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PROGRAMME BUDGET 2020-2021: REGIONAL COMMITTEE CONSULTATION DOCUMENT

The Thirteenth General Programme of Work 2019–2023 (GPW13) as approved by the Seventy-first World Health Assembly provides the strategic direction for the work of the Organization over the next five years. It outlines a clear vision to achieve the "triple billion" goal:

(a) 1 billion more people benefiting from universal health coverage;

(b) 1 billion more people better protected from health emergencies; and

(c) 1 billion more people enjoying better health and well-being.

The "Programme Budget 2020-2021: Regional Committee Consultation Document" provides the following:

(a) An overview of the process for preparing the Programme Budget 2020-2021, including the consultations with Member States on the strategic directions and priorities of the Region;

(b) an analysis of the priorities identified by Member States in the Region as a result of the prioritization process at the country level;

(c) An overall budget indication by major office and by level, in line with the Member States agreement on the Strategic Budget Space Allocation; and

(d) An outline of the next steps, including further consultations and opportunities for deliberations on the programme of work and budgets.

This consultation document is presented to the Regional Committee for Member States to confirm the alignment of the needs at the country level with the GPW13 strategic priorities geared towards achieving results at the country level and to provide feedback on the implications of the country prioritization process on the Programme Budget implementation. The proposed Programme Budget 2020-2021 will be presented for consideration by the Executive Board in January 2019 and the final proposal to the Seventy-second WHA for approval.

CONTENTS

ANNEXES

I. INTRODUCTION

1. With the Thirteenth General Programme of Work, 2019–2023 (GPW 13) having been adopted by the Seventy-first World Health Assembly in 2018,[1] work is now focused on translating the bold vision of the GPW 13 into a plan, action and results.

2. The programme budget is the primary instrument to translate the GPW 13 into specific plans for implementation. The first programme budget that fully articulates the implementation of the GPW 13 will be the one for 2020–2021.

3. The GPW 13 was adopted by the Health Assembly one year in advance to provide time for transition in 2019 and to use this to steer the Organization towards full alignment with GPW 13 in the biennium 2020–2021.

4. GPW 13 outlines a clear vision to achieve the "triple billion" goals through three strategic priorities:

- 1 billion more people benefitting from universal health coverage;
- 1 billion more people better protected from health emergencies;
- 1 billion more people enjoying better health and well-being.

5. These goals provide a measurable target, giving a clear and single direction for the Organization to ensure that its work is geared towards fulfilling its mission: promote health, keep the world safe and serve the vulnerable.

6. The GPW 13 endeavours to show how the Organization will lead a transformative agenda that supports countries in reaching all health-related Sustainable Development Goals (SDGs).

7. The development of the proposed high-level programme budget 2020–2021 will be guided by the following principles outlined in the GPW 13:

- WHO will focus on the SDGs;
- WHO will measure impact on improving people's health;
- WHO will prioritize its work to drive public health impact in every country.

8. The proposed high-level programme budget 2020–2021 will define what it means for WHO:

- to step up leadership at all levels;
- to drive public health impact in every country;
- to strengthen its normative work;
- to transform its approach to resource mobilization;
- to act with a sense of urgency, scale and quality.

[1] See resolution WHA71.1 (2018).

9. With an opportunity for a transition period, where the programme budget is being developed for the first time subsequent to, and not alongside, the adoption of the GPW 13, the Organization has a better chance to translate the vision and strategy into plans, turn plans into action, and consolidate actions into results.

10. The development of the programme budget will continue to be needs based and results driven. This time, there will be a sharpened focus on aligning with country needs and driving towards achieving results at the country level.

11. This document includes the following:

(a) an overview of the process for preparing the proposed high-level programme budget 2020–2021, including the consultations with Member States on the strategic directions and priorities of each region;

(b) an analysis of the priorities and relevant targets, to which each country will contribute as a result of the consultation process at the country level;

(c) an overall budget indication by major office and by level, consistent with the strategic budget space allocation (decision WHA69(16) (2016));

(d) an outline of the next steps, including further consultations and opportunities for deliberations on the programme of work and budgets.

12. The document also provides more detailed information for the regional context. It aims to further strengthen the collective discussions of Member States at the regional level on their priorities. This will provide crucial information for the development of country support plans and the development of the draft Proposed programme budget 2020–2021, Executive Board version, which will be submitted for consideration by the Executive Board at its 144th session in January 2019.

II. SETTING PRIORITIES AND DRIVING PUBLIC HEALTH IMPACT IN EVERY COUNTRY

13. The proposed high-level programme budget 2020–2021 is the first of the two full biennial budgets of the GPW 13. Similar to previous bienniums, its development has been based on a prioritization process that starts at the country level. However, this time, the prioritization process has been enhanced and sequenced properly to ensure that country priorities drive the work at all levels of the Organization and that the capacity, expertise and resources of the Organization are coordinated to deliver public health impact at the country level. This is in line with GPW 13 strategic shifts, where the focus is to identify priority results with measurable targets in every country.

14. To facilitate both strategic and operational development of the programme budget, a GPW13 planning framework was developed and shared with Member States (Annex 1). The framework provides an organizing structure and the common basis for prioritization of results. The triple billion goals and a set of outcomes[2] were central to the planning.

[2] The outcomes are set of results that underpin each of the triple billion goals. These outcomes articulate the shared results to which Member States, partners and the Secretariat should work towards achieving. This set of outcomes provides a more integrated view of the results that is consistent with the GPW 13 strategic shifts. For a common understanding of the outcomes, the scope of work has been defined for each, giving a range of approaches and areas of action that would contribute to achieving the outcomes.

15. The important first step is a structured consultation on the priorities at the country level with the GPW 13 results framework as a basis, especially the triple billion goals and outcomes. The Secretariat has engaged country counterparts and national partners to discuss priorities for the duration of the GPW 13. In countries with WHO country presence, the heads of WHO country offices led the exercise. Those without WHO country presence were engaged through the coordination of regional offices.

16. Priority results are being determined at the country level, especially the relative importance of the 10 technical outcomes (Annex 2) as outlined in the agreed planning framework for GPW 13. The degree of prioritization (i.e., high, medium, low) was determined and will guide WHO's relative emphasis in terms of capacity, effort and resources to achieve those outcomes in every country. This is done to ensure that the work of WHO is driven by country priorities, thereby ensuring that WHO will be getting the most important impacts in each of the countries, including those that are aligned to their priority SDGs.

17. The GPW 13 planning framework, with its backbone results framework, provides the organizing frame and the elements for prioritization and planning. It illustrates how WHO's contributions lead to eventual impact at the country level, especially in line with the three strategic priorities and the triple billion goals associated with them.

18. The priorities, which are clearly defined impacts and outcomes, especially at the country level, are agreed between stakeholders at the country level based on inputs from existing evidence, strategies, plans and foresight that will be sourced from different expertise and experience through the GPW 13 platforms (i.e., human capital across the life course, noncommunicable diseases, communicable diseases, climate and environment, and antimicrobial resistance).

19. The end result of the prioritization process is an agreed level of emphasis of the outcomes based on the country situation, with due consideration of the perspectives of the GPW 13 platforms. Assessments on whether an outcome is of high, medium or low priority is based on a set of criteria, such as whether it is: a national priority; a binding international commitment; a crucial contribution to regional and global targets; a contribution to narrowing health inequities; and whether WHO has a comparative advantage to lead support in a particular area.

20. Equity, gender equality and human rights integration are also strong considerations in the prioritization process as these agendas are embedded in all approaches and interventions contributing to the outcome. Further details on how these important aspects are mainstreamed in the work of the Organization will be provided later in the planning process.

21. The WHO country cooperation strategy, which normally takes into account, or is aligned with, the SDGs and national health plans, is an important reference, to ensure that the prioritization process is capturing the most relevant needs and the strategic directions of the country.

22. The results of country prioritization, especially the agreed country priorities, will be the foundation and starting point for the development of the programme budget for 2020–2021 and subsequent planning and implementation. This will ensure that the country impact focus – which is at the heart of GPW 13's strategic shift – can finally be made a reality.

23. In this consultation document, the results of the prioritization process at the country level are summarized and presented for consideration by the respective regional committees.

