

RC/2008/2

DRAFT PROPOSED PROGRAMME BUDGET 2010–2011

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INTRODUCTION

WHO's Draft Proposed programme budget 2010–2011 presents the expected results and budget requirements for the biennium 2010–2011 within the broader context of the Organization's Medium-term strategic plan, which covers the six-year period 2008–2013. The strategic plan defines the strategic objectives for WHO, and details the Organization-wide expected results for the Secretariat for the period. The overarching priorities for health are described in the Eleventh General Programme of Work 2006–2015, which also reflects WHO's comparative advantages, its core functions, the main challenges it faces and its opportunities for the future.

Since the Medium-term strategic plan lays out the strategic direction of WHO for 2008–2013, the Organization-wide expected results for 2010–2011 remain largely the same as those for the biennium 2008–2009. However, the Programme budget 2010–2011 includes some shifts in emphasis, reflecting the evolving global health situation and the corresponding changes needed in WHO's work. The changes in emphasis of some strategic objectives are described in the amended Medium-term strategic plan.

The result of an external review of the indicators of the Medium-term strategic plan has also shown that there is a need for improvement in the effort to make the indicators more measurable and meaningful.¹ The revised indicators are shown for the individual strategic objectives.

Budgetary implications of partnerships and outbreak and crises response

Partnerships

Recent discussions at meetings of WHO's governing bodies have highlighted the importance, and also the complexity, of the global health architecture, including partnerships and the need to consider coordination and harmonization among the various parties. In the Programme budget 2008–2009 a number of partnerships were noted but this was not an exclusive list and their contribution to the delivery of the Organization-wide expected results was not defined. As the major partnerships usually have independent governance mechanisms, it was also unclear how changes in the budget levels of these partnerships affected the overall WHO programme budget.

With a view to increasing the transparency of partnerships within the global governance of WHO, including their budget management, an analysis was undertaken of all the Organization's partnerships and collaborative arrangements – 97 in total. The results indicated that the group was highly heterogeneous, ranging from large partnerships with a considerable degree of independence but administratively hosted by WHO, to other entities having the characteristics of internal expert groups or advocacy arrangements.

Within the full grouping there is an identifiable subset involving major partnerships and collaborative arrangements that can be broadly divided in two groups: (i) those partnerships that contribute directly to the achievement of the Organization-wide expected results and follow the results hierarchy of the WHO programme budget, and which are therefore considered entirely inside the programme budget envelope; and (ii) those partnerships that do not contribute to the results hierarchy but which nonetheless have a strong link with WHO. Although the importance of these latter partnerships is recognized for the achievement of the strategic objectives of the Medium-term strategic plan, their budgets are outside the WHO programme budget envelope for the biennium 2010–2011.

¹ The improvement of indicators will be incremental and there may be further refinement in subsequent versions of the Draft Proposed programme budget 2010–2011.

Eleven such partnerships and collaborative arrangements outside the programme budget envelope are listed in Annex 1. The annex provides an explanation of their strategic approaches as well as the scope of their work and their synergy and coordination with WHO for the biennium 2010–2011.¹

The partnerships and collaborative arrangements that are considered within the WHO programme budget envelope have increased their share of the total budget and it is recognized that a separate approach to budget management needs to be taken in their case. Over the last bienniums the budget growth of these partnerships has been difficult to predict and their total contribution to the overall WHO budget has not been clear.

Outbreak and crisis response

WHO has been playing an increasingly important role in outbreak and crisis response, and the activities concerned and their budgetary implications are by their very nature unpredictable. This has again led to budgetary increases that have not been fully distinguished from other types of increases.

In recognition of the budgetary considerations mentioned above, the Draft Proposed programme budget 2010–2011 is presented in three segments. This segmentation applies both to the initial budget presentation and to budget management during the biennium. The three segments are:

- WHO programmes
- Partnerships and collaborative arrangements
- Outbreak and crisis response

In order to provide greater transparency and improve WHO's monitoring, management and implementation of the programme budget, outbreak and crises response and partnerships and collaborative arrangements will be tracked and reported on separately. This will begin in the biennium 2008–2009, and will take full effect from the biennium 2010–2011.

This segmentation has implications of varying complexity for the different technical strategic objectives. Four strategic objectives (numbers 3, 7, 9 and 11) are composed only of WHO programmes and have no components involving partnerships and collaborative arrangements; nor are these strategic objectives affected by crisis response. Conversely, strategic objectives 1 and 5 contain all three budget segments.

Level of the Draft Proposed programme budget 2010–2011

The budgets of WHO have been increasing consistently over the past four bienniums, rising from US\$ 1800 million in the biennium 2002–2003 to US\$ 4200 million in the biennium 2008–2009. There is a growing recognition that the Organization needs to consolidate its growth and strengthen its implementation capacity, while at the same time ensuring there is a continuing focus on priorities. With that in mind, the Draft Proposed programme budget 2010–2011 has initially been established at the same **nominal value** as the baseline of the **WHO programme segment** of the revised programme budget for the biennium 2008–2009.

In December 2007 the operational plans for the biennium 2008–2009 reflected the developments that had taken place and the increased demand registered since the approval by the Sixtieth World Health Assembly of the Programme budget 2008–2009. This was particularly evident in the partnership segment; however, it was also the case, albeit to a lesser extent, for the WHO programme segment.

¹ The question of which partnerships should be included in the WHO programme budget envelope and which should remain outside is still under discussion.

On the basis of this analysis, the **WHO programme segment** of the Draft Proposed programme budget 2010–2011 is initially set at US\$ 3888 million, showing no increase as compared with operational plans for the biennium 2008–2009. The relative distribution between headquarters and the regions is unchanged within this budgetary provision. This strategic decision is in line with the Director General’s commitment to maintain budgetary discipline and exercise restraint in line with the Organization’s capacity to scale up implementation.

Within this overall budget envelope the Organization, (countries, regions and headquarters) has developed budget proposals across the 13 strategic objectives. The **partnership and collaborative arrangement segment** within the programme budget stands at US\$ 747 million in the biennium 2008–2009; it has grown to US\$ 1050 million for the biennium 2010–2011.

The **outbreak and crisis response segment** is also estimated to increase against the level for the biennium 2008–2009. However, the budget for that segment has not been included at this point in view of the unpredictability of the needs concerned. These will be estimated nearer in time to the implementation of the Programme budget 2010–2011 and reported back to the governing bodies. More generally, the governing bodies will, at regular intervals, be kept abreast of developments concerning the budget of the outbreak and crisis response segment.

Table 1. illustrates the problems with predicting the Organization’s response to outbreaks and crisis well in advance, and shows the steady increase in the budget value of partnerships and collaborative agreements. The lack of clarity on the full budgetary contribution of partnerships within the programme budget envelope has hitherto been a constraint in the overall budgetary process. It has become difficult to compare partnerships’ budgets across bienniums since in the past these were not delineated and because there are budgetary movements as new partnerships are created and others become less important.

Table 1. Expenditure for the Programme budgets 2006–2007, 2008–2009 and for the Proposed programme budget 2010–2011 in budget segments.

Budget segments	2006–2007	2008–2009		2010–2011
	Actual	Approved budget	Revised budget	(before currency adjustments)
WHO programmes	2103.2	3741.7	3888.4	3888.0
Partnerships and collaborative arrangements within the budget envelope	705.0	369.9	747.0	1049.9
Outbreak and crisis response	290.0	115.9	316.2	0.0
Grand total	3098.2	4227.5	4951.6	4937.9

Partnerships and collaborative arrangements contribute more significantly to the achievement of some strategic objectives. Within strategic objective 1 the largest single component concerns the Global Polio Eradication Initiative, representing US\$ 389 million. Details on the individual partnerships can be found in Summary Tables 4 and 5.

Table 2. Proposed programme budget 2010–2011 by strategic objective (broken down by budget segment and compared with the approved Programme budget 2008–2009).

Strategic objectives	Programme budget 2008–2009 (WHO programmes)		Proposed programme budget 2010–2011 (before currency adjustments)				
	Approved WHO programmes 2008–2009	Revised WHO programmes 2008–2009	Proposed WHO programmes 2010–2011	Change over approved Programme budget 2008–2009 %	Partnerships and collaborative arrangements	Outbreak and crisis response	Total Programme budget 2010–2011
1	625.2	677.2	664.3	6.3	878.7	Note	1543.0
2	634.6	658.0	653.7	3.0	78.0	n.a	731.7
3	158.1	157.1	161.8	2.3	-	n.a	161.8
4	319.2	314.1	313.7	-1.7	40.5	n.a	354.2
5	134.0	134.1	123.7	-7.7	3.0	Note	126.7
6	162.1	167.9	164.1	1.2	13.0	n.a	177.1
7	65.9	66.6	71.9	9.1	-	n.a	71.9
8	130.5	136.6	145.5	11.5	1.2	n.a	146.7
9	126.7	121.4	118.9	-6.2	-	n.a	118.9
10	494.6	506.8	510.2	3.2	35.5	n.a	545.7
11	134.0	161.9	160.7	19.9	-	n.a	160.7
12	214.3	244.3	253.9	18.5	-	n.a	253.9
13	542.4	542.4	545.6	0.6	-	n.a	545.6
Total	3741.6	3888.4	3888.0	3.9	1049.9	Note ¹	4937.9

Although the WHO programme segment is unchanged in nominal terms between the biennium 2008–2009 and the biennium 2010–2011, Table 2 illustrates that some adjustments have been made between the strategic objectives in order to reflect increased emphases on the following:

- Strategic objectives 3 and 6 as a result of the endorsement by the Sixty-first World Health Assembly of the action plan for the global strategy for the prevention and control of noncommunicable diseases²
- Strategic objective 7 in response to the recommendations of the Commission on Social Determinants of Health
- Strategic objective 8 in order to accommodate the additional emphasis on climate change
- Strategic objective 10 in support of WHO's effort to revitalize primary health care, which is the focus of the *World health report 2008*
- Strategic objective 11 in order to support prequalification and quality control of medicines
- Strategic objective 12 in order to accommodate the increased number of meetings of the governing bodies and increased country presence.

¹ The outbreak and crisis budget will be determined nearer the time of implementation. It will start at a low level and is likely to increase throughout the biennium 2010–2011.

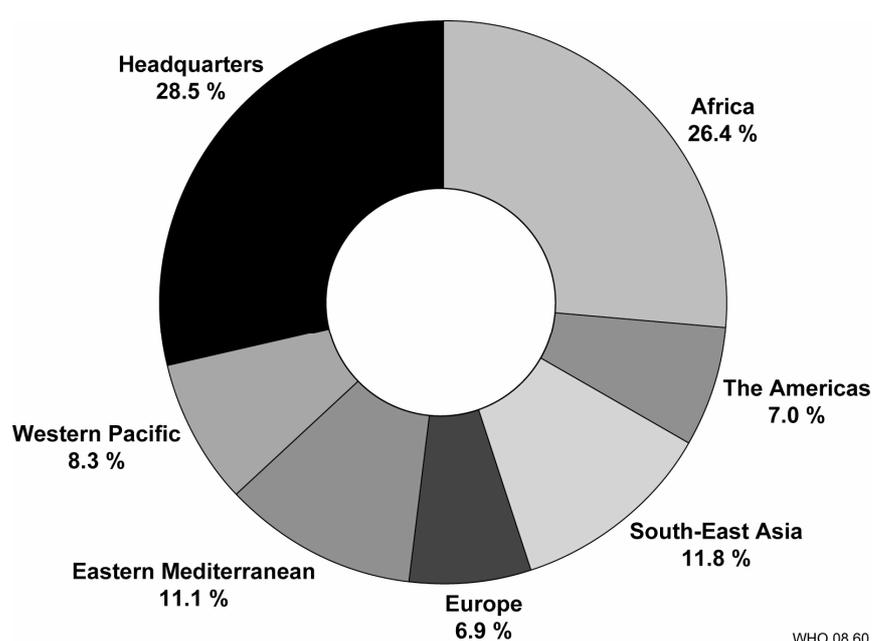
² Resolution WHA61.14.

In pursuance of the Organization's strategy to strengthen the first-line support provided to countries with adequate back-up at regional and global levels, the major part of the programme budget will be spent in regions and countries while maintaining headquarters functions. The "70%–30%" principle continues to guide the overall distribution of resources between regions/countries and headquarters, with the understanding that there will be variations between the strategic objectives and their underlying programmes depending on the nature of the programmes concerned. The budget distribution between the individual regions is unchanged for the WHO programme segment and reflects regional needs in line with the ranges from the validation mechanism for strategic resource allocation reviewed by the Executive Board¹ (see Figure 1).

Table 3. Proposed programme budget 2010–2011 by major office broken down by budget segment.

