

**DRAFT**

**Proposed High-Level Programme Budget 2020–2021:  
Regional Committee Consultation Document**

*Regional Committee Version*

**WPR/RC69/4**

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## 1. 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,<sup>1</sup> 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 of:

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

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<sup>1</sup> See resolution WHA71.1 (2018).

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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; and
- to act with a sense of urgency, scale and quality.

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)); and
- (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.

## **2. 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

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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 (see Appendix A). The framework provides an organizing structure and the common basis for prioritization of results. The triple billion goals and a set of outcomes<sup>1</sup> were central to the planning.

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 as outlined in the agreed planning framework for GPW 13 (see Appendix B). 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 (see Appendix A), 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

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<sup>1</sup> 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.

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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.

### **3. REGIONAL PRIORITIZATION**

#### **3.1 Public health context in the Western Pacific**

24. With nearly 1.9 billion people, a quarter of the world’s population, the Western Pacific Region is incredibly diverse. Health challenges are complex, spurred by changing demographic and epidemiological profiles, emerging diseases, economic volatility and reduced external funding, among other factors.

25. The Region is made up of a mix of highly developed countries, such as Australia, New Zealand, Japan and the Republic of Korea, as well as fast-growing economies. This rapid economic growth brings with it many opportunities, but also rising community expectations regarding health system quality and accessibility.

26. Significant progress has been made in achieving goals and targets for disease elimination, reduction and prevention, but more needs to be done to scale up, increase coverage, and find ways to sustain gains and make progress in renewed priorities. Quality disease prevention, diagnosis, treatment and rehabilitation services are vital.

27. Although health outcomes across the Region have improved in recent decades, serious challenges remain. Noncommunicable diseases are the leading cause of death, responsible for 86% of deaths in the Region, higher than the global average of 71%. In many countries, childbirth remains a danger to both mother and child, and around 231 000 babies die each year



before they reach one month of age. Established and emerging infectious diseases from tuberculosis to Zika virus disease continue to pose real threats. And several of the world's most vulnerable countries to climate change and natural disasters can be found in the Region.

28. New and growing public health challenges are wide – for example antimicrobial resistance, ageing populations, climate change, air pollution and viral hepatitis. Urbanization and migration are also changing health needs.

### 3.2 Results of priority-setting in countries in the Western Pacific

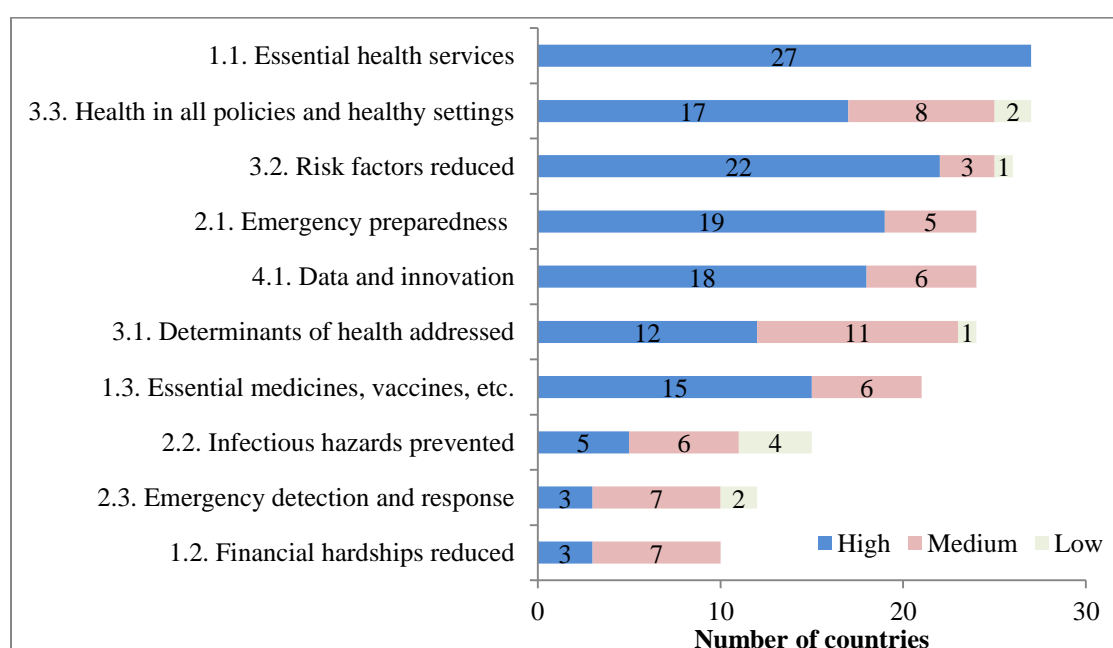
29. Throughout the Region, consultations to identify priority outcomes took place with Member States from June 2018 onwards, using the method as described in section 2. Country cooperation strategies and key national documents including the United Nations Development Assistance Framework were used as a backbone to inform the priority-setting discussions, with adaptation where required to match the needs of the “three billion” approach. The outcomes were rated as high, medium or low, though discussions in this area are ongoing and may change based on final feedback from Member States.

30. In addition to priority outcomes, each country selected key GPW 13 targets. These are outlined in Appendix C.

#### 3.2.1 Outcomes

31. Fig. 1 provides an overview of the results of priority-setting in 29 countries and areas in the Western Pacific Region. The country-specific ratings of outcomes are summarized in Appendix B.

**Fig. 1. Prioritization of GPW 13 outcomes by number of countries (as at 7 August 2018)**



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32. The top five most frequently selected outcomes include access to essential health services (outcome 1.1); health in all policies (3.3); reduced risk factors through multisectoral approaches (3.2); emergency preparedness (2.1); and data and innovation (4.1).

***Strategic priority 1: One billion more people benefiting from universal health coverage***

33. Improving access to quality essential health services (1.1) is the highest priority identified by the Region, with nearly all Member States (27 of 29, 93%) selecting it, and all of those ranking it high.

34. Ten Member States (34%) identified reducing the number of people suffering financial outcomes (1.2) as a priority, with three ranking it high and seven medium.