III. PRIORITIZATION IN THE AFRICAN REGION

A. Context

24. Africa's health profile reveals that there is an observable high disease burden, characterized by high levels of maternal, neonatal and child morbidity and mortality, high incidence and impact of communicable diseases, and a rapidly growing burden of noncommunicable diseases (NCDs). Although Africa has the youngest age distribution among all WHO regions and its population will remain relatively young for several more decades, the percentage of people aged 60 or over is expected to rise from 5% in 2017 to around 9% in 2050, and then to nearly 20% by the end of the century.[3]

25. Within the African Region, weak and fragmented health systems and inadequate resources for scaling up proven interventions have contributed to the 'unfinished agenda' of the MDGs. Medicine shortages and stock-outs undermine the attainment of public health prevention and treatment goals and threaten governments' ability to scale up services towards achieving universal health coverage as well as their ability to adequately respond to outbreaks and health emergencies. Access to medicines remains a distant goal that, especially for children and those living in poverty, the likelihood of achieving is becoming increasingly remote. In many contexts, the principal cause is financial hardship, specifically out-of-pocket payments for the purchase of medicines. In recent years, the Region has made significant health gains towards universal health coverage (UHC) and the SDGs.

26. Conflicts in the Saharan subregion (the Lake Chad basin, the Great Lakes and the Horn of Africa), have seen vulnerable populations such as women, children, the elderly, people with disabilities and the poor disproportionately affected and displaced. The unprecedented Ebola outbreak in West Africa in 2014–2016 which affected nearly 30 000 people, claimed over 11 000 lives and caused severe damage to the health system has shown that our Members States' capacities for preventing, detecting and responding promptly to emergencies still needs strengthening. To identify the areas for improvement, Joint External Evaluations have been conducted in 37 of the 47 countries in the Region as of June 2018. The successful and rapid containment of several public health emergencies in 2017 and 2018 suggests enhanced capacities in emergency detection and response.

27. As the Global Polio Eradication Initiative (GPEI) ramps down and closes in the African Region, it is important to ensure that the functions needed to maintain a polio-free world after eradication are mainstreamed into ongoing public health programmes as well as ensure that the knowledge generated and lessons learned from polio eradication activities are documented and shared with other health initiatives and, where feasible, GPEI capabilities and processes are transitioned to assist other health priorities.

28. The Region continues to face a complex mix of interconnected threats to the health and well-being of populations − from poverty and inequality to conflicts and climate

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[3] 2017 Revision of the World population prospects available online: http://esa.un.org/unpd/wpp Accessed 10 July 2018.

change. Limited access to health data and available technologies, insufficient human resources for health and social, political, economic and gender inequalities further exacerbate health disparities across population groups, including the vulnerable and hard-to-reach populations.

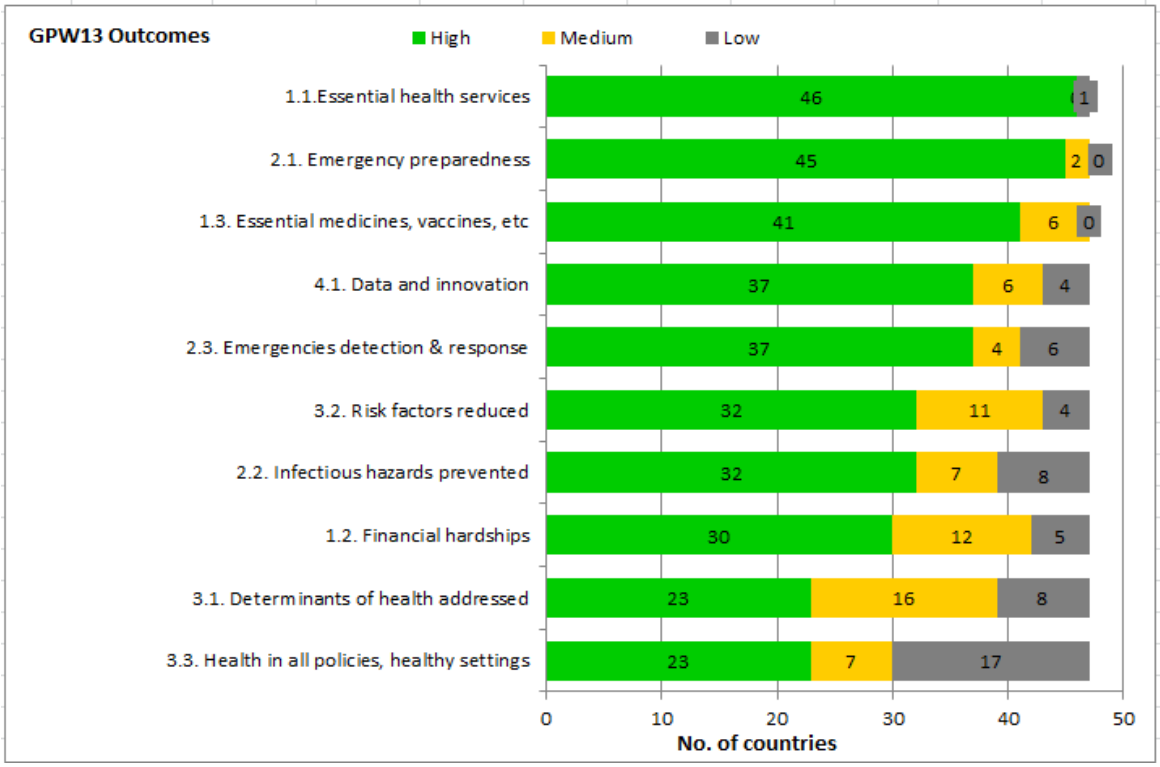
29. WHO in the African Region began the implementation of its Transformation Agenda in 2015 to become more responsive and results-driven. One of the innovations that was introduced to demonstrate results, improve accountability and enhance transparency is managerial and programmatic key performance indicators (KPIs). The Region's experience and lessons learned in this area could be tapped to inform the measurement of GPW13 and the strengthening of country capacity in data and innovation.

B. Results

B.1 Outcomes and scopes

30. Figure 1 below provides a regional overview of the results of priority setting in 47 countries in the African Region. The country-specific ratings of outcomes are summarized in ANNEX 3.

Figure 1: Prioritization of GPW13 Outcomes by Member States–summary



31. The results correlate very closely to the most crucial public health issues in the Region. Almost all Member States identified increasing universal access to essential health services (46 out of 47 Member States) and improving health emergency preparedness (45 of 47 Member States) as the highest priority. These results are not surprising as the UHC service coverage index in the African Region ranged from 30% to 76% with a median of 43.5% and, service capacity and access was only 27% according to the report of the Global UHC Monitoring Group. Furthermore, over 100 public health emergencies are reported each year in the Region and these represent a quarter of all events globally.

32. Given the Region's significant share of global health emergencies and the risks that Member States will face in the future, rapidly detecting and responding to health emergencies is identified as a high priority by 37 out of 47 Member States. Access to medicines and other health technologies (Outcome 1.3), as well as strengthening capacity in data and innovation (Outcome 4.1) are also considered important priorities for 41 and 37 out of 47 Member States respectively.

Strategic Priority 1: 1 billion more people benefiting from UHC

33. Nearly all countries (46 out of 47 countries) identified outcome 1.1 (Improved access to quality essential health services) as high priority; 41 out of 47 countries accorded high priority to outcome 1.3 (Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care) while a smaller number of countries (30 countries) identified outcome 1.2 (Reduced number of people suffering from financial hardship) as high priority.

34. Countries that identify improving financing protection as high priority are from lower (18 countries) and upper-middle-income countries (seven upper-middle-income countries). Not all countries according high priority to increasing access to essential services, medicines and diagnostics are giving the same level of priority to financial protection.

35. In many countries in the Region, increasing universal health coverage will entail focusing on the following scopes of work which have been expressed by more than three quarters of the countries in the Region:

(a) ensuring good quality people-centred health services and use of health technologies for UHC;

(b) strengthening prevention, control, elimination, and eradication of diseases through sustainable health systems;

(c) strengthening of health systems governance, national health policies and strategies, and regulatory frameworks

(d) strengthening or transformation of human resources for health; and

(e) promoting rational dispensing, prescribing, use of medicines and other health technologies.

