Health for the world's adolescents*[1] provides an update on the health situation of adolescents worldwide and for the first time brings together effective interventions to address key health issues from across the Organization. Translating this into an action plan that leads to programmatic outputs and health outcomes for adolescents will be the focus of future work.

Ageing and health

Healthy ageing is integral to the work in this category. Between 2000 and 2050, the number of people aged 60 years and over is expected to increase from 605 million to two billion. Population ageing is changing society in many ways, creating both challenges and opportunities. The transition to older populations will challenge societies by increasing the demand for health care, straining pension and social security systems and increasing the need for long-term and social care. But older people make important social contributions as family members, volunteers and active participants in the workforce. Indeed, older populations are a significant social and economic resource and longer life expectancy increases opportunities for contributing to society. Health in older age will be a crucial determinant of where the balance will lie between the costs and benefits associated with population ageing.

One of the hallmarks of older age is inter-individual variability, particularly of health and functional status. The different health "trajectories" reflect an accumulation of health risks throughout the life course. Further, gender inequalities in older age result from accumulated gender disadvantages during the life course. While life expectancy in older age is increasing in most parts of the world, the gap in life expectancy between rich and poor countries is growing. Older people in low- and middle-income countries have far higher rates of death and disability than in high-income countries. As such, the heterogeneity is not random but reflects the cumulative impact of inequity across the life course, which can be addressed both within and across categories.

The response needs to tackle issues across the life course and in many social spheres. Evidence indicates that behavioural and biomedical factors and social conditions in earlier stages of life are strongly associated with health and well-being in later life. They include what we eat, how physically active we are and our levels of exposure to health risks, such as those caused by smoking, harmful consumption of alcohol and exposure to toxic substances. These factors are modifiable, and the extent to which people make healthy choices will affect their health and function in both early and later life. The health sector, too, needs to adapt, and health and social care must work together. If people are living healthier, as well as longer, lives, the opportunities will be greater and the costs to society less. This great demographic challenge of the first half of the twenty-first century therefore demands a comprehensive public health response.

In the biennium 2016–2017, the Secretariat will place new emphasis on the health and independence of older people, with particular attention being paid to strengthening and integrating health and social services, creating enabling environments and addressing specific issues, such as falls and elder abuse. Strong links with programmes on noncommunicable diseases, disability, mental health, violence and injury prevention, and health systems, as well as technical innovation, will help to strengthen the response. The Organization's

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[1] Health for the world's adolescents. A second chance in the second decade. Geneva: World Health Organization; 2014 (http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/en/) accessed on 5 December 2014).

priorities will be concretized in a global strategy and action plan on ageing and health, to be developed in 2016 with support from Member States and international and national partners.

Gender, equity and human rights mainstreaming

The continuum of health services across the life course is most effectively delivered if consideration is given to the structural and social drivers of health, understood by WHO as social determinants of health. Mainstreaming health equity, gender equality and human rights requires transformation both within and outside WHO to enable countries to implement and monitor these cross-cutting themes in national health policies and programmes. In the biennium 2016–2017, the Secretariat will promote and strengthen the integration of gender, equity and human rights in WHO's institutional mechanisms and programme areas by: harnessing external and internal leadership and commitment; developing and adapting tools; building capacity at the three levels of the Organization, including a strong programme area network for gender, equity and human rights; and interacting with internal stakeholders and Member States through the use of accountability mechanisms. To this end, the United Nations system-wide action plan on gender equality and women's empowerment, adopted by the United Nations System Chief Executives Board for Coordination, which has been adapted to also include health equity and human rights indicators, represents a fundamental element.

Collaboration between the units for Gender, Equity and Human Rights and for Social Determinants of Health contributes to meeting WHO's mainstreaming commitments.

Social determinants of health

The bulk of the global burden of disease and the major causes of health inequities arise from the conditions in which people are born, grow, live, work and age. Social determinants of health are therefore significant in all areas of the Secretariat's work. Health determinants and the promotion of health equity will receive continued emphasis throughout the biennium 2016–2017 in each of categories 1 to 5. In addition, capacity-building for mainstreaming the social determinants of health approach in the work of the Secretariat and Member States will continue. Tools, such as guidelines and a standard set of indicators for monitoring action on social determinants of health, are needed for implementing the "health in all policies" approach and for increasing awareness of the value added by the social determinants approach. In addition, work needs to be carried out with other organizations in the United Nations system on implementing and monitoring the joint work plan on the subject.

Finally, as articulated in the Rio Political Declaration on Social Determinants of Health, the Secretariat will focus on the need for better governance of the growing number of actors present in the health sector, an area generally referred to as "health governance". Global governance for health has become increasingly prominent through the Foreign Policy and Global Health Initiative.

Health and the environment

Environmental determinants of health are responsible for about one quarter of the global burden of disease and an estimated 13 million deaths each year. Mainly affected are poor women and children who live and work in the world's most polluted and fragile ecosystems and whose health is at risk from diverse factors, such as chemicals, radiation, lack of safe water and sanitation, air pollution and climate change.

In the biennium 2016–2017, the Secretariat will place new emphasis on monitoring and reporting on environmental and occupational health trends, demand for which will likely increase in the context of the proposed sustainable development goals. Particular focus will be directed towards monitoring health trends in the context of the sustainable development goals,[1] concentrating 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,

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[1] At the time of preparation of this text, the final sustainable development goals had not yet been agreed by the United Nations General Assembly. The information provided here reflects the open working group's proposals for the sustainable development goals. In: https://sustainabledevelopment.un.org/focussdgs.html, accessed 25 February 2015.

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); and taking action to tackle climate change and its impacts (goal 13). In addition, the proposed goal 3 on ensuring healthy lives and well-being for all at all ages includes reducing death and illness from environmental pollution (goal 3.9).

Monitoring and reporting on health impacts of air pollution will also be increased during the biennium. New evidence generated in 2014 revealed that household and ambient air pollution are among the most serious risks to health. In addition to the above, the Secretariat will also scale up its support to Member States for implementation of the health aspects of the Minamata Convention on Mercury as called for in resolution WHA67.11, and for achieving the objectives of the WHO Global Plan of Action on Workers' Health (2008–2017).

The Secretariat will continue to work with countries and partners on tackling a broad range of environmental and occupational risks to health, including the longer-term threats posed by climate change, loss of biodiversity, scarcity of water and other natural resources, precarious employment and pollution. The Secretariat will also continue to provide support to relevant multisectoral policy platforms and processes, notably those involving ministries of health and the environment in several regions.

Linkages with other programmes and partners

The 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 risk behaviours in adolescence and noncommunicable diseases in adults, in particular among working populations. The Secretariat's response to the health needs of older populations is multifaceted and involves all parts of the Organization. Particularly important will be close collaboration with programmes on noncommunicable diseases and mental disorders in older people and their access to health and long-term care. Equally important is the link with efforts to ensure the health of women, children and the elderly during emergency situations.

By its very nature, the work related to category 3, namely, improving health across the life course and cross-cutting approaches, involving, for example social determinants of health, health and the environment, and gender, equity and human rights, contributes to, and benefits from, interaction with other categories. Analysis and monitoring of cross-cutting areas across WHO programmes and in countries will be key to answering the global call for equity and rights in the post-2015 development agenda.

The work, including that in the context of ending preventable maternal and child deaths, will be undertaken with WHO's partners, including the other H4+ agencies (UNAIDS, UNFPA, UNICEF, UN Women and the World Bank) and the Partnership for Maternal, Newborn and Child Health, as well as UNDP, the United Nations Population Division, the UNDP/UNFPA/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.

The experience gained by WHO in 2012–2013 from its work with ILO, UNAIDS, UNDP, UNFPA and UNICEF, in the context of the United Nations platform on social determinants of health, means that it is well placed to advocate for action on social determinants of health, including their integration in post-2015 development goals, as well as to provide technical support to Member States.

WHO will maintain its role in UN-Water, strengthen its collaboration with UNICEF on global monitoring of water and sanitation, and initiate a new collaborative framework with UN-HABITAT for urban environmental health issues. The Organization will continue to act as the secretariat for, and participate in, the Inter-Organization Programme for the Sound Management of Chemicals. WHO will further strengthen the representation of health within the overall United Nations response to climate change, through the United Nations System Chief Executives Board for Coordination and High-Level Committee on Programmes. The Secretariat will provide the technical health input for programmes under the United Nations Framework Convention on Climate Change and specific partnerships with other organizations in the United Nations system.

Reproductive, maternal, newborn, child and adolescent health

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)	20% (2015)	64% (2017)
Number of targeted countries that have reduced the wealth quintile gap for demand satisfied for modern contraception by at least 10%	Not applicable	25/75 (2017)
Skilled attendant at birth (percentage of live births attended by skilled health personnel)	75% (2015)	80% (2017)
Postnatal care for mothers and babies (percentage of mothers and babies who received postnatal care visit within two days of childbirth)	60% (2015)	65% (2017)
Exclusive breastfeeding for six months (percentage of infants aged 0–5 months who are exclusively breastfed)	40% (2015)	45% (2017)
Antibiotic treatment for pneumonia (percentage of children aged 0–59 months with suspected pneumonia receiving antibiotics)	60% (2015)	65% (2017)
Adolescent birth rate (per 1000 girls aged 15–19 years)	45 per 1000 (2015)	43 per 1000 (2017)

Output 3.1.1. Countries enabled to further expand access to, and improve quality of, effective interventions for ending preventable maternal, perinatal and newborn deaths, from pre-pregnancy to postpartum, focusing on the 24-hour period around childbirth

Output indicator	Baseline	Target
Number of targeted countries that have plans with targets for ending preventable maternal and neonatal deaths by 2030	0/75 (2015)	50/75 (2017)

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, including developing and implementing the road map for the Commission on Information and Accountability for Women's and Children's Health, as well as for maternal and perinatal death surveillance and response and national plan reviews

- Strengthen national capacity for collection, analysis and use of data, as well as their dissemination and use, on maternal and newborn health, including documentation of best practices in order to improve access to, and quality of, interventions

- Work with partners, including the other H4+ agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria, towards creating synergies between different programmes and health system areas in order to end preventable maternal and newborn deaths and prevent 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 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 H4+ agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to create synergies between different programme areas for ending preventable maternal and newborn deaths

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 H4+ agencies, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Reproductive, Maternal, Newborn and Child Health Trust Fund and the Partnership for Maternal, Newborn and Child Health

- Strengthen global 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 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 indicators	Baseline	Target
Number of targeted countries that are implementing an integrated plan to end preventable newborn deaths (e.g. Every Newborn action plan)	4/75 (2014)	50/75 (2017)
Number of targeted countries that are implementing an integrated plan to end preventable child deaths due to pneumonia and diarrhoea (e.g. Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea)	4/75 (2014)	50/75 (2017)

Country office deliverables

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

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

- Strengthen national capacity for collection, analysis and use of 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 child health and early child development and end preventable child deaths; support implementation and monitoring at regional and country level

- Work with countries and partners to create synergies between different programme areas by sharing experiences and best practices for the 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, including the Global Health Observatory and Countdown, and publish global reports on, for example, the Child Health Epidemiology Reference Group, the "Countdown to 2015, Tracking Progress in Maternal, Newborn and Child Survival" initiative and the Commission on Information and Accountability for Women's and Children's Health

Output 3.1.3. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health

Output indicator	Baseline	Target
Number of countries able to implement WHO strategies and interventions to cover unmet needs in family planning	20/194 (2013)	40/194 (2017)

Country office deliverables

- Support countries in using a multi-stakeholder/partnership approach to addressing health system bottlenecks and adopting/adapting guidelines on sexual and reproductive health, which have linkages to HIV and congenital syphilis, adolescent health policies and strategies and adolescent health-friendly services, and provide support for their implementation

- Support countries in implementing and monitoring interventions, as well as in strengthening linkages with other programmes, such as noncommunicable diseases, relating to family planning, prevention of unsafe abortions, reproductive tract infections and gynaecological cancers

- 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 cover unmet needs in sexual and reproductive health, including HIV, which focus on decreasing inequalities in sexual and reproductive health

- Facilitate regional policy dialogue on issues related to sexual, reproductive and adolescent health and revitalization of family planning in countries; convene regional consultations as a platform for sharing best practices

- Support the implementation of policies and guidelines, as well as health system strengthening, related to sexual and reproductive health, including HIV, sexually transmitted infections and gynaecological cancers

Headquarters deliverables

- Develop evidence-based policies and technical and clinical guidelines covering unmet needs in sexual and reproductive health, including on family planning, sexually transmitted infections and HIV

- Develop strategies for building synergies across other system and programme areas which promote sexual and reproductive health

- Develop a standard framework for reporting on sexual and reproductive health with disaggregated data

Output 3.1.4. Research undertaken and evidence generated and synthesized for designing key interventions in maternal, newborn, child and adolescent health, and other conditions and issues linked to it

Output indicator	Baseline	Target
Number of scientific publications reporting new and improved tools, solutions and strategies in maternal, newborn, child and adolescent health within the biennium	Not applicable	80 (2017)

Country office deliverables

- Support development of research priorities and 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 reproductive, maternal, newborn, child and adolescent health, especially in national institutions, including through linking the institutions with WHO collaborating centres

Regional office deliverables

- Strengthen research capacity in countries, including by facilitating engagement with, and securing support from, WHO collaborating centres and national institutions; identify regional research priorities and support research

- Plan and facilitate the sharing and use of results, especially for multi-country research work; maintain and update a regional database

Headquarters deliverables

- Develop 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 for maternal, newborn, child and adolescent health Publish global reports and disseminate the results of research and systematic reviews

Output 3.1.5. 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 health component in the national health programme	47/194 (2013)	60/194 (2017)

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, violence and injuries, tobacco control, substance use, mental health, prevention of noncommunicable diseases, and promoting healthy lifestyles

- Strengthen 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; 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 implementation of adolescent health programmes

Headquarters deliverables

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

- Develop evidence-based technical and clinical guidelines to promote adolescent health and healthy lifestyles, including on sexual and reproductive health, mental health, nutrition and physical activity, prevention of noncommunicable diseases, HIV and sexually transmitted infections, violence and injuries, and tobacco and substance use

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

Output 3.1.6. Research undertaken and research capacity strengthened for sexual and reproductive health, including in family planning, maternal and perinatal health, adolescent sexual and reproductive health, sexually transmitted infections, preventing unsafe abortion, infertility, sexual health, female genital mutilation, violence against women, and sexual and reproductive health in humanitarian settings.