Location (major office)	Total approved Programme budget 2008–2009 <i>US\$ million</i>	Proposed programme budget 2010–2011 <i>(before currency adjustments)</i>		
		Total programme budget	WHO programmes	Partnerships and collaborative arrangements
		<i>US\$ million</i>		
Africa	1193.9	1451.0	1026.0	425.0
The Americas	278.5	277.0	272.0	5.0
South-East Asia	491.5	568.0	459.0	109.0
Europe	274.8	278.1	268.0	10.1
Eastern Mediterranean	465.0	485.4	433.0	52.4
Western Pacific	347.9	348.4	322.0	26.4
Headquarters	1175.9	1530.0	1108.0	422.0
Total	4227.5	4937.9	3888.0	1049.9

Figure 1. Distribution between regions and headquarters of the budget segment for WHO programmes for the biennium 2010–2011 (excluding partnerships and collaborative arrangements and outbreak and crisis response)



¹ See document EBSS-EB118/2006/REC/1, summary record of the fourth meeting, section 4.

Mechanisms of financing the Programme budget 2010–2011

Strategic objectives 1 to 11 are financed from both assessed and voluntary contributions, although voluntary contributions account for an increasing share of the total funding.

Voluntary contributions received by the Organization vary greatly in the degree to which they are earmarked for specific activities, in their predictability and in the time of their receipt. The voluntary contributions with both the least earmarking and a high level of predictability are obviously the easiest for WHO to align to its priorities and financing needs. The greater the earmarking of voluntary contributions, the more difficult it is for the Organization to fully finance all aspects of its work.

It is encouraging that the number of donors contributing core voluntary contributions has increased since 2006. It is hoped that this trend will continue as the management of these funds becomes more refined and as donor confidence in WHO's results-based management approach increases.

Core voluntary contributions

An important financing and management mechanism has been established, namely, the **core voluntary contributions account**. This account will manage those core voluntary contributions that are either fully flexible or flexible at strategic objective level. The account will help to ensure that funds are available to implement the programme budget so that the integrity of the strategic objectives and Organization-wide expected results is maintained, and so that there is a better programmatic delivery of the totality of the Medium-term strategic plan. The oversight of the core voluntary contributions account lies with the advisory group on financial resources. Discussions with major donors and partners have indicated growing support for this mechanism and the aim is to ensure approximately US\$ 300 million of such highly flexible funds for the biennium 2010–2011.

Core voluntary contributions that are specified to the level of Organization-wide expected results are referred to as “**designated core voluntary contributions**”. Such funds are managed through the Organization-wide technical programmes and networks in order to ensure efficient and timely delivery of the expected results. Designated core voluntary contributions are estimated at about US\$ 400 million for the biennium 2010–2011.

Oversight of the core voluntary contributions is exercised by the advisory group on financial resources. This group of senior WHO staff is in charge of monitoring financial and technical implementation of the programme budget and makes recommendations to the Director-General on corporate resource allocation.

Other voluntary contributions

In addition to the total of US\$ 700 million of core voluntary contributions, about US\$ 3500 million is expected to be raised in the form of specified contributions (Table 5). The expectation that the Organization will be able to mobilize the proposed level of voluntary contributions is considered justified on the basis of current trends.

Strategic objectives 12 and 13

Successful implementation of WHO's programme budget requires adequate financial, programmatic, infrastructure, monitoring, and accountability mechanisms. A proportion of the operating costs of these mechanisms is directly attributable to the programmes and their expected results, and is therefore part of the respective strategic objective budgets. However, other administrative and managerial functions are fixed and cannot be directly attributed to technical programmes. These include, within strategic objective 12, the governance mechanisms of the Organization including the various meetings of the governing bodies. The latter involve both statutory meetings and those arising from new emerging issues, such as the Intergovernmental Working Group on Public Health, Innovation and

Intellectual Property. Functions such as legal services, the Ombudsman and the office of the Internal Auditor are also budgeted in this strategic objective.

Strategic objective 12 also includes the work of the senior officers of the Secretariat throughout the Organization and associated costs. This includes country representatives, Regional Directors, Directors of Programme Management, Assistant Directors-General and the Office of the Director General.

Strategic objective 13 includes costs for financial management, information technology, human resources, procurement, planning and performance management, building management and infrastructure, staff development and learning, and security.

The growth in the Organization and its budget in recent years has placed increased demands on management and administrative support functions. In order to meet these demands some cost efficiencies have been made and further efforts are planned for the biennium 2010–2011. However, it is clear that any additional reduction in the resources available for administrative functions will affect the Organization's ability to achieve its technical objectives.

A proportion of voluntary contributions, referred to as “**programme support costs**”, is used to cover the costs incurred in implementation and in financing the administrative support services that underpin effective achievement of the expected results in all strategic objectives. In keeping with the authority given to the Director-General in both the Financial Regulations and Health Assembly resolutions, programme support costs of 13% are levied in order to help to meet the budgetary requirements of strategic objectives 12 and 13, together with these indirect costs. However, in practice, it has proven impossible to reach the 13% target. This is explained by the large number of exceptions, including a standard reduced cost for emergencies and crises and for the programme against poliomyelitis, as well as the general pressure on the United Nations system to reduce its charges for programme support costs. The current average collection rate amounts to only 7% of the overall voluntary contributions. This insufficient rate has led to a financing gap for strategic objectives 12 and 13.

The cost of delivering the administrative services has been increasing as a result of the growth in WHO's level of operations. This increase has been exacerbated by the falling value of the dollar and has been particularly critical to the financing of support functions, given the high preponderance of costs at headquarters in Switzerland, which are denominated in Swiss francs. Similar situations exist in several of the regional offices but to varying extents. In view of this, during the biennium 2010–2011, the two instruments described below will be employed in order to close the financing gap.

- An increased proportion of the assessed contributions will be applied to strategic objectives 12 and 13. At all locations, a minimum of 60% of the budget of these two strategic objectives should be financed from assessed contributions.
- A mechanism for common administration costs, set initially at 2.5%, will be established. This income source is within the budgets of strategic objectives 1 to 11 and will be used for financing the following corporate management and administrative functions: United Nations common charges including security; real estate, exchange rate hedging; the global service centre; insurance costs and global information technology.

Adjustments for currency fluctuations

If expenditure financed by dollar income is to remain unchanged, such income will have to be adjusted upwards. In this way, the same amount of local currencies can continue to be purchased. WHO incurs expenditures in many currencies, and to the extent that these expenditures are financed by United States dollar income sources (assessed contributions and voluntary contributions in United States dollars), the dollar cost of these expenditures in the biennium 2010–2011 will be higher than in the biennium 2008–2009. This is the continuation of a trend that has been visible over the last three bienniums.

Table 4. Estimated impact of exchange rate change on Programme budget 2010–2011 compared with exchange rate used for preparing Programme budget 2008–2009

	Exchange rate at May 2006	Impact of exchange rate change (US\$ million)	Exchange rate at June 2008
US\$ financed component of total budget			
Assessed contributions	929		
Voluntary contributions	1077		
Subtotal US\$ financed	2006	301	2307 ¹
Financed in other currencies	2932		2932
Total Programme budget	4938		5239

US\$ currency fall as weighted average of WHO cash flows 15%²

In Table 4 calculations are presented showing:

- (i) The total component of United States dollar-based income, within the overall programme budget, based on the proposed level of assessed contributions, and expectations of donor agreements concluded in United States dollars.
- (ii) The weighted average fall in the value of the United States dollar against the currency of expenditure in each major office location within WHO. The exchange rates used for this purpose are those that prevailed at the time of preparation of the Programme budget 2008–2009 and those of June 2008. This assumes that June 2008 exchange rates will approximate to those during the biennium 2010–2011; however, given that there will be further exchange rate movement, and that it is impossible to forecast accurately future exchange rates, it is proposed that these calculations be subject to further review, in the event that there are further significant exchange rate movements before the Programme budget 2010–2011 has been finalized.
- (iii) Location-specific exchange rate movements have been weighted in accordance with the planned overall budget percentage distribution between offices.

Table 4. indicates that an amount of US\$ 301 million is required to ensure that the same absolute (nominal) values of local currency expenditures as those budgeted for the biennium 2008–2009 can be met across the Organization. This is **before** taking into consideration any inflation affecting activity cost increases or salary increases. Given that global inflation is on a sharply upward trend (current global inflation is running at 5.7% according to the World Bank), even this figure of US\$ 301 million therefore falls significantly short of the amount required for zero real-terms maintenance in the value of WHO's budget for the biennium 2010–2011, compared with the current biennium.

¹ Exchange rate impact is assumed uniquely on that component of the total income in United States dollars and for which expenditures are incurred in the currencies of each of the major offices, in proportion to the overall budget distribution. For example, the United States dollar-denominated share of the budget allocation to headquarters is 28.5%, or US\$ 572 million of the total US\$ 2006 million. This financing is used to pay expenses denominated in Swiss francs, or that are correlated to the Swiss franc (e.g. salaries of staff members in the professional category).

² Currency fall calculated between May 2006, being exchange rates at the time of preparation of the Programme budget 2008–2009, and exchange rates at June 2008. This analysis excludes further potential exchange rate costs associated with the fall in value of other significant income currencies versus currencies of expenditure, most notably the United Kingdom pound.

Income projections for the Programme budget 2010–2011

Translating this US\$ 301 million to the level of the overall approved Programme budget 2008–2009 so as to maintain the same nominal value requires an additional 7.1% increase. It is proposed that this increase be applied in the same proportion to both assessed and voluntary contributions so as to maintain the same proportionality between these different sources of financing. For assessed contributions this translates into an additional US\$ 56.6 million.

Thus the nominal level of assessed contributions amounting to US\$ 985.4 million is proposed for the biennium 2010–2011, and an amount of US\$ 4253.5 million will need to be raised from voluntary contributions. This will give a total budget of US\$ 5238.9 million.

Miscellaneous income, which is derived mainly from interest earnings on assessed contributions, collection of arrears of assessed contributions, and unspent assessed contributions at the end of a biennium, will no longer be included in the programme budget, but will instead be subject to separate appropriation by Member States, based on the actual income available in the year following recognition of income. Miscellaneous income is traditionally difficult to estimate, owing to the multiple, unpredictable sources involved, and it is therefore difficult to include on a forward-looking basis in the budget.

Table 5. Proposed programme budget 2010–2011: financing compared with actual expenditures in the biennium 2006–2007 and the approved Programme budget 2008–2009

Source of income	Actual expenditures 2006–2007		Approved Programme budget 2008–2009		Proposed programme budget 2010–2011		Proposed programme budget 2010–2011 (currency adjusted)	
	US\$ million	%	US\$ million	%	US\$ million	%	US\$ million	%
Assessed contributions	863.3		928.8		928.8		985.4	
Miscellaneous income	35.3		30.0		0.0		0.0	
Total assessed contributions	898.6	29.0	958.8	22.7	928.8	18.8	985.4	18.8
Flexible core voluntary contributions	150.0		300.0		300.0		300.0	
Designated core voluntary contributions	220.0		300.0		400.0		400.0	
Specified voluntary contributions	1829.6		2668.7		3309.1		3553.5	
Total voluntary contributions	2199.6	71.0	3268.7	77.3	4009.1	81.2	4253.5	81.2
Total financing	3098.2	100.0	4227.5	100.0	4937.9	100.0	5238.9	100.0

The distribution of the overall currency adjustment with respect to headquarters and the regions will be determined nearer the date of implementation depending on the effect of the currency fluctuation at the location in question.

Included in the total financing needs is the budgeted US\$ 1049.9 million for partnerships and collaborative arrangements that are expected to be financed from specified voluntary contributions (see Table 1).

Monitoring the programme budget

Performance monitoring and assessment are essential for the proper implementation of the programme budget and for informing the revision of policies and strategies. Monitoring and assessment of the programme budget are Organization-wide processes conducted at the 12-month, mid-term period (the mid-term review) and upon completion of the biennium (the programme budget performance assessment). The documents resulting from the review and the assessment are both submitted to the governing bodies for their consideration.

The mid-term review serves to track and appraise progress towards achievement of the expected results. It facilitates corrective action, and the reprogramming and reallocation of resources during implementation. For each strategic objective, colour ratings are assigned (red, yellow or green) in order to indicate progress in achieving the expected results at the mid-term. The review also describes the impediments, problems and risks encountered, together with the actions required to ensure that the expected results are achieved.

The end-of-biennium programme budget performance assessment is a comprehensive appraisal of the performance of each organizational level and of the Organization as a whole, including the achievement of the targets set for the expected result indicators. The assessment focuses on achievements as compared with planned results, and on lessons learnt, in order to inform planning for the next biennium. The relevant findings provide essential information for subsequent programme budgets and for possible revisions to the Medium-term strategic plan. The performance assessment for the biennium 2006–2007 has noted the lessons learnt and these have informed the formulation of the Draft Proposed programme budget 2010–2011.