35. Twenty-one Member States (72%) identified availability of essential medicines, vaccines, diagnostic services and devices for primary health care (1.3) as a priority in the attainment of universal health coverage, with 15 ranking it high and six medium.

***Strategic priority 2: One billion more people better protected from health emergencies***

36. To protect more people from health emergencies, 19 Member States considered the preparedness outcome (2.1) a high priority and five a medium priority, for a total of 24 Member States (83%). The Region is a hotspot for emerging infectious diseases and other public health emergencies, and preparedness efforts are vital to reduce the impact of these events.

37. Infectious hazards prevention (2.2) was considered a high-priority outcome by five Member States (17%), medium by six and low by four (a total of 15, 52%).

38. Emergency detection and response (2.3) was selected by 12 Member States (41%), with three ranking it high, seven medium and two low.

***Strategic priority 3: One billion more people enjoying better health and well-being***

39. A total of 24 Member States (83%) selected determinants of health (3.1), with 12 ranking it high, 11 medium and one low.

40. To ensure that more people enjoy better health and well-being, 26 Member States (90%) identified the reduction of risk factors through multisectoral approaches (3.2) as a priority area, with 22 ranking this high, three medium and one low. This reflects the high and growing burden of noncommunicable diseases and injuries across the Region.

41. Twenty-seven Member States (93%) selected the health in all policies outcome (3.3), with 17 ranking it high, eight medium and two low.

***Enabling functions: More effective and efficient WHO better supporting countries***

42. Among the three outcomes for WHO to better support countries, strengthening country capacity in data and innovation was added to the nine outcomes for country prioritization. The

other two (outcomes 4.2 and 4.3) are fundamental enabling functions of the Secretariat. A total of 24 Member States (83%) selected this, with 18 Member States (59%) identifying data and innovation as a high priority and six as medium. Strengthening surveillance systems continues to be a priority for the Region.

### **3.3 Towards achievement of the GPW 13 “triple billion” goals**

#### **3.3.1 Member States**

43. In order to contribute to the goals of GPW 13, and in turn fast-track progress towards the SDGs, Member States have identified the following action areas that will be key to success in the next biennium:

- Strengthen key health system functions, including leadership, governance, regulatory capacities and accountability, to overcome fragmentation so as to achieve universal health coverage.
- Build sustainable national capacities and partnerships, anticipating and mitigating impact of disasters and emerging health threats, to ensure public health security and safety.
- Effectively manage communicable and noncommunicable diseases of public health importance to reduce avoidable disease burden and premature deaths and ensure full access to immediate-impact interventions.
- Support health in all settings, policies and sectors that will empower people to lead healthy lives and enjoy responsive health services.
- Promote ecological balance to address the impact of the environment and climate change on health.
- Engage in multisectoral collaboration, policy dialogue and fostering active partnerships in the country and beyond.

#### **3.3.2 WHO in the Western Pacific Region**

44. In working to deliver on the new GPW 13, WHO in the Western Pacific Region will continue to focus on country needs and delivering results at the country level. As Member States develop rapidly, WHO will continue to deliver on its mandate by supporting progress in health.

45. WHO in this Region will continue to leverage the three levels of the Organization. The effectiveness of WHO in countries depends on the effective management systems at all levels of the Organization and on how the different levels work together, with clear roles and responsibilities, responding to country-specific needs and priorities.

46. WHO in the Region will continue to develop strong leadership in the country offices with high-quality staff members appropriately matched to their jobs as well as the country contexts. Adequate workforce planning with an even more efficient recruitment process and strong development and learning initiatives will be a mainstay in this Region’s management system priorities.

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47. The Regional Office of WHO, led by the Regional Director and the senior management will continue to provide strong strategic oversight and direction to guide the work of WHO, and ensure a cohesive approach in supporting Member States. There will be more strategic analysis and planning through in-depth technical discussions among senior management and technical staff/teams in both the region and country offices aiming to better prioritize our work in the context of limited financial and human resources.

48. WHO will provide a strong voice in the Region, based on the Organization's unique competencies and engage partners to complement and give best possible support to countries. Aside from the new GPW 13, the SDGs call for a paradigm shift in global health to ensure leadership for intersectoral coordination on the different drivers of health. WHO will enhance the engagement of the public, while pushing for stronger accountability at all levels of the Organization. WHO will continue to reach out to partners beyond the health sector and be more proactive in creating new opportunities that will benefit the Member States.

49. Properly communicating and facilitating the flow of useful and timely health and health-related information to governments and partners will be a major focus of the Organization in this Region. Working in this increasingly connected world, WHO will play a more active role in facilitating strategic and timely communications in public health.

50. WHO will continue to swiftly respond to urgent calls for effective leadership in global health, including during health emergencies. The Region will strengthen further its institutional capacity in collecting and analysing information – and with increased transparency as it relates to partners and donors.

## **4. BUDGET OVERVIEW**

51. The total proposed high-level programme budget 2020–2021 amounts to US\$ 4687.8 million (Table 1). 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 1. 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)
<b>Total</b>	<b>4 421.5</b>	<b>4 687.8</b>	<b>266.3</b>
Humanitarian response plans and appeals	–	1 000.0	–

52. 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.

53. 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.

54. 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.

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55. 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.