Details of the prioritized scopes can be found in ANNEX 4.

Strategic Priority 2: 1 billion more people better protected from health emergencies

36. To better protect people from health emergencies, 45 out of 47 Member States identified emergency preparedness as high priority. By increasing universal access to quality essential health services, health systems also become more resilient and better able to detect and control outbreaks before they spread; thereby demonstrating the interconnectedness of the two most highly identified country priorities.

37. The results of the prioritization of the three outcomes on protecting people from health emergencies are consistent with the Regional Strategy for Health Security and Emergencies 2016–2020. They show a trend of consistency with the WHO Health Emergencies Programme classification of countries (Table 1). For example, all countries with the highest targeted population for health interventions (Priority 1) and countries with active health emergencies (Priority 2) rated as high the outcome on Emergency detection

and response, while 27 of the remaining 37 countries did not. Among the 22 countries with high vulnerability to infectious hazards or other risks (Priority 3), 16 rated as high the outcome on Infectious hazards prevented.

Table 1: Outcome Ratings of Strategic Priority 2 according to WHE Country Classification

WHE* Categories of Countries	2.1 Emergency preparedness			2.2 Infectious hazards prevented			2.3 Emergency detection & response		
	*H***	*M*	L	*H*	*M*	L	*H*	*M*	L
Priority 1	4	**1**		4	1		5		
Priority 2	5			3		**2**	5		
Priority 3	21	**1**		16	3	**3**	19	2	1
Other	15			9	2	**4**	8	1	6
Grand Total	45	2	0	32	6	9	37	3	7

**WHE = WHO Health Emergencies*
***Rating of Outcomes as High (H), Medium (M) or Low (L), [1=Yes; 0=No]*

38. To clarify the intentions on the selected outcomes, countries frequently selected the following scopes:

(a) assessing and reporting on all-hazards emergency preparedness including IHR core capacities;

(b) establishing minimum core capacities for emergency preparedness and disaster risk management in all countries;

(c) ensuring operational readiness to manage identified risks and vulnerabilities at the country level;

(d) strengthening capacity for rapid detection and risk assessment for potential health emergencies; and

(e) putting in place systems for rapid response to acute health emergencies.

Strategic Priority 3: 1 billion more people enjoying better health and well-being

39. To ensure that people enjoy better health and well-being, 32 countries accorded high priority to the outcome of reduced risk factors through multisectoral approaches. The other two outcomes (i.e. addressing determinants of health, and Health in all policies and healthy settings) were rated as high by 23 countries. These results reflect the growing concern of countries on the rise of non-communicable diseases as one of the major health issues in the Region. In 2015, NCDs accounted for 3.1 million deaths representing a 26% increase from 2.4 million deaths (27.6%) in 2005.[4] Deaths from road traffic injuries in the Region are estimated at 240 000 with some countries registering over 10 000 deaths in 2013.

40. Furthermore, the number of countries that rated as high the reduction of risk factors, mainly to prevent NCDs, is the same as that for prevention of infectious hazards. This is an

[4] WHO, Global Health Estimates 2015, Geneva, World Health Organization, 2015 http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html, last accessed on 23 February 2018.

opportunity for an integrated approach to health promotion and prevention of communicable and noncommunicable diseases/conditions.

41. Most Member States (>70%) would focus on the following scopes of work: (a) improving people's participation and engagement for reducing risk factors through health promotion and rights literacy; (b) engaging non-State actors and sectors outside health on risk factor reduction; (c) enacting policies, legislation, regulations for reduction of risk factors and (d) evidence generation for cost-effective multisectoral policies and actions.

Data and Innovation, Leadership and Governance and Enabling Functions: More effective and efficient WHO better supporting countries

42. The overall goal of the fourth major outcome grouping is to achieve a more effective and efficient WHO in supporting Member States. Towards this end, the three main outcomes underpinning the three strategic priorities are: (1) Strengthened country capacity in data and innovation; (2) Strengthened leadership, governance and advocacy for health; and (3) Improved financial, human, administrative resources management towards transparency, efficient use of resources and effective delivery of results. Only the outcome on data and innovation was included for consideration by Member States for prioritization. The other two outcomes on leadership and management are essential to optimize organizational performance.

43. Accurate and timely data are an essential resource for Member States to achieve the SDG and GPW13 goals for UHC, health emergencies and healthier populations. Thirty-seven Member States in the Region identified the need to strengthen data and innovation as high priority. Member States recognize that data are needed to drive decision-making, inform investment choices, increase accountability for results and amplify innovative approaches. Most countries would like to focus the work on strengthening national statistical capacities and ensuring effective use of disaggregated data at subnational levels as well as improving national capacities for evidence-informed policy-making and implementation research.

B.2. Targets

44. The 45 targets[5] outlined in the GPW13 Planning Framework are proxy measures to help prioritize, track and evaluate performance under the three interconnected strategic priorities. As a consequence of identifying priority outcomes and scopes of work, targets to which the countries will contribute were also determined. The complete list of GPW13 targets are in ANNEX 5. The targets on increasing access to essential health services and increasing the percentage of publicly financed health expenditures were only recently included in the GPW13 Planning Framework; as such, they could not be considered during the country prioritization process. Some countries proposed additional targets that are in line with the national or SDG plans.

[5] At the time of writing this document, the targets of the Impact Framework have been revised and the following two targets were added: "Increase access to essential health services (including promotion, prevention, curative, rehabilitative and palliative care) with a focus on primary health care, measured using a UHC index" and "Increase percent of publicly financed health expenditures by 10%." In addition, the text of the target on workforce has been modified to "Increase health workforce density with improved distribution". These changes could not have been reflected at the first phase of the prioritization process, but the content and spirit of these targets are present in the "scopes". In addition, they will be fully reflected at the next phase of the planning process."

45. The 17 GPW targets most frequently selected by at least two thirds of Member States are highlighted in Table 2. They correspond, in general, to the selection of outcomes such that the frequently cited targets are those for emergency preparedness (i.e. increased IHR capacity), access to services and medicines for various population groups/ conditions/ diseases, and risk factor reduction. Forty-one out of 47 countries selected the reduction of the maternal mortality ratio as a target considering the high number of deaths during pregnancy or childbirth in the Region which stood at 542 per 100 000 live births in 2015.

46. The target on stopping the rise in the percentage of people suffering financial hardship was chosen by 38 countries even if only 30 of them rated the related outcome as high priority. Note that four targets were selected by 10 or less Member States.

Table 2: Top GPW13 targets from the planning framework

Target Code	Description of Target	No. of Countries	% of countries
T_2.1.01	Increased IHR capacity and health emergency preparedness	45	96%
T_1.3.01	Availability of essential medicines for primary health care increased to 80%	42	89%
T_1.1.08	Maternal mortality ratio decreased by 30%**	41	87%
T_1.1.09	Newborns and children death decreased by 30%**	40	85%
T_1.2.01	Stop the rise in percent of people suffering financial hardship in accessing health services	38	81%
T_3.2.01	Current tobacco use reduced by 25%	38	81%
T_1.1.07	Measles containing vaccine increased to 90%	37	79%
T_1.1.12	Malaria deaths reduced by 50%**	37	79%
T_1.1.14	New HIV infections reduced by 73%***	35	74%
T_1.1.05	Treatment coverage of RR-TB increased to 80%	34	72%
T_1.1.11	Tuberculosis deaths reduced by 50%**	34	72%
T_3.2.04	Raised blood pressure reduced by 20%**	34	72%
T_1.1.15	Premature NCD-related mortality reduced by 20%**	33	70%
T_2.2.02	No outbreak becomes an epidemic or 95% of detected outbreaks are contained (tbd)	33	70%
T_3.2.02	Harmful use of alcohol reduced by 7%	33	70%
T_2.2.03	Polio eradicated	32	68%
T_3.1.05	Stunting in children reduced by 30%	32	68%

C. Towards achievement of the triple billion goal

C.1. Member States

47. GPW13 has provided the medium-term vision for putting the world on track towards attaining the health-related goals in the 2030 Agenda for Sustainable Development. Countries in the African Region have identified the priority outcomes that will contribute to the achievement of the triple billion goal. Some countries selected three while others selected all the 10 outcomes. Implementing GPW13 for Member States requires pursuing the specific country priorities to drive public health impacts not only at the national level but also in communities and households.