The set of indicators for all Organization-wide expected results in the Medium-term strategic plan 2008–2013 has been carefully and systematically reviewed with the aim of improving clarity and facilitating measurement and reporting. Most of the indicators have been refined; some have been replaced when it was considered that they were unable to provide an adequate measurement of the stated result. The refinement and tracking of indicators across all levels of the Organization represents an incremental process and work undertaken in the current biennium will also lead to improvements in processes and tools for the biennium 2010–2011.

STRATEGIC OBJECTIVE 1

To reduce the health, social and economic burden of communicable diseases

Scope

The work under this strategic objective focuses on prevention, early detection, diagnosis, treatment, control, elimination and eradication measures to combat communicable diseases that disproportionately affect poor and marginalized populations. The targeted diseases include but are not limited to: vaccine-preventable, tropical, zoonotic and epidemic-prone diseases, excluding HIV/AIDS, tuberculosis and malaria.

Links with other strategic objectives

- Strategic objectives 2, 3, 4, 6 and 9: in relation to integrated disease control, surveillance and harmonized research initiatives.
- Strategic objective 5: in relation to mutual support in field operations and health security.
- Strategic objective 8: in relation to the adoption of adequate solutions for management of health-care waste.
- Strategic objective 9: in relation to water and sanitation aspects of zoonotic diseases.
- Strategic objective 10: in relation to the implementation of programmes through financially sustainable health-system approaches.
- Strategic objective 11: in relation to access to safe and effective vaccines, medicines and interventions, as well as quality assurance of diagnostics and laboratory services.

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Effective collaboration with GAVI partners
- Global Poliomyelitis Eradication Initiative
- Partnership for the control of neglected tropical diseases
- Special Programme for Research and Training in Tropical diseases
- Vaccine research partnerships
- Tri-partite Agreement WHO-FAO-OIE on avian influenza management and other emerging diseases

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
605.0	34.4	209.0	38.7	155.7	84.4	415.8	1543.0

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

1.1 Policy and technical support provided to Member States in order to maximize equitable access of all people to vaccines of assured quality, including new immunization products and technologies, and to integrate other essential child-health interventions with immunization.	INDICATORS						
	1.1.1 <u>Number of Member States with at least 90% national vaccination coverage (DTP3)</u>	1.1.2 <u>Number of Member States that have introduced <i>Haemophilus influenzae</i> type b vaccine in their national immunization schedule</u>					
	BASELINE 2010						
	130	135					
	TARGETS TO BE ACHIEVED BY 2011						
140	150						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							345.1

1.2 Effective coordination and support provided in order to achieve certification of poliomyelitis eradication, and destruction, or appropriate containment, of polioviruses, leading to a simultaneous cessation of oral poliomyelitis vaccination globally.	INDICATORS						
	1.2.1 <u>Percentage of final country reports demonstrating interruption of wild poliovirus transmission and containment of wild poliovirus stocks accepted by the relevant regional commission for the certification of poliomyelitis eradication</u>	1.2.2 <u>Percentage of Member States using trivalent oral poliovirus vaccine that have a timeline and strategy for eventually stopping its use in routine immunization programmes</u>					
	BASELINE 2010						
	75%	0%					
	TARGETS TO BE ACHIEVED BY 2011						
98%	75%						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							478.1

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1.6 Support provided to Member States in order to achieve the minimum core capacities required by the International Health Regulations (2005) for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.	INDICATORS						
	1.6.1 <u>Number of Member States that have completed the assessment and developed a national action plan to achieve core capacities for surveillance and response in line with their obligations under the International Health Regulations (2005)</u>	1.6.2 <u>Number of Member States whose national laboratory system is engaged in at least one external quality-control programme for epidemic-prone communicable diseases</u>					
	BASELINE 2010						
	180	135					
TARGETS TO BE ACHIEVED BY 2011							
	160						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							64.2

1.7 Member States and the international community equipped to detect, assess, respond to and cope with major epidemic and pandemic-prone diseases (e.g. influenza, meningitis, yellow fever, haemorrhagic fevers, plague and smallpox) through the development and implementation of tools, methodologies, practices, networks and partnerships for prevention, detection, preparedness and intervention.	INDICATORS						
	1.7.1 <u>Number of Member States having national preparedness plans and standard operating procedures in place for readiness and response to major epidemic-prone diseases</u>	1.7.2 <u>Number of international coordination mechanisms for supplying essential vaccines, medicines and equipment for use in mass interventions against major epidemic and pandemic-prone diseases</u>					
	BASELINE 2010						
	135	7					
TARGETS TO BE ACHIEVED BY 2011							
165	8						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							163.3

1.8 Regional and global capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.	INDICATORS						
	1.8.1 <u>Number of WHO locations with the global event-management system in place to support coordination of risk assessment, communications and field operations for headquarters, regional and country offices</u>				1.8.2 <u>Proportion of requests for assistance from Member States for which WHO mobilizes coordinated international support for disease investigation and containment efforts, characterization of events, and sustained containment of outbreaks</u>		
	BASELINE 2010						
	60				100%		
	TARGETS TO BE ACHIEVED BY 2011						
90				100%			
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							60.3

1.9 <u>Effective operations and response by Member States and the international community to declared emergencies situations due to epidemic and pandemic prone diseases.</u>	INDICATORS						
	1.9.1 <u>Proportion of declared emergency situations due to epidemic and pandemic prone diseases where operations have been implemented in a timely fashion</u>						
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							-

STRATEGIC OBJECTIVE 2

To combat HIV/AIDS, tuberculosis and malaria

Scope

Work under this strategic objective will focus on: scaling up and improving prevention, treatment, care and support interventions for HIV/AIDS, tuberculosis and malaria so as to achieve universal access, in particular for seriously affected populations and vulnerable groups; advancing related research; removing obstacles that block access to interventions and impediments to their use and quality; and contributing to the broader strengthening of health systems.

Links with other strategic objectives

- Strategic objective 1: particularly work related to delivery of interventions; strengthening research capacity and expanding access to new strategies and tools, such as vaccines; and strengthening systems for monitoring and surveillance of communicable diseases.
- Strategic objective 3: particularly work relating to HIV and mental health
- Strategic objective 4: particularly efforts related to supporting research and development of new tools and interventions; meeting specific needs of children, adolescents and women of child-bearing age; formulation and implementation of gender-sensitive interventions; and tackling sexually transmitted infections.
- Strategic objective 6: specifically relating to prevention of tobacco use and its relationship with tuberculosis; and prevention of unsafe sex.
- Strategic objective 7: specifically work relating to approaches that enhance equity and are pro-poor, gender-responsive, ethical and human rights based.
- Strategic objective 8: particularly relating to environmental health and its relationship with malaria
- Strategic objective 9: particularly work in the area of nutrition and its relationship to HIV/AIDS
- Strategic objective 10: particularly efforts related to organization, management and delivery of health services; areas of human resource capacity strengthening, integrated training and widening of service provider networks; work related to minimizing the potential of financial catastrophe and impoverishment due to out-of-pocket health expenses.
- Strategic objective 11: specifically work related to essential medicines, medical products and technologies for the prevention and treatment of HIV/AIDS, tuberculosis and malaria.
- Strategic objective 12: specifically work related to health knowledge and advocacy material made accessible to member states.

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- HIV Vaccine Initiative (including AAVP)
- Special Programme for Research, Development and Research Training in Human Reproduction
- Special Programme for Research and Training in Tropical Diseases

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
242.0	48.2	105.0	30.5	52.0	53.0	201.0	731.7

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

<p>2.1 Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.</p>	INDICATORS						
	<p>2.1.1 Number of <u>low- and middle-income</u> countries that have achieved <u>80% coverage for antiretroviral therapy and the prevention of mother-to-child transmission services</u></p>	<p>2.1.2 Proportion of <u>endemic countries that have achieved their national intervention targets for malaria</u></p>	<p>2.1.3 Number of <u>Member States</u> that have achieved the targets of <u>at least 70% case detection and 85% treatment success rate for tuberculosis</u></p>	<p>2.1.4 Proportion of <u>high burden Member States that have achieved the target of 70% of persons with sexually transmitted infections diagnosed, treated and counselled at primary point-of-care sites</u></p>			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							146.8

<p>2.2 Policy and technical support provided to countries towards expanded gender-sensitive delivery of prevention, treatment and care interventions for HIV/AIDS, tuberculosis and malaria, including integrated training and service delivery; wider service-provider networks; and strengthened laboratory capacities and better linkages with other health services, such as those for sexual</p>	INDICATORS						
	<p>2.2.1 Number of <u>targeted Member States with comprehensive policies and medium-term plans in response to HIV, tuberculosis and malaria</u></p>	<p>2.2.2 Proportion of <u>high burden countries monitoring provider initiated HIV testing and counselling in sexually transmitted infection and family planning services</u></p>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						

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and reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug-dependence treatment services, respiratory care, neglected diseases and environmental health.							
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							235.3

2.3 Global guidance and technical support provided on policies and programmes in order to promote equitable access to essential medicines, diagnostic tools and health technologies of assured quality for the prevention and treatment of HIV/AIDS, tuberculosis and malaria, and their rational use by prescribers and consumers, and, in order to ensure uninterrupted supplies of diagnostics, safe blood and blood products, injections and other essential health technologies and commodities.	INDICATORS							
	2.3.1 Number of new or updated global norms and quality standards for medicines and diagnostic tools for HIV/AIDS, tuberculosis and malaria	2.3.2 Number of priority medicines and diagnostic tools for HIV/AIDS, tuberculosis and malaria that have been assessed and pre-qualified for United Nations procurement	2.3.3 Number of targeted countries receiving support to increase access to affordable essential medicines for HIV/AIDS, tuberculosis and malaria whose supply is integrated into national pharmaceutical systems (the number of targeted countries is determined for the six-year period)	2.3.4 <u>Number of Member States implementing quality-assured HIV/AIDS screening of all donated blood</u>	2.3.5 <u>Number of Member States administering all medical injections using sterile single use syringes</u>			
	BASELINE 2010							
	TARGETS TO BE ACHIEVED BY 2011							
Budget (US\$ thousand)								
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL	
							73.3	

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2.6 New knowledge, intervention tools and strategies developed and validated to meet priority needs for the prevention and control of HIV/AIDS, tuberculosis and malaria, with scientists from developing countries increasingly taking the lead in this research.	INDICATORS						
	2.6.1 Number of new and improved tools (e.g. medicines, vaccines and diagnostic tools) receiving internationally recognized approval for use in HIV/AIDS, tuberculosis or malaria		2.6.2 Number of new and improved interventions and implementation strategies for HIV/AIDS, tuberculosis and malaria, whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions			2.6.3 Proportion of peer-reviewed publications arising from WHO-supported research on HIV/AIDS, tuberculosis or malaria and for which the main author's institution is based in a developing country	
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							113.1

STRATEGIC OBJECTIVE 3

To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment

Scope

The work under this strategic objective focuses on the following activities: policy development; programme implementation; monitoring and evaluation; strengthening of health and rehabilitation systems and services; implementation of prevention programmes and capacity building in the area of chronic noncommunicable conditions (including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, hearing and visual impairment – including blindness, and genetic disorders, mental, behavioural and neurological disorders, including those provoked by psychoactive substance use; injuries due to road traffic crashes, drowning, burns, poisoning, falls, violence in the family, the community or between organized groups; and disabilities from all causes).

Links with other strategic objectives

- Strategic objective 6: in relation to population-wide approaches to combating tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity as risk factors; and in relation to approaches directed at individuals at high risk from these risk factors, as well as approaches directed at the prevention of other risk factors.