Output indicators	Baseline	Target
Number of scientific publications reporting new and improved tools, solutions and strategies in sexual and reproductive health	Not applicable	240 (2017)
Number of research capacity strengthening grants awarded to research centres	Not applicable	50 (2017)
Number of systematic reviews of key questions in sexual and reproductive health	Not applicable	60 (2017)

Headquarters deliverables

- Research undertaken, evidence generated and synthesized

- Research capacity strengthened through the Human Reproduction Programme Alliance and research capacity strengthening grants at institutional and individual levels

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

Ageing and health

Outcome 3.2. Increased proportion of older people who can maintain an independent life

Outcome indicator	Baseline	Target
Number of countries producing high quality reports, including on healthy life expectancy[1]	112/194 (2015)	122/194 (2017)

Output 3.2.1. Countries supported in developing policies and strategies that foster healthy and active ageing

Output indicators	Baseline	Target
Number of countries with national health plans (policies, strategies, plans) that explicitly include actions to address the health needs of older people	40/194 (2015)	54/194 (2017)
Number of countries with at least one municipality implementing the WHO Age-friendly Environments Programme	26 (2015)	45 (2017)

Country office deliverables

- Facilitate dialogue in countries on the development of multisectoral policies and plans to foster healthy and active ageing, and to facilitate the provision of long-term, palliative and end-of-life care

Regional office deliverables

- Support country offices in providing support for the comprehensive process of knowledge translation in order to develop policies and plans and conduct policy dialogues at national and subnational levels on fostering healthy and active ageing

Headquarters deliverables

- Maintain and expand the Global Network of Age-friendly Cities and Communities; assist regional and country offices in supporting countries for active and healthy ageing

- Develop a global strategy and action plan on ageing and health

- Establish and maintain global mechanisms to link and support decision-makers, including strategic advisory groups of experts

- Participate in a comprehensive process of knowledge translation in targeted countries in order to develop evidence-based policy and actions for ageing and health

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[1] Reports should provide disaggregated data across sub-populations within a country; and distinguish between healthy life expectancy at birth and at 60 years of age.

Output 3.2.2. Countries enabled to deliver integrated person-centred services that respond to the needs of older women and men in low-, middle- and high-income settings

Output indicator	Baseline	Target
Number of countries supported to deliver integrated person-centred services that respond to the needs of older women and men in low-, middle- and high-income settings	2 (2015)	21 (2017)

Country office deliverables

- Promote in countries the delivery of people-centred services which foster the best possible physical, cognitive and emotional functioning and avoid unnecessary impairments and disability

Regional office deliverables

- Assist country offices in providing support to countries for the development, implementation and delivery of integrated person-centred services to meet the health needs of older people

Headquarters deliverables

- Develop norms, standards, guidelines and policy/technical guidance on various issues, such as frailty, long-term care and health interventions in order to foster the best possible physical, cognitive and emotional functioning and prevent unnecessary impairments and disability

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

Output indicator	Baseline	Target
Number of countries that are quantifying and monitoring the diverse health needs of older people as per WHO recommended measures and models	0 (2015)	14 (2017)

Country office deliverables

- Facilitate the collection, analysis and reporting of data on health indicators of ageing populations for existing research and health information systems

Regional office deliverables

- Foster the collection, analysis and reporting of data on health indicators of ageing populations and their integration in existing health information systems, and support key countries in using the data

Headquarters deliverables

- Strengthen the monitoring, evaluation and surveillance of key issues relevant to the health of older people, and align the global research agenda with the needs of older people in low-, middle- and high-income settings

Gender, equity and human rights mainstreaming

Outcome 3.3. Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes

Outcome indicator	Baseline	Target
Evaluation processes in place to ensure gender, equity and human rights are measured in Secretariat programmes	0 (2014)	2 (2017)

Output 3.3.1. Gender, equity and human rights integrated in WHO's institutional mechanisms and programme deliverables

Output indicator	Baseline	Target
Number of WHO programme areas that have integrated gender, equity and human rights	10/24 (2015)	15/24 (2017)

Country office deliverables

- Enable capacity-building in gender, equity and human rights for technical staff in country offices

- Provide country-specific input for the adaptation and implementation of tools and methodologies for integrating gender, equity and human rights in WHO programme areas at country level

- Contribute country-level analysis and sharing of experiences and lessons learnt, with recommendations, in integrating gender, equity and human rights in WHO programme areas at country level

Regional office deliverables

- Provide input for the development of global tools and methodologies, including region-specific adaptations, for integrating gender, equity and human rights in WHO programme areas and institutional mechanisms

- Provide technical assistance, facilitate inter-programmatic collaboration and strengthen capacities of regional and country office staff in implementing tools and methodologies for integrating gender, equity and human rights, and diversity, where appropriate, in WHO programme areas and institutional mechanisms

- Conduct regional analysis and sharing of experiences and lessons learnt, with recommendations on integrating gender, equity and human rights in WHO programme areas at country and regional level

Headquarters deliverables

- Assist regional offices by complementing the expertise needed to support use of tools, methodologies and institutional mechanisms for integrating gender, equity and human rights in WHO programme areas

- Review, strengthen and document analysis, sharing of experiences and lessons learnt relating to the integration of gender, equity and human rights in WHO programme areas, and provide recommendations

Output 3.3.2. Countries enabled to integrate and monitor gender, equity and human rights in national health policies and programmes

Output indicator	Baseline	Target
Number of countries implementing at least two WHO-supported activities to integrate gender, equity and human rights in their health policies and programmes	63 (2015)	84 (2017)

Country office deliverables

- Facilitate country-level adaptation and implementation of WHO methodologies, guidelines and tools in order to integrate gender, equity and human rights in health policies and programmes, and monitor progress of the integration

- Convene or facilitate technical support for policy dialogue on the integration and monitoring of gender, equity and human rights in health policies and programmes

- Facilitate WHO's participation in interagency work on gender, equity and human rights, including in strengthening national capacities and actions relating to reporting on health-related treaties and conventions

- Strengthen evidence-based health policies and programmes by promoting equity and gender analysis and human rights assessments of national data

Regional office deliverables

- Convene and facilitate regional and country partnerships, platforms, dialogue and intersectoral collaboration relating to gender, equity and human rights

- Provide technical support to countries and foster policy dialogue in order to integrate gender, equity and human rights, and diversity where appropriate, in health policies and programmes

- Facilitate and conduct equity and gender analysis of existing quantitative and qualitative national data in order to strengthen regional and national evidence, use, and monitoring of gender, equity and human rights in health policies and programmes

- Regional analysis and sharing of experiences and lessons learnt, with recommendations on integrating gender, equity and human rights in health policies and programmes

Headquarters deliverables

- Support regional offices in strengthening country capacity and actions related to integrating and monitoring gender, equity and human rights in health programmes and policies

- Strengthen the evidence base for the integration of gender, equity and human rights in health policies and programmes through global analysis, sharing of experiences and lessons learnt, and provide recommendations on cost-effective interventions

- Develop and strengthen technical tools and methodologies for the integration and monitoring of gender, equity and human rights in health policies and programmes

- Foster, strengthen and convene global expert groups, forums and partnerships on gender, equity and human rights

Social determinants of health

Outcome 3.4. Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health

Outcome indicators	Baseline	Target
Number of countries showing an increase in the percentage of households living in durable housing	0/139 (2012)	8/139 (2018)
Number of countries showing a decrease in the difference between highest and lowest income quintiles in the percentage of households using solid fuels for cooking	0/139 (2013)	8/139 (2018)

Output 3.4.1. Improved country policies, capacities and intersectoral actions for addressing the social determinants of health and reducing health inequities through "health-in-all-policies", governance and universal health coverage approaches in the proposed sustainable development goals[1]

Output indicator	Baseline	Target
Number of countries implementing WHO tools and guidance to strengthen "health-in-all-policies" capacities and actions	21/139 (2015)	35/139 (2017)

Country office deliverables

- Convene partners, conduct policy dialogue, and establish coordination mechanisms to support governance in addressing social determinants of health and implement a "health-in-all-policies" approach

- Support strengthening of policy research and use of evidence relating to social determinants of health and health equity in national policy and intersectoral decision-making processes

- Support countries in implementing global and regional resolutions and agendas on social determinants of health and health equity

Regional office deliverables

- Convene partners and conduct policy dialogue at the regional level to establish coordination mechanisms and support regional governance in addressing social determinants of health, and implement a "health-in-all-policies" approach

- Assist country offices in providing support to countries for the application of good practices and implementation of global and regional resolutions and agendas

- Support the development and use of evidence relating to social determinants of health and health equity in regional policy and intersectoral decision-making processes

Headquarters deliverables

- Develop global guidance and build capacity for "health-in-all-policies" and governance approaches in support of the development and implementation of policies, mechanisms and intersectoral actions related to social determinants of health and health equity

- Develop guidance and tools to support policy research and the use of evidence relating to social determinants of health and health equity in national, regional and global policy and intersectoral decision-making processes

- Strengthen global dialogue and action to address social determinants of health and health equity in organizations in the United Nations system and key partners in the context of the universal health coverage, the proposed sustainable development goals, and the post-2015 development agenda frameworks

Output 3.4.2. A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO

Output indicator	Baseline	Target
Number of countries improving planning, implementation and monitoring of health programmes by integrating social determinants of health and health equity in line with WHO-supported tools and guidance	22/139 (2015)	41/139 (2017)

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[1] This language will be updated once the United Nations General Assembly has agreed upon the formulation of the next generation of sustainable development goals in September 2015.

Country office deliverables

- Support the integration of social determinants of health and health equity in national health programmes, policies and strategies, including in WHO and country programmes

Regional office deliverables

- Develop or adapt capacity-building and guidance and provide technical support to countries for the integration of social determinants of health and health equity in WHO's and countries' programmes, policies and strategies

- Document and disseminate lessons learnt and good practices in addressing social determinants of health and health equity in WHO's and countries' strategies, policies and programmes

Headquarters deliverables

- Develop guidance and tools for building capacity and support the integration of social determinants of health and health equity in national, regional and global health programmes and strategies

- Document and disseminate lessons learnt and good practices for integrating social determinants of health and health equity in health programmes, policies and strategies, in collaboration with regional and country offices

Output 3.4.3. Trends in, and progress on, action on social determinants of health and health equity monitored, including under the universal health coverage framework and the proposed sustainable development goals[1]

Output indicator	Baseline	Target
Regional and global trends in, and progress on, action on social determinants of health and health equity monitored and reported	0 (2015)	2 (2017)

Country office deliverables

- Support the collection, analysis, dissemination and use of data on the actions taken to address social determinants of health and health equity at national level, including in the context of global monitoring of the proposed sustainable development goals and the universal health coverage frameworks

Regional office deliverables

- Support the strengthening of health information systems at regional level for the collection, analysis, dissemination and use of data in order to monitor the regional situation and trends in actions to address social determinants of health and health equity, including in the context of global monitoring of the universal health coverage framework and the proposed sustainable development goals

- Support country offices in strengthening national health information in order to address social determinants of health and health equity

Headquarters deliverables

- Monitor and report on the global situation and trends in actions to address social determinants of health and health equity through the aggregation, validation, analysis, dissemination and use of health-related data, including in the context of the universal health coverage framework and the proposed sustainable development goals

- Provide technical support to regional and country offices for strengthening national health information in order to address the social determinants of health and health equity

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[1] This language will be updated once the United Nations General Assembly has agreed upon the formulation of the next generation of sustainable development goals in September 2015.

Health and the environment

Outcome 3.5. Reduced environmental threats to health

Outcome indicators	Baseline	Target
Proportion of the population without access to improved drinking-water sources	9% (2015)	7% (2017)
Proportion of the population without access to improved sanitation	32% (2015)	30% (2017)
Proportion of the population relying primarily on solid fuels for cooking	40.4% (2015)	39.8% (2017)

Output 3.5.1. Countries enabled to assess health risks and 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	45/194 (2015)	55/194 (2017)
Number of countries that have developed health adaptation plans for climate change	28/194 (2015)	40/194 (2017)
Number of countries that have developed national policy instruments for workers' health with support from WHO	87/194 (2008)	145/194 (2017)

Country office deliverables

- Strengthen national capacity to 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

- Convene partners and support the strengthening of national capacity for preparedness and response to environmental emergencies, related to, among others, climate, water, sanitation, chemicals, air pollution and radiation, as well as other environmental health emergencies, including in the context of the International Health Regulations (2005)

Regional office deliverables

- Develop regional strategies/action plans on environmental health, including on water, sanitation, waste, air pollution, chemicals and climate change, as well as on occupational health

- Assist country offices in supporting the implementation of assessments and development of policies and regulations, and in strengthening health systems in order to manage environmental threats to health and promote and protect workers' health, including during environmental emergencies

- Advocate for and strengthen partnerships among regional agencies within and outside the health sector

Headquarters deliverables

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

- Lead in the formulation of global strategies/action plans on environmental and workers' health issues and strengthen global cooperation and partnerships in order to address environmental and occupational determinants of health

- Complement regional office capacity for technical assistance in highly specialized technical areas

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, nanotechnologies and climate change

Output indicator	Baseline	Target
Number of WHO norms, standards and guidelines on environmental and occupational health risks developed or updated	0 (2015)	3 (2017)

Country office deliverables

- Support countries in implementing guidelines and adapting tools and methodologies for preventing and managing the health impacts of environmental and occupational risks

Regional office deliverables

- Adapt guidelines on applying norms and standards to the regional context, and, where necessary, in agreement and coordination with headquarters, provide guidance and technical support to countries for their implementation

Headquarters deliverables

- Develop and update norms, standards and guidelines relating to environmental and occupational health risks, as well as guidelines for implementing them, 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 on the environment and in relation to the proposed sustainable development goals and the post-2015 development agenda

Output indicator	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	0 (2015)	7 (2017)

Country office deliverables

- Convene partners and conduct policy dialogue to raise the profile of public health issues in national environmental and sustainable development agendas, and support countries in the implementation of agreed provisions of multilateral agreements and conventions on the environment

Regional office deliverables

- Advocate for multisectoral cooperation among regional stakeholders and promote the health agenda in regional initiatives on environmental and sustainable development, for example, as part of regional interministerial forums

- Monitor the environmental and occupational health situation and trends at regional level, and contribute to global monitoring efforts where relevant

Headquarters deliverables

- Convene and lead global forums on the environment and sustainable development attended by other United Nations agencies, international donors and agencies dealing with public health issues

- Advocate for the inclusion of public health issues in the preparation and implementation of multilateral agreements, conventions and global initiatives on the environment and sustainable development

- Monitor the environmental and occupational health situation and trends at the global level, including in the context of the proposed sustainable development goals

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Reproductive, maternal, newborn and child health	75.2	14.4	20.1	6.5	18.4	12.2	59.5	**206.3**
Ageing and health	1.7	1.1	1.5	1.4	0.9	2.2	4.7	**13.5**
Gender, equity and human rights mainstreaming	2.3	2.1	1.8	1.0	1.1	1.7	6.3	**16.3**
Social determinants of health	10.2	4.3	2.9	7.9	3.0	0.9	6.4	**35.6**
Health and the environment	15.8	13.3	8.8	21.5	6.0	9.3	35.3	**110.0**
Category 3 total	**105.2**	**35.2**	**35.1**	**38.3**	**29.4**	**26.3**	**112.2**	**381.7**

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Research in human reproduction	-		-	-	-	-	42.9	**42.9**
Research in human reproduction total	-		-	-	-	-	**42.9**	**42.9**

CATEGORY 4. HEALTH SYSTEMS

Health systems based on primary health care, supporting universal coverage

Public health leaders have long recognized that capable and equitable health systems are central to efforts to fight poverty and foster development. The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. This requires: a resilient, efficient, responsive and well-run health system; a system for financing health services; access to essential medicines and technologies; and sufficient human resources capacity made up of well-trained, motivated health workers.