48. Based on the results emerging from the prioritization process, attention and investments will be needed in several areas such as the following:

(a) significantly accelerating promotion, prevention, control and elimination services with high value-for-money and integrating the interventions for diseases and health conditions into people-centred health systems so that no one is left behind;

(b) increasing all-hazards and health emergency surveillance and risk management capacities to build and sustain resilient health systems;

(c) strengthening supply chain management and development of strategies that may be used to forecast, avert or reduce shortages/stock-outs of medicines, vaccines and other health technologies, in accordance with national priorities and contexts;

(d) health information system strengthening to effectively track progress toward the attainment of UHC, health emergency preparedness and healthier populations, inform decision-making, improve surveillance and increase accountability for results at national and subnational levels;

(e) health financing specifically by mobilizing domestic resources for health, allocating health funds in a way that promotes efficiency and equity, and reducing financial barriers to accessing health services;

(f) promoting equity, gender equality and human rights in addressing the social determinants of health and expanding access to comprehensive services in order to meet the needs of the population;

(g) ensuring that the functions needed to maintain a polio-free world after eradication are mainstreamed into ongoing public health programmes;

(h) integrating prevention and control of noncommunicable diseases and other conditions/diseases into national health programmes and national development plans;

(i) multisectoral collaboration and action to scale up and sustain achievement of identified country priorities; and

(j) strengthening tobacco industry regulation while countering the undue influence of the tobacco industry on the behaviour of consumers and national policies.

49. The above focus areas will be achieved with strengthened leadership, governance and advocacy by Member States to encourage greater collaboration and intersectoral approaches that create synergies within and between sectors while emphasizing the interconnectedness of the triple billion goal, outcomes, and targets.

C.2. Secretariat

50. Shifting the focus of prioritization from categories of work to outcomes provides a better basis for priority setting and programming at the country level. It aligns more clearly with country planning and delivery of the work needed, especially in terms of the SDGs and the assessment of WHO's work in countries.

51. The priorities clearly point to the need for WHO to focus its support on strengthening health systems as a key driver for achieving universal health coverage, protection from health emergencies and healthier populations. WHO's efforts will be directed towards accelerating the implementation of the Framework for health system strengthening towards universal health coverage in the context of the Sustainable Development Goals in the

African Region that was adopted by the Sixty–seventh session of the Regional Committee in 2017.

52. Many countries will require sustained support to build resilient systems. In fragile and conflict affected countries, WHO will need to focus on preventing health system collapse, maintaining critical services and rebuilding the health systems after crises and conflicts, thereby catalysing synergies from collaboration between health emergencies and UHC.

53. Given the disparate health outcomes within and between countries, the focus on health equity should be central in all national policies and national development strategies.

54. Community empowerment and participation will be critical to achieve the country priorities. WHO's role is to elevate the approach to community health systems strengthening to ensure efficient delivery of impacts to where and to whom it matters most.

55. WHO will need to pursue even more vigorously the implementation of the GPW13 organizational shifts as the foundation for delivering on GPW13 through greater synergies across programmes, between programmes and systems, with other UN, bilateral and multilateral agencies and partners, and promote more practical and results-oriented intersectoral work beyond the traditional health sector.

56. WHO will succeed in driving a measureable improvement in the health of people at the country level only by making fundamental changes in the Organization's working model, systems and culture. Investing in GPW13 will also extend to improving effectiveness and efficiency of the Secretariat in all aspects of leadership, governance, advocacy and management and administration. Focus will be directed towards achieving country support that is fit and adequate for purpose. This will mean adequately addressing the needs identified from the assessment of the functional reviews in countries.

57. The country-led approaches will streamline operations and reduce inefficiencies and gaps in health programming, promote better management of risks, and make programmes and services more responsive to changing environmental, social and economic circumstances.

58. Greater investments for implementing GPW13 will require even more enhanced accountability mechanisms. In addition to building the statistical capacities of Member States, WHO in the African Region will need to continue the roll-out of the programmatic KPIs and update them for better alignment to the GPW13 outcomes, indicators and targets.

59. WHO-AFRO will need to continue consultations with Member States to identify country-specific contributions toward the interconnected GPW strategic priorities and jointly define the support needed to deliver within the context of the ongoing UN reform at country, regional and global levels.

IV. BUDGET OVERVIEW

60. The total proposed high-level programme budget 2020–2021 amounts to US$ 4687.8 million (Table 3). Of this, US$ 3987.8 million represents the base programmes and US$ 700 million is for the polio eradication programme. A budget for humanitarian response plans and appeals is now shown as a budget line. This was not presented in the previous biennium given the difficulty of providing estimates for an event-driven budget line. This estimate for the biennium 2020–2021 is based on spending patterns in previous bienniums and a provisional needs assessment to ensure that WHO has capacity to respond in this area.

Table 3. Comparison of the Programme budget 2018–2019 with the proposed high-level programme budget 2020–2021 (US$ millions)

Segment	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021	Increased or (decreased) amount
Base	3 518.7	3 987.8	469.1
Polio	902.8	700.0	(202.8)
Total	**4 421.5**	**4 687.8**	**266.3**
Humanitarian response plans and appeals	–	1 000.0	–

61. The proposed high-level programme budget 2020–2021 provides an overall direction of the investments needed to implement the transformative agenda of the GPW 13. Implementing the strategic and organizational shifts requires that the programme budget:

(a) refocuses its investments to implement the strategic priorities, which are in line with the SDGs;
(b) increases resources in countries to drive public health impacts in every country;
(c) gives more emphasis to stepping up leadership, therefore investing in more diplomacy and capacity to achieve greater political commitment on health issues;
(d) makes investments on normative work to drive change and achieve greater impact in countries;
(e) recognizes the need to maximize partnerships to leverage on all resources available to support countries;
(f) drives efficiency through making investment and allocation decisions based on delivering value for money.

62. The proposed high-level programme budget 2020–2021 represents a change driven by the above principles. The overall proposed budget reflects an increase, but it is also important to note the reallocation and shifts between levels, between the core budget and special programmes, and changes that strengthen certain functions of WHO to deliver impact (that is, global public goods, data and innovation, and technical assistance) in countries.

63. These changes are explained in finer detail below.

(a) The proposed high-level programme budget 2020–2021 for consideration by the regional committees provides further breakdown on the programme budget envelopes by major office and by level.

(b) These budget envelopes are set within the current scope of the GPW 13. Furthermore, this proposed high-level programme budget aims to significantly strengthen operations, especially at the country level. In order for this increased budget to be realistic, WHO will also push to secure significant commitments up front to generate certainty about programme viability through enhanced resource-mobilization efforts.

64. The GPW 13 has outlined five major areas for increased investment in the base component of the programme budget. The budget shifts between the Programme budget 2018–2019 and the proposed high-level programme budget 2020–2021 are outlined below.

(a) Strengthening of WHO's capacity to deliver in countries. This is estimated to cost US$ 132 million. It would allow the country offices to strengthen capacity in line with GPW 13 implementation. This infusion of resources at the country level will be needed to reorient and implement a new operating model in countries – one that will respond better to country-support needs.

(b) Significant investment (US$ 227.4 million). This is needed to support routine immunization and health systems that will be affected by the scaling down of polio activities.

(c) Additional investments (US$ 108 million). These will be made to expand WHO's work supporting data and innovation. The proposed additional investments aim to operationalize the GPW 13 strategic shift on focusing global public goods on impact, which includes normative guidance, data, research and innovation. Accurate and timely data are an essential resource for Member States to achieve the SDG targets and goals for universal health coverage, health emergencies and healthier populations. WHO is the steward and custodian of monitoring progress towards the health-related SDGs, and data are needed to measure performance, improve programme decisions and increase accountability. This will require that the Secretariat augments its activities to support capacity-building to strengthen data systems and analytical capacity to track and monitor progress towards universal health coverage and the health-related SDGs, including ensuring equity and data disaggregation, reporting at national and subnational levels, and developing timely high-quality normative guidance that drives impact on the GPW 13 priority areas at the three levels of the Organization.