<p>3.3 Improvements made in Member States' capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and <u>neurological</u> disorders, violence, injuries and disabilities together with visual impairment, including blindness.</p>	INDICATORS							
	<u>3.3.1</u> Number of Member States that have submitted a complete assessment of their national road traffic injury prevention status to WHO during the biennium	<u>3.3.2</u> Number of Member States that have a published document containing national data on the prevalence and incidence of disabilities	<u>3.3.3</u> Number of low- and middle-income Member States with basic mental health indicators annually reported	<u>3.3.4</u> Number of Member States with a national health reporting system and annual reports that include indicators for the four major noncommunicable conditions	<u>3.3.5</u> Number of Member States documenting, according to population-based surveys, the burden of hearing or visual impairment			
	BASELINE 2010							
	TARGETS TO BE ACHIEVED BY 2011							
Budget (US\$ thousand)								
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL	
							22.0	

<p>3.4 Improved evidence compiled by WHO on the cost-effectiveness of interventions to tackle chronic noncommunicable conditions, mental and <u>neurological</u> and <u>substance-use</u> disorders, violence, injuries and disabilities together with visual impairment, including blindness.</p>	INDICATORS						
	<u>3.4.1</u> Availability of evidence-based guidance on the effectiveness of interventions for the management of selected mental, behavioural or neurological disorders including those due to use of psychoactive substances			<u>3.4.2</u> Availability of evidence-based guidance or guidelines on the effectiveness or cost-effectiveness of interventions for the prevention and management of chronic noncommunicable conditions			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							21.7

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3.5 Guidance and support provided to Member States for the preparation and implementation of multisectoral, population-wide programmes to promote mental health and to prevent mental and behavioural disorders, violence and injuries, together with hearing and visual impairment, including blindness.	INDICATORS						
	3.5.1 Number of guidelines published and widely disseminated on multisectoral interventions to prevent violence and unintentional injuries	3.5.2 <u>Number of Member States that have initiated community-based projects during the biennium to reduce suicides</u>	3.5.3 <u>Number of Member States implementing strategies recommended by WHO for the prevention of hearing or visual impairment</u>				
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							21.6

3.6 Guidance and support provided to Member States to improve the ability of their health and social systems to prevent and manage chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.	INDICATORS						
	3.6.1 <u>Number of Member States that have incorporated trauma-care services for victims of injuries or violence into their health-care systems using WHO trauma-care guidelines</u>	3.6.2 <u>Number of Member States implementing community-based rehabilitation programmes</u>	3.6.3 <u>Number of low- and middle-income Member States that have completed an assessment of their mental health systems using the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS)</u>	3.6.4 <u>Number of low- and middle-income Member States implementing primary health-care strategies for screening and managing cardiovascular risk</u>	3.6.5 <u>Number of Member States with tobacco cessation support incorporated into primary health care, as defined in the WHO Report on the Global Tobacco Epidemic, 2008: the MPOWER package</u>		
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							29.2

STRATEGIC OBJECTIVE 4

To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals

Scope

Work under this strategic objective will focus on action towards ensuring universal access to, and coverage with, effective public health interventions to improve maternal, newborn, child, adolescent, and sexual and reproductive health, with emphasis on reducing gender inequality and health inequities; development of evidence-based, gender-sensitive, coordinated and coherent approaches to addressing needs at key stages of life and improving sexual and reproductive health, using a life-course approach; fostering synergies between maternal, newborn, child, adolescent, sexual and reproductive health interventions and other public health programmes, and supporting action to strengthen health systems; and formulation and implementation of policies and programmes that promote healthy and active ageing for all individuals.

Links with other strategic objectives

- Strategic objectives 1 and 2: in relation to ensuring the effective delivery, in an integrated manner, of immunization and other interventions for the control of major infectious diseases through services for maternal, newborn and child and adolescent health and sexual and reproductive health.
- Strategic objectives 6 to 9, especially 6, 7 and 9: sufficient attention needs to be given to (a) social and economic determinants of ill-health that limit progress towards this strategic objective, (b) major risk factors, such as poor nutrition, and (c) human rights-based and gender-responsive approaches to ensure equitable access to key services.
- Strategic objectives 10 and 11: with attention to specific actions required to strengthen health systems so that they can rapidly expand access to effective interventions for maternal, newborn, child, adolescent and sexual and reproductive health, while ensuring a continuum of care across the life course and across different levels of the health system, including the community.

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Special Programme of Research, Development and Research Training in Human Reproduction

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
115.0	27.4	46.0	11.2	35.1	25.0	94.5	354.2

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

<p>4.1 Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.</p>	INDICATORS																	
	<p>4.1.1 Number of targeted <u>Member States</u> that have an integrated policy on universal access to effective interventions for improving maternal, newborn and child health</p>	<p>4.1.2 Number of <u>Member States that have developed, with WHO support, a policy on achieving</u> universal access to sexual and reproductive health</p>																
	BASELINE 2010																	
	<u>20</u>	<u>20</u>																
	TARGETS TO BE ACHIEVED BY 2011																	
<u>40</u>	<u>40</u>																	
<p align="center">Budget (US\$ thousand)</p> <table border="1"> <thead> <tr> <th>Africa</th> <th>The Americas</th> <th>South-East Asia</th> <th>Europe</th> <th>Eastern Mediterranean</th> <th>Western Pacific</th> <th>Headquarters</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>38.1</td> </tr> </tbody> </table>			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL								38.1
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL											
							38.1											

<p>4.2 National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.</p>	INDICATORS						
	<p>4.2.1 Number of research centres <u>that have received an initial grant for comprehensive institutional development and support</u></p>		<p>4.2.2 Number of completed studies on priority issues that <u>have been supported by WHO</u></p>			<p>4.2.3 Number of new or updated systematic reviews on best practices, policies and standards of care <u>for improving maternal, newborn, child and adolescent health, promoting active and healthy ageing or improving sexual and reproductive health</u></p>	
	BASELINE 2010						
	8		16			20	
	TARGETS TO BE ACHIEVED BY 2011						
16		32			40		
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							68.3

<p>4.3 Guidelines, approaches and tools for improving maternal care applied at the country level, including technical support provided to Member States for intensified action to ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.</p>	INDICATORS						
	<p>4.3.1 Number of Member States implementing strategies for increasing coverage with skilled care for childbirth</p>						
	BASELINE 2010						
	25						
	TARGETS TO BE ACHIEVED BY 2011						
50							
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							70.8

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4.4 Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.	INDICATORS						
	4.4.1 Number of <u>Member States</u> implementing strategies for increasing coverage <u>with interventions for neonatal survival and health</u>						
	BASELINE 2010						
	40						
TARGETS TO BE ACHIEVED BY 2011							
55							
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							31.3

4.5 Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.	INDICATORS						
	4.5.1 Number of <u>Member States</u> implementing strategies for increasing coverage with child health and development interventions			4.5.2 Number of <u>Member States</u> that have expanded coverage of the integrated management of childhood illness to more than 75% of target districts			
	BASELINE 2010						
	40			30			
TARGETS TO BE ACHIEVED BY 2011							
60			45				
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							58.4

<p>4.6 Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.</p>	INDICATORS						
	4.6.1 Number of <u>Member States</u> with a functioning adolescent health and development programme ¹						
	BASELINE 2010						
	50						
TARGETS TO BE ACHIEVED BY 2011							
75							
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							31.2

<p>4.7 Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.</p>	INDICATORS						
	4.7.1 Number of <u>Member States</u> implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health <u>agreed at the 1994 International Conference on Population and Development (ICPD), its five-year review (ICPD+5), the Millennium Summit and the United Nations General Assembly in 2007</u>	4.7.2 Number of targeted <u>Member States</u> having reviewed their existing national laws, regulations or policies relating to sexual and reproductive health					
	BASELINE 2010						
	30						
TARGETS TO BE ACHIEVED BY 2011							
40							
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							48.3

¹ A country with “an adolescent health and development programme” is defined as one that has officially established a programme focusing on the health of adolescents or young people, whether a stand-alone programme or a clearly-demarcated component of a health issue-specific programme such as the HIV programme. To be identified as “functioning”, the programme should have in place (a) a national-level plan of action, (b) a budget for activities, and (c) a record of activities undertaken during the past year.

4.8 Guidelines, approaches, tools, and technical assistance provided to Member States for increased advocacy for consideration of ageing as a public health issue, for the development and implementation of policies and programmes aiming at maintaining maximum functional capacity throughout the life course and for the training of health-care providers in approaches that ensure healthy ageing.	INDICATORS						
	4.8.1 Number of Member States with a functioning active healthy ageing programme consistent with WHA58.16 “Strengthening active and healthy ageing”						
	BASELINE 2010						
	<u>15</u>						
	TARGETS TO BE ACHIEVED BY 2011						
	<u>20</u>						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							7.8

STRATEGIC OBJECTIVE 5

To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact

Scope

The joint efforts of the Member States and the Secretariat regarding this strategic objective involve the following: health-sector emergency preparedness; intersectoral action for reducing risk and vulnerability within the framework of the International Strategy for Disaster Reduction; responding to the health needs experienced during emergencies and crises (including nutrition-related needs as well as those concerning water and sanitation); assessing needs of affected populations; health actions during the transition and recovery phases following conflicts and disasters; health of migrants; fulfilling WHO's mandate within the framework of the reform process to enhance the United Nations humanitarian response; the global alert and response system for environmental and food-safety public health emergencies within the framework of the International Health Regulations (2005); risk reduction in respect of specific threats; and preparedness and response programmes for environmental and food-safety public health emergencies. In this way, WHO is making an important contribution to health security that also has critical implications for efforts to promote peace and responding to the Mandates of Member States contained in three relevant resolutions of recent World Health Assemblies (WHA 58.1; WHA 59.22 and WHA 61.17).

Links with other strategic objectives

- Strategic objective 1: in relation to the International Health Regulations (2005) and responding to public health emergencies involving epidemics.
- Strategic objective 3: in relation to gender violence, responding to psychosocial needs of affected populations; responding to the health needs of the disabled; mass-casualty management; and health care for those suffering from chronic diseases.
- Strategic objective 4: in relation to the response to the health needs of vulnerable populations, especially mothers and children in emergency situations.
- Strategic objective 8: in relation to intersectoral action for emergency preparedness and risk reduction, and for dealing with environmental, chemical and radiological emergencies.
- Strategic objective 9: in relation to nutrition in emergency situations.
- Strategic objective 10: in relation to health of migrants, safe hospitals and health sector risk reduction measures

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

– Health and Nutrition Tracking Service

5.4 Coordinated technical support provided to Member States for communicable disease control in natural disaster and conflict situations.	INDICATORS						
	5.4.1 Proportion of acute natural disasters or conflicts where communicable disease-control interventions have been implemented, <u>including activation of early-warning systems and diseases-surveillance for emergencies</u>						
	BASELINE 2010						
	100%						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							13.2

5.5 Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.	INDICATORS						
	5.5.1 Proportion of Member States with national plans for preparedness, and alert and response activities in respect of chemical, radiological and environmental health emergencies				5.5.2 Number of Member States with focal points for the International Food Safety Authorities Network and for <u>the environmental health emergencies network</u>		
	BASELINE 2010						
	60%				75		
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							11.5

5.6 Effective communications issued, partnerships formed and coordination developed with other organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels	INDICATORS						
	5.6.1 Proportion of Member States affected by <u>acute-onset emergencies and those with ongoing emergencies and a humanitarian coordinator in which the Inter-Agency Standing Committee Humanitarian Health Cluster is operational in line with IASC cluster standards in line with IASC cluster standards</u>				5.6.2 Proportion of Member States with <u>ongoing emergencies and a humanitarian coordinator having a sustainable WHO technical presence covering emergency preparedness, response and recovery</u>		
	BASELINE 2010						
	60%				60%		
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							13.7

5.7 Acute, ongoing and recovery operations implemented in a timely and effective manner.	INDICATORS						
	5.7.1 Proportion of acute-onset emergencies for which WHO mobilizes coordinated national and international action	5.7.2 Proportion of interventions for chronic emergencies implemented in accordance with humanitarian action plans' health components					
	BASELINE 2010						
	<u>80%</u>	<u>100%</u>					
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							-

STRATEGIC OBJECTIVE 6

To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex

Scope

The work under this strategic objective focuses on integrated, comprehensive, multisectoral and multidisciplinary health-promotion and prevention processes and approaches across all WHO's relevant programmes; and on the prevention or reduction of the occurrence of six major risk factors: use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diet, physical inactivity and unsafe sex.

The main activities involve capacity building for health promotion across all relevant programmes, risk-factor surveillance, the development of ethical and evidence-based policies, strategies, interventions, recommendations, standards and guidelines for health promotion, prevention and reduction of the occurrence of the major risk factors.

Links with other strategic objectives

- Strategic objectives 2, 3, 4, 7, 8 and 9: although these seek to deal with the determinants of poor health and strengthen service provision, this strategic objective seeks in particular, to create healthy environments in order to enable individuals to make healthy choices.