Today more than 1000 million people are unable to obtain the health services they need because such services are inaccessible, unavailable, unaffordable or of poor quality. Widening inequities across the world mean that an estimated 100 million people are pushed into poverty every year when they make out-of-pocket payments for health services. However, health systems that function well can mitigate social stratification, gender inequality and violations of the right to health, thereby closing gaps in health equity. To accomplish this, health systems need to be re-oriented through strengthened participatory, accountable and responsive governance, intersectoral action, appropriate legislative frameworks, and patient- and civil-society participation. They also need to be monitored with the primary focus being on vulnerable and underserved populations.

Sustainable health financing is a key component of universal health coverage. However, beyond financing, better health system performance, such as through efficient use of funds, is required. Unlocking resources through efficiency and productivity measures will enable countries to sustain their work on the unfinished Millennium Development Goals agenda; it will also enable them to make progress in meeting the new challenges and emerging priorities of the proposed post-2015 sustainable development goals. In *The world health report 2010*,[1] it was estimated that between 20% and 40% of all health spending is currently wasted through inefficiency. The potential health gains from redirecting the resources to improve population health would be enormous in all countries as health is one of the world's biggest economic drivers, with US$ 7.1 trillion spent annually (2012 figure) and an annual expenditure growth rate of 6.7% over the past decade.

The WHO programme budget 2016–2017 incorporates, for the first time, the health priorities derived from the proposed post-2015 sustainable development goals. The scope of the work on health systems has therefore expanded to include supporting Member States as they take on new challenges, while striving to meet their targets for the Millennium Development Goals. Aspirations for the proposed sustainable development goals include combating noncommunicable diseases, detecting and responding to emerging diseases and disasters, halting the growth of antimicrobial resistance, and taking concrete steps to attain universal health coverage. In this, the Secretariat and Member States are guided by the universal health coverage and social determinants of health frameworks. By actively addressing social determinants, health systems can contribute to gender and other social empowerment in the interests of health equity, and reduce financial and geographic access barriers for disadvantaged groups. Health systems that are oriented to health equity leverage multisectoral action across government departments.

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[1] *The world health report 2010. Health systems financing: the path to universal coverage*. Geneva: World Health Organization; 2010 (http://whqlibdoc.who.int/whr/2010/9789241564021_eng.pdf, accessed 10 December 2014).

The Ebola crisis in 2014–2015 has demonstrated once again the importance of integrating the different components of a health system, including surveillance and response mechanisms. It will be essential to maintain a sharp focus on strengthening health systems and building resilient subnational systems, with active community participation, in order to provide the necessary safe, integrated, people-centred and good-quality health services for helping to meet the continuing and predictable health needs of populations, and for ensuring that disease outbreaks and unusual health events do not have devastating consequences. The risks of funding agencies and institutions promoting a fragmented and duplicative approach in countries need to be mitigated in order to safeguard the strengthening of comprehensive country-led systems.

In 2016–2017, the Secretariat will support Member States in strengthening national health systems and increasing their resilience 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; 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.

NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

National health policies, strategies and plans are essential for defining country priorities and budgets, as well as a vision for improving and maintaining the health of people, improving financial risk protection, and ensuring health system resilience, while moving closer to universal health coverage. Ideally, such plans go beyond the health sector and are flexible and responsive in times of crisis. WHO supports the institutionalization of policy and strategy development based on policy dialogue and the elaboration and implementation of health financing strategies. Measures to improve health system governance will be essential in increasing transparency and raising the level of accountability among all stakeholders. WHO's work in this programme area will consist in building on the best evidence generated by countries and promoting values of equity, solidarity and human rights.

During the past five years, the Secretariat has supported more than 75 Member States in developing, implementing and monitoring their national health plans. More than 30 are expected to develop or update their plans in 2016 and 2017, and WHO will work with them on strategies for moving closer to universal health coverage, strengthening overall health governance frameworks and capacities in increasingly decentralized systems, and supporting health ministries in engaging with other sectors, civil society and development partners in policy dialogue.

The Secretariat will support countries in developing and implementing the legislative frameworks required and in ensuring that national health plans include financing strategies and policies which facilitate movement towards universal health coverage. The work involved encompasses setting standards and maintaining global databases on national health policies, strategies and plans, financial protection and health expenditures; key components will be the generation of evidence for best practices, tool development and application, institutional capacity-building, and dissemination of lessons learnt globally.

The Secretariat will also place emphasis on the intersectoral and multi-stakeholder orientation needed for whole-of-government approaches to national and regional health strategies.

Lastly, the Secretariat will continue to support the International Health Partnership principles of ownership of health priorities by low- and middle-income countries, predictable funding, harmonization and alignment with country systems and mutual accountability for results.

INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

In many countries, health services, where they are available at all, continue to be poorly organized, and under-staffed, have long waiting times, do not conform to people's cultural, ethnic or gender preferences, or are badly managed. Even when services are accessible, they can be of poor quality, endangering the safety of patients and compromising health outcomes. Moreover, resilient health systems must establish a linkage between their surveillance and core public health capacities under the International Health Regulations (2005) and while strengthening health services and the workforce. When accompanied by shortages and inadequate distribution of skilled health professionals, such as physicians, nurses, midwives, pharmacists, mid-level health workers, laboratory workers, educators and regulators, considerable pressure is placed on countries in addressing the health needs of their population. Health shocks, such as the recent outbreak of Ebola virus disease, serve to increase such pressure. Driven by population growth and current production rates, projections show that there will be a global deficit of 12.9 million skilled health professionals by 2035. The problem therefore requires urgent action, and the Secretariat will support Member States and other partners in implementing a new global strategy for human resources for health, to be considered by the Sixty-ninth World Health Assembly in 2016, which will outline the medium-term vision for addressing the main challenges posed by shortages, distribution, management, deployment and retention of health personnel. The new global strategy will build on the achievements realized under the WHO Global Code of Practice on the International Recruitment of Health Personnel. Unregulated private sectors, dysfunctional referral systems and irrational use of technologies are among the other challenges faced by many middle- and low-income countries.

The Secretariat will support Member States in their efforts to accelerate progress towards achieving universal health coverage by reviewing their health systems in order to maintain and expand access to high-quality, safe and integrated health services throughout the life course, from promotion, prevention, care (including long-term care) and rehabilitation, to palliation, with strong links to social services. In order to reduce health inequities, there needs to be a reduction in out-of-pocket payments through the removal of public-sector user fees and development of innovative ways to limit other health-care costs, such as drug, transport and other opportunity costs. There also needs to be an increase in geographical access through investment in public primary and secondary services in underserved areas, and in new strategies for improving the acceptability, quality (with the emphasis on non-discrimination) and accountability of public sector health care, including actions to overcome gender driven demand-side access barriers. This requires strong multisectoral engagement and cooperation, including participation across government sectors and levels and with civil society and other key stakeholders. Lastly, all activities in support of integrated health services help to build resilient health systems. Therefore WHO will work with countries to strengthen their core public health and International Health Regulations (2005) capacities, while improving infection prevention, safe services and core health workforce capacity.

In the biennium 2016–2017, the Secretariat will support countries in adopting and implementing integrated and people-centred health service approaches. Countries will need to examine new, innovative models of health-care delivery across the continuum of care. They will also need to scale up and improve the training and education of health workers, ensure their professional recognition and certification, and promote equitable distribution and retention. Transformational change in education is required, including task sharing among health and community workers, which will

increase cost-effective services and ultimately lead to cost savings. This change will undoubtedly involve investment, but by examining more efficient models of health workforce and services organization, significant resources could be unlocked. WHO will renew its vision on primary health care as an important approach to scaling up interventions towards universal health coverage, and support countries in effectively governing and managing hospitals as part of an efficient and integrated health delivery system. In some regions, hospital governance and management will need to be strengthened and hospital reform prioritized, hand in hand with reinforcing primary health care. The empowerment and engagement of patients and their families in care delivery will be essential for improving the quality, safety and responsiveness of the health services.

In the biennium 2016–2017, the Secretariat will support reform of health and social care institutions and services, and strengthen public health capacity within health systems to overcome access barriers for underserved populations. This requires broader multisectoral approaches to tackling the social and structural determinants of health in order to better address the wider challenges, such as an increase in the prevalence of noncommunicable diseases, violence and injuries, ageing societies and the lack of knowledge management necessary for new health technologies, as well as health inequities. The Secretariat will provide support for strengthening the capacity of public health, medical, and social professionals in pursuing multisectoral approaches in order to address such challenges.

A key lesson to be learnt from the recent Ebola virus disease outbreak is that every country needs to have a robust public health system. However, public health services and functions are currently fragmented, variable and incomplete, and are often disconnected from the health system as a whole. At the same time, there is frequently little common understanding of the essential public health functions in a globalized and interconnected world.

Therefore, WHO will work with partners to advance a globally recognized set of public health functions for future integration in health systems. Such a set of functions can be used as a framework for investment, and be adapted into a tool for assisting countries further strengthen global health security, foster the sustainability of health systems, and contribute to wider economic and sustainable development goals.

ACCESS TO MEDICINES AND OTHER HEALTH TECHNOLOGIES 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 use and cost-effectiveness. Hence, the area has been highlighted as one of the six WHO leadership priorities as outlined in the Twelfth General Programme of Work 2014–2019. In economic terms, medicines and other 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.

In response to the severity and breadth of the recent outbreak of Ebola virus disease in western Africa, WHO has been spearheading efforts to galvanize research and development for vaccines, treatments and diagnostics in order to curb the outbreak and ensure that such tools, where safe and effective, are also available for future outbreaks.

In the biennium 2016–2017, WHO will continue to support the development of comprehensive national policies on medical products, based on good governance principles, rational procurement and pricing policies, appropriate prescription, and rational use.

Traditional and complementary medicine is an important and often underestimated health-care component. It is found in almost every country in the world and the demand for such services is increasing. Many countries now recognize the need to develop a cohesive and integrated approach to health care which allows governments, health care practitioners, and, most importantly, users of health-care services, to access traditional and complementary medicine. The Secretariat will focus on supporting Member States in fully integrating traditional and complementary medicines of proven quality, safety and efficacy into their health systems as that will contribute to the goal of universal health coverage.

Antimicrobial resistance is an increasing threat to global public health and global health security. Combating it requires a system-wide approach. 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. 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.

Over time, development of, and support for, regional or national regulatory authorities and systems will become a top priority for WHO's work in the area, thereby gradually reducing reliance on global prequalification programmes. Such activities will contribute to tackling and mitigating the impact of substandard/spurious/falsely-labelled/falsified/counterfeit medical products.

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 low- and middle-income countries, strengthening country capacity to manage intellectual property rights issues, stimulating technology transfer and facilitating local production in order to increase access to, and the affordability of, health technologies. Linked to this effort will be the strengthening of the global health research and development observatory.

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.

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, and on evidence of what works and the related costs, are still inadequate in many countries.

Building capacity to engage in research, following globally-accepted ethics 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, is one of the numerous challenges facing Member States. Equitable and sustainable access to health knowledge remains a vital need.

The results gleaned from measuring and monitoring the social factors that produce widespread inequities in health and health service access are critical in informing the policies, programmes and interventions needed to address them. 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, including those based on gender.

The Secretariat will support Member States in strengthening health information systems, with the emphasis on use of innovative approaches in data collection, transfer, analysis and communication, as well as health management information systems and capacity for administering health surveys. Special attention will be given to enhancing civil registration and vital statistics systems, the monitoring of universal health coverage and health system performance assessment, and electronic facility reporting systems. This work will also be useful in surveillance, including for disease outbreaks.

In the biennium 2016–2017, WHO will monitor and disseminate data on the health situation and trends at global, regional and national level through global and regional health observatories. It will 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 developing national eHealth strategies; improving the standardization and interoperability of eHealth services and information systems, innovation and eLearning in the context of health promotion and human resources capacity development; and assessing global trends and building the evidence base for eHealth.

WHO will strengthen its work on the following activities in the area of knowledge management and dissemination: developing evidence-based guidelines and tools; producing multilingual and multi-format 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 appropriate use of information and communication technologies.

Lastly, the Secretariat will support Member States in strengthening their health research systems and promote the ethical conduct of research and adherence to ethical governance of public health practices.

LINKAGES WITH OTHER PROGRAMMES AND PARTNERS

To make a quantum leap in the move towards universal health coverage, synergies and collaboration between technical programmes within WHO and beyond need to be strengthened. In order to focus intra- and inter-category collaboration most effectively, support will be provided to countries across the three levels of the Organization, for example, for 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 (category 3); immunization, HIV/AIDS, tuberculosis, malaria and other infectious diseases (category 1); and noncommunicable diseases and violence and injury prevention (category 2). As health systems are essential in preparing for, responding to, and recovering from, health emergencies of all types, there is also an integral link with category 5. Category 4 also has linkages with WHO's cross-cutting work on gender, human rights, equity and social determinants of health. Reorienting health systems so

that they mitigate health inequities makes it imperative to address social determinants of health, gender inequality and human rights. Therefore, category 4 will work closely with category 3 in order to operationalize WHO's commitments towards health equity and the right to health.

Beyond WHO, health systems are the enablers for maximizing health, and, therefore, category 4 has to engage with other global health actors, 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 World Bank and the regional development banks, in particular) and the workforce education sector (in collaboration with UNESCO). Health systems also need to engage with the labour market sector (in collaboration with ILO) to ensure that labour conditions are conducive to reducing current and future gaps in the health workforce. 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.

Certain priority areas of work need engagement across the three levels of the Organization, as well as categories and sectors, for example, combating antimicrobial resistance. As a priority area, it will provide an opportunity for demonstrating how category 4 can bring together the other categories in order to overcome a major public health challenge.

NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

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	103/194 (2015)	115/194 (2017)

Output 4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and "health in all policies" 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	25/115 (2017)

Country office deliverables

- Facilitate the development and implementation of a comprehensive national health policy/strategy/plan that ensures and/or promotes the resilience of health systems and is in line with the International Health Partnership or similar principles

- Support health officials to engage with stakeholders in other sectors, civil society and development agencies in policy dialogue in order to develop and implement national health policies, strategies and plans that will increase the resilience of their health systems as part of the effort to promote equitable progress towards universal health coverage

- Identify needs and provide support to strengthen country governance capacity, including the legislative and regulatory frameworks required to increase accountability and transparency and for making progress towards universal health coverage

Regional office deliverables

- Assist country offices in providing support for developing, implementing and monitoring a comprehensive national health policy/strategy/plan that ensures and/or promotes resilience of the health system and is in line with the International Health Partnership or similar principles

- Generate and share regional best practices and lessons learnt on engaging with other sectors and civil society in policy dialogue in order to develop and implement national health policies, strategies and plans that will increase the resilience of health systems

- Adapt to the regional context global tools and approaches for improving health system governance, including the legal and regulatory frameworks required to increase accountability and transparency and for making progress towards universal health coverage

Headquarters deliverables

- Coordinate with partners globally and assist regional and country offices to facilitate the alignment of support from national and external stakeholders in developing, implementing and monitoring comprehensive national health policies/strategies/plans, which ensure and/ or promote the resilience of health systems, respect national ownership and are in line with the "seven behaviours" identified by the International Health Partnership and development effectiveness principles

- In collaboration with regional and country offices, generate international best practices and support Member States in leading high-level multi-stakeholder policy dialogue on health system reform in order to promote the development of resilient health systems as part of the effort to make progress towards universal health coverage

- Develop tools and approaches for health system governance, including legal and regulatory frameworks, in order to increase accountability and transparency and enable progress towards universal health coverage

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	24/194 (2015)	50/194 (2017)

Country office deliverables

- Support country-level advocacy for, and policy on, health financing and financial protection in order to make progress towards universal health coverage

- Support countries in institutionalizing the monitoring of information needed to support health financing policy, including financial protection and resource tracking

- Support countries in developing institutional capacity to analyse, develop and implement options for health financing, which incorporate lessons learnt from other countries, or regional and global experiences

Regional office deliverables

- Assist country offices to support Member States in leading policy dialogue and institutional capacity development relating to health financing for universal health coverage

- Facilitate regional contributions to the annual updates of the global health expenditure database and support countries in monitoring financial protection and access

- Synthesize and disseminate lessons learnt from regional health financing reform experiences, including applying them to training programmes on health system financing for universal health coverage

Headquarters deliverables

- Provide specialized assistance to country and regional offices to support Member States in leading policy dialogue on health financing for universal health coverage

- Set standards and maintain global databases on financial protection and health expenditures, and promote their use in health financing policy

- Analyse best practices and synthesize and disseminate lessons learnt from health financing reforms globally

- Develop and refine tools for costing and cost-effectiveness analysis of health services and technologies, and promote evidence-informed decision-making

INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

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	65/194 (2015)	80/194 (2017)
Number of countries reporting on national health workforce disaggregation (by top 10 cadres, place of employment, urban/rural, subnational administrative area (second level))	0/194 (2015)	50/194 (2017)

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	48/194 (2015)	83/194 (2015)

Country office deliverables

- Identify capacity strengthening needs in order to move towards universal health coverage through a multisectoral approach.

- Support countries to adapt and implement the WHO global strategy on people-centred and integrated health services and the WHO traditional medicine strategy: 2014–2023, taking into account the global strategy on human resources for health: health workforce 2030

- Promote and disseminate, at national and local level, 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, including strengthening their governance, accountability, management, quality and safety; and respond effectively to emergencies and disasters

Regional office deliverables

- Develop regional strategies/roadmaps guiding the actions of all stakeholders, in support of service delivery reforms directed towards universal health coverage

- Consolidate lessons learnt and best practices from countries of the region, and provide platforms for sharing information on successful models of service delivery in order to move towards universal health coverage

- Assist country offices in supporting Member States to engage stakeholders on delivery of integrated, people-centred health services

- Adapt, as appropriate, and assist in the implementation of the global strategy on people-centred and integrated health services and the traditional medicine strategy: 2014–2023, taking into account the global strategy on human resources for health: health workforce 2030

- Provide technical assistance and capacity-building tools to country offices to strengthen primary, hospital, long-term, community and home-based care services, including their governance, accountability, management, quality and safety, as part of an efficient, integrated and people centred service delivery system; and to respond effectively to emergencies and disasters

Headquarters deliverables

- Monitor implementation of the global strategy on people-centred and integrated health services in order to move towards universal health coverage in a continuum from promotion to palliation, as well as of the traditional medicine strategy: 2014–2023, and the global strategy on human resources for health: health workforce 2030

- Collect, analyse, synthesize, disseminate and facilitate exchanges of experience among regions on successful models of service delivery and best practices in order to facilitate adaptation at the regional and country level, as well as on governance and accountability in hospitals and primary care facilities, as part of an efficient, integrated and people-centred service delivery system; and to respond effectively to emergencies and disasters

- Develop and support the application of standards for the accreditation of health care facilities, including private providers

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	0/194 (2015)	30/194 (2017)

Country office deliverables

- Support Member States in reporting their national health workforce accounts and minimum data sets and 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 country capacity to develop and implement human resources for health strategies in line with the global strategy on human resources for health: health workforce 2030 and the global strategy on people-centred and integrated health services

- Support Member States in educating and training an appropriate workforce for prevention and control of epidemics and other emergencies

Regional office deliverables

- Support countries in their 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

- Work with country offices in strengthening countries' capacity to implement the global strategy on human resources for health: health workforce 2030, and the global strategy on people-centred and integrated health services

- Support intercountry and regional approaches to building an appropriate workforce for prevention and control of epidemics and other emergencies

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

- Develop, communicate, disseminate and support implementation of the global strategy on human resources for health: health workforce 2030 , the global strategy on people-centred and integrated health services and existing World Health Assembly resolutions

- Support global approaches to building an appropriate health workforce for prevention and control of epidemics and other emergencies

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	47/194 (2015)	77/194 (2017)

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 patients' 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

- Develop a mechanism for collecting and sharing best practices and models relating to patient engagement and empowerment at regional level

- Develop 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 the global patient safety challenges and implementing quality-improvement efforts in general, including the accreditation and regulation of health facilities

- Facilitate and support regional networks of providers, for example, innovative hospital-to-hospital partnerships, and in engaging communities and patients through the Patients for Patient Safety network and other patients' initiatives and associations

- Assist 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 in combating antimicrobial resistance in health care settings, including through promoting the integration of education on antimicrobial resistance in professional training

- Develop policies, guidelines and innovative tools for improving patient safety, and facilitate their design and implementation, and for assessing and strengthening the quality and safety of health services, within the context of universal health coverage

- Tackle global patient safety challenges using the best available evidence and implement measures to improve overall quality, including accreditation and regulation of health facilities

- In collaboration with regional and country offices, develop best practices in patient safety and for ensuring the quality of health services; support networks of health care providers; establish institutional health partnerships; promote the engagement of communities, as well as the empowerment of patients through patients' initiatives, networks and civil society and patient associations; and strengthen country capacity

- Build consensus on, and develop a policy, ethical framework and approaches for self-sufficiency and non-commercialization of blood and other medical products of human origin

- Provide leadership in strengthening regulatory systems to support appropriate practices for optimizing the use of antimicrobials and combatting antimicrobial resistance

ACCESS TO MEDICINES AND OTHER HEALTH TECHNOLOGIES[1] AND STRENGTHENING REGULATORY CAPACITY

Outcome 4.3. Improved access to, and rational use of, safe, efficacious and quality medicines and other health technologies

Outcome indicator	Baseline	Target
Availability of tracer medicines in the public and private sectors	60% (2015)	65% (2017)

Output 4.3.1. Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to medicines and other health technologies; and to strengthen their evidence-based selection and rational use

Output indicator	Baseline	Target
Number of countries with national policies on medicines and other health technologies updated within past five years	133/165 (2015)	159/194 (2017)

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[1] As stated in resolution WHA60.29, the term "health technologies" refers to devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve the quality of lives.

Country office deliverables

- Support the collection of information on access to medicines and other health technologies and on countries' pharmaceutical and/or health technology sector situation and profile

- Provide technical support to Member States in revising and implementing national policies on medicines and other health technologies, including traditional and complementary medicines

- Support institutionalization of mechanisms to support access to, and rational use of, medicines and other health technologies and services

- Support Member States in collecting and analysing data on consumption of antimicrobials and implementing policies to improve prescribing and dispensing

Regional office deliverables

- Collect, analyse, synthesize and disseminate best practices to assist country offices in supporting the development of national policies on medicines and other health technologies, including traditional and complementary medicines

- Develop and enhance regional observatories and databases on the pharmaceutical and health technology sectors to support access to medicines and other health technologies

- Adapt to regional context and implement the WHO traditional medicine strategy: 2014–2023

- Assist country offices in supporting Member States in adapting and implementing technical guidelines in order to promote access to, and the evidence-based selection, assessment and rational use of, medicines and other health technologies

- Provide technical assistance to country offices to support Member States in collecting and analysing data on consumption of antimicrobials

- Provide technical assistance to country offices for supporting Member States in collecting and analysing data on consumption of antimicrobials and implementing policies to improve prescribing and dispensing

Headquarters deliverables

- Develop guidance, based on evidence and best practices, on policies on medicines and other health technologies, including traditional and complementary medicines

- Enhance and maintain the global observatories/databases and data analyses to promote access to essential medicines and other health technologies

- Promote the implementation of the WHO traditional medicine strategy: 2014–2023

- Develop technical guidelines and norms to support access to, and evidence-based selection, health technology assessment and affordable pricing and rational use of, medicines and other health technologies

- Collect, consolidate and disseminate information on the global consumption of antimicrobials

- Develop technical guidelines and norms to support access to, and evidence-based selection and responsible use of, antimicrobial medicines, including follow-up to treatment failure

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 (2015)	100/194 (2017)

Country office deliverables

- Collect and disseminate information on progress and challenges affecting implementation of the global strategy and plan of action on public health, innovation and intellectual property;

- Identify needs and provide support for strengthening capacity to implement elements of the global strategy

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 regional support for implementing the various elements of the global strategy and plan of action on public health, innovation and intellectual property

Headquarters deliverables

- Establish a global platform on innovation and access to essential medicines and other health technologies, as well as a global observatory for research and development, including data generation, for the development of new antimicrobials

- 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

- Facilitate both the comprehensive evaluation and overall programme review of the global strategy and plan of action on public health innovation and intellectual property

- Facilitate the elaboration of new models to promote the research, development and preservation of new antimicrobials

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 indicator	Baseline	Target
Number of national regulatory authorities ensuring essential regulatory functions for vaccines	56/194 (2015)	66/194 (2017)

Country office deliverables

- Provide leadership and support in building national capacity for implementing WHO technical guidelines, norms and standards relating to quality assurance and safety of health technologies, including traditional and complementary medicines

- Collaborate with Member States on strengthening their national regulatory authorities for medicines and other health technologies

- Support data collection and reporting by national regulatory authorities on safety issues with medicines and other health technologies, including on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, pharmacovigilance, haemovigilance and technovigilance

- Support Member States in strengthening regulatory systems in order to foster appropriate practices for optimizing use of antimicrobials and combatting antimicrobial resistance

Regional office deliverables

- Provide technical assistance to country offices for strengthening national regulatory authorities, including in the implementation of WHO norms and standards for quality assurance and safety of health technologies and traditional and complementary medicines

- Facilitate the progressive convergence of regulatory practices across countries within the region, in order to improve their quality and efficacy

- Support global initiatives to develop new models for the prequalification of medicines and other health technologies

- Facilitate regional platforms in order to foster international collaboration and sharing of best practices on safety, pharmacovigilance and monitoring and regulation of supply chains, and raise awareness of substandard/spurious/falsely-labelled/falsified/counterfeit medical products

- Provide technical assistance to country offices for strengthening regulatory systems to support appropriate practices for optimizing use of antimicrobials and combatting antimicrobial resistance

Headquarters deliverables

- Develop and support the application of global technical guidelines, norms and standards for the quality assurance and safety of medicines and other health technologies, including traditional and complementary medicines

- Provide global leadership to strengthen regulatory systems and facilitate progressive convergence of regulatory practices by promoting interaction between different networks and initiatives

- Prequalify medicines and other health technologies for international procurement, while developing and piloting new prequalification models

- Facilitate global platforms in order to foster international collaboration and sharing of best practices in safety, pharmacovigilance and monitoring and regulation of supply chains, and prevent and combat substandard/spurious/falsely-labelled/falsified/counterfeit medical products

- Provide leadership in strengthening regulatory systems and support best practices for optimizing use of antimicrobials and combatting antimicrobial resistance

HEALTH SYSTEMS, INFORMATION AND EVIDENCE

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 public analytical reports for informing regular reviews of the health sector strategy	85 (2015)	120 (2016, 2017)

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 2016–2017	119 (2015)	156 (2017)

Country office deliverables

- Regularly assess national and subnational health situation and trends using comparable methods, taking into account national, regional and global priorities, and ensure quality of statistics

- Generate and consolidate information and corresponding national and subnational statistics using internationally agreed standards and methods in support of evidence-informed policy making

- Support use of international standards for health information and statistics and methods in order to increase the interoperability of data sharing and systems

- Advocate for the provision of effective tools and the allocation of sufficient resources to strengthen national, subnational and municipal health information systems

- Support the development and implementation of strategies, actions and investment plans for health information and civil registration and vital statistics systems

- Support priority countries which are focusing on linking community-based (front-line health worker services) and person-centred facility-based systems (longitudinal patient monitoring, such as electronic medical records in hospitals or electronic registries) in the areas of health insurance, surveillance and population health reporting systems

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

- Generate and consolidate information and corresponding regional and national health-related statistics and information systems through regional health observatories in order to support evidence-informed policy-making, taking account of, and collaborating with, other relevant supranational agencies in the region

- Develop, adapt, disseminate, advocate use of, and implement data standards for health-related information, tools and methods in order to strengthen national health information systems

- Establish and lead related regional and subregional networks and activities

- Provide technical support to countries to strengthen national institutional capacity for monitoring and evaluation of public health using data from routine health information system surveys and other sources, such as civil registration and vital statistics systems, as well as to improve the quality, analysis and use of national and subnational statistical reports

Headquarters deliverables

- Assess global, regional and country health situation and trends using comparable methods on a regular basis and ensure quality of all WHO statistics and estimates