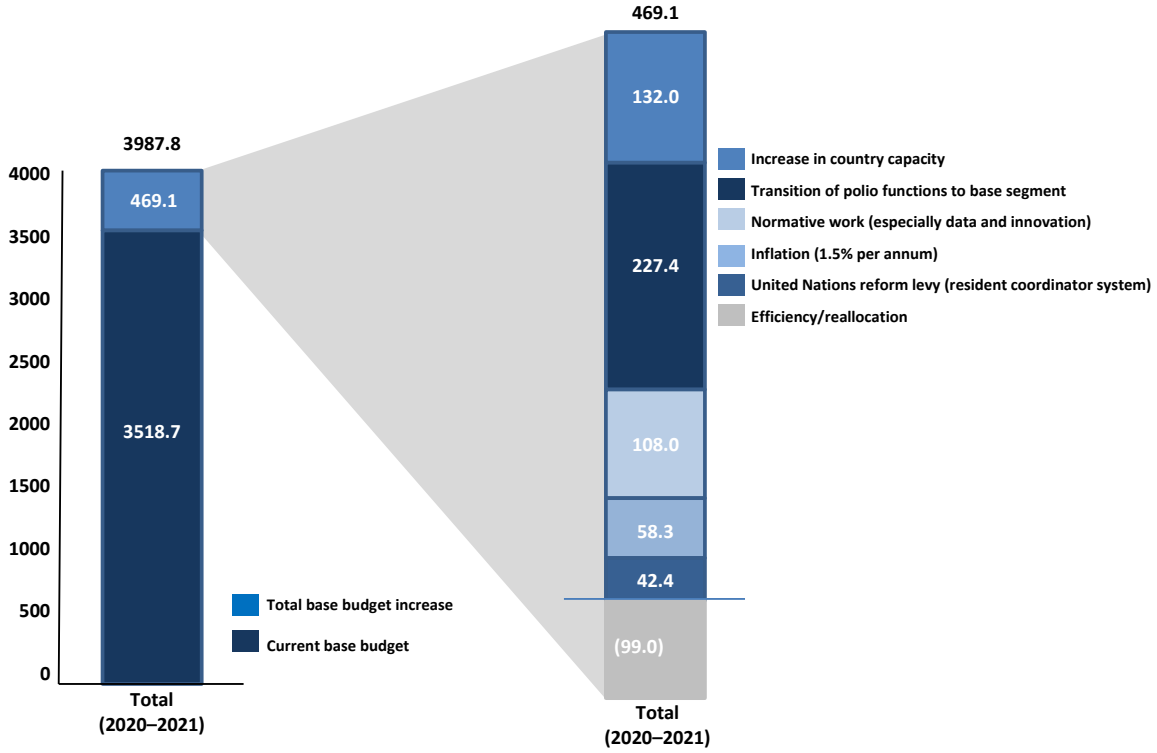
(d) United Nations reform levy to support strengthening the resident coordinator system (as per United Nations General Assembly resolution 72/279 (2018)) of US$ 42.4 million. This amount is an estimate based on that resolution and includes both the increase to support strengthening the resident coordinator system and WHO's increased cost sharing arrangement for the United Nations Development Group.

(e) Inflation rates. These have been estimated at 1.5% per annum to maintain WHO's purchasing power during the biennium, amounting to US$ 58.3 million. It is a realistic inclusion as the Secretariat works in many places where inflationary pressures are high. Further details by location will be prepared for the next iteration of the programme budget.

(f) A proposal for an efficiency/reallocation target of US$ 99 million. This will offset part of the budget increase suggested for 2020–2021.

65. These details are reflected in Figure 2.

Figure 2. Proposed high-level programme budget 2020–2021 increases explained (US$ millions)



66. Table 4 provides details of the increases by major office and by base segment, as noted in paragraph 64. This table highlights the major investment in transition of polio functions to the base segment of the programme budget, especially in the African and South-East Asia regions. The budget increases intended to strengthen country capacity are clearly demonstrated in all regions. The majority of the increase in the budget for WHO's normative work (especially data and innovation) is at headquarters (40%), with the remaining amount split evenly across the regions. More work is required to detail the specific requirements by region. This will be taken forward based on the discussions during the 2018 sessions of the regional committees.

Table 4. Proposed high-level programme budget 2020–2021, base segment only, by major office (US$ millions)

Base segment	Africa	The Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific	Headquarters	Total
Current base budget	834.1	190.1	336.0	256.4	288.8	281.3	1 332.0	3 518.7
Increase in country capacity	57.1	14.0	18.7	8.2	19.0	15.0	–	132.0
Normative work (especially data and innovation)	10.8	10.8	10.8	10.8	10.8	10.8	43.2	108.0
Transition of polio functions to base segment	90.4	0.9	25.7	2.5	69.9	2.1	35.9	227.4
Inflation, at 1.5% per annum	14.7	3.2	6.8	4.1	5.0	4.6	19.9	58.3
Efficiency/reallocation	–	–	–	–	–	–	(99.0)	(99.0)
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
Proposed high-level programme budget 2020–2021 base segment	**1 007.1**	**219.0**	**398.0**	**282.0**	**393.5**	**313.8**	**1 332.0**	**3 987.8**

67. The efficiency/reallocation target indicated above (US$ 99 million) is proposed to be absorbed mainly at headquarters. As a result, the overall proposed high-level programme budget 2020–2021 base segment at headquarters remains at the same level as that in the Programme budget 2018–2019 (US$ 1332 million).

68. This proposed high-level programme budget 2020–2021 demonstrates the essence of the new strategy, where a significant budget increase is suggested for the country level. Table 5 shows a budget increase (base programmes) at the country office level from 38.0% to 42.7% (an increase of 4.7% or US$ 348.4 million). Regional offices and headquarters budgets are proposed to decrease by 0.6% and 4.1% respectively compared with the 2018–2019 base segment.

Table 5. Proposed high-level programme budget 2020–2021, base segment only, by level of the Organization, (US$ millions)[a]

Major office	Country offices		Regional offices		Headquarters		Total	
	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021	Programme budget 2018–2019	Proposed high-level programme budget 2020–2021
Africa	551.7	698.1	282.4	309.0	–	–	834.1	1 007.1
The Americas	118.0	133.1	72.1	85.9	–	–	190.1	219.0
South-East Asia	186.5	281.3	102.3	112.2	–	–	288.8	393.5
Europe	94.0	119.1	162.4	162.9	–	–	256.4	282.0
Eastern Mediterranean	223.8	271.7	112.2	126.3	–	–	336.0	398.0
Western Pacific	163.7	182.8	117.6	131.0	–	–	281.3	313.8
Headquarters	–	–	–	–	1 332.0[b]	1 332.0	1 332.0	1 332.0
Total	**1 337.7**	**1 686.1**	**849.0**	**927.3**	**1 332.0**	**1 332.0**	**3 518.7**	**3 945.4**
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
Grand total	–	–	–	–	–	–	–	**3 987.8**
Allocation by level (%)	38.0	42.7	24.1	23.5	37.9	33.8	100.0	100.0

[a] Unless otherwise specified.

[b] The Programme budget 2018–2019 base segment for headquarters includes the budget for the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. Budget for these programmes are integrated into the proposed high-level programme budget 2020–2021.

69. The major increases at the country office level are in the African and South-East Asia regions: US$ 146.4 million and US$ 94.8 million respectively. The large increase in the South-East Asia Region is mostly due to the transition of polio functions, especially in India and Bangladesh.

70. The proposed high-level programme budget 2020–2021 reflects the GPW 13 strategic shift towards delivering impact at the country level and the continuing trend of increasing resources at the country level.

71. Table 6 shows the growth in US dollar terms of the investment in country offices technical capacity (that is, segment 1, as defined in document EB137/6, which is all of the work in the base segment of the proposed high-level programme budget, less category 6 at the country office level). This growth demonstrates a serious intent to increase country capacity, with a substantial budget shift towards the country office level. This component of the budget will grow from US$ 906.9 million in 2014–2015 to US$ 1431.8 million in 2020–2021. The biggest increase biennium to biennium is from 2018–2019 to 2020–2021, with a proposed increase of US$ 317.3 million. If this trend is realized, the country level budget would be increased by more than 60% over the three bienniums.