Major WHO and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Special Programme of Research, Development and Research Training in Human Reproduction
- WHO Centre for Health Development (KOBHE)

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
26.0	13.9	16.0	9.7	21.0	25.0	65.5	177.1

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

6.1 Advice and support provided to Member States to build their capacity for health promotion across all relevant programmes, and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.	INDICATORS						
	6.1.1 <u>Number of Member States that have evaluated and reported on at least one of the action areas and commitments of the Global Conferences on Health Promotion.</u>	6.1.2 <u>Number of cities that have implemented healthy urbanization programmes aimed at reducing health inequities</u>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
	42	24					
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							60.9

6.2 Guidance and support provided in order to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination to Member States where a high or increasing burden of death and disability is attributable to these risk factors.	INDICATORS						
	6.2.1 <u>Number of Member States with a functioning national surveillance system for monitoring major risk factors to health among adults based on the WHO STEPwise approach to surveillance</u>	6.2.2 <u>Number of Member States with a functioning national surveillance system for monitoring major risk factors to health among youth based on the Global school-based student health survey methodology</u>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
	60	60					
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							14.6

<p>6.3 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent the public health problems concerned; support also provided to the Conference of the Parties to the WHO Framework Convention on Tobacco Control for implementation of the provisions of the Convention and development and implementation of protocols and guidelines.</p>	INDICATORS							
	<p>6.3.1 <u>Number of Member States having comparable adult tobacco prevalence data available from recent national representative surveys, such as the Global Adult Tobacco Survey (GATS) or STEPS</u></p>			<p>6.3.2 <u>Number of Member States with smoke-free legislation covering all legislative elements, types of places and institutions as defined in the WHO Report on the Global Tobacco Epidemic, 2008</u></p>		<p>6.3.3 <u>Number of Member States with bans on tobacco advertising, promotion and sponsorship as defined in the WHO Report on the Global Tobacco Epidemic, 2008</u></p>		
	BASELINE 2010							
	TARGETS TO BE ACHIEVED BY 2011							
	56		22			30		
Budget (US\$ thousand)								
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL	
							55.2	

<p>6.4 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent the public health problems concerned.</p>	INDICATORS							
	<p>6.4.1 <u>Number of Member States that have developed, with WHO support, strategies, plans and programmes for combating or preventing public health problems caused by alcohol, drugs and other psychoactive substance use</u></p>			<p>6.4.2 <u>Number of WHO strategies, guidelines, standards and technical tools developed in order to provide support to Member States in preventing and reducing public health problems caused by alcohol, drugs and other psychoactive substance use</u></p>				
	BASELINE 2010							
	TARGETS TO BE ACHIEVED BY 2011							
	50			10				
Budget (US\$ thousand)								
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL	
							17.1	

STRATEGIC OBJECTIVE 7

To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches

Scope

The work under this strategic objective focuses on leadership in intersectoral action on the broad social and economic determinants of health; improvement of population health and health equity by better meeting the health needs of poor, vulnerable and excluded social groups; connections between health, poverty and various social and economic factors (labour, housing and educational circumstances; trade and macroeconomic factors; and the social status of various groups such as women, children, elderly people, displaced people and ethnic minorities); formulation of policies and programmes that are ethically sound, responsive to gender inequalities, sustainable, effective in meeting the needs of poor people and other vulnerable groups, and consistent with human-rights norms.

Links with other strategic objectives

Issues of health equity, ethical standards, gender, pro-poor approaches and human rights are relevant to all other strategic objectives.

- Strategic objectives 1 to 5: notwithstanding the technical complexities, it is firmly established that health outcomes are powerfully influenced by social and economic determinants, as well as by the availability and quality of clinical services.
- Strategic objectives 6, 8 and 9: the present strategic objective is primarily concerned with the underlying determinants and structural factors (such as labour markets, education system, and gender inequality) defining people's different positions in social hierarchies, which affect intermediate determinants such as the environment, including food (strategic objectives 8 and 9) and individual factors such as behaviours (strategic objective 6).
- Strategic objectives 10 and 11: health policies and systems need to include intersectoral action on health determinants. Coherent action on health inequities also depends on the availability of appropriately disaggregated health data and the capacity to analyse and use such data to develop policies and services that respond to the needs of different social groups and address structural factors.

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
9.0	6.9	5.0	6.0	13.0	2.0	30.0	71.9

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

<p>7.1 Significance of social and economic determinants of health recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.</p>	INDICATORS						
	<p>7.1.1 Number of WHO regions with a regional strategy for addressing social and economic determinants of health as identified in the Report of the Commission on the Social Determinants of Health endorsed by the Director-General</p>						
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							17.5

<p>7.2 Initiative taken by WHO in providing opportunities and means for intersectoral collaboration at national and international levels to address social and economic determinants of health, <u>including understanding and acting upon the public health implications of trade and trade agreements</u>, and to encourage poverty-reduction and sustainable development.</p>	INDICATORS						
	<p>7.2.1 Number of published country <u>experiences on tackling social determinants for health equity</u></p>			<p>7.2.2 Number of tools to support countries in <u>analysing the implications of trade and trade agreements for health</u>.</p>			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							21.9

7.3 Social and economic data relevant to health collected, collated and analysed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).	INDICATORS						
	7.3.1 <u>Number of country reports published during the biennium incorporating disaggregated data and analysis of health equity</u>						
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							11.8

7.4 Ethics- and rights-based approaches to health promoted within WHO and at national and global levels.	INDICATORS						
	7.4.1 <u>Number of tools produced for Member States or the Secretariat giving guidance on using a human rights-based approach to advance health</u>			7.4.2 <u>Number of tools produced for Member States or the Secretariat giving guidance on use of ethical analysis to improve health policies</u>			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							8.8

7.5 Gender analysis and responsive actions incorporated into WHO's normative work and support provided to Member States for formulation of gender-responsive policies and programmes.	INDICATORS						
	7.5.1 <u>Number of WHO norms and standards developed or updated that are gender responsive</u>			7.5.2 <u>Number of Member States supported by WHO that have conducted one or more gender-mainstreaming activities in health programmes</u>			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							11.9

STRATEGIC OBJECTIVE 8:**To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health****Scope**

This strategic objective is to reduce a broad range of traditional, modern and emerging hazards to health and the environment. The work will encourage strong health-sector leadership for primary prevention of disease through environmental management and impart strategic direction and give guidance to partners in non-health sectors for ensuring that their policies and investments also benefit health.

Work will focus on the assessment and management of environmental and occupational health hazards such as unsafe water and inadequate sanitation, indoor air pollution and solid fuel use, and vector transmission of diseases. Its scope also covers: health risks related to change in the global environment (e.g. climate change and biodiversity loss); development of new products and technologies (e.g. nanotechnology); consumption and production of energy from new sources and the increasing number and use of chemicals; and health risks related to changes in lifestyle, urbanization, and working conditions (e.g. deregulation of labour, an expanding informal sector and export of hazardous working practices to poor countries).

Links with other strategic objectives

- Strategic objective 5: preparedness and response to environmental health emergencies, crucial to achieving strategic objective 8, are linked with other aspects of emergency response.
- Strategic objective 1: strengthening health systems capacities to adapt to the health impacts of climate change, through enhanced early warning and strengthened communicable disease response capacities, will contribute to reducing vulnerability to public health security threats and will help reduce the potential health, social and economic impacts of climate change affected communicable diseases.
- Strategic objectives 2 to 4: given that eliminating environmental hazards to health can prevent up to a quarter of the global burden of disease, work will contribute especially to the reduction in disease burden among children (strategic objective 4), from vector-borne diseases (strategic objective 2) and from noncommunicable diseases (strategic objective 3)
- Strategic objective 10: occupational and environmental health services are a key part of the preventive function of health services.
- Strategic objectives 5, 6, 7, 9 and 12: influencing sectors of the economy to reduce risks and promote health through their investments and policy decisions is essential in terms of work on determinants of health (strategic objectives 5, 6, 7 and 9) and for establishing partnerships to advance the global health agenda (strategic objective 12).

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Intergovernmental Forum on Chemical Safety

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8.3 Technical assistance and support provided to Member States for strengthening national occupational and environmental health risk management systems, functions and services	INDICATORS						
	8.3.1 <u>Number of Member States that have implemented national action plans or policies for the management of occupational health risks, such as in relation to WHO's global plan of action on workers' health 2008–2017, with support from the Secretariat</u>						
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							19.8

8.4 Guidance, tools and initiatives created in order to support the health sector in influencing policies in other sectors to allow policies that improve health, the environment and safety to be identified and adopted	INDICATORS						
	8.4.1 <u>Number of Member States that have expressed interest in adopting healthy policies or frameworks proposed by WHO in other sectors than health</u>						
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							14.9

8.5 Health-sector leadership enhanced for creating a healthier environment and changing policies in all sectors so as to tackle the root causes of environmental threats to health, through means such as responding to emerging and re-emerging consequences of development on environmental health and altered patterns of consumption and production and to the damaging effect of evolving technologies	INDICATORS						
	8.5.1 <u>Number of studies or reports on new and re-emerging occupational and environmental health issues published or co-published by WHO</u>		8.5.2 <u>Number of reports published or jointly published by WHO on progress made in achieving water and sanitation objectives of major international frameworks, such as the Millennium Development Goals</u>			8.5.3 <u>Number of high-level regional forums on environment and health issues organized or technically supported by WHO biennially</u>	
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							19.0

8.6 Evidence-based policies, strategies and recommendations developed, and technical support provided to Member States for identifying, preventing and tackling public health problems resulting from climate change	INDICATORS						
	8.6.1 <u>Number of studies or reports on the public health effects of climate change published or co-published by WHO</u>				8.6.2 <u>Number of countries that have implemented plans to enable the health sector to adapt to the adverse effects on health of climate change</u>		
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							24.1

STRATEGIC OBJECTIVE 9**To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development****Scope**

Work under this strategic objective focuses on nutritional quality and safety of foods; promotion of healthy dietary practices throughout the life-course, starting with pregnant women, breastfeeding and adequate complementary feeding, and considering diet-related chronic diseases; prevention and control of nutritional disorders, including micronutrient deficiencies, especially among biologically and socially vulnerable groups, with emphasis on emergencies, and in the context of HIV/AIDS epidemics; prevention and control of zoonotic and non-zoonotic foodborne diseases; stimulation of intersectoral actions promoting the production and consumption of, and access to, food of adequate quality and safety; and promotion of higher levels of investment in nutrition, food safety and food security at global, regional and national levels.

Links with other strategic objectives

Achievement of the strategic objective requires strong links and effective collaboration with other strategic objectives, in particular:

- strategic objective 1: in relation to prevention of zoonoses and foodborne diseases
- strategic objective 2: especially in expanding and improving interventions related to HIV/AIDS prevention, treatment, care and support
- strategic objective 4: in relation to public-health interventions for maternal, newborn, child and adolescent health
- strategic objective 5: in relation to minimizing the impact of emergency situations on the nutritional status of populations
- strategic objective 6: in relation to promotion of healthy dietary practices throughout the life-course
- strategic objective 8: in relation to environmental health risks.

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
40.0	12.6	12.0	5.3	9.0	14.0	26.0	118.9

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

<p>9.1 Partnerships and alliances formed, leadership built and coordination and networking developed with all stakeholders at country, regional and global levels, in order to promote advocacy and communication, stimulate intersectoral actions, increase investment in nutrition, food-safety and food-security interventions, and develop and support a research agenda.</p>	INDICATORS						
	<p>9.1.1 <u>Number of Member States that have functional institutionalized coordination mechanisms to promote intersectoral approaches and actions in the area of food safety, food security or nutrition</u></p>	<p>9.1.2 Number of <u>Member States</u> that have included nutrition, food-safety and food-security activities <u>and a mechanism for their financing</u> in their sector-wide approaches <u>or</u> Poverty Reduction Strategy Papers</p>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							20.9

<p>9.2 Norms, including references, requirements, research priorities, guidelines, training manuals and standards, produced and disseminated to Member States in order to increase their capacity to assess and respond to all forms of malnutrition, and zoonotic and non-zoonotic foodborne diseases, and to promote healthy dietary practices.</p>	INDICATORS	
	<p>9.2.1 Number of new nutrition and food-safety standards, guidelines <u>or</u> training manuals produced and disseminated to <u>Member States</u> and the international community</p>	<p>9.2.2 Number of new norms, standards, guidelines, tools and training materials for prevention and management of zoonotic and non-zoonotic foodborne diseases</p>
	BASELINE 2010	
	TARGETS TO BE ACHIEVED BY 2011	

<p>9.5 Systems for surveillance, prevention and control of zoonotic and non-zoonotic foodborne diseases strengthened; food-hazard monitoring and evaluation programmes established and integrated into existing national surveillance systems, and results disseminated to all key players</p>	INDICATORS						
	<p>9.5.1 Number of <u>Member States</u> that have established or strengthened intersectoral collaboration for the prevention, control and surveillance of foodborne zoonotic diseases</p>	<p>9.5.2 Number of <u>Member States</u> that have initiated a <u>plan for the reduction in the incidence</u> of at least one major foodborne zoonotic disease</p>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							14.8

<p>9.6 Capacity built and support provided to Member States, including their participation in international standard-setting in order to increase their ability to assess risk in the areas of zoonotic and non-zoonotic foodborne diseases and food safety, and to develop and implement national food-control systems, with links to international emergency systems</p>	INDICATORS						
	<p>9.6.1 Number of selected <u>Member States</u> receiving support to participate in international standard-setting activities related to food, such as those of the Codex Alimentarius Commission</p>	<p>9.6.2 Number of selected <u>Member States</u> that have built national systems for food safety with international links to emergency systems</p>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							16.2

STRATEGIC OBJECTIVE 10**To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research****Scope**

The work under this objectives aims to improve management and organization of health service delivery, reflecting the principles of integrated primary health care, so as to scale up coverage, equity and quality of health services and improve health outcomes. The work will improve national capacities for governance and leadership, improve the various mechanisms for coordination (including donor assistance) that support member states in their efforts to achieve national targets. Work will contribute to strengthened country health-information systems, and will contribute to better knowledge and evidence for health decision-making. This will include global and regional work on generation, comparative analysis and synthesis of health statistics and evidence from research. Work will strengthen national health research knowledge management and e-health policies for health-systems development. The health workforce information and knowledge base will be strengthened and technical support to Member States will be provided to improve the production, distribution, skill mix and retention of their health workforce. Health systems financing will be improved through evidence-based policy, norms, standards and related measurement tools, and technical support, resulting in higher availability of funds, social and financial risk protection, equity, and better access to services and efficiency of resource use. Steps will also be taken to advocate for additional funds for health where necessary.