- 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

- Develop tools and guidance to strengthen national health information systems and monitor progress towards global targets

Output 4.4.2. Countries enabled to plan, develop and implement an eHealth strategy

Output indicator	Baseline	Target
Number of countries that have developed an eHealth strategy	90/194 (2015)	110/194 (2017)

Country office deliverables

- Support capacity building and partnerships in developing and implementing a national eHealth strategy

Regional office deliverables

- Collect and synthesize good practices and facilitate access to knowledge, experience, resources and networks in order to build the evidence base in eHealth

- Support country offices in the development and implementation of national eHealth strategies

Headquarters deliverables

- Collaborate with other organizations of the United Nations system and stakeholders to develop standards and provide guidance, tools and resources for the development of national eHealth strategies and the adoption of eHealth standards

- Build the evidence base on eHealth and disseminate the evidence collected by means of the Global Observatory for eHealth

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 visits to WHO's electronic knowledge assets and resources by low-income and lower-middle-income countries (annual)	50 million (2015)	60 million (2017)

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

- Identify national expertise for potential incorporation into the global compendium of national expertise

- 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 and the WHO Institutional Repository for Information Sharing (IRIS)

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

- Support the relevance and quality of the contribution of regional networks of WHO collaborating centres to national, regional and global health priorities

- Facilitate and sustain access to key information products and resources, including regional Index Medicus databases, the HINARI Access to Research in Health programme and the Institutional Repository for Information Sharing (IRIS)

- Produce, publish and disseminate information products in line with regional priorities and in relevant languages and formats

- Support capacity-building of WHO staff in knowledge management, covering use of knowledge tools, and accessing key information products and resources in publishing and librarianship, including the Global Information Full Text (GIFT) project

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, and the compendium of national expertise

- Consolidate the Institutional Repository for Information Sharing (IRIS) 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 (GIFT) 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 research for 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	66 (2015)	76 (2017)

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 research ethics

- Support Member States in identifying and addressing ethical issues related to implementation of public health programmes and health service delivery

Regional office deliverables

- Facilitate regional priority-setting for health research

- Establish and strengthen WHO regional research ethics review committees and back country offices in supporting national ethics reviews committees

- Assist country offices in supporting Member States to develop their capacity in the governance and conduct of health 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

Headquarters deliverables

- Facilitate priority-setting and the consolidation of a global research for health agenda

- 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

- 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 global health research development observatory agenda for closing major gaps in knowledge about antimicrobial resistance

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
National health policies, strategies and plans	21.0	16.1	20.8	15.0	12.2	17.0	40.0	**142.1**
Integrated people-centred health services	35.0	6.3	17.2	15.4	21.8	14.9	45.9	**156.5**
Access to medicines and other health technologies and strengthening regulatory capacity	16.6	6.2	13.1	7.1	11.7	11.2	105.7	**171.6**
Heath systems, information and evidence	16.4	6.2	10.0	10.7	11.9	10.8	58.3	**124.3**
Category 4 total	**89.0**	**34.8**	**61.1**	**48.2**	**57.6**	**53.9**	**249.9**	**594.5**

CATEGORY 5. PREPAREDNESS, SURVEILLANCE AND RESPONSE

Reducing mortality, morbidity and societal disruption resulting from epidemics, natural disasters, conflicts and environmental, chemical, radio-nuclear and food-related emergencies, as well as antimicrobial resistance, through prevention, preparedness, response and recovery activities.

Category 5 focuses on strengthening institutional, international and country capacities in prevention, preparedness, response and recovery capabilities for all types of hazards, risks and emergencies which pose a threat to human health. The capacities needed for health in emergencies include those identified in the International Health Regulations (2005), as well as hazard-specific capacities related to natural disasters, conflict, emerging or re-emerging human and zoonotic diseases with the potential to cause outbreaks, epidemics or pandemics, food-safety incidents, chemical and radio-nuclear incidents, and antimicrobial drug resistance.

The category also encompasses ensuring rapid, effective and predictable response operations in acute and protracted emergencies arising from any hazard with health consequences. To that end, WHO maintains core staff to lead, manage, monitor and report on emergency response operations, particularly at country level, in protracted humanitarian emergencies, and, at the global level, new and emerging infectious diseases. Under this category, WHO continues to deal with one of the most prominent hazards to health today as it works with its partners to complete the global eradication of polio.

During the biennium 2014–2015, the Organization faced unprecedented challenges in responding to multiple simultaneous emergencies, including those associated with infectious hazards, such as Middle East respiratory syndrome coronavirus (MERS-CoV), avian influenza A(H5N1) and A(H7N9) viruses, cholera, yellow fever and Ebola virus disease, and with other hazards, for example, typhoon Haiyan and the conflicts affecting Central African Republic, Iraq, South Sudan and Syrian Arab Republic. The challenges faced led to the convening of an extraordinary session of the Executive Board in January 2015, at which resolution EBSS3.R1 calling for profound reforms across the Organization was adopted, with the aim of ensuring WHO's capacity to fully implement its functions, ranging from global event monitoring, risk assessment and management of events, to full emergency operations. The resolution calls on WHO to significantly strengthen its systems, structures and standing capacities in order to perform essential risk management and emergency response functions effectively, particularly in fragile, vulnerable and at-risk countries. Critical WHO capacities include sufficient expertise in key areas, especially surveillance, monitoring, risk assessment and investigation, for a range of biological and other hazards; mobilization and management of internal and external surge support through a global health emergency workforce; strengthened logistics capacity to enhance emergency operations. The implementation of such reforms during the biennium, in line with resolution EBSS3.R1 and the recommendations of the interim assessment panel, will be a major and urgent cross-cutting priority among the relevant programme areas within category 5.

The work under category 5 is guided by global instruments that align and describe the Secretariat's work across all hazards and phases of the emergency and disaster management cycle. They include frameworks for strengthening core capacities for all types of emergencies and risks, for response in protracted humanitarian emergencies, and the WHO Emergency Response Framework. Existing multilateral, international and regional frameworks and mechanisms will be fully implemented, particularly those related to the International Health Regulations (2005), the Pandemic Influenza

Preparedness Framework, the Global Action Plan for Influenza Vaccines, the United Nations Inter-Agency Standing Committee's Transformative Agenda, the Codex Alimentarius Commission, chemical conventions, global and regional platforms for disaster risk reduction, the International Food Safety Authorities Network, the tripartite WHO, FAO and OIE One Health initiative, the International Association for Conflict Management, and the Global Polio Eradication Initiative and Polio Eradication and Endgame Strategic Plan 2013–2018. Major networks, such as the Global Outbreak Alert and Response Network, the Global Influenza Surveillance and Response System, and the Inter-Agency Standing Committee's Global Health Cluster will be maintained and strengthened.

Category 5 also involves dealing with, on average, 700 natural and technological emergencies, which occur globally each year and which affect hundreds of millions of people and cause hundreds of thousands of deaths annually. Approximately 25% of the emergencies and 44% of the associated deaths occur in less developed countries with limited capacity to prepare for and respond effectively to emergencies, of which the most frequently reported involve communicable diseases. An outbreak of even a limited number of cases can spark high levels of concern and 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. WHO has adopted a holistic perspective and an all-hazards approach to emergency risk management. For optimal impact, such an approach must be integrated into comprehensive international and national plans for emergency risk management, which involve all sectors and contribute to improved health outcomes and more resilient communities.

Emergencies are frequently triggered or amplified by social determinants similar to those that lead to health inequities. Poor people, women, children and other vulnerable and marginalized groups are often disproportionately affected. Addressing equity, human rights, gender and social determinants is an integral part of WHO's work across the programme areas under category 5.

ALERT AND RESPONSE CAPACITIES

WHO's top priority is to ensure that all obligations under the International Health Regulations (2005) are met. They cover national legislation, policy and financing, coordination and national focal point communications, surveillance, response, preparedness, risk communication, human resources, and laboratory capacity-building. The Secretariat will provide technical support to countries and report on progress. At the same time, it will continue to develop and maintain the policies, technical guidance, information management, and communication and operational systems needed at global, regional and country level for detecting, verifying, assessing and coordinating the response to major hazards, risks, and sub-acute and acute public health events when they arise. Implementation of the International Health Regulations (2005) must fully respect the dignity, human rights and fundamental freedoms of persons, and be guided by the goal of their universal application for the protection of all people from the international spread of disease, as well as by the Charter of the United Nations and the WHO Constitution As at the end of 2013, 80 of the 195 countries had met their obligations under the International Health Regulations (2005).

EPIDEMIC-PRONE AND PANDEMIC-PRONE DISEASES

Emerging and re-emerging epidemic diseases pose an ongoing threat to global health security. Technical expertise and scientific knowledge constitute the foundations of effective epidemic prevention and control strategies. The Secretariat will leverage international expertise in order to support countries in developing specific prevention and control capacities for selected epidemic- and pandemic-prone diseases, and maintain networks and mechanisms to ensure that the global community can address specific epidemic and pandemic threats. Effective epidemic intervention strategies must address locally specific cultural and social patterns through sensitive community engagement strategies, taking into consideration specific aspects of vulnerable and at-risk groups whose particular exposures to pathogens can amplify and extend epidemic events. In particular, WHO will focus its efforts on: improving the evidence base for epidemic diseases in order to inform national and international decision-making; contributing to timely risk assessment, monitoring and field investigation of epidemic diseases of international concern; supporting affected countries throughout the epidemic cycle of preparedness, response and resilience, including providing health-care interventions to reduce mortality; and establishing and managing global mechanisms for tackling the international dimension of epidemic diseases, including the Pandemic Influenza Preparedness Framework and the International Coordinating Group for the operation of global vaccine stockpiles.

WHO's work on antimicrobial resistance, including antibiotic resistance, is defined in the draft global action plan on antimicrobial resistance contained in document EB136/20. This work, which complements the work on antimicrobial resistance in the disease specific programmes for HIV, tuberculosis and malaria under category 1, is integrated in eight other programme areas in four of the six categories. Each relevant programme area has distinct deliverables that describe its contributions to the draft global action plan on antimicrobial resistance. The development and implementation of the global action plan is overseen by programme area 5.2 and is supported by a dedicated secretariat. This programme area also includes specific programmes for development of global surveillance for antimicrobial resistance, and providing support to countries for the development and implementation of their national action plans.

EMERGENCY RISK AND CRISIS MANAGEMENT

The international humanitarian community is facing its most demanding period in decades, with tens of millions of people requiring assistance globally, multiple simultaneous level 3 emergencies, and funding requirements in the tens of billions of dollars. Most countries experience a major emergency every five years, often with devastating consequences. In addition, countries with protracted emergencies face the longer term effects of crippled health systems and continually deteriorating public health outcomes. The Secretariat provides technical assistance and policy advice to support Member States in strengthening national capacities in order to reduce risks to health from natural disasters, conflict and other humanitarian emergencies, and in responding to such emergencies and disasters. At the global level, WHO plays a leading role in partnerships related to emergency risk management for health, and aligns its work with that of the global platform for disaster risk reduction.

The Secretariat also implements a rigorous programme of institutional readiness for responding to any humanitarian emergencies, including from natural disasters and conflict, which is aligned with the work of the United Nations Inter-Agency Standing Committee's Transformative Agenda and the Health Cluster approach. Maintaining institutional readiness involves, among other key elements, establishing and supporting rapid response teams for implementing WHO's critical functions in

humanitarian emergencies, and maintaining emergency medical stockpiles. To build collective international capacity for humanitarian health action, WHO leads global networks, including the Global Health Cluster and the foreign medical teams initiative. In line with its technical, humanitarian and operational obligations, WHO leads partners in countries with complex protracted emergencies in developing coordinated and evidence-based health sector response plans, which are outlined in the health component of intersectoral country-level strategic response plans. In such settings, the Secretariat maintains a cadre of qualified core staff under the programme area on emergency risk and crisis management, who lead, manage, monitor and report on the implementation of life-saving interventions by Health Cluster/health sector partners, as described in the strategic response plans. Short-term staff and activities that are needed in order to implement these life-saving response operations are included in emergency work plans under the programme area on outbreak and crisis response.

FOOD SAFETY

Access to safe, sufficient, and nutritious food is the right of each individual.[1] A safe food supply supports a country's economy, trade and tourism, contributes to food and nutrition security, and stimulates sustainable development. Unsafe food causes acute and life-long diseases, ranging from diarrhoeal diseases to various forms of cancer. In 2015, WHO will publish estimates of the global burden of foodborne diseases, which are often under-reported, in order to better inform decision-making and prioritization of public health actions.

Women and men are exposed to different food safety risks during the life course, depending on prevailing gender norms and other social determinants, such as income, location and education. For example, a gender norm common to many settings places the responsibility for food preparation, and therefore household food safety, on women. As a consequence, women are the first and final line of defence against foodborne illnesses among children.

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 the existence of 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, as well as international networks. In future, particular attention will continue to be paid to multisectoral collaboration between the agriculture, animal health and public health sectors.

In the biennium 2016–2017, the Secretariat will pursue its work by: continuing to promote international norms, standards and recommendations through the Codex Alimentarius Commission, with enhanced participation by Member States; serving as secretariat for the International Food Safety Authorities Network to ensure a rapid international response to food safety emergencies and outbreaks of foodborne diseases; convening international expert meetings to perform risk assessments on priority food hazards; providing technical support to countries for building risk-based food safety systems; and acting as secretariat for FAO/OIE/WHO tripartite collaboration between the agriculture, animal and human health sectors, including cross-sectoral monitoring and risk assessment of emerging food-related zoonotic diseases and the food safety aspects of antimicrobial resistance.

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[1] The Rome Declaration on Nutrition from the Second International Conference on Nutrition (http://www.fao.org/3/a-ml542e.pdf, accessed 24 March 2015).

POLIO ERADICATION

In May 2013, the Sixty-sixth World Health Assembly endorsed the Polio Eradication and Endgame Strategic Plan 2013–2018, which aims to end all forms of polio through an accelerated programme of work addressing cessation of wild poliovirus transmission and the phased withdrawal of oral poliovirus strains. In 2014, the low poliovirus transmission season witnessed the international spread of poliomyelitis from infected areas in three major epidemiological zones. In response, the Director-General convened a meeting of the Emergency Committee under the International Health Regulations (2005). On the Committee's advice, she declared a public health emergency of international concern and issued temporary recommendations in order to reduce the risk of international spread of poliomyelitis.