Table 6. Evolution of WHO budgets for technical capacity in country offices (segment 1)[a] (US$ millions)

Region	2014–2015 (Model C)[b]	2016–2017[c]	2016–2017 Revised[d]	2018–2019	Proposed high-level programme budget 2020–2021	Increase from 2018–2019 to 2020–2021
African	368.9	446.6	482.5	469.6	603.1	133.5
Americas	78.3	98.1	98.3	105.4	119.0	13.6
Eastern Mediterranean	133.3	148.2	164.6	175.0	219.2	44.2
Europe	42.0	57.4	62.4	68.2	85.7	17.5
South-East Asia	146.4	157.6	154.3	158.5	252.2	93.7
Western Pacific	138.0	135.6	135.0	137.8	152.6	14.8
Total	**906.9**	**1 043.5**	**1 097.1**	**1 114.5**	**1 431.8**	**317.3**

[a] As outlined in document EB137/6.
[b] Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.
[c] Without the WHO Health Emergencies Programme.
[d] Revised in 2016, taking into account the WHO Health Emergencies Programme.

72. The increases aim to bring the needed support to countries in a way that is most effective, efficient, comprehensive and timely. They are intended to ensure that country offices have the right capacity to support achieving the health-related SDGs.

73. Table 7 demonstrates the relative share of the strategic budget space allocation, specifically for segment 1. The relative share of the country-level budget per region is within the trajectory of the agreed percentage share that should be achieved by 2022–2023, in line with decision WHA69(16).

Table 7. Evolution of strategic budget space allocation (%) for technical cooperation at country level, segment 1[a]

Region	**2014–2015 (Model C)[b]**	**2016–2017[c]**	**2016–2017 Revised[d]**	**2018–2019**	**2020–2021**	**2022–2023 (Model C)[b]**
African	42.3	42.8	44.0	42.1	42.1	43.4
Americas	8.4	9.4	9.0	9.5	8.3	11.3
Eastern Mediterranean	14.3	14.2	15.0	15.7	15.3	14.2
Europe	4.5	5.5	5.7	6.1	6.0	6.4
South-East Asia	15.7	15.1	14.1	14.2	17.6	14.1
Western Pacific	14.8	13.0	12.3	12.4	10.7	10.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

[a] As outlined in document EB137/6.
[b] Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

[c] Without the WHO Health Emergencies Programme.
[d] Revised in 2016, taking into account the WHO Health Emergencies Programme.

74. However, the relative size of the budget space in the South-East Asia Region grows substantially compared with that in other regions due to the transfer of the budgets for certain polio functions to the base segment. In the case of the Region of the Americas, the budget for segment I falls in percentage terms; however, it increases in overall US dollar amount.

Polio capacity and transitioning polio functions to the base segment of the programme budget

75. The draft strategic action plan on polio transition and post-certification,[6] which has a five-year scope of work, is aligned with the GPW 13. The investments on continuing the work on polio and the related implications of the transition can be grouped into three main sections:

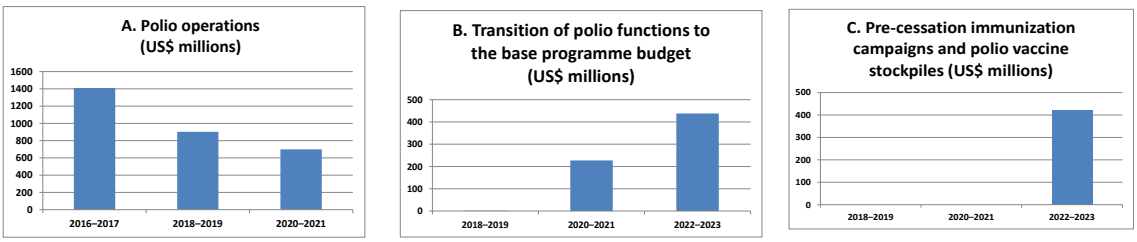
(a) continued polio eradication operations;

(b) transition of polio functions to the base segment of the programme budget;

(c) pre-cessation immunization campaigns and polio vaccine stockpiles.

76. The evolution of these budgets is reflected in Figure 3, which shows the phased approach: to reduce polio operations over the course of the GPW 13 (Figure 3A); to increase capacity of WHO's ability to strengthen immunization systems, including surveillance for vaccine-preventable diseases and strengthening emergency preparedness, detection and response capacity (Figure 3B); and to sustain a polio-free world after the eradication of polio virus (Figure 3C).

Figure 3. Evolution of WHO polio-related budgets



Realistic budget and financing

77. The figures for the WHO polio-related budgets for 2020–2021 and 2022–2023 are provisional until the Polio Oversight Board approves later this year a new multiyear budget from 2019 for the Polio Programme. The approved polio budget may affect the timing and amount of the shift of costs into WHO base programmes. These sums will be used to sustain essential functions such as disease surveillance that had been supported by the Polio Programme.

78. Considering the ambitious goals set by the GPW 13, the suggested increase of 12% in the proposed high-level programme budget 2020–2021 is at the lower end of the

[6] Document A71/9.

estimated cost of implementing the GPW13 in 2020–2021. Several considerations have been made, including realistic financing, to get to the high-level budget for implementing the GPW 13. Further increases in investments to fully implement the GPW 13 and scale up efforts to achieve the health-related SDGs will be needed in subsequent bienniums.

79. Finance levels for the Programme budget 2018–2019 (as at 30 June 2018) are currently 92% for the base programme budget or US$ 3120.7 million. This is an improvement in financing of US$ 270.7 million compared with the level at the same time in 2016. However, more efforts are required to broaden the donor base and to increase flexibility in funding, which will enable a more efficient use of funds and ensure a more balanced resource allocation for all priorities of the GPW 13.

80. WHO is therefore working to transform its interaction with donors, including requesting that unearmarked funds and soft-earmarked funds be more closely aligned with the higher-level strategic priorities of the triple billion goals.

81. Ambitious goals require bold investments. The proposed high-level programme budget 2020–2021 represents a strong move towards increasing resources at the country level, coupled with a strategic investment in much needed global public goods that are synergistic in delivering results in countries. The ambitious goals and bold strategy will need to be matched by strong commitment and new approaches for resource mobilization and financing. These are all being implemented as part of the transformation plan of the Organization. The envisaged financing of the proposed high-level programme budget 2020–2021 is reflected in Table 8. All of the increases in the budget are expected to be met from ambitious targets set for voluntary contributions. As a result, there will be no request to increase assessed contributions for this proposed high-level programme budget.

Table 8. Financing of the proposed high-level programme budget 2020–2021 (US$ millions)

Funding	Proposed high-level programme budget 2020–2021
Assessed contributions	956.9
Core voluntary contributions	300.0
Voluntary contributions specified	2 730.9
Total	**3 987.8**

V. NEXT STEPS

82. The change in the approach in the consultations and presentation of the proposed high-level programme budget 2020–2021 will allow the Organization to take into account the results of two critical steps in the process. These steps will ensure that the proposed high-level programme budget takes full account of country priorities, the programmatic work that is needed at each level to support those priorities and drive impact at the country level, as envisaged by the GPW 13. Both steps (described in paragraphs 83 and 84) will take place between August and October 2018, during which time Member States are expected to be consulted. The results of these steps will provide critical inputs into the development of the draft Proposed programme budget 2020–2021, Executive Board version, to be submitted to the Executive Board at its 144th session.

83. During the regional committee consultations on the country priorities in each region, Member States will give specific advice on further refinements of priorities, programmatic work and the budget.

84. The development of country support plans will be a key new element in the planning process. The country support plan aims to ensure that the needs for the country to achieve priority results are captured and planned for across the three levels of the Organization and that the entire capacity and expertise of all levels are leveraged to support the country priorities. This step in the process determines not only the support that should be delivered, but also how best to deliver it, where it should be delivered and how the levels of the Organization should work together. It will also determine the cost for the Organization to achieve the greatest impact.

85. The results of the two steps described above, together with the priority setting for delivering global public goods, will provide critical inputs into the development of the full budget for presentation to the Executive Board in January 2019.