Links with other strategic objectives

- All strategic objectives concerned with the achievement of specific health outcomes, primarily strategic objectives 1 to 4.
- All health- and disease-related strategic objectives: the work provides a platform for close collaboration with the evidence component.
- Strategic objective 5: complementing the specific circumstances of service delivery in fragile states.
- Strategic objective 7: particularly in relation to equity, pro-poor health policies and the progressive realization of the right to health - the work translates achievements in those areas into service delivery.
- Strategic objective 12: particularly work on providing leadership, strengthening governance and encouraging partnerships and collaboration in engagement with countries.

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Special Programme of Research, Development and Research Training in Human Reproduction
- World Alliance for Patient Safety

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
142.0	38.5	55.0	49.9	71.8	46.0	142.5	545.7

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

<p>10.1 Management and organization of integrated, population-based health-service delivery through public and non-public providers and networks improved, reflecting <u>the primary health care strategy</u>, scaling up coverage, equity, <u>quality and safety of personal and population-based health services</u>, and enhancing health outcomes.</p>	INDICATORS																	
	<p>10.1.1 Proportion of <u>Member states</u> that show <u>increased coverage, access and quality of personal (preventive, diagnostic, treatment and rehabilitation) and population-based services</u></p>	<p>10.1.2 Number of <u>Member states</u> that show progress in embedding disease-specific programmes in general health services</p>																
	BASELINE 2010																	
	15% increase	20% increase																
	TARGETS TO BE ACHIEVED BY 2011																	
<p align="center">Budget (US\$ thousand)</p> <table border="1"> <thead> <tr> <th>Africa</th> <th>The Americas</th> <th>South-East Asia</th> <th>Europe</th> <th>Eastern Mediterranean</th> <th>Western Pacific</th> <th>Headquarters</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td align="right">130.4</td> </tr> </tbody> </table>			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL								130.4
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL											
							130.4											

<p>10.4 Country health-information systems that provide and use high-quality and timely information for health planning and for monitoring progress towards national and major international goals strengthened.</p>	INDICATORS						
	10.4.1 Proportion of low- and middle-income countries with adequate health statistics <u>and monitoring of health-related Millennium Development Goals</u> that meet agreed standards						
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							34.5

<p>10.5. Better knowledge and evidence for health decision-making assured through consolidation and publication of existing evidence, facilitation of knowledge generation in priority areas, and global leadership in health research policy and coordination, including with regard to ethical conduct.</p>	INDICATORS						
	<p>10.5.1 Proportion of countries for which <u>high quality profiles with core health statistics are available from its open-access databases</u></p>		<p>10.5.2 Number of countries in which WHO plays a key role in supporting the generation and use of information and knowledge, including <u>primary data collection through surveys, civil registration or improvement or analysis and synthesis of health facility data for policies and planning</u></p>			<p>10.5.3 Effective research for health coordination and leadership mechanisms established and maintained at global and regional levels</p>	
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							44.4

<p>10.6 National health research for development of health systems strengthened in the context of regional and international research and engagement of civil society.</p>	INDICATORS						
	<p>10.6.1 Proportion of low- and middle-income countries in which national health-research systems meet internationally agreed <u>minimum standards</u>;</p>				<p>10.6.2 Number of <u>Member states</u> complying with the recommendation to dedicate at least 2% of their health budget to research (Commission on Health Research for Development, 1990)</p>		
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							20.0

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10.7 Knowledge management and eHealth policies and strategies developed and implemented in order to strengthen health systems.	INDICATORS						
	10.7.1 Number of <u>Member states</u> adopting knowledge management <u>policies</u> in order to bridge the “ <u>know-how</u> ” gap particularly aimed to decrease <u>the digital divide</u>			10.7.2 Number of <u>Member states</u> with access to <u>electronic international scientific journals</u> and knowledge <u>archives in health sciences</u> as assessed by the WHO Global Observatory for eHealth biannual survey		10.7.3 Proportion of <u>Member states</u> with eHealth <u>policies, strategies and regulatory frameworks</u> as assessed by the WHO Global Observatory for eHealth biannual survey	
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							27.4

10.8 Health-workforce information and knowledge base strengthened, and country capacities for policy analysis, planning, implementation, information-sharing and research built up	INDICATORS						
	10.8.1 <u>Number of countries reporting two or more national data points on human resources for health within the past five years, reported in the Global Atlas of the Health Workforce</u>			10.8.2 <u>Number of Member states with an national policy and planning unit for human resources for health</u>			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							46.4

10.9 Technical support provided to Member States, with a focus on those facing severe health-workforce difficulties in order to improve the production, distribution, skill mix and retention of the health workforce.	INDICATORS						
	10.9.1 <u>Proportion of 57 countries with critical shortage of health workforce, as identified in The world health report 2006 with a multi-year HRH plan</u>			10.9.2 <u>Proportion of 57 countries with critical shortage of health workforce, as identified in The world health report 2006 which have an investment plan for scaling up training and education of health workers</u>			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							66.5

<p>10.10 Evidence-based policy and technical support provided to Member States in order to improve health-system financing in terms of the availability of funds, social and financial-risk protection, equity, access to services and efficiency of resource use.</p>	INDICATORS						
	<p>10.10.1 Number of <u>Member states</u> provided with technical and policy support to raise additional funds for health; to reduce financial barriers to access, incidence of financial catastrophe, and impoverishment linked to health payments; <u>or</u> to improve social protection and the efficiency and equity of resource use</p>				<p>10.10.2 Number of key policy briefs prepared, disseminated and their use supported, which document best practices on revenue-raising, pooling and purchasing, including contracting, provision of interventions and services, and handling of fragmentation in systems associated with vertical programmes and inflow of international funds</p>		
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							33.2

<p>10.11 Norms, standards and measurement tools developed for tracking resources, estimating the economic consequences of illness, and the costs and effects of interventions, financial catastrophe, impoverishment, and social exclusion, and their use supported and monitored.</p>	INDICATORS						
	<p>10.11.1 Key tools, norms and standards to guide policy development and implementation developed, disseminated and their use supported, according to expressed need, that comprise resource tracking and allocation, budgeting, financial management, economic consequences of disease and social exclusion, organization and efficiency of service delivery, including contracting, <u>or</u> the incidence of financial catastrophe and impoverishment</p>				<p>10.11.2 Number of <u>Member states</u> provided with technical support for using WHO tools to track and evaluate the adequacy and use of funds, to estimate future financial needs, to manage and monitor available funds, <u>or</u> to track the impact of financing policy on households</p>		
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							18.5

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<p>10.12 Steps taken to advocate additional funds for health where necessary; to build capacity in framing of health-financing policy and interpretation and use of financial information; and to stimulate the generation and translation of knowledge to support policy development.</p>	INDICATORS						
	<p>10.12.1 WHO presence and leadership in international, regional and national partnerships and use of its evidence in order to increase financing for health in low-income countries, <u>or</u> provide support to countries in design and monitoring of Poverty Reduction Strategy Papers, sector-wide approaches, medium-term expenditure frameworks, and other long-term financing mechanisms <u>capable of providing social health protect consistent with primary health care</u></p>	<p>10.12.2 Number of <u>Member states</u> provided with support to build capacity in the formulation of health financing policies and strategies and the interpretation of financial data, <u>or</u> with key information on health expenditures, financing, efficiency and equity to guide the process</p>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							20.1

<p>10.13 Evidence based norms, standards and measurement tools developed to support member states to quantify and decrease the level of unsafe health care provided.</p>	INDICATORS						
	<p>10.13.1 Key tools, norms and standards to guide policy development, measurement and <u>implementation disseminated and their use supported</u></p>	<p>10.13.2 Number of <u>Member states participating in global patient safety challenges and other global safety initiatives, including research and measurement</u></p>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							34.5

STRATEGIC OBJECTIVE 11

To ensure improved access, quality and use of medical products and technologies

Scope

Medical products include chemical and biological medicines; vaccines; blood and blood products; cells and tissues mostly of human origin; biotechnology products; traditional medicines and medical devices. Technologies include, among others, those for diagnostic testing, imaging, and laboratory testing. The work undertaken under this strategic objective will focus on making access more equitable (as measured by availability, price and affordability) to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and on their sound and cost-effective use. For the sound use of products and technologies, work will focus on building appropriate regulatory systems; evidence-based selection; information for prescribers and patients; appropriate diagnostic, clinical and surgical procedures; vaccination policies; supply systems, dispensing and injection safety; and blood transfusion. Information includes clinical guidelines, independent product information and ethical promotion.

Links with other strategic objectives

- Strategic objectives 1 to 5 (health outcomes): none of these objectives can be achieved without essential medical products, medicines and health technologies. With regard to access, work under this strategic objective will focus on “horizontal” issues such as comprehensive supply systems, pricing surveys and national pricing policies. On quality assurance and regulatory support, all WHO’s work is covered by this strategic objective. Work on rational use will focus on general aspects such as evidence-based selection of essential medical products and technologies, development of clinical guidelines, pharmacovigilance and patient safety, compliance with long-term treatment regimens and containing antimicrobial resistance.
- Strategic objective 10: work also contributes to health service delivery; sustainable financing of products and technologies, on which access also depends. An integrated approach to health systems in support of primary health care will be promoted.
- Strategic objective 7: good governance.
- Strategic objective 12: global public policy.

11.3 Evidence-based policy guidance on promoting scientifically sound and cost-effective use of medical products and technologies by health workers and consumers developed and supported within the Secretariat and regional and national programmes.	INDICATORS						
	11.3.1 Number of national or regional programmes receiving support for promoting sound and cost-effective use of medical products <u>or</u> technologies	11.3.2 Number of <u>Member States</u> using national lists, updated within the past five years, of essential medicines, vaccines <u>or</u> technologies for public procurement <u>or</u> reimbursement					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							23.3

STRATEGIC OBJECTIVE 12

To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work

Scope

This strategic objective facilitates the work of WHO to achieve all other strategic objectives. Responding to priorities in the Eleventh General Programme of Work, it recognizes that the context for international health has changed significantly. The scope of this objective covers three broad, complementary areas: leadership and governance of the Organization; WHO's support for, presence in, and engagement with individual Member States; and the Organization's role in bringing the collective energy and experience of Member States and other actors to bear on health issues of global and regional importance.

The main innovation implicit in this objective is that it seeks to harness the depth and breadth of WHO's country experience in order to influence global and regional debates, thereby to influence positively the environment in which national policy-makers work, and contribute to the attainment of the health-related Millennium Development goals and other internationally agreed health-related goals.

Links with other strategic objectives

This strategic objective is intrinsically linked to all the other objectives, as it builds on and supports the entire work of the Organization. As such it is closely related and complementary to strategic objective 13, to develop and sustain WHO as a flexible, learning Organization, enabling it to carry out its mandate more effectively and efficiently. The latter objective is more inward-looking, geared towards managerial and administrative issues, whereas strategic objective 12 is more outward-looking, focusing on issues of WHO leadership and governance, on work in Member States, and collaboration with partners including the United Nations System, at global, regional and country levels.