In the context of the Global Polio Eradication Initiative partnership, the Secretariat provides overall coordination of the planning, implementation and monitoring of the polio eradication strategies and works globally and across the four major objectives of the Eradication and Endgame Strategic Plan, namely: the detection and interruption of wild poliovirus transmission; strengthening of routine immunization systems, introduction of inactivated poliovirus vaccine and withdrawal of type 2 oral poliovirus vaccine; certification of eradication and containment of residual live polioviruses; and polio legacy planning and implementation. The Secretariat continues to provide large-scale, field-based technical support to Member States through approximately 7000 personnel deployed in priority geographical areas to maintain and enhance surveillance and facilitate activities in order to stop any residual transmission of wild and/or circulating vaccine-derived polioviruses. The activities include the management of global surveillance for poliovirus among acute flaccid paralysis cases, environmental sampling and coordination of the Global Polio Laboratory Network. The Secretariat provides expert technical assistance for planning, implementing and monitoring supplementary immunization activities in order to achieve sufficient population immunity to stop transmission of polioviruses, as well as support for emergency response activities in poliomyelitis outbreaks. It also provides guidance to and coordinates the programme of work whose goal is the withdrawal of the type 2 component in oral poliovirus vaccine worldwide, and implementation of the relevant containment activities for type 2 polioviruses. In keeping with the goal of certification of all WHO regions as poliomyelitis free by the end of 2018, WHO is implementing the global legacy work plan in order to mainstream all major long-term functions of the programme and transition programme assets to benefit other priority health programmes on completion of the Global Polio Eradication Initiative.

OUTBREAK AND CRISIS RESPONSE

At global, regional and national levels, WHO plays a critical operational role in responding to acute and protracted emergencies and disasters from any hazard with public health consequences. Acute emergencies are unpredictable and call for an urgent and sometimes massive response by WHO and its partners to the health needs of the affected populations. Depending on the scale, urgency, context and complexity of an emergency, WHO will determine the contribution required from each level of the Organization in any given response effort. In protracted emergencies, WHO carries out life-saving interventions, as described in the health component of the strategic response plan, in addition to its core work in developing, monitoring and reporting on the Health Cluster/health sector response plan.

WHO will broaden the focus of its cooperation with countries transitioning from emergency response to recovery in order to address a wider range of issues, including restoration of the health infrastructure and recovery of health systems. WHO's early recovery projects to support countries

during the transition period will be followed by longer term and developmental work requiring close collaboration with other categories.

LINKAGES WITH OTHER PROGRAMMES AND PARTNERS

Category 5 has strong links with all other categories. The required level of capacity in Member States for dealing with health in emergencies, including in the areas specified in the International Health Regulations (2005), as well as other hazard-specific core capacities, are fundamental components of health systems and services. The linkages between category 5 and health systems, particularly in countries recovering from acute and protracted emergencies, are of the utmost importance. There are also strong links with category 1 on reducing the burden of communicable diseases, for which surveillance and control are major responsibilities for WHO under the International Health Regulations (2005) and in the context of humanitarian emergencies, including provision of expert guidance on the management of pneumonia, diarrhoeal diseases, malaria, tuberculosis and HIV infection. The work carried out under categories 2, 3 and 4, including on the management of noncommunicable diseases, injuries, mental health, environmental health, nutrition, and maternal and reproductive health, also has links to category 5. There are strong linkages between the polio programme and WHO's work in immunization and vaccines. Further linkages have been established across the Organization for implementation of the draft global action plan on antimicrobial resistance, which has been planned and budgeted for in relevant programme areas within and outside category 5.

The Secretariat will also make use of external partnerships in order to provide support to countries in enhancing their core capacities for health in emergencies. WHO will strengthen its interaction with other organizations in the United Nations system and multilateral, bilateral and regional agencies which are active in areas such as disposal of hazardous chemicals, ionizing and non-ionizing radiation, water and food safety, health rights, trauma care and psychosocial support. The Organization continues to be a leading partner in the Global Polio Eradication Initiative in order to ensure that the objectives of the Polio Eradication and Endgame Strategic Plan 2013–2018 are achieved and that the polio endgame is implemented.

ALERT AND RESPONSE CAPACITIES

Outcome 5.1. All obligations under the International Health Regulations (2005) met

Outcome indicator	Baseline	Target
Number of countries meeting and sustaining International Health Regulations (2005) core capacities	80 (2013)	196 (2017)

Output 5.1.1. Implementation and monitoring of the International Health Regulations (2005) at country level and training and advice for Member States in further developing and making use of core capacities required under the Regulations

Output indicator	Baseline	Target
Number of countries supported that have met and sustained International Health Regulations (2005) core capacities within the biennium	63 (2015)	196 2017

Country office deliverables

- Support further development and implementation of the national plan for implementation of the International Health Regulations (2005) in countries and continue to support them in maintaining their capacities throughout the biennium

- Facilitate national dialogue across different disciplines, in particular on animal health, laboratory, food, chemical and radio-nuclear safety and points of entry

- Coordinate with national International Health Regulations (2005) focal point to review, analyse and use national information, and ensure adequate reporting on implementation of the Regulations

Regional office deliverables

- Monitor implementation of the Regulations in the region and pursue strategies to support related capacity strengthening at country level

- Develop and/or adapt regional and subregional tools, guidelines and training materials

- Develop guidelines to advocate for, raise awareness of, and increase political commitment to, the core capacity requirements in the Regulations

Headquarters deliverables

- Formulate policies, norms, standards and guidelines for the development of specific capacities

- Provide advocacy on global health matters related to core capacity requirements in the Regulations, and convene meetings of international technical partners to facilitate global dialogue across different sectors and disciplines on issues related to animal health, food, chemical and radio-nuclear safety, and points of entry

- Coordinate a global monitoring process, using outcome, performance and reporting indicators, and publish a global report on the implementation status of the International Health Regulations (2005)

Output 5.1.2. Standing capacity to provide evidence-based and timely policy guidance, risk assessment, information management, response and communications for all acute public health emergencies of potential international concern

Output indicator	Baseline	Target
Percentage of potential public health emergencies of international concern for which information is made available under the International Health Regulations (2005) to International Health Regulations national focal points within the first 48 hours of completing the risk assessment	80% (2015)	100% (2017)

Country office deliverables

- Use a common WHO event-based surveillance and risk assessment system and procedures for all identified public health events of international concern

- Develop and maintain WHO capacities or ensure mechanisms are in place for adequate information management, risk assessment and risk communication for public health events of potential international concern

- Identify national institutions that can join the Global Outbreak Alert and Response Network and facilitate opportunities for those that already belong to the Network to contribute to alert and response for public health events of international concern

Regional office deliverables

- Contribute to further development of a common WHO event-based surveillance and risk assessment system with common procedures for all identified public health events of international concern, and encourage its use

- Ensure mechanisms are in place for adequate information management, risk assessment, crisis communication, logistics, stockpiles and surge capacity for events of potential international concern

- Coordinate international response and provide surge capacity to countries during public health events of international concern

- Support further development of the Global Outbreak Alert and Response Network, including adaptation to regional specificities in order to improve response to public health events of international concern

Headquarters deliverables

- Maintain and further develop a common WHO event-based surveillance and risk assessment system with common procedures for all identified public health events of international concern

- Support regional offices in ensuring that capacities are in place, or a mechanism identified, for coordinating the international response and providing surge capacity to countries for public health events of international concern

- Maintain the secretariat of the Global Outbreak Alert and Response Network and ensure its further development, including ability to manage meetings of the Network's Steering Committee, in order to facilitate deployment of experts for public health events of international concern

EPIDEMIC-PRONE AND PANDEMIC-PRONE DISEASES

Outcome 5.2. Increased country capacity to build resilience and adequate preparedness for mounting a rapid, predictable and effective response to major epidemics and pandemics

Outcome indicators	Baseline	Target
Percentage of countries with a national strategy in place covering resilience and preparedness for major epidemics and pandemics	40% (2011)	60% (2017)
Number of countries with a national antimicrobial resistance action plan	34/194 (2013)	56/194 (2017)

Output 5.2.1. Technical assistance to Member States to strengthen preparedness and response capacities for epidemic and pandemic threats, with a specific focus on implementing the Pandemic Influenza Preparedness Framework

Output indicator	Baseline	Target
Number of countries registering a significant improvement in detecting and monitoring influenza outbreaks	26 (2015)	43 (2017)

Country office deliverables

- Support countries in implementing and monitoring the Pandemic Influenza Preparedness Framework

- Engage countries in implementing national preparedness, prevention and control plans for influenza, in accordance with regional and global policies and strategies

Regional office deliverables

- Implement the Pandemic Influenza Preparedness Framework by coordinating regional and subregional activities

- Contribute to global influenza strategies by adapting guidance to regional contexts and support country offices in developing pandemic plans

- Develop integrated regional influenza surveillance systems and aggregate, analyse and share information in order to monitor influenza activity

Headquarters deliverables

- Coordinate and monitor global implementation of the Pandemic Influenza Preparedness Framework

- Develop standards, tools, information technology platforms and methodologies for influenza surveillance, risk assessment and risk management

Output 5.2.2. Standing capacity to provide expert guidance and lead global networks and systems to anticipate, prevent and control epidemic and pandemic diseases

Output indicator	Baseline	Target
Number of functioning global and regional expert networks available to contribute to global health security	16 (2015)	22 (2017)

Country office deliverables

- Support countries in implementing projects, norms and standards in order to anticipate, prevent and control outbreaks of epidemic diseases

- Support countries in developing or strengthening surveillance systems for priority epidemic diseases

Regional office deliverables

- Support the development and implementation of regional strategies on priority epidemic diseases

- Support country offices in implementing best practices for the prevention and control of epidemic threats, including risk assessment, vaccine and treatment recommendations

- Provide technical support for the development and operation of surveillance systems for priority epidemic diseases

Headquarters deliverables

- Lead in the development of global strategies, policies, norms, standards and guidance for epidemic diseases, as well as research agendas and innovation related to prevention and response

- Develop and coordinate mechanisms for ensuring access to life-saving interventions, including managing global stockpiles and technical expert networks for preparedness and response

- Monitor global trends and risk analyses of epidemic diseases and lead in establishing standards to strengthen surveillance of epidemic diseases

- Support epidemic containment, in particular, improved clinical management and infection prevention and control, through expert networks

Output 5.2.3. Implementation oversight of the draft global action plan on antimicrobial resistance, including surveillance and development of national and regional plans

Output indicator	Baseline	Target
Number of countries with a national surveillance system contributing data on global trends and to the burden of antimicrobial resistance	22 (2015)	29 (2017)

Country office deliverables

- Advocate for antimicrobial resistance as a national health priority

- Support national action against antimicrobial resistance, including development of plans and surveillance systems

Regional office deliverables

- Support and coordinate the effective engagement of countries in regional and global action plans on antimicrobial resistance

- Support country offices in developing national plans for antimicrobial resistance

- Monitor the regional situation and trends through aggregation, validation, analysis, dissemination and use of data on antimicrobial resistance

Headquarters deliverables

- Lead in the development, monitoring and implementation of the draft global action plan on antimicrobial resistance and convene meetings and working groups with key stakeholders

- Develop surveillance standards and monitor the global antimicrobial resistance situation and trends

- Support regional and country offices in the development and implementation of national and regional plans on antimicrobial resistance

EMERGENCY RISK AND CRISIS MANAGEMENT

Outcome 5.3. Countries with the capacity to manage public health risks associated with emergencies

Outcome indicator	Baseline	Target
Percentage of countries with minimum capacities to manage public health risks associated with emergencies	To be determined	80% (2019)

Output 5.3.1. Technical assistance to Member States for the development and maintenance of core capacities to manage risks to health associated with disasters and conflicts using an all-hazards approach

Output indicator	Baseline	Target
Number of target countries in which minimum performance standards are met for emergency and disaster risk management for health	52 (50%) (2015)	73 (70%) (2017)

Country office deliverables

- Provide technical assistance for emergency and disaster risk management for health in order to build national capacities, including for emergency preparedness, health sector response plans, and safer hospitals

- Advocate and provide leadership and technical support for the integration of emergency and disaster risk management for health in national programmes and plans, and in country cooperation strategies, including for health system strengthening
- Track the status of national capacities for emergency and disaster risk management for health, using appropriate tools

Regional office deliverables

- Advocate for the positioning of health within national emergency and disaster risk management programmes
- Provide back-up technical assistance for emergency and disaster risk management for health, including preparedness and safer hospitals, to country offices, or direct to countries without country offices, across the region
- Provide back-up support to country offices, or direct to countries without country offices, to track the status of national capacities in providing policy advice and technical assistance for the management of health-sector emergencies and disaster risk

Headquarters deliverables

- Advocate for health in global emergency and disaster risk management discussions and decisions; harmonize global and WHO approaches
- Provide policy advice, and develop guidance and tools for the implementation of emergency and disaster risk management, including for preparedness and safer hospitals
- Maintain tool for tracking the status of national capacities for emergency and disaster risk management for health, and produce the global report

Output 5.3.2. Standing capacity to respond to natural disasters and conflict, and to lead networks and systems for effective humanitarian action

Output indicator	Baseline	Target
Number of target countries in which minimum readiness requirements are met	37 (50%) (2015)	56 (75%) (2017)

Country office deliverables

- Achieve minimum level of readiness in country offices for full implementation of the Emergency Response Framework in accordance with WHO's readiness checklist

Regional office deliverables

- Achieve minimum level of readiness in regional offices for full implementation of the Emergency Response Framework in accordance with WHO's readiness checklist
- Support the institutionalization of WHO's readiness checklist and the Emergency Response Framework, and provide technical assistance to strengthen country office readiness for full implementation of the Framework; provide back-up technical assistance to country offices
- Contribute to building global system-wide capacities for effective humanitarian action

Headquarters deliverables

- Achieve minimum readiness level in headquarters for full implementation of the Emergency Response Framework in accordance with WHO's readiness checklist

- Oversee the institutionalization of WHO's readiness checklist and the Emergency Response Framework; develop and maintain relevant organizational policies, procedures, tools and capacities; provide back-up technical assistance to regional and country offices

- Build global system-wide capacities and partnerships for effective humanitarian action, including through the Global Health Cluster

- Establish and implement an Organization-wide surge mechanism for rapid deployment of qualified staff and partners to emergency settings

Output 5.3.3. Health-sector leadership and coordination for needs-based programme planning, monitoring and reporting in countries with protracted humanitarian emergencies, or those in recovery or transition.