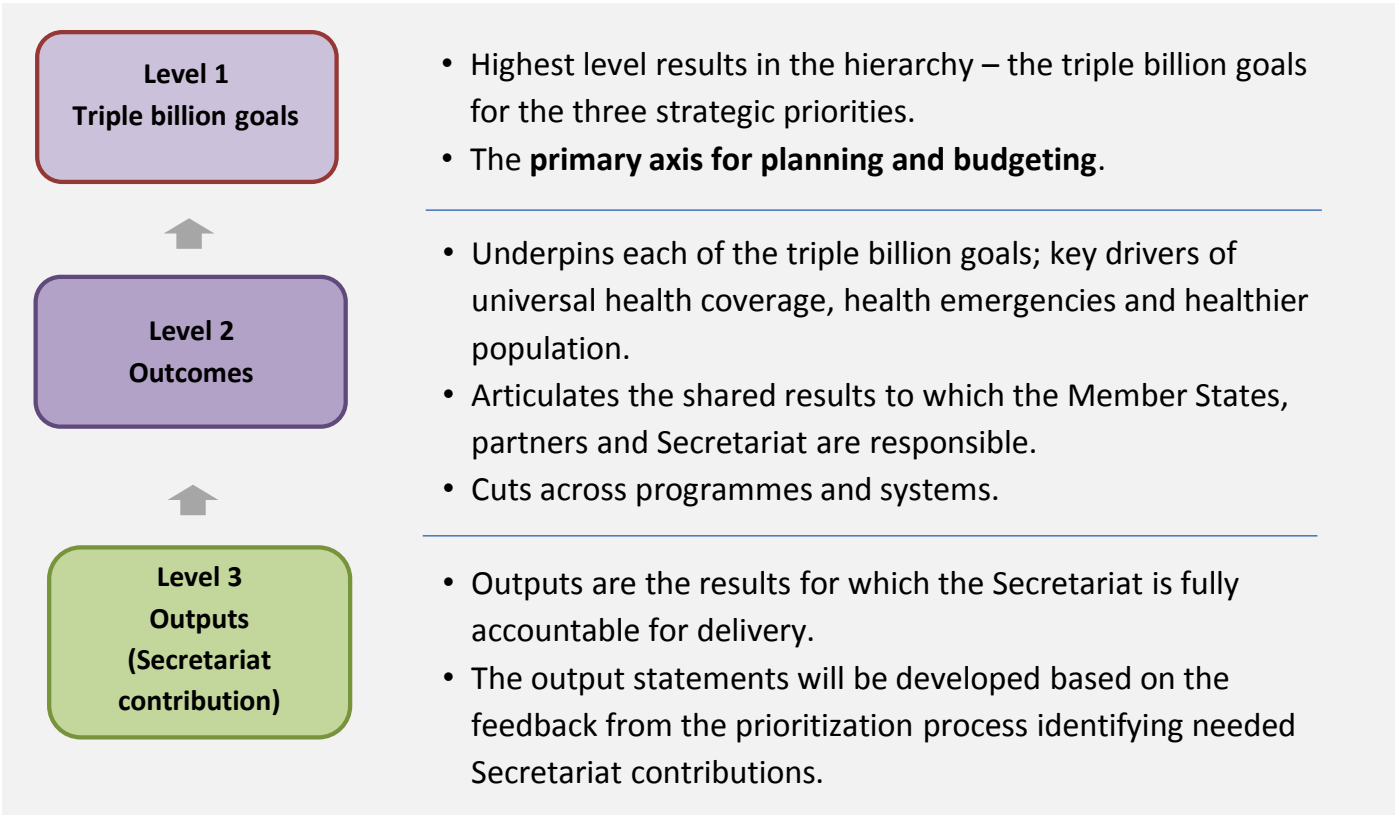
86. Additional country-level consultations and mission briefings are envisaged during the development of the draft proposed programme budget for 2020–2021, to prepare the Executive Board version. It is expected that the budget estimates will be adjusted further, to take into account the advice of Member States during the consultations and a more thorough costing during the development of the country support planning.

VI. ACTION BY THE REGIONAL COMMITTEE

87. The Regional Committee noted the consultation document.

ANNEX 1

GPW13: Planning and budgeting framework



ANNEX 2

GPW13: Outcomes

B1 Universal health coverage

Outcome 1.1. Improved access to quality essential health services

Outcome 1.2. Reduced number of people suffering financial hardships

Outcome 1.3. Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care

B2 Health emergencies

Outcome 2.1. Country health emergency preparedness strengthened

Outcome 2.2. Emergence of high-threat infectious hazards prevented

Outcome 2.3. Health emergencies rapidly detected and responded to

B3 Healthier populations

Outcome 3.1. Determinants of health addressed leaving no one behind

Outcome 3.2. Reduced risk factors through multisectoral approaches

Outcome 3.3. Health and well-being realized through Health in All Policies and healthy settings interventions

4. More effective and efficient WHO better supporting countries

Outcome 4.1. Strengthened country capacity in data and innovation

Outcome 4.2. Strengthened leadership, governance and advocacy for health

Outcome 4.3. Improved financial, human, administrative resources management towards transparency, efficient use of resources, and effective delivery of results

World Health Organization

ANNEX 3: Rating of outcomes by countries

GPW13 Outcomes:

1.1 Essential health services

1.2 Financial hardship – Stop the rise

1.3 Essential medicines, vaccines, & other health technologies

2.1 Emergency preparedness

2.2 Infectious hazards prevented

2.3 Emergency detection & response

3.1 Determinants of health addressed

3.2 Risk factors reduced

3.3 Health in all policies, healthy settings

4.1 Data & innovation

Color Code: High priority | Medium priority | Low priority

Country	**Outcome Code**									
	1.1	**1.2**	**1.3**	**2.1**	**2.2**	**2.3**	**3.1**	**3.2**	**3.3**	**4.1**
Algeria										
Angola										
Benin										
Botswana										
Burkina Faso										
Burundi										
Cameroon										
Cabo Vert										
Central African Republic										
Chad										
Comoros										
Congo, Republic of										
Cote d'Ivoire										
Democratic Republic of the Congo										
Equatorial Guinea										
Eritrea										
Eswatini										
Ethiopia										
Gabon										
The Gambia										
Ghana										

Country	Outcome Code									
	1.1	1.2	1.3	2.1	2.2	2.3	3.1	3.2	3.3	4.1
Guinea										
Guinea-Bissau										
Kenya										
Lesotho										
Liberia										
Madagascar										
Malawi										
Mali										
Mauritania										
Mauritius										
Mozambique										
Namibia										
Niger										
Nigeria										
Rwanda										
Sao Tome and Principe										
Senegal										
Seychelles										
Sierra Leone										
South Africa										
South Sudan										
Togo										
Uganda										
United Republic of Tanzania										
Zambia										
Zimbabwe										

ANNEX 4: Scopes selected by countries for each outcome

Outcome	Scope Code	Scope	No. of countries	% of countries
1.1 Essential Services	S_1.1.3	Ensuring good quality people-centred health services and use of health technologies for UHC	42	89%
	S_1.1.4	Strengthening prevention, control, elimination, and eradication of diseases through sustainable health systems	40	85%
	S_1.1.1	Strengthening of health systems governance, national health policies and strategies, regulatory frameworks	37	79%
	S_1.1.2	Strengthening or transformation of human resources for health	37	79%
	S_1.1.5	Empowering people and communities to share responsibilities for shaping and improving health services	29	62%
	S_1.1.6	Improving intersectoral governance for universal health coverage	24	51%
	S_1.1.8	Improving equity in the distribution of health systems resources and services	22	47%
	S_1.1.7	Establishing institutional mechanism for better defining health services benefits and entitlements package	20	43%
	S_1.1.9	Addressing barriers to access, availability, acceptability, quality, including gender and discrimination, through participation and empowerment	15	32%
1.2 Financial Hardship	S_1.2.4	Enhancing transparency and accountability through monitoring and evaluation	28	60%
	S_1.2.2	Improving equity and efficiency through governance for intersectoral and public-private partnerships	25	53%
	S_1.2.1	Raising adequate and sustainable public financing for health	23	49%
	S_1.2.3	Improving health and public finance authorities engagement for shared responsibility and accountability	23	49%
1.3 Medicines, vaccines & other health technologies	S_1.3.4	Promoting rational dispensing, prescribing, use of medicines and other health technologies	38	81%
	S_1.3.6	Strengthening policies and systems for tackling antimicrobial resistance	36	77%
	S_1.3.2	Assuring quality, effectiveness and safety of medicines and health technologies	35	74%
	S_1.3.1	Improving governance and stewardship of pharmaceutical services and other health technologies	35	74%
	S_1.3.5	Ensuring availability, affordability of medicines and other health technologies (i.e., efficient procurement and supply chain, pricing, etc.)	31	66%
	S_1.3.3	Protecting intellectual property and leveraging TRIPS flexibilities	9	19%