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
49.0	16.6	17.0	34.2	28.1	15.0	94.0	253.9

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

<p>12.1 Effective leadership and direction of the Organization exercised through enhancement of governance, and the coherence, accountability and synergy of WHO's work.</p>	INDICATORS						
	<u>12.1.1</u> Proportion of documents submitted to governing bodies within constitutional deadlines in the six WHO official languages	<u>12.1.2</u> Level of understanding by key stakeholders of WHO's role, priorities and key messages as provided by a stakeholder survey					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							156.9

<p>12.2 Effective WHO country presence¹ established to implement WHO country cooperation strategies that are aligned with Member States' health and development agendas, and harmonized with the United Nations country team and other development partners.</p>	INDICATORS						
	<u>12.2.1</u> Number of Member States where WHO is aligning its country cooperation strategy with the country's priorities and development cycle and harmonizing its work with the United Nations and other development partners within relevant frameworks, such as the United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Sector-Wide Approaches	<u>12.2.2</u> Proportion of WHO country offices which have reviewed and adjusted their core capacity in accordance with their country cooperation strategy	<u>12.2.3</u> Proportion of country workplans that are consistent with their country cooperation strategy				
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							30.8

¹ WHO country presence is the platform for effective collaboration with countries for advancing the global health agenda, contributing to national strategies, and bringing country realities and perspectives into global policies and priorities.

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12.3 Global health and development mechanisms established to provide more sustained and predictable technical and financial resources for health on the basis of a common health agenda which responds to the health needs and priorities of Member States.	INDICATORS						
	<u>12.3.1</u> Number of health partnerships in which WHO participates that work according to the best practice principles for Global Health Partnerships			<u>12.3.2</u> Proportion of health partnerships managed by WHO that comply with WHO partnership policy guidance		<u>12.3.3</u> Proportion of countries where WHO is leading or actively engaged in health and development partnerships (formal and informal), including in the context of reforms of the United Nations system	
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							33.8

12.4 Essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge.	INDICATORS						
	<u>12.4.1</u> Average number of page views/visits per month to the WHO headquarters' web site			<u>12.4.2</u> Number of pages in languages other than English available on WHO country and regional offices' and headquarters' web sites			
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							32.4

STRATEGIC OBJECTIVE 13

To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively

Scope

The scope of this objective covers the functions that support the work of the Secretariat in country and regional offices and at headquarters. Work is organized according to entire results-based management framework and processes, from strategic and operational planning and budgeting to performance monitoring and evaluation; management of financial resources through monitoring, mobilization and coordination Organization-wide, ensuring an efficient flow of available resources throughout the Organization; management of human resources, including human resource planning, recruitment, staff development and learning, performance management, and conditions of service and entitlements; provision of operational support, ranging from the management of infrastructure and logistics, language services, staff and premises security, and staff medical services to the management of information technology; and appropriate accountability and governance mechanisms across all areas.

The strategic objective also covers broad institutional reform that will ensure that the above functions are continuously strengthened and provide better, more efficient and cost-effective support to the Organization. It is closely linked to broader reforms within the United Nations system at both country and global levels.

Links with other strategic objectives

This objective should not be considered in isolation from the other strategic objectives, as its scope reflects and is responsive to the needs of the Organization as a whole. In particular, it should be read in conjunction with strategic objective 12, to provide leadership, strengthen governance and foster partnership and collaboration with countries and to fulfil the mandate of WHO in advancing the global health agenda. Strategic objective 13 is more inward-looking, geared towards managerial and administrative issues, whereas strategic objective 12 is more outward-looking, focusing on issues of WHO leadership and governance and on collaboration with Member States and partners at global, regional and country levels.

Total budget by location for the strategic objective for 2010–2011 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
126.0	29.8	45.0	45.3	36.5	34.0	229.0	545.6

Resource breakdown for the strategic objective for 2010–2011 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011				
Percentage by level				

Budget by organization-wide expected result and location

13.1 Work of the Organization guided by strategic and operational plans that build on lessons learnt, reflect country needs, are elaborated across the Organization, and used to monitor performance and evaluate results.	INDICATORS						
	13.1.1 <u>Proportion of country workplans that have been peer reviewed with respect to their technical quality, that they incorporate lessons learnt and reflect country needs</u>	13.1.2 <u>Office Specific Expected Results (OSERs) for which progress status has been updated within the established timeframes for periodic reporting</u>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							40.8

13.2 Sound financial practices and efficient management of financial resources achieved through continuous monitoring and mobilization of resources to ensure the alignment of resources with the programme budgets.	INDICATORS						
	13.2.1 Degree of compliance of WHO with International Public Sector Accounting Standards	13.2.2 <u>Proportion of voluntary contributions that are classified as “core voluntary contribution “</u>					
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							67.8

13.3 Human resource policies and practices in place to attract and retain top talent, promote learning and professional development, manage performance, and foster ethical behaviour.	INDICATORS						
	13.3.1 Proportion of offices ¹ with approved human resources plans for a biennium			13.3.2 Number of staff assuming a new position or moving to a new location during a biennium (<u>delayed until 2010–2011 biennium</u>)		13.3.3 <u>Proportion of staff in compliance with the cycle of the Performance Management Development System</u>	
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							37.0

13.4 Management strategies, policies and practices in place for information systems, that ensure reliable, secure and cost-effective solutions while meeting the changing needs of the Organization.	INDICATORS						
	13.4.1 Number of information technology disciplines ² implemented Organization-wide according to <u>industry-best-practices benchmarks</u>				13.4.2 Proportion of offices using consistent real-time management information		
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							120.3

13.5 Managerial and administrative support services ³ necessary for the efficient functioning of the Organization provided in accordance with service-level agreements that emphasize quality and responsiveness.	INDICATORS						
	13.5.1 Proportion of services delivered <u>by the global service centre</u> according to criteria in service-level agreements						
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							130.1

¹ Offices here refers to country offices (144), regional office divisions (~30) and headquarter departments (~40).

² This includes, for example, incidence management, configuration management, release management, service-desk function.

³ Includes services in the areas of information technology, human resources, financial resources, logistics, and language services.

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13.6 Working environment conducive to the well-being and safety of staff in all locations.	INDICATORS						
	13.6.1 Proportion of planned projects included in the Capital master plan completed for a given biennium				13.6.2 Proportion of locations that are compliant with Minimum Operating Safety Standards (MOSS)		
	BASELINE 2010						
	TARGETS TO BE ACHIEVED BY 2011						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
							149.6

Summary table 1. Proposed programme budget by strategic objective

Strategic objective	US\$ million		
	Africa	The Americas	South-East Asia
1. To reduce the health, social and economic burden of communicable diseases	605.0	34.4	209.0
2. To combat HIV/AIDS, malaria and tuberculosis	242.0	48.2	105.0
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment	21.0	11.8	16.0
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	115.0	27.4	46.0
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	34.0	15.9	14.0
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex	26.0	13.9	16.0
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	9.0	6.9	5.0
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	19.0	12.1	14.0
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development	40.0	12.6	12.0
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research	142.0	38.5	55.0
11. To ensure improved access, quality and use of medical products and technologies	23.0	8.9	14.0
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work	49.0	16.6	17.0
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	126.0	29.8	45.0
TOTAL	1 451.0	277.0	568.0

and major office, 2010–2011 (US\$ million)

<i>(before currency adjustment)</i>				
Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
38.7	155.7	84.4	415.8	1 543.0
30.5	52.0	53.0	201.0	731.7
13.5	19.0	17.0	63.5	161.8
11.2	35.1	25.0	94.5	354.2
8.8	8.0	5.0	41.0	126.7
9.7	21.0	25.0	65.5	177.1
6.0	13.0	2.0	30.0	71.9
19.4	19.0	13.0	50.2	146.7
5.3	9.0	14.0	26.0	118.9
49.9	71.8	46.0	142.5	545.7
5.6	17.2	15.0	77.0	160.7
34.2	28.1	15.0	94.0	253.9
45.3	36.5	34.0	229.0	545.6
278.1	485.4	348.4	1 530.0	4 937.9

Summary table 2. Proposed programme budget by strategic objective, organizational level and source of financing, 2010–2011 (US\$ million)

Strategic objective	GRAND TOTAL			Regions		Headquarters
	Assessed contribution ^a	Voluntary contribution	All financing	Country	Regional	All financing
				All financing	All financing	
1. To reduce the health, social and economic burden of communicable diseases			1 543.0			
2. To combat HIV/AIDS, malaria and tuberculosis			731.7			
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			161.8			
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals			354.2			
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			126.7			
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			177.1			
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			71.9			
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			146.7			
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			118.9			
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			545.7			
11. To ensure improved access, quality and use of medical products and technologies			160.7			
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work			253.9			
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			545.6			
TOTAL			4 937.9			

^a Includes miscellaneous income.

Summary table 3. Proposed programme budget by strategic objective, major office and source of financing, 2010–2011 (US\$ million)

Strategic objective	Africa				
	Total			Country	Regional
	Assessed contribution ^a	Voluntary contribution	All financing	All financing	All financing
1. To reduce the health, social and economic burden of communicable diseases			605.0		
2. To combat HIV/AIDS, malaria and tuberculosis			242.0		
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			21.0		
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals			115.0		
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			34.0		
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			26.0		
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			9.0		
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			19.0		
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			40.0		
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			142.0		
11. To ensure improved access, quality and use of medical products and technologies			23.0		
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.			49.0		
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			126.0		
TOTAL			1 451.0		

^a Includes miscellaneous income.

Summary table 3. Proposed programme budget by strategic objective, major office and source of financing, 2010–2011 (US\$ million)

Strategic objective	The Americas				
	Total			Country	Regional
	Assessed contribution ^a	Voluntary contribution	All financing	All financing	All financing
1. To reduce the health, social and economic burden of communicable diseases			34.4		
2. To combat HIV/AIDS, malaria and tuberculosis			48.2		
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			11.8		
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals			27.4		
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			15.9		
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			13.9		
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			6.9		
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			12.1		
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			12.6		
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			38.5		
11. To ensure improved access, quality and use of medical products and technologies			8.9		
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work			16.6		
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			29.8		
TOTAL			277.0		

^a Includes miscellaneous income.

Summary table 3. Proposed programme budget by strategic objective, major office and source of financing, 2010–2011 (US\$ million)

Strategic objective	South-East Asia				
	Total			Country	Regional
	Assessed contribution ^a	Voluntary contribution	All financing	All financing	All financing
1. To reduce the health, social and economic burden of communicable diseases			209.0		
2. To combat HIV/AIDS, malaria and tuberculosis			105.0		
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			16.0		
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals			46.0		
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			14.0		
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			16.0		
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			5.0		
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			14.0		
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			12.0		
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			55.0		
11. To ensure improved access, quality and use of medical products and technologies			14.0		
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work			17.0		
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			45.0		
TOTAL			568.0		

^a Includes miscellaneous income.

Summary table 3. Proposed programme budget by strategic objective, major office and source of financing, 2010–2011 (US\$ million)

Strategic objective	Europe				
	Total			Country	Regional
	Assessed contribution ^a	Voluntary contribution	All financing	All financing	All financing
1. To reduce the health, social and economic burden of communicable diseases			38.7		
2. To combat HIV/AIDS, malaria and tuberculosis			30.5		
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			13.5		
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals			11.2		
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			8.8		
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			9.7		
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			6.0		
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			19.4		
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			5.3		
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			49.9		
11. To ensure improved access, quality and use of medical products and technologies			5.6		
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work			34.2		
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			45.3		
TOTAL			278.1		

^a Includes miscellaneous income.

Summary table 3. Proposed programme budget by strategic objective, major office and source of financing, 2010–2011 (US\$ million)

Strategic objective	Eastern Mediterranean				
	Total			Country	Regional
	Assessed contribution ^a	Voluntary contribution	All financing	All financing	All financing
1. To reduce the health, social and economic burden of communicable diseases			155.7		
2. To combat HIV/AIDS, malaria and tuberculosis			52.0		
3. Prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			19.0		
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals			35.1		
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			8.0		
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			21.0		
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			13.0		
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			19.0		
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			9.0		
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			71.8		
11. To ensure improved access, quality and use of medical products and technologies			17.2		
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.			28.1		
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			36.5		
TOTAL			485.4		

^a Includes miscellaneous income.

Summary table 3. Proposed programme budget by strategic objective, major office and source of financing, 2010–2011 (US\$ million)

Strategic objective	Western Pacific				
	Total			Country	Regional
	Assessed contribution ^a	Voluntary contribution	All financing	All financing	All financing
1. To reduce the health, social and economic burden of communicable diseases			84.4		
2. To combat HIV/AIDS, malaria and tuberculosis			53.0		
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			17.0		
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.			25.0		
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			5.0		
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			25.0		
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			2.0		
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			13.0		
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			14.0		
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			46.0		
11. To ensure improved access, quality and use of medical products and technologies			15.0		
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work			15.0		
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			34.0		
TOTAL			348.4		

^a Includes miscellaneous income.