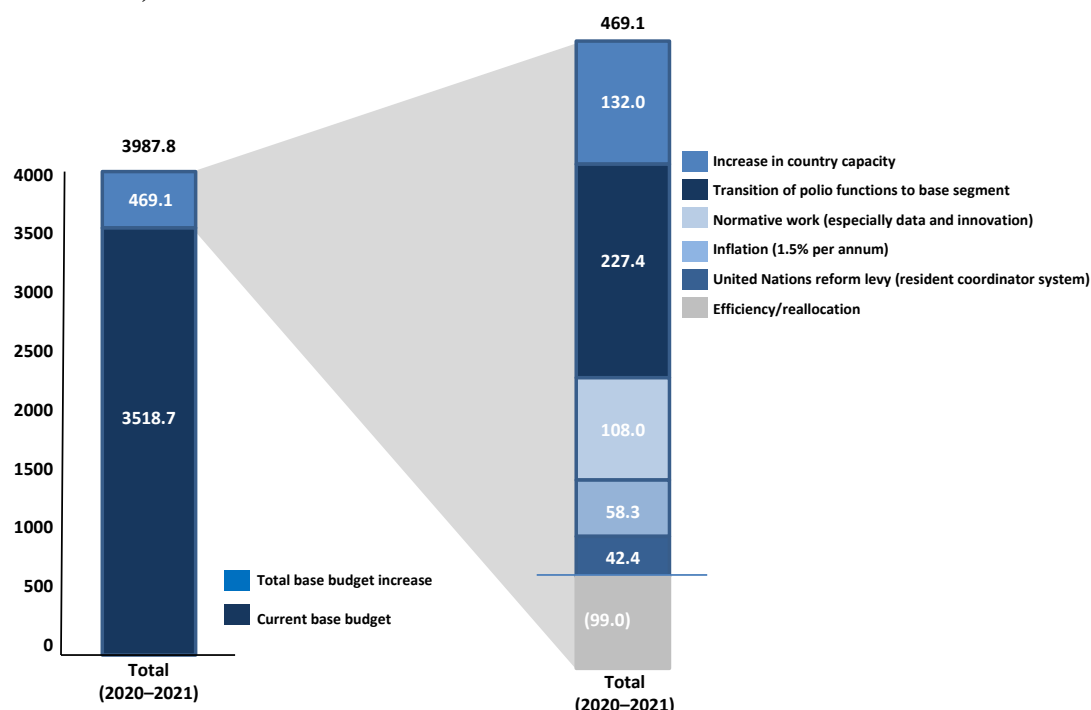
(c) Additional investments (US\$ 108 million). These will be made to expand WHO's work supporting data and innovation. The proposed additional investments aim to operationalize the GPW 13 strategic shift on focusing global public goods on impact, which includes normative guidance, data, research and 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.

56. These details are reflected in Fig. 2.

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

57. Table 2 provides details of the increases by major office and by base segment, as noted in paragraph 55. 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 2. 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
<b>Proposed high-level programme budget 2020–2021 base segment</b>	<b>1 007.1</b>	<b>219.0</b>	<b>398.0</b>	<b>282.0</b>	<b>393.5</b>	<b>313.8</b>	<b>1 332.0</b>	<b>3 987.8</b>

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58. 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).

59. 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 3 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 3. Proposed high-level programme budget 2020–2021, base segment only, by level of the Organization, (US\$ millions)<sup>a</sup>**

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 <sup>b</sup>	1 332.0	1 332.0	1 332.0
<b>Total</b>	<b>1 337.7</b>	<b>1 686.1</b>	<b>849.0</b>	<b>927.3</b>	<b>1 332.0</b>	<b>1 332.0</b>	<b>3 518.7</b>	<b>3 945.4</b>
United Nations reform levy (resident coordinator system)	–	–	–	–	–	–	–	42.4
<b>Grand total</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>3 987.8</b>
Allocation by level (%)	38.0	42.7	24.1	23.5	37.9	33.8	100.0	100.0

<sup>a</sup> Unless otherwise specified.

<sup>b</sup> 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.

60. 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.



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61. 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.

62. Table 4 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\$ 1 431.8 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 4. Evolution of WHO budgets for technical capacity in country offices (segment 1)<sup>a</sup> (US\$ millions)**

Region	2014–2015 (Model C) <sup>b</sup>	2016–2017 <sup>c</sup>	2016–2017 Revised <sup>d</sup>	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
<b>Total</b>	<b>906.9</b>	<b>1 043.5</b>	<b>1 097.1</b>	<b>1 114.5</b>	<b>1 431.8</b>	<b>317.3</b>

<sup>a</sup> As outlined in document EB137/6.

<sup>b</sup> Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

<sup>c</sup> Without the WHO Health Emergencies Programme.

<sup>d</sup> Revised in 2016, taking into account the WHO Health Emergencies Programme.

63. 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.

64. Table 5 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).

## Annex

**Table 5. Evolution of strategic budget space allocation (%) for technical cooperation at country level, segment 1<sup>a</sup>**

Region	2014–2015 (Model C) <sup>b</sup>	2016–2017 <sup>c</sup>	2016–2017 Revised <sup>d</sup>	2018–2019	2020–2021	2022–2023 (Model C) <sup>b</sup>
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
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>a</sup> As outlined in document EB137/6.

<sup>b</sup> Model based on zero need for indicators above the OECD median, as outlined in document EB137/6.

<sup>c</sup> Without the WHO Health Emergencies Programme.

<sup>d</sup> Revised in 2016, taking into account the WHO Health Emergencies Programme.

65. 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 1 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*