Outcome	Scope Code	Scope	No. of countries	% of countries
2.1 Emergency preparedness	S_2.1.1	Assessing and reporting on all-hazards emergency preparedness including IHR core capacities	40	85%
	S_2.1.2	Establishing minimum core capacities for emergency preparedness and disaster risk management in all countries	39	83%
	S_2.1.3	Ensuring operational readiness to manage to manage identified risks and vulnerabilities at the country level	38	81%
	S_2.1.4	Ensuring regulatory preparedness for public health emergencies	31	66%
2.2 Infectious hazards prevented	S_2.2.3	Scaling up prevention strategies for priority epidemic-prone diseases	32	68%
	S_2.2.1	Assessing and monitoring drivers for epidemics and pandemics	30	64%
	S_2.2.4	Mitigating/reducing emergence/re-emergence of high-threat infectious pathogens	27	57%
	S_2.2.2	Strengthening research and development for infectious hazard management	13	28%
2.3 Emergency detection & response	S_2.3.1	Strengthening capacity for rapid detection and risk assessment for potential health emergencies	38	81%
	S_2.3.2	Putting in place systems for rapid response to acute health emergencies	35	74%
	S_2.3.3	Maintaining essential health services and systems in fragile, conflict and vulnerable settings	22	47%
3.1 Determinants addressed	S_3.1.1	Reaching the marginalized or underserved populations through tackling determinants of health at and across different life stages	31	66%
	S_3.1.2	Strengthening intersectoral governance for investments in public health	28	60%
	S_3.1.4	Strengthening monitoring, including health inequality monitoring	28	60%
	S_3.1.3	Conducting impact analyses of social and economic health challenges across sectors	15	32%
3.2 Risk factors reduced	S_3.2.2	Improving people's participation and engagement for reducing risk factors through health promotion and rights literacy	38	81%
	S_3.2.3	Engaging non-State actors and sectors outside health on risk factor reduction	38	81%
	S_3.2.4	Evidence generation for cost-effective multisectoral policies and actions	33	70%
	S_3.2.1	Enacting policies, legislation, regulations for reduction of risk factors	33	70%
3.3 Health in all policies, healthy settings	S_3.3.2	Developing and implementing cost effective policy solutions and implementation of health in all policies and programmes at national, subnational and local levels	23	49%
	S_3.3.1	Implementing 'Whole-of-government approach' to health policies and programmes	20	43%

Outcome	Scope Code	Scope	No. of countries	% of countries
	S_3.3.4	Implementing 'Healthy setting' approaches to health promotion	19	40%
	S_3.3.3	Establishing regional platforms to promote networks and evidence for key settings-based issues for health	10	21%
4.1 Data and Innovation	S_4.1.2	Strengthening national statistical capacities and ensuring effective use of disaggregated data at subnational levels	32	68%
	S_4.1.3	Improving national capacities for evidence-informed policy-making and implementation research	30	64%
	S_4.1.5	Catalysing investments to address data gaps and improve data quality	30	64%
	S_4.1.4	Ensuring open and transparent access to data	24	51%
	S_4.1.6	Harmonizing processes for more effective and efficient production of data products	24	51%
	S_4.1.1	Establishing global norms and standards for health data	21	45%

ANNEX 5: Targets selected by countries - Sorted in descending order for each Outcome

Outcome	Target Code	Description of Target	No. of Countries	% of countries
1.1 Essential Services				
	T_1.1.08	Maternal mortality ratio decreased by 30%**	41	87%
	T_1.1.09	Newborns and children death decreased by 30%**	40	85%
	T_1.1.07	Measles containing vaccine increased to 90%	37	79%
	T_1.1.12	Malaria deaths reduced by 50%**	37	79%
	T_1.1.05	Treatment coverage of RR-TB increased to 80%	34	72%
	T_1.1.14	New HIV infections reduced by 73%***	35	74%
	T_1.1.11	Tuberculosis deaths reduced by 50%**	34	72%
	T_1.1.15	Premature NCD-related mortality reduced by 20%**	33	70%
	T_1.1.04	Women with family planning needs satisfied ↑ to xx%	31	66%
	T_1.1.10	Eliminate at least one neglected tropical disease**	31	66%
	T_1.1.01	Essential health services among women and girls in the poorest wealth quintile increased to 70%	29	62%
	T_1.1.02	Increase equitable access to health workers by xx%	26	55%
	T_1.1.13	HBV or HCV related deaths reduced by 40%**	22	47%
	T_1.1.06	Treatment for severe mental illness increased to 50%	18	38%
	T_1.1.03	Older adults 65+ years who are care dependent decreased by 15 million	5	11%
1.2 Financial hardship				
	T_1.2.01	Stop the rise in percent of people suffering financial hardship in accessing health services	38	81%
1.3 Medicines, vaccines & other health technologies				
	T_1.3.01	Availability of essential medicines for primary health care increased to 80%	42	89%
	T_1.3.04	Bloodstream infection due to AMR organisms reduced by 10%**	29	62%
	T_1.3.02	Coverage of HPV vaccine among adolescents increased to 50%	27	57%
	T_1.3.03	Oral morphine for palliative care increased from 25% to 50%	16	34%
2.1 Emergency preparedness				
	T_2.1.01	Increased IHR capacity and health emergency preparedness	45	96%
2.2 Infectious hazards prevented				
	T_2.2.02	No outbreak becomes an epidemic or 95% of detected outbreaks are contained (tbd)	33	70%
	T_2.2.03	Polio eradicated	32	68%
	T_2.2.01	Cholera and yellow fever epidemics eliminated	24	51%
2.3 Emergency detection & response				
	T_2.3.02	Reduced number of deaths, missing persons and	27	57%

Outcome	Target Code	Description of Target	No. of Countries	% of countries
		directly affected persons attributed to disasters per 100,000 population		
	T_2.3.01	Coverage of people in fragile and conflict states with essential health services increased to xx%	21	45%
3.1 Determinants addressed				
	T_3.1.05	Stunting in children reduced by 30%	32	68%
	T_3.1.06	Wasting among children reduced to less than 5%	28	60%
	T_3.1.03	Access to safe drinking water for 1 billion more people	25	53%
	T_3.1.10	Women making informed reproductive health decisions, etc. increased to 60%	20	43%
	T_3.1.04	Access to safe sanitation for 800 million more people	19	40%
	T_3.1.09	Intimate partner violence decreased to 15%	16	34%
	T_3.1.08	Children subject to violence reduced by 20%	14	30%
	T_3.1.07	Children developmentally on track in health increased to 80%	13	28%
	T_3.1.02	Mortality from climate-sensitive diseases reduced by 10%	12	26%
	T_3.1.01	Mortality due to air pollution reduced by 5%	9	19%
3.2 Risk factors reduced				
	T_3.2.01	Current tobacco use reduced by 25%	38	81%
	T_3.2.04	Raised blood pressure reduced by 20%**	34	72%
	T_3.2.02	Harmful use of alcohol reduced by 7%	33	70%
	T_3.2.07	Insufficient physical activity reduced by 7%	28	60%
	T_3.2.03	Salt/sodium intake reduced by 25%	20	43%
	T_3.2.06	Halt and begin to reverse the rise of childhood overweight and obesity	18	38%
	T_3.2.05	Eliminate industrially produced trans fats	9	19%
3.3 Health in all policies, healthy settings				
	T_3.3.01	Road traffic accidents reduced by 20%	27	57%
	T_3.3.02	Suicide mortality reduced by 15%	10	21%