Output indicator	Baseline	Target
Number of target countries with protracted humanitarian emergencies, or which are in recovery or transition, in which minimum performance standards are met	12 (50%) (2015)	17 (70%) (2017)

Country office deliverables

- Provide technical and operational assistance to ensure that countries are able to fulfil the core Health Cluster/health sector functions, in accordance with the Inter-Agency Standing Committee Reference Model for Cluster Coordination, in support of partners and Member States

- Achieve WHO's minimum performance standards in countries with protracted humanitarian emergencies or which are in recovery or transition

- Provide technical assistance to Member States and partners for improving the quality and coverage of health service delivery

Regional office deliverables

- Provide back-up technical assistance to country offices to ensure that core Health Cluster/health sector functions are fulfilled, in accordance with the Inter-Agency Standing Committee Reference Model for Cluster Coordination, in support of Member States

- Provide back-up technical assistance to country offices to ensure that WHO's minimum performance standards are met in countries with protracted humanitarian emergencies, or which are in recovery or transition

- Evaluate health service coverage and/or utilization, and WHO's performance in protracted emergency, transition or recovery settings; document lessons learnt and identify best practices

- Ensure that WHO's work in providing health sector leadership and coordination in countries with protracted humanitarian emergencies, or which are in recovery or transition (output 5.3.3), is integrated in the country cooperation strategies of countries with protracted emergencies

Headquarters deliverables

- Harmonize WHO's approach to protracted emergency, transition and recovery settings through the development of policy options, standards, guidance, tools and training curricula

- Provide additional coordinated back-up support to country offices through global networks, including through the Global Health Cluster

FOOD SAFETY

Outcome 5.4. 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	97/194 (2015)	123/194 (2017)

Output 5.4.1. Technical assistance to enable Member States to control risk and reduce the burden of foodborne diseases

Output indicator	Baseline	Target
Number of countries having a food safety system with an appropriate legal framework and enforcement structure	137/194 (2015)	149/194 (2017)

Country office deliverables

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

- Support countries in strengthening risk management and communication of foodborne and zoonotic risks along the farm-to-table continuum

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 agriculture, animal health and human health sectors in order to deal with food-related zoonotic diseases and the food safety aspects of antimicrobial resistance

- Support country offices in building capacity in food safety and management of zoonotic risks at the animal-human interface, including in times of emergency

Headquarters deliverables

- Support regional and country offices in developing countries and countries with economies in transition to enhance their participation in the work of the Codex Alimentarius Commission

- Promote collaboration between the agriculture, animal health and human health 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 analyse and interpret data, and put in place control measures related to specific hazards along the food chain, including antimicrobial resistance.

Output 5.4.2. International standards and scientific advice, as well as a global information exchange platform, for effectively managing foodborne risks, in addition to the coordination needed to harness multisectoral collaboration

Output indicator	Baseline	Target
Number of countries with mechanism for multisectoral collaboration on reducing foodborne public health risks	132/194 (2015)	152/194 (2017)

Country office deliverables

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

- Facilitate 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 regional level, including through the Codex Trust Fund

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

- Facilitate the systematic collection, analysis and interpretation of regional data to guide risk analysis and support policy decisions

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

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

- Act as secretariat for FAO/OIE/WHO tripartite collaboration and cooperation with other international partners in order to promote coordination among the agriculture, animal and human health 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

POLIO ERADICATION

Outcome 5.5. No cases 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	8 (2012)	0 (2019)

Output 5.5.1. Technical assistance to enhance surveillance and raise population immunity to the threshold needed to stop polio transmission in affected and at-risk areas

Output indicator	Baseline	Target
Number of polio-infected and high-risk countries supported to conduct polio vaccination campaigns and surveillance	83	83

Country office deliverables

- Provide direct in-country support for polio vaccination campaigns and surveillance in all countries either experiencing an outbreak of the disease, at high risk of such an outbreak or affected by polio

- Prepare weekly reports of case-based data on acute flaccid paralysis and polio, as well as supplementary oral poliovirus vaccination activities

Regional office deliverables

- Prepare quarterly regional risk assessment reports to identify and address 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

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 5.5.2. Use of oral poliovirus vaccine type 2 stopped in all routine immunization programmes globally

Output indicator	Baseline	Target
Number of countries and territories in which use of oral poliovirus vaccine type 2 in routine immunization has been stopped	49 (2015)	156 (2016)

Country office deliverables

- Support countries to complete withdrawal of oral poliovirus vaccine type 2 and introduce inactivated poliovirus vaccine in routine immunization

Regional office deliverables

- Support synchronized withdrawal of oral poliovirus vaccine type 2 and introduction of inactivated poliovirus vaccine

Headquarters deliverables

- Coordinate the global withdrawal of oral poliovirus vaccine type 2 and the mitigation of risks associated with its cessation in consultation with the Strategic Advisory Group of Experts on immunization

- Facilitate licensure and availability of sufficient bivalent oral poliovirus vaccine and affordable inactivated poliovirus vaccine options for withdrawal of oral poliovirus vaccine type 2

Output 5.5.3. 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
Containment phase of type 2 poliovirus fully implemented globally and verified by end of 2017	7 (2015)	7 (2017)

Country office deliverables

- Support countries in implementing the containment phase of type 2 poliovirus

Regional office deliverables

- Ensure implementation of the containment phase of type 2 poliovirus

Headquarters deliverables

- Implement the global containment guidelines and action plan, including standard operating procedures for the global polio laboratory network, and develop protocols for the era following withdrawal of oral polio vaccine

Output 5.5.4. Polio legacy work plan finalized and under implementation globally

Output indicator	Baseline	Target
Polio legacy work plan finalized and under implementation in all regions	0 (2015)	7 (2017)

Country office deliverables

- Support countries in developing national legacy plans

Regional office deliverables

- Support development of plans for all regions

Headquarters deliverables

- Mainstream essential long-term polio control functions

- Transfer assets to support other health priorities

OUTBREAK AND CRISIS RESPONSE

Outcome 5.6. All countries adequately respond to threats and emergencies with public health consequences

Outcome indicator	Baseline	Target
Percentage of countries that demonstrated an adequate response to an emergency from any hazard with a coordinated initial assessment and a health sector response plan within five days of onset	Not available	100% (2017)

Output 5.6.1. In acute/unforeseen emergencies and disasters with public health consequences, Emergency Response Framework implemented

Output indicator	Baseline	Target
Percentage of emergencies from any hazard with public health consequences, including any emerging epidemic threats, where the Emergency Response Framework has been fully implemented	Not available	100% (2017)

Country office deliverables

- Establish an in-country emergency response team to perform four critical functions in emergency response; provide administrative, logistical, financial and human resources services to ensure smooth operation

- Engage with partners to develop and make widely available reports on the health sector situation and progress made in achieving health sector objectives

- Develop and implement a health sector response strategy and action plan together with partners

- Provide coordinated and specialized international technical assistance, as required, including adaptation and strengthening of surveillance and early warning systems

- Lead and coordinate the work of the Health Cluster when activated, in accordance with the Inter-Agency Standing Committee Reference Model for Cluster Coordination and the Health Cluster Guide

- Provide life-saving health services and medical supplies

Regional office deliverables

- Support the development, funding and monitoring of a health-sector response strategy and action plan; in the case of grade 2 and 3 emergencies, establish an emergency support team

- Establish mechanisms for quality control and dissemination of public reports and communications

- Provide coordinated technical input from relevant regional divisions; in the case of grade 2 and 3 emergencies, provide direct technical assistance through the emergency support team, including for the Health Cluster

- Provide administrative support for a surge in the deployment of human resources and the establishment of an in-country emergency response team, dispatch regional stockpiles to where they are needed, and coordinate the mobilization and management of emergency funding

Headquarters deliverables

- Provide additional experts to the regional emergency support team in the case of grade 2 and 3 emergencies; and monitor the global response and support, including fundraising, with relevant global partners

- Manage all media relations and provide external communications and briefings in the case of grade 3 emergencies; establish global dissemination mechanisms

- Provide coordinated technical input from the relevant departments; in the case of grade 2 and 3 emergencies, provide direct technical assistance through the regional emergency support team, including through the Health Cluster

- Ensure a surge in the deployment of human resources, and the establishment of an in-country or regional emergency response team; deploy global stockpiles and coordinate global mobilization and management of emergency funding

Output 5.6.2. In protracted emergencies, gap-filling, life-saving activities as "provider of last resort" implemented, and included in the health sector response plans and appeals

Output indicator	Baseline	Target
Percentage of countries with protracted emergencies in which health targets are met and gap-filling, life-saving health services are provided	Not available	80% (2017)

Country office deliverables

- Provide gap-filling, life-saving health services as "provider of last resort" in accordance with WHO's role in the health sector response strategy and action plan

- Distribute life-saving medicines and medical supplies

- Strengthen disease early warning surveillance and response in accordance with minimum WHO standards

- Track the effectiveness of WHO's gap-filling, life-saving interventions in relation to the health targets of the strategic response plan

Regional office deliverables

- Provide back-up support to country offices, or direct to countries without country offices, for implementing life-saving health services, providing medical supplies, strengthening early-warning surveillance and response, and monitoring performance against the targets for health service delivery

Headquarters deliverables

- Provide additional back-up administrative support to country level implementation of life-saving health services, procuring medicines and medical supplies, and strengthening early-warning surveillance and response

Output 5.6.3. In countries recovering from major emergencies and disasters, early recovery health activities implemented as defined in the health sector recovery plans and in appeals

Output indicator	Baseline	Target
Percentage of countries recovering from acute or protracted emergencies in which minimum early recovery activities for the health sector are implemented	Not available	80% (2017)

Country office deliverables

- Implement early recovery activities for the health sector

Regional office deliverables

- Provide back-up support to country offices, and direct to countries without country offices, for implementing early recovery activities in the health sector

Headquarters deliverables

- Provide additional back-up support to country offices, and direct to countries without country offices, for implementing early recovery activities in the health sector

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Alert and response capacities	14.8	8.9	7.2	8.2	8.6	15.2	50.6	**113.5**
Epidemic- and pandemic-prone diseases	7.3	4.9	6.2	8.0	10.4	12.7	56.6	**106.1**
Emergency risk and crisis management	37.0	4.5	8.8	4.1	28.9	3.4	35.9	**122.6**
Food safety	5.2	7.2	1.0	1.0	1.6	2.7	18.8	**37.5**
Category 5 total	**64.3**	**25.5**	**23.2**	**21.3**	**49.5**	**34.0**	**161.9**	**379.7**

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Polio eradication	372.3	1.2	77.0	7.4	180.3	2.9	253.4	**894.5**
Outbreak and crisis response	39.3	7.6	5.2	3.0	130.3	4.9	14.2	**204.5**
Total	**411.6**	**8.8**	**82.2**	**10.4**	**310.6**	**7.8**	**267.6**	**1 099.0**

CATEGORY 6. CORPORATE SERVICES/ENABLING FUNCTIONS

Category 6 covers the activities which provide the Organizational leadership and corporate services needed to maintain the integrity and efficient functioning of WHO, including, strengthening WHO's leadership and governance, fostering improved transparency, accountability and risk management within the Organization, 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, gender and intersecting social determinants in all areas of work.

The Secretariat will continue to implement WHO's reform agenda, thereby strengthening Organizational effectiveness and coherence in global health and enhancing the support provided for WHO's technical work; the aim being to improve global health outcomes in line with the changing health priorities and needs of Member States. The sustainable integration of the necessary reform activities will be facilitated by a comprehensive change management approach to Organizational transformation. From a managerial perspective, such an approach to change will drive, for example, the implementation of an internal control and accountability framework as a priority for all offices, with enhanced compliance and control activities at headquarters and in regional and country offices. In addition, the Organization will aim to enhance its governance processes to encourage more strategic, inclusive and streamlined decision making. The Secretariat will increase transparency and coherence when engaging with non-State actors and partnerships.

LEADERSHIP AND GOVERNANCE

The work in this category promotes greater coherence in global health, which requires WHO to continue to play a leading role in enabling many different actors to work towards a common health agenda. In exercising the Organization's leadership role, WHO acts as convener for a wide range of negotiations and discussions on public health issues between Member States, as well as with other stakeholders. Its convening role is exercised at different Organizational levels: at headquarters level because of the increasing number of global issues requiring intergovernmental negotiations and agreement; at regional level as a result of cross-border and other issues relevant to groups of countries or an entire region; and at country level in order to coordinate health partners.

Addressing social determinants of health depends on an approach and way of thinking about health requiring explicit recognition of a wide range of social, economic and other determinants associated with ill-health and inequitable health outcomes in order to improve health outcomes and increase healthy life expectancy. The wider application of this approach, in line with the title of the Twelfth General Programme of Work – "Not merely the absence of disease" – is a strategic leadership priority for the next six years in its own right. Like all United Nations entities, WHO is committed to reporting on the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women and will need to significantly step up its actions in order to meet all the performance indicator targets by 2017.

The continuing reform effort will strengthen health governance within WHO: in the governing bodies, in coordination and collaboration with other health actors, and in its broader role in governance for health. WHO's role in global health governance, at all levels of the Organization, goes beyond the health sector and involves interactions with other sectors, as well as a wide range of stakeholders, including United Nations funds, programmes and specialized agencies,

intergovernmental organizations and bodies, regional political and economic integration organizations, development banks and aid agencies, philanthropic foundations, a wide range of partnerships with interests in global health, including those hosted by WHO, and non-State actors.

The work in this category will build on governance reforms that have already been carried out, such as closer alignment of agendas with the General Programme of Work and programme budget, harmonization across regional committees, and stronger linkages between regional committees and global governing bodies. Next steps will include further strengthening of the strategic role of the governing bodies and work to increase inclusiveness, transparency and efficiency, including through the promotion of more manageable governing body agendas, better tools for communicating with Member States, and more effective management of governing body sessions.

Achieving greater Organizational effectiveness will entail stronger leadership and stewardship at all levels. In particular, effective performance of the Secretariat's role will allow WHO both to respond to country needs and priorities and support national authorities in setting the broader health agenda with other partners. Country cooperation strategies, aligned with the General Programme of Work and programme budget, 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.

TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT

Managerial accountability, transparency and risk management are key aspects of the reform agenda. A series of measures was introduced in the last biennium which will continue to ensure that WHO is accountable and can manage risk effectively. Evaluation is one element in improving accountability and promoting Organizational learning. Therefore, the Secretariat provides a consolidated institutional framework for evaluation at the three Organizational levels, and facilitates conformity with best practice and the norms and standards of the United Nations Evaluation Group. In May 2012, the Executive Board, at its 131st session, approved the evaluation policy.[1] Beyond this, a strengthened culture of evaluation in WHO requires that it should be an integral component of operational planning, along with robust assessment of WHO's performance against the programme budget. A coordinated approach and ownership of the evaluation function will be institutionalized through an Organization-wide work plan covering both corporate and decentralized evaluations and promoted at all levels through the Global Network on Evaluation established in 2013. Independent evaluation will be facilitated in line with the Organization-wide evaluation policy, and Organizational learning will be given due focus.