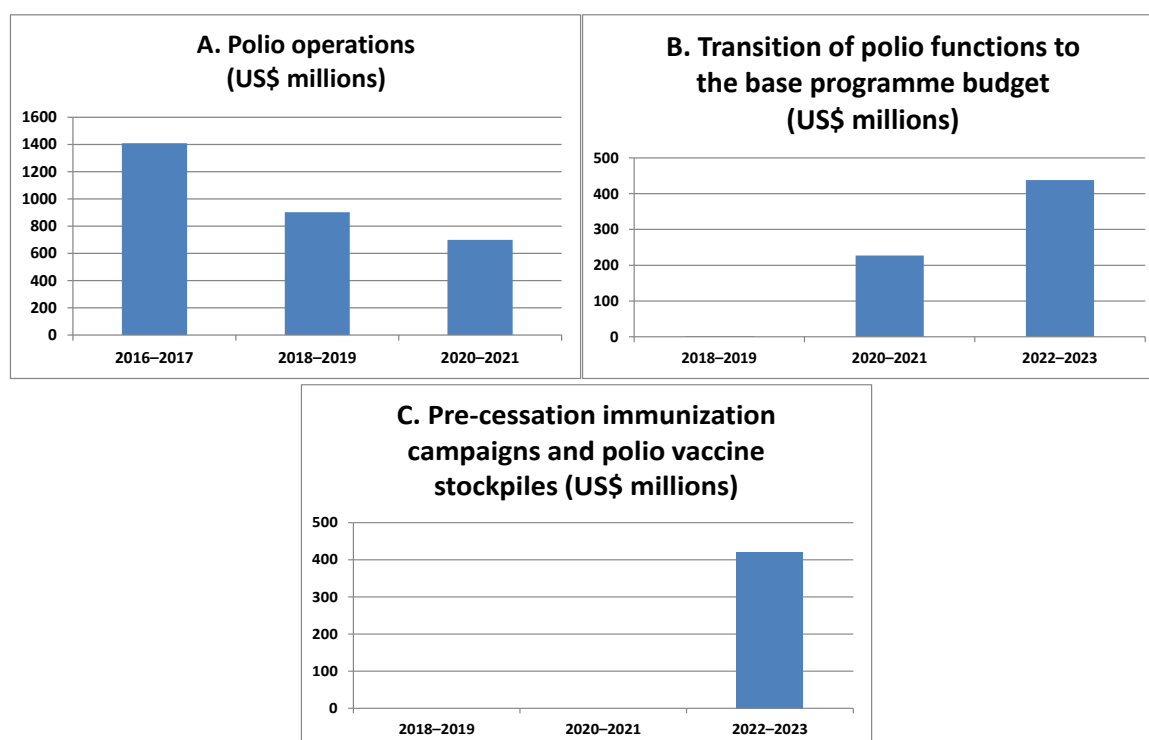
66. The draft strategic action plan on polio transition and post-certification,<sup>1</sup> which has a five-year scope of work, is aligned with the GPW 13. The investments on continuing the work on polio and the related implications of the transition can be grouped into three main sections:

- (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.

67. The evolution of these budgets is reflected in Fig. 3, which shows the phased approach: to reduce polio operations over the course of the GPW 13 (Fig. 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 (Fig. 3B); and to sustain a polio-free world after the eradication of polio virus (Fig. 3C).

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<sup>1</sup> Document A71/9.

**Fig. 3. Evolution of WHO polio-related budgets*****Realistic budget and financing***

68. 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.

69. 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 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.

70. 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.

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71. 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.

72. 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 6. 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 6. 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
<b>Total</b>	<b>3 987.8</b>

## 5. NEXT STEPS

73. 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 74 and 75) 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.

74. 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.

75. 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.

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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.

76. 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.

77. 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.

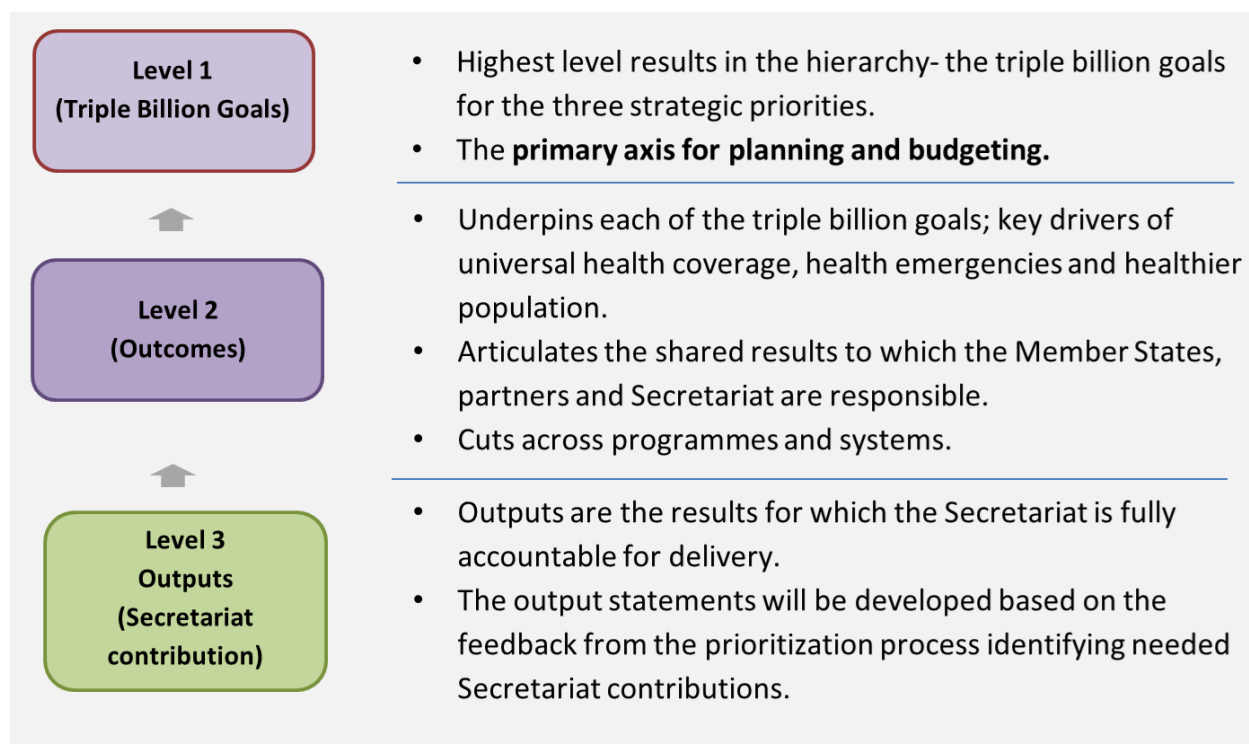
## **6. ACTION BY THE REGIONAL COMMITTEE**

78. The Regional Committee is invited to note this consultation document.

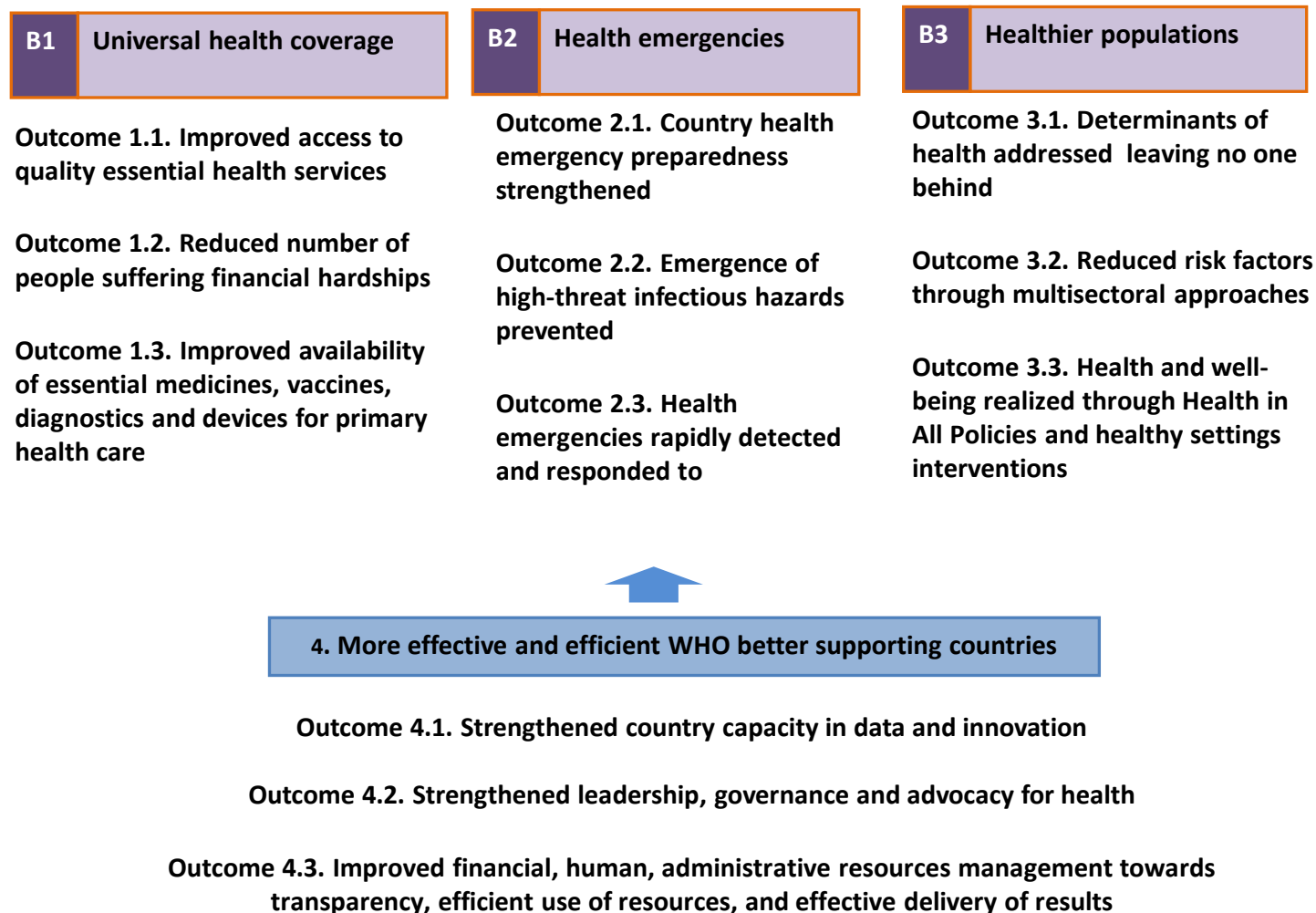
## APPENDICES

### APPENDIX A. GPW 13 planning and budgeting framework

#### Results chain

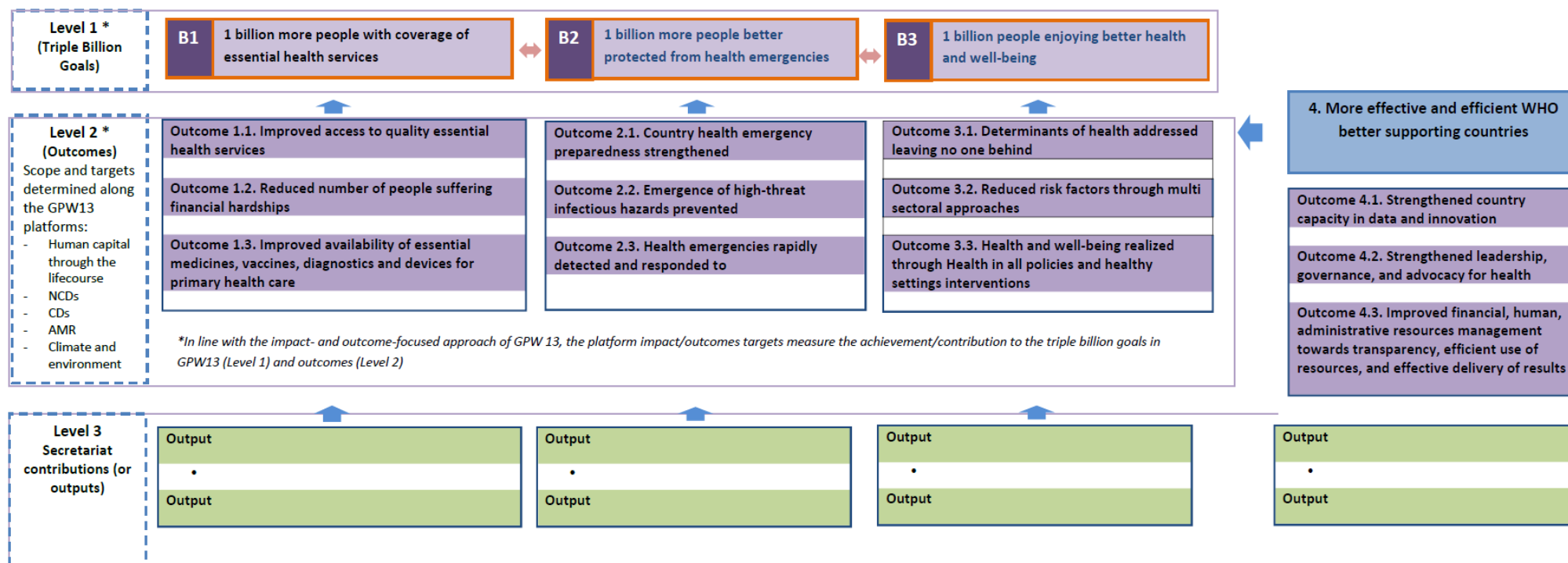


## Outcomes



Annex

GPW 13 Planning and Budgeting Framework





## Scope and Impact Framework Targets for each outcome

### PRINCIPLES

- (1) **Health systems strengthening** underpins all three strategic priorities and ‘9+1’ outcomes (incl. data and innovation)
- (2) **Gender, equity and human rights integration** should be embedded in all approaches and interventions contributing to the outcome, be it in the design, implementation, monitoring and reporting (e.g. through data disaggregation to identify population groups most affected by health inequalities and target actions to reduce those inequalities)
- (3) The scope and targets demonstrate how the platforms, i.e., human capital through the life-course, noncommunicable diseases, communicable diseases, climate and environment and antimicrobial resistance, contribute to the strategic priorities or the triple billion goals
- (4) The scope and targets will help guide the prioritization of outcomes that will be undertaken at the country level.
- (5) Although the targets are placed where they make most sense, this should not limit work related to these targets, especially the mortality targets, which could be programmed in multiple places.
- (6) **Countries may adapt targets to suit their national situations and context**

**B1** 1 billion more people with coverage of essential health services

Outcome 1.1. Improved access to quality essential health services		Outcome 1.2. Reduced # people suffering financial hardships		Outcome 1.3. Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care	
Impact Framework Targets	Scope of the outcome	Impact Framework Targets	Scope of the outcome	Impact Framework Targets	Scope of the outcome
<ul style="list-style-type: none"> <li>Essential health services among women and girls in the poorest wealth quintile ↑ to 70%</li> <li>Increase health workforce density with improved distribution</li> <li>Older adults 65+ yrs who are care dependent ↓ by 15 million</li> <li>Women with family planning needs satisfied ↑ to xx%</li> <li>Treatment coverage of RR-TB ↑ to 80%</li> <li>Treatment for severe mental illness ↑ to 50%</li> <li>Measles containing vaccine ↑ 90%</li> <li>Maternal mortality ratio ↓ by 30%</li> <li>Newborns and children death ↓ by 30%</li> <li>Eliminate at least one neglected tropical disease</li> <li>Tuberculosis deaths ↓ by 50%</li> <li>Malaria deaths ↓ by 50%</li> <li>HBV or HCV related deaths ↓ by 40%</li> <li>New HIV infections ↓ by 73%</li> <li>Premature NCD-related mortality ↓ by 20%</li> <li>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]</li> <li>Increase percent of publicly financed health expenditures by 10%</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening of <b>health systems governance, national health policies and strategies, regulatory frameworks</b></li> <li>Strengthening or transformation of <b>human resources for health</b></li> <li>Ensuring good quality <b>people-centred health services and use of health technologies</b> for UHC</li> <li>Strengthening <b>prevention, control, elimination, and eradication of diseases</b> through sustainable health systems</li> <li>Empowering <b>people and communities</b> to share responsibilities for shaping and improving health services</li> <li>Improving <b>intersectoral governance</b> for universal health coverage</li> <li>Improving <b>equity in the distribution of health systems resources and services</b></li> <li>Establishing institutional mechanisms for better defining <b>health