Consistent with the decision to prioritize the mainstreaming of equity, gender, human rights and social determinants, and in accordance with the United Nations Evaluation Group's recommendations, all future WHO evaluations should include these principles. In addition, the Secretariat's internal audit and oversight services will continue to ensure the highest standards of business practice, particularly in relation to conflicts of interest and financial disclosure. The oversight function will be supported by the External Auditor and other external bodies, including the Joint Inspection Unit and the Independent Expert Oversight Advisory Committee, which links internal oversight and WHO's governing bodies, through the Executive Board and its subcommittee, the Programme, Budget and Administration Committee. The office performing the ethics function will operate within a strengthened internal justice system.

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[1] Decision EB131(1).

Further efforts will be needed to strengthen administrative capacity in country offices to address audit observations about compliance with policies and procedures, and data quality. These will be combined with current work to further improve the effectiveness of internal control measures and awareness of them, in activities associated with human resources, travel, finance, procurement and programmatic work.

In the biennium 2016–2017, the Secretariat will achieve full implementation of its internal control and accountability frameworks. This will lead to more efficient and effective operations and use of resources, and, ultimately, achievement of the Organization's programmatic results, through the promotion of a culture of compliance with regulations, policies, procedures and ethical values, and through the accurate identification of risks and application of strategies to control and mitigate them.

Managing risk merits particular attention. WHO is exposed to various types of risk related to its technical and public health work, financing, procurement, systems and structures underpinning its functioning, the political and governance context, and reputation. An effective and comprehensive management of risk is at the heart of management reform. WHO has already established a risk management framework to categorize, assess, prioritize, mitigate and monitor risks across the Organization. The Organization-wide risk register will continue to be updated and monitored. Such actions are strengthening the capacity of senior managers to carry out informed and timely decision-making.

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 and the application of a results-based management framework in strategic planning, operational planning and performance assessment. This area also includes budget management, resource mobilization, and reporting at all three levels of the Organization. Among the key features of this work is implementation of a robust, bottom-up planning process to ensure that country needs are taken into account, along with global and regional priorities established by the governing bodies in the development of the programme budget. At the same time, the Organization will continue to pursue a realistic programme budget that highlights the results delivered at all levels of the Organization, effective project management and a strategic budget space allocation mechanism across the three levels of the Organization. Category and programme area networks will coordinate, oversee and align the planning process globally, including validation of the results chain and baseline and targets.

Work will continue on obtaining more predictable financing in order to support implementation of the programme budget, with funding allocated in a way that allows each level of the Organization to fulfil its role and responsibilities and to 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 at all levels.

In order for the Organization to be fully accountable and fulfil its commitment to addressing inequalities, WHO must ensure that equity, human rights, gender and social determinants of health are captured in its planning, implementation, monitoring and reporting across programme areas and levels.

MANAGEMENT AND ADMINISTRATION

This component covers the core administrative services that underpin the effective and efficient functioning of WHO, namely, finance, human resources, information technology, and operations support. Sound financial management ensures that expenditure is properly authorized, processed and recorded; that assets are safeguarded and liabilities correctly quantified; and that financial reporting is accurate and timely. WHO needs to have systems that clearly show how the resources invested in the Organization have been used, as well as the programmatic results of that investment.

Based on the conclusions drawn in external studies on management and administration costs in WHO, more attention will be paid to cost efficiency measures, including benchmarking and a more sustainable financing model that would ensure full cost recovery.

Implementation of the revised human resources strategy is a priority for the biennium 2016–2017. The strategy is an essential part of overall management reform as it aims to match staffing to needs at all levels of the Organization. The inclusion of the following key elements: attracting talent, retaining and developing talent and providing an enabling environment, should ensure that WHO has human resources policies and systems in place that will allow the Organization to respond rapidly to changing circumstances and evolving public health needs.

Information technology and operations support are key enabling functions. The former provides the computing and network infrastructure and a portfolio of corporate systems and applications; the latter forms the backbone of the Organization's operations, handling logistics support, procurement and infrastructure maintenance, as well as security services.

Furthermore, work to put in place the various pillars of the information technology strategy will continue. Specific activities will involve establishing the following: a project management office for assisting business units in improving resource management through process-mapping and toolkits; a business intelligence centre of excellence for enhancing the Secretariat's capability to report on key performance indicators; a solution architecture centre for helping to build cost-effective, scalable and maintainable tools; and an information security office for exploring threats and vulnerabilities, thereby ensuring data security and protection.

The Secretariat will embark on a thorough review (referred to as the "transformation") of the functionalities of the Global Management System to ensure that it is able to support the changing needs of the Organization and respond to its evolving priorities. More attention will also be paid to innovative information technology approaches in the area of public health. Specialists in the Secretariat will work closely with technical programmes to identify public health areas and activities that would benefit from using new information technology solutions, including in emergency and crisis response.

STRATEGIC COMMUNICATIONS

The concept of strategic communications encompasses two interlinked objectives covering WHO's crucial role in providing the public with timely and accurate health information in accordance with its programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises; and its need to enhance Organizational capacity to communicate internally and externally. Improved communication of the Organization's work, including the impact of its efforts, is needed to increase its visibility. Both objectives are at the core of the global communications strategy developed in 2014.

WHO's commitment to values and approaches based on human rights, gender and social determinants and their mainstreaming into the Organization's objectives and work in all areas will be a key element in its communications both internally and externally.

Health is an issue of public and political concern worldwide. Several factors, including an increasingly complex institutional landscape, the emergence of new players influencing health decision-making, media coverage on a 24-hour basis, the influx of social media platforms, and a growing demand from donors, politicians and the public for the impact of WHO's work to be clearly demonstrated, have created a pressing need for rapid, effective and well-coordinated communications across all levels of the Organization. To that end, the Secretariat will support Member States by creating capacity for a communications surge during emergencies; working with the media and staff in adopting a more proactive approach to explaining its role and the impact of its actions on people's health; regularly measuring stakeholder perceptions and adjusting the global communications strategy accordingly; and enhancing its capacity to provide health information using innovative communication opportunities in order to reach a broader audience.

LEADERSHIP AND GOVERNANCE

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 indicators	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	Not applicable	At least 80% (2017)

Output 6.1.1. Effective WHO leadership and management in accordance with leadership priorities

Output indicator	Baseline	Target
Up-to-date gender equality policy and plan, including gender mainstreaming and the equal representation of women, approved and being implemented	No (2015)	Yes (2017)

Country office deliverables

- Establish and maintain effective leadership and coordination of WHO's work at the country level in line with the Twelfth General Programme of Work, 2014–2019, and national health policies, strategies and plans, including through country cooperation strategies

Regional office deliverables

- Establish effective leadership and coordination of WHO's work at the country and regional level
- Establish effective leadership by engaging with regional partners on important matters of policy, strategic dialogue and advocacy, including South–South and triangular cooperation

Headquarters deliverables

- Strengthen WHO's technical cooperation at country level by improving coordination of work across the three levels of the Organization and the selection and induction process for heads of WHO country offices; and by enhancing the country cooperation process

- 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

- Provide legal services to senior management, regional and country offices, units in headquarters, governing bodies and Member States, 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	Baseline – 100	Target – 1000

Country office deliverables

- Promote effective mechanisms for engaging with other sectors, civil society and other non-State actors on the common health agenda

- 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

Regional office deliverables

- Facilitate effective working relations and mechanisms for engagement with the non-health sector, including non-health ministries, parliaments, government agencies and other non-State actors

- Engage with regional partnerships, technical partners, donors and governing bodies of other agencies (including the United Nations) 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

- Engage with global partnerships, global technical partner networks, donors and governing bodies of other agencies, including the United Nations

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	60% (2015)	90% (2017)

Country office deliverables

- Support Member States in preparing for meetings and other regional and global governing body processes, as well as in implementing the 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 Health Assembly, the Executive Board and its committees, and related working/drafting groups, as well as other intergovernmental processes (including through the provision of legal advice), in all official languages, and support Member States in preparing for effective engagement in the work of the governing bodies

Output 6.1.4. Integration of WHO reform in the work of the Organization

Output indicator	Baseline	Target
Percentage of reform outputs in the implementation phase	65% (2015)	100% (2017)

Country office deliverables

- Implement, mainstream and monitor activities that contribute to achieving the outputs of WHO reform, particularly those that are relevant to strengthening WHO's performance at country level

Regional office deliverables

- Implement, mainstream and monitor those WHO reform activities that are relevant to strengthening WHO performance at regional level; support WHO reform activities that strengthen results at country level

Headquarters deliverables

- Implement, mainstream and monitor the reform agenda, including change management

TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT

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	Not applicable	100% (2017)

Output 6.2.1. Accountability ensured and corporate risk management strengthened at all levels of the Organization

Output indicator	Baseline	Target
Proportion of corporate risks with response plans approved and implemented	0% (2015)	50% (2017)

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 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

- 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 timeframe	Not applicable (2015)	At least 80% (2017)

Country office deliverables

- Conduct country level evaluation in line with WHO's evaluation policy and methodologies and strengthen capacity of country offices to implement the policy

Regional office deliverables

- Undertake evaluation, and document and share results at regional level; support countries to prepare for evaluation in line with WHO's policy on evaluation and methodologies; apply lessons learnt

Headquarters deliverables

- Coordinate implementation and monitoring of WHO's evaluation policy

- Conduct systematic evaluations as defined in the plan agreed by the Global Network on Evaluation 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 indicator	Baseline	Target
Proportion of staff to have completed training in ethical behaviour during the biennium	Not applicable	100% (2017)
Proportion of eligible staff to have completed annual declaration of interests	100% (2015)	100% (2017)

Country office deliverables

- Promote good ethical behaviour, develop capacity and manage conflict of interest at country level

Regional office deliverables

- Promote good ethical behaviour, develop staff capacity and manage conflict of interest at regional and country level

- Maintain fair and just mechanisms for staff representation, administration of internal justice, and initiation of investigations of alleged staff misconduct and harassment within the region

Headquarters deliverables

- Promote good ethical behaviour, develop capacity and manage conflict of interest at global level

- Maintain fair and just mechanisms for staff representation, administration of internal justice, and investigations of alleged staff misconduct and harassment

STRATEGIC PLANNING, RESOURCE COORDINATION AND REPORTING

Outcome 6.3. Financing and resource allocation aligned with priorities and health needs of Member States in a results-based management framework

Outcome indicator	Baseline	Target
Proportion of programme budget funded at beginning of biennium	70% (2014)	75% (2016)
Percentage of programme areas at least 75% funded at midpoint of biennium across all major offices	20/28*	26/28*

*5.5 (Poliomyelitis) and 5.6 (Outbreak and crisis response) excluded

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 (by programme area) fully achieved	To be determined from the value indicated in the performance assessment of the Programme budget 2014–2015	At least 80% (2017)

Country office deliverables

- Conduct effective needs assessment, prioritization, operational planning, implementation and monitoring, including financial vulnerability tracking

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 the 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

Headquarters deliverables

- Ensure effective coordination of global planning processes, including in 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; ensure transparent reporting of results delivery and use of resources

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)	70% (2017)

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

MANAGEMENT AND ADMINISTRATION

Outcome 6.4. Effective and efficient management administration consistently established across the Organization

Outcome indicator	Baseline	Target
Level of performance of WHO management and administration	To be determined	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	80% have "A" rating (2015)	100% have "A" rating (2017)
Number of audit findings of high significance associated with financial transactions processing and operations	44	33

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, pension, entitlements and travel

- Manage corporate treasury, accounts, expenditure tracking and reporting, income and awards Administer the pension scheme, staff health insurance, entitlements and travel

Output 6.4.2. Effective and efficient human resources management and coordination in place

Output indicators	Baseline	Target
Overall male/female ratio of staff	58:42 (2015)	55:45 (2017)
Percentage of unrepresented and under-represented countries (List A) in Organization's staffing	38% (2015)	28% (2017)
Proportion of international staff changing duty station	15%	Double the number
Percentage reduction in audit findings associated with human resources processing and operations during the biennium	Not applicable	25%

Country office deliverables

- Implement effective human resources planning to align staff resources with priorities

Regional office deliverables

- Facilitate human resources planning in accordance with needs and priorities for the region and monitor the implementation of the human resources plan

- 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

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	50% (2015)	80% (2017)

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, business continuity capability development, 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 road maps, 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	90% (2015)	100% (2017)
Number of audit findings of high significance associated with procurement transactions processing and operations	8 (2015)	2 (2017)

Country office deliverables

- Ensure effective management of administrative services, building maintenance, procurement of goods and services, fixed assets and security

- Coordinate with the United Nations on ensuring security of WHO staff at country level

Regional office deliverables

- Provision and effective management of oversight for administrative services, building maintenance, procurement of goods and services, security and fixed assets at regional level

- Coordinate with United Nations on ensuring security of WHO staff and on other identified shared costs at regional level

Headquarters deliverables

- Provision and effective management of oversight for administrative services, building maintenance, procurement of goods and services, security, and fixed assets at global level

- Coordinate with United Nations on ensuring security of WHO personnel 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

STRATEGIC COMMUNICATIONS

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	77% (2015)	88% (2017)

Output 6.5.1. Accurate and timely health information accessible through a platform for effective communication and related practices

Output indicator	Baseline	Target
Proportion of public and other stakeholders who rate the timeliness and accessibility of WHO's public health information as "good" or "excellent"	66% (2015)	75% (2017)

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

- Ensure 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

- 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

- 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 (2017)

Country office deliverables

- Implement the standard operating procedures for communication during emergencies at country level

Regional office deliverables

- Implement the standard operating procedures for communications during emergencies and provide surge capacity to country offices where needed

- Strengthen capacity of WHO staff at regional and country level to contribute to communications activities

Headquarters deliverables

- Support implementation of the standard operating procedures for communications during emergencies and provide surge capacity to regions

- Strengthen capacity of WHO staff to contribute to communications activities

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

Programme area	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Total
Leadership and governance	47.2	7.3	16.0	33.1	20.9	15.5	82.7	**222.7**
Transparency, accountability and risk management	7.3	2.2	1.4	2.8	3.5	2.4	37.5	**57.1**
Strategic planning, resource coordination and reporting	5.7	0.6	3.7	4.6	4.1	7.3	15.0	**41.0**
Management and administration	105.6	15.6	39.8	25.5	54.7	27.1	244.4	**512.7**
Strategic communications	4.1	4.0	1.7	3.0	3.0	3.9	20.3	**40.0**
Subtotal	169.9	29.7	62.6	69.0	86.2	56.2	399.9	**873.5**
Less post occupancy charge	23.5	3.8	6.2	9.1	8.6	7.0	81.8	**140.0**
Category 6 total	**146.4**	**25.9**	**56.4**	**59.9**	**77.6**	**49.2**	**318.1**	**733.5**

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