services benefits and entitlements</b> package</li> <li>Identify populations not accessing health and wellbeing services and why through equity analysis</li> <li>Strengthen programs and systems to address barriers to access, availability, acceptability, quality</li> <li>Address demand-side barriers, gender and discrimination through participation, empowerment</li> </ul>	<ul style="list-style-type: none"> <li>Stop the rise in percent of people suffering financial hardship in accessing health services</li> </ul>	<ul style="list-style-type: none"> <li>Raising <b>adequate and sustainable public financing</b> for health</li> <li>Improving equity and efficiency through <b>governance for intersectoral and public-private partnerships</b></li> <li>Improving <b>health and public finance authorities</b> engagement for shared responsibility and accountability</li> <li>Enhancing <b>transparency and accountability</b> through monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Availability of essential medicines for primary health care ↑ to 80%</li> <li>Coverage of HPV vaccine among adolescents ↑ to 50%</li> <li>Oral morphine for palliative care ↑ from 25% to 50%</li> <li>Bloodstream infection due to AMR organisms ↓ by 10%</li> </ul>	<ul style="list-style-type: none"> <li>Improving <b>governance and stewardship of pharmaceutical services and other health technologies</b></li> <li>Assuring <b>quality, effectiveness and safety of medicines and health technologies</b></li> <li>Protecting <b>intellectual property and leveraging on TRIPS</b> flexibilities</li> <li>Promoting <b>rational dispensing, prescribing, use of medicines and other health technologies</b></li> <li>Ensuring availability, affordability of medicines and other health technologies (i.e., efficient procurement and <b>supply chain</b>, pricing, etc)</li> <li>Strengthening <b>policies and systems for tackling antimicrobial resistance</b></li> </ul>

**B2** 1 billion more people better protected from 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	
Impact Framework Targets	Scope of the outcome	Impact Framework Targets	Scope of the outcome	Impact Framework Targets	Scope of the outcome
<ul style="list-style-type: none"> <li>Increased IHR capacity and health emergency preparedness</li> </ul>	<ul style="list-style-type: none"> <li>Assessing and reporting on all-hazards emergency preparedness including IHR core capacities</li> <li>Establishing minimum core capacities for emergency preparedness and disaster risk management in all countries</li> <li>Ensuring operational readiness to manage identified risks and vulnerabilities at the country level</li> <li>Ensuring regulatory preparedness for public health emergencies</li> </ul>	<ul style="list-style-type: none"> <li>Cholera and yellow fever epidemics eliminated</li> <li>No outbreak becomes an epidemic or 95% of detected outbreaks are contained (tbd)</li> <li>Polio eradicated</li> </ul>	<ul style="list-style-type: none"> <li>Assessing and monitoring drivers for epidemics and pandemics</li> <li>Strengthening research and development for infectious hazard management</li> <li>Scaling up prevention strategies for priority epidemic-prone diseases</li> <li>Mitigating/reducing emergence/re-emergence of high-threat infectious pathogens</li> </ul>	<ul style="list-style-type: none"> <li>Coverage of people in FCVs with essential health services ↑ to xx%</li> <li>Reduced number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening capacity for rapid detection and risk assessment for potential health emergencies</li> <li>Putting in place systems for rapid response to acute health emergencies</li> <li>Maintaining essential health services and systems in fragile, conflict and vulnerable settings</li> </ul>

**B3** 1 billion people enjoying better health and well-being

Outcome 3.1. Determinants of health addressed leaving no one behind		Outcome 3.2. Reduced risk factors through multi sectoral approaches		Outcome 3.3. Health and well-being realized through Health in all policies and healthy settings interventions	
Impact Framework Targets	Scope of the outcome	Impact Framework Targets	Scope of the outcome	Impact Framework Targets	Scope of the outcome
<ul style="list-style-type: none"> <li>Mortality due to air pollution ↓ by 5%</li> <li>Mortality from climate-sensitive diseases ↓ by 10%</li> <li>Access to safe drinking water for 1 billion more people</li> <li>Access to safe sanitation for 800 million more people</li> <li>Stunted children ↓ by 30%</li> <li>Wasting among children ↓ to &lt;5%</li> <li>Children developmentally on track in health ↑ to 80%</li> <li>Children subject to violence ↓ by 20%</li> <li>Intimate partner violence ↓ to 15%</li> <li>Women making informed reproductive health decisions, etc. ↑ to 60%</li> </ul>	<ul style="list-style-type: none"> <li>Reaching the marginalized or underserved populations through tackling determinants of health at and across different life stages</li> <li>Strengthening intersectoral governance for investments public health</li> <li>Conducting impact analyses of social and economic health challenges across sectors</li> <li>Strengthening monitoring, including health inequality monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Current tobacco use ↓ by 25%</li> <li>Harmful use of alcohol ↓ by 7%</li> <li>Salt/sodium intake ↓ by 25%</li> <li>Raised blood pressure ↓ by 20%</li> <li>Eliminate industrially produced trans fats</li> <li>Halt and begin to reverse the rise of childhood overweight and obesity</li> <li>Insufficient physical activity ↓ by 7%</li> </ul>	<ul style="list-style-type: none"> <li>Enacting policies, legislation, regulations for reduction of risk factors</li> <li>Improving people's participation and engagement for reducing risk factors through health promotion and rights literacy</li> <li>Engaging non-state actors and sectors outside health on risk factor reduction</li> <li>Evidence generation for cost-effective multisectoral policies and actions</li> </ul>	<ul style="list-style-type: none"> <li>Road traffic accidents ↓ by 20%</li> <li>Suicide mortality ↓ by 15%</li> </ul>	<ul style="list-style-type: none"> <li>Implementing 'Whole-of-government approach' to health policies and programs</li> <li>Developing and implementing cost effective policy solutions and implementation of health in all policies and programs at national, sub-national and local levels</li> <li>Establishing regional platforms to promote networks and evidence for key settings-based issues for health</li> <li>Implementing 'Healthy setting' approaches to health promotion</li> </ul>

4

**4. More effective and efficient WHO  
better supporting countries**

**Outcome 4.1. Strengthening country capacity in data and innovation**

**Scope of the outcome**

- Establishing global norms and standards for health data.
- Strengthening national statistical capacities and ensure effective use of disaggregated data at subnational levels.
- Improving national capacities for evidence-informed policy making and implementation research.
- Ensuring open and transparent access to data.
- Catalyzing investments to address data gaps and improve data quality.
- Harmonizing processes for more effective and efficient production of data products.



**APPENDIX B. Prioritization of GPW 13 outcomes by country/area  
(as at 7 August 2018)**

Country/Area	1.1	1.2	1.3	2.1	2.2	2.3	3.1	3.2	3.3	4.1
American Samoa	HIGH	Not a priority	Not a priority	HIGH	Not a priority	Not a priority	HIGH	Not a priority	HIGH	Not a priority
Brunei Darussalam	Not a priority	Not a priority	Not a priority	Not a priority	Not a priority	Not a priority	LOW	HIGH	HIGH	Not a priority
Cambodia	HIGH	MEDIUM	HIGH	HIGH	MEDIUM	MEDIUM	HIGH	MEDIUM	MEDIUM	HIGH
China	HIGH	MEDIUM	HIGH	MEDIUM	MEDIUM	Not a priority	MEDIUM	HIGH	HIGH	Not a priority
Cook islands	HIGH	MEDIUM	MEDIUM	HIGH	Not a priority	Not a priority	HIGH	MEDIUM	HIGH	MEDIUM
Fiji	HIGH	Not a priority	HIGH	HIGH	HIGH	MEDIUM	HIGH	HIGH	MEDIUM	HIGH
French Polynesia	HIGH	Not a priority	Not a priority	HIGH	Not a priority	Not a priority	Not a priority	Not a priority	HIGH	Not a priority
Guam	HIGH	Not a priority	MEDIUM	Not a priority	Not a priority	Not a priority	Not a priority	Not a priority	HIGH	HIGH
Kiribati	HIGH	Not a priority	HIGH	HIGH	Not a priority	MEDIUM	HIGH	Not a priority	HIGH	MEDIUM
Lao People's Democratic Republic	HIGH	HIGH	MEDIUM	HIGH	HIGH	HIGH	Not a priority	Not a priority	MEDIUM	HIGH
Malaysia	HIGH	HIGH	HIGH	MEDIUM	LOW	LOW	MEDIUM	Not a priority	HIGH	HIGH
Marshall Islands	HIGH	Not a priority	HIGH	HIGH	Not a priority	Not a priority	MEDIUM	Not a priority	Not a priority	MEDIUM
Micronesia (Federated States of)	HIGH	Not a priority	HIGH	HIGH	Not a priority	Not a priority	MEDIUM	Not a priority	Not a priority	MEDIUM
Mongolia	HIGH	HIGH	HIGH	HIGH	MEDIUM	HIGH	Not a priority	HIGH	Not a priority	Not a priority
Nauru	HIGH	Not a priority	HIGH	Not a priority	Not a priority	Not a priority	Not a priority	Not a priority	LOW	Not a priority
Niue	HIGH	Not a priority	Not a priority	MEDIUM	Not a priority	Not a priority	MEDIUM	HIGH	HIGH	Not a priority
Commonwealth of the Northern Mariana Islands	HIGH	Not a priority	Not a priority	Not a priority	HIGH	Not a priority	Not a priority	Not a priority	HIGH	Not a priority
Pacific Island Countries	HIGH	MEDIUM	HIGH	HIGH	HIGH	MEDIUM	HIGH	Not a priority	Not a priority	HIGH
Palau	HIGH	Not a priority	HIGH	Not a priority	Not a priority	Not a priority	MEDIUM	Not a priority	Not a priority	Not a priority
Papua New Guinea	HIGH	MEDIUM	HIGH	HIGH	LOW	HIGH	MEDIUM	LOW	MEDIUM	HIGH
Philippines	HIGH	MEDIUM	HIGH	MEDIUM	MEDIUM	MEDIUM	HIGH	Not a priority	HIGH	MEDIUM
Samoa	HIGH	Not a priority	HIGH	HIGH	Not a priority	Not a priority	HIGH	Not a priority	MEDIUM	HIGH
Singapore	Not a priority	Not a priority	Not a priority	HIGH	Not a priority	Not a priority	Not a priority	Not a priority	Not a priority	Not a priority
Solomon Islands	HIGH	Not a priority	Not a priority	HIGH	LOW	MEDIUM	HIGH	Not a priority	Not a priority	HIGH
Tokelau	HIGH	Not a priority	HIGH	MEDIUM	Not a priority	Not a priority	MEDIUM	HIGH	MEDIUM	HIGH
Tonga	HIGH	Not a priority	MEDIUM	HIGH	MEDIUM	MEDIUM	Not a priority	Not a priority	MEDIUM	HIGH
Tuvalu	HIGH	Not a priority	Not a priority	HIGH	HIGH	Not a priority	MEDIUM	HIGH	MEDIUM	HIGH
Vanuatu	HIGH	Not a priority	MEDIUM	HIGH	MEDIUM	Not a priority	MEDIUM	MEDIUM	HIGH	HIGH
Viet Nam	HIGH	MEDIUM	MEDIUM	HIGH	LOW	LOW	MEDIUM	HIGH	LOW	MEDIUM

Legend: HIGH MEDIUM LOW Not a priority

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**APPENDIX C. GPW 13 targets selected by countries in the Western Pacific Region  
(as at 7 August 2018)**

Strategic Priority / Outcomes	Target	Number of Countries
<b>1 billion more people with coverage of essential health services</b>		
<b>1.1. Improved access to quality essential health services</b>		
	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	20
	Premature NCD-related mortality reduced by 20%	18
	Increase health workforce density with improved distribution	14
	Measles containing vaccine increased to 90%	13
	Treatment coverage of RR-TB increased to 80%	11
	Maternal mortality ratio decreased by 30%	11
	Newborns and children death decreased by 30%	11
	Tuberculosis deaths reduced by 50%	11
	Eliminate at least one neglected tropical disease	10
	Women with family planning needs satisfied ↑ to xx%	9
	New HIV infections reduced by 73%	9
	Essential health services among women and girls in the poorest wealth quintile increased to 70%	7
	Malaria deaths reduced by 50%	6
	HBV or HCV related deaths reduced by 40%	5
	Treatment for severe mental illness increased to 50%	5
	Increase percent of publicly financed health expenditures by 10%	4
	Older adults 65+ yrs who are care dependent decreased by 15 million	1
<b>1.2. Reduced # people suffering financial hardships</b>		
	Stop the rise in percent of people suffering financial hardship in accessing health services	7
<b>1.3. Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care</b>		
	Availability of essential medicines for primary health care increased to 80%	17
	Bloodstream infection due to AMR organisms reduced by 10%	12
	Oral morphine for palliative care increased from 25% to 50%	2
	Coverage of HPV vaccine among adolescents increased to 50%	3
<b>1 billion more people better protected from health emergencies</b>		
<b>2.1. Country health emergency preparedness strengthened</b>		
	Increased IHR capacity and health emergency preparedness	22
<b>2.2. Emergence of high-threat infectious hazards prevented</b>		
	No outbreak becomes an epidemic or 95% of detected outbreaks are contained (tbd)	9
	Polio eradicated	5

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Strategic Priority / Outcomes	Target	Number of Countries
<b>2.3. Health emergencies rapidly detected and responded to</b>		
	Reduced number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	7
	Coverage of people in FCvs with essential health services increased to xx%	2
<b>1 billion people enjoying better health and well-being</b>		
<b>3.1. Determinants of health addressed leaving no one behind</b>		
	Access to safe drinking water for 1 billion more people	13
	Access to safe sanitation for 800 million more people	11
	Children developmentally on track in health increased to 80%	8
	Stunted children reduced by 30%	8
	Wasting among children reduced to less than 5%	7
	Women making informed reproductive health decisions, etc. increased to 60%	6
	Children subject to violence reduced by 20%	5
	Mortality due to air pollution reduced by 5%	5
	Mortality from climate-sensitive diseases reduced by 10%	5
	Intimate partner violence decreased to 15%	4
<b>3.2. Reduced risk factors through multisectoral approaches</b>		
	Current tobacco use reduced by 25%	20
	Raised blood pressure reduced by 20%	15
	Salt/sodium intake reduced by 25%	15
	Insufficient physical activity reduced by 7%	13
	Harmful use of alcohol reduced by 7%	13
	Halt and begin to reverse the rise of childhood overweight and obesity	9
	Eliminate industrially produced trans fats	3
<b>3.3. Health and well-being realized through health in all policies and healthy settings interventions</b>		
	Road traffic accidents reduced by 20%	11
	Suicide mortality reduced by 15%	10