Summary table 3. Proposed programme budget by strategic objective, major office and source of financing, 2010–2011 (US\$ million)

Strategic objective	Headquarters		
	Total		
	Assessed contribution ^a	Voluntary contribution	All financing
1. To reduce the health, social and economic burden of communicable diseases			415.8
2. To combat HIV/AIDS, malaria and tuberculosis			201.0
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment			63.5
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals			94.5
5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact			41.0
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex			65.5
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches			30.0
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health			50.2
9. To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development			26.0
10. To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research			142.5
11. To ensure improved access, quality and use of medical products and technologies			77.0
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work			94.0
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively			229.0
TOTAL			1 530.0

^a Includes miscellaneous income.

**Summary table 4. Individual partnerships and collaborative arrangements
included in the Proposed programme budget by strategic objective,
2010–2011 (US\$ million)**

Strategic objectives/partnerships and collaborative arrangements	Total US\$ million (before currency adjustments)
<i>Strategic objective 1</i>	
Effective collaboration with partners in the GAVI Alliance in support of the accelerated introduction of vaccines against childhood diseases	238.1
Global Polio Eradication Initiative	388.8
Partnership for the control of neglected tropical diseases	50.0
Effective collaboration with partners in the GAVI Alliance in support of integrated surveillance	22.0
UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases	73.8
Vaccine research partnerships	3.0
Effective collaboration with partners in the GAVI Alliance in support of the accelerated introduction of vaccines against epidemic prone diseases	73.0
WHO/FAO/OIE agreement on the management of avian influenza and other emerging diseases	30.0
Total	878.7
<i>Strategic objective 2</i>	
WHO/UNAIDS HIV Vaccine Initiative (including the African AIDS Vaccine Programme)	3.0
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction	2.0
UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases	73.0
Total	78.0
<i>Strategic objective 4</i>	
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction	40.5
Total	40.5
<i>Strategic objective 5</i>	
Health and Nutrition Tracking Service	3.0
Total	3.0
<i>Strategic objective 6</i>	
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction	2.0
WHO Centre for Health Development (Kobe)	11.0
Total	13.0
<i>Strategic objective 8</i>	
Intergovernmental Forum on Chemical Safety	1.2
Total	1.2
<i>Strategic objective 10</i>	
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction	1.0
World Alliance for Patient Safety	34.5
Total	35.5
Grand total	1 049.9

**Summary table 5. Partnership and collaborative arrangements – movements
between 2008–2009 and 2010–2011**

Name	Partnerships and collaborative arrangements (US\$ million)			
	Approved Programme budget 2008–2009	Revised Programme budget 2008–2009	Revised Programme budget 2008–2009 net of partnerships and collaborative arrangements moved out for biennium 2010–2011	Proposed programme budget for partnerships and collaborative arrangements 2010–2011 (before currency adjustments)
Alliance for Health Policy and Systems Research	-	7.7	-	-
Global Health Workforce Alliance	7.5	11.8	-	-
Health and Nutrition Tracking Service	-	3.0	3.0	3.0
Health Metrics Network	5.0	27.2	-	-
Intergovernmental Forum on Chemical Safety	-	1.2	1.2	1.2
Partnership for Maternal, Newborn and Child Health	-	13.1	-	-
Roll Back Malaria Partnership	13.6	18.7	-	-
UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases	79.3	100.9	100.9	146.8
UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction	40.5	42.8	42.8	45.5
Stop TB Partnership	18.7	27.5	-	-
United Nations Standing Committee on Nutrition	0.2	7.3	-	-
Water Supply and Sanitation Collaborative Council	-	35.8	-	-
HIV Vaccine Initiative (including African AIDS Vaccine Programme)	1.3	1.3	1.3	3.0
Global Polio Eradication Initiative	196.5	399.6	399.6	388.8
World Alliance for Patient Safety	7.0	34.7	34.7	34.5
Vaccine-Research Partnerships	0.3	0.3	0.3	3.0
WHO/FAO/OIE agreement on the management of avian influenza and other emerging diseases	-	14.0	14.0	30.0
WHO Centre for Health Development	-	-	-	11.0
Effective collaboration with GAVI partners	-	-	-	333.1
Partnership for the control of neglected tropical diseases	-	-	-	50.0
Total	369.9	746.9	597.8	1 049.9

PARTNERSHIPS OUTSIDE THE PROGRAMME BUDGET 2010-2011 ENVELOPE

As the demand for international public health assistance has grown, so too has the donor community. Now, in addition to Member States financing international public health, national overseas development assistance programmes are playing a greater role, and contributions from other multilateral organizations, development institutions and private foundations are growing.

As a result, the international health and development community increasingly works through partnerships. Often WHO has a key role in these partnerships, yet they have their own governance structure and WHO has no managerial control of their budgets or workplans.

The relationship established between these partnerships and WHO reflects the synergies and coordination that are necessary to the achievement of the strategic objectives in the Medium-term strategic plan and the Proposed programme budget 2010–2011.

**BIENNIAL BUDGETS OF PARTNERSHIPS
OUTSIDE THE PROGRAMME BUDGET 2010–2011**

Partnership	Strategic objective principally supported	Budget (in US\$ thousand)
Alliance for Health Policy and Systems Research	10	10 000
Global Health Workforce Alliance	10	30 000
Health Metrics Network	10	22 400
Partnership for Maternal, Newborn and Child Health	4	30 000
Roll Back Malaria Partnership	2	50 000
Secretariat of the Framework Convention on Tobacco Control	6	7000
Stop TB Partnership	2	32 500
Global Drug Facility	2	86 250
United Nations Standing Committee on Nutrition	9	7301
International Drug Purchase Facility, UNITAID	2	To be added in the version for EB124
Water Supply and Sanitation Collaborative Council	8	61 410
TOTAL		

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

Strategic objective to which the work of the partnership contributes

10: To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Strategic approaches the partnership will focus on

The Alliance for Health Policy and Systems Research focuses on the following strategic approaches, to support the achievement of strategic objective 10:

- (i) stimulating the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods,
- (ii) promoting the dissemination and use of health policy and systems knowledge in order to improve the performance of health systems, and
- (iii) facilitating the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders.

Scope of the partnership's work during the biennium 2010–2011

During the biennium 2010–2011, the Alliance will identify, and build consensus around, high-priority research questions in the health policy and systems field, and support both strategic, multicountry studies and the synthesis of existing knowledge. The Alliance will continue to invest in mechanisms at country and regional levels that promote the use of evidence in policy, and will evaluate the effectiveness of different innovative knowledge translation mechanisms. The Alliance will support the teaching of health policy and systems research as part of post-graduate courses, the strengthening and dissemination of health policy and systems research methodologies, and will implement and evaluate strategies to enhance policy-makers' capacity to use evidence in policy-making. The strategies will be implemented primarily through calls for proposals and the competitive award of grants to developing country institutions.

Coordinating with WHO

The Alliance's programme of work both benefits from WHO's work on health systems and services (for example in terms of identifying research priorities) and contributes to that work (for example in terms of summarizing and synthesizing available evidence on health systems). The Alliance's programme of work clearly links with WHO's strategic objectives, yet the Alliance works primarily through developing country research institutions, thereby engaging a set of actors complementary to WHO's member states.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 10 000 thousands

GLOBAL HEALTH WORKFORCE ALLIANCE

Strategic objective to which the work of the partnership contributes

10: To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Strategic approaches the partnership will focus on

The Alliance will, through the coordinated actions of its members, support the development of evidence-based, comprehensive and coherent country-level approaches and significant scaling up of country, regional and global actions necessary to ensure universal access to motivated and skilled health workers.

Scope of the partnership's work during the biennium 2010–2011

The Alliance operates as a global focal point for workforce development, enhancing access to information, knowledge, best practices, and institution resources for all stakeholders.

Its work will focus on the following three priorities:

- accelerating country work and capacity development through promoting and facilitating partnerships within countries
- harmonizing actors for workforce alignment to strengthen priority programmes and broader health systems
- building knowledge and stimulating learning as a global public good.

Coordinating with WHO

The Alliance aims to stimulate work that brings extra value beyond the activities and productivity of current institutions, including WHO. Work that is prioritized must be catalytic, ensuring complete systems for health workforce development globally.

The Alliance will collaborate with existing institutions and bodies, avoiding duplication or competition, supporting work that is consistent with the partners' mandates, compatible with their capabilities, and linked to the transparency and accountability of their actions.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 30 000 thousands

HEALTH METRICS NETWORK

Strategic objective to which the work of the partnership contributes

10: To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Strategic approaches the partnership will focus on

The Health Metrics Network has a single strategic goal: to increase the availability and use of timely and accurate health information by catalysing the joint funding and development of core country health information systems.

Scope of the partnership's work during the biennium 2010–2011

In support of strategic objective 10, the partnership will pursue its three interrelated objectives:

- to create a harmonized framework for country health information systems, that describes standards for health information systems;
- to strengthen country health information systems by providing technical and catalytic financial support to apply the framework; and
- to ensure access to, and use of, information by local, regional and global constituencies.

Coordinating with WHO

The Health Metrics Network will continue to work closely with the WHO Secretariat in the area of health statistics and informatics in an effort to accelerate the work on standards development that will be crucial to the next version of the framework. The Network will continue to work with WHO regional offices and focal points at the country level to advance country activities to strengthen health information systems.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 22 400 thousands

PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH

Strategic objective to which the work of the Partnership contributes

4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals

Strategic approaches the partnership will focus on

The Partnership for Maternal, Newborn and Child Health focuses on the following work areas: global, regional and country-level political advocacy for maternal, newborn and child health; accelerating and facilitating country action; harmonizing relations with partners and increasing aid effectiveness; tracking progress both towards achieving Millennium Development Goals 4 and 5 and with regard to feeding. Core functions are also included in the annual work plan. These include regular Board meetings, supporting working groups and the WHO Secretariat.

Scope of the Partnership's work during the biennium 2010–2011

The Partnership will continue its advocacy work through the following activities: mapping advocacy messages and tools; developing common messaging platforms; implementing advocacy drives; increasing the Partnership's media visibility; and tracking political commitments and media coverage. In support of countries the Partnership will: provide technical support for national planning and budgeting processes; improve access to useful models for integrated components for maternal, newborn and child health in national health plans; publish best practices; and develop in-country capacity. The Partnership will also exercise leadership in incorporating maternal, newborn and child health into new global health initiatives and in catalyzing effective national coordination mechanisms, as well as in building platforms for strengthening existing measurement mechanisms. The Partnership will also be active in assessing progress by holding stakeholders at all levels accountable in meeting their financial and policy commitments.

Coordinating with WHO

The Partnership for Maternal, Newborn and Child Health will coordinate its identification and analysis of specific countries' constraints in order to avoid duplicating efforts that may be undertaken by WHO. Recognizing the additional resources the Partnership can bring to bear, it will supplement WHO's work in the area of maternal, newborn and child health.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 30 000 thousands

ROLL BACK MALARIA PARTNERSHIP

Strategic objective to which the work of the partnership contributes

2: To combat HIV/AIDS, tuberculosis and malaria

Strategic approaches the partnership will focus on

The Roll Back Malaria Partnership's Global Malaria Business Plan and the annual Partnership-wide harmonized workplans serve to coordinate global actions for malaria control by all partners. The strategic objective is well aligned with both the Business Plan and the workplans. The following activities will also be critical to success: promoting universal access to essential interventions for prevention, treatment, care and support in order to halt disease transmission and reduce morbidity and mortality; ensuring sustained political commitment and more effective partnerships, including coherence and harmonization of operations with partners at all levels; and advocating for concerted efforts.

Scope of the partnership's work during the biennium 2010–2011

The work of the Roll Back Malaria Partnership focuses on supporting countries to (i) scale up rapidly in order to reach targets for rolling back malaria by the year 2010; (ii) sustain disease control through scaling up; and (iii) move towards transmission reduction and regional elimination.

Coordinating with WHO

The Partnership coordinates its activities through the Partnership-wide workplans, in which the WHO Secretariat is operationally involved across departments and at multiple levels. Accountability is ensured through the Roll Back Malaria Partnership Board.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010-2011

US\$ 50 000 thousands

(Proportion of estimated budget in direct support of the strategic objective is currently unknown. This figure is based on the 2008 harmonized workplan)

SECRETARIAT OF THE FRAMEWORK CONVENTION ON TOBACCO CONTROL

Strategic objective to which the work of the partnership contributes

6: To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

Strategic approaches that the partnership will focus on

- providing global leadership, coordination, communication, collaboration and advocacy for health promotion in order to improve health, reduce health inequalities, control major risk factors and contribute to national development objectives;
- supporting the establishment of multisectoral partnerships and alliances within and among Member States, and building international collaboration for the generation and dissemination of research findings; and
- providing direct technical assistance for the implementation of the WHO Framework Convention on Tobacco Control, including provision of support to strengthen the tobacco-control policies outlined in the MPOWER package.

Scope of the partnership's work during the biennium 2010–2011

Based on the provisions of the WHO Framework Convention on Tobacco Control and the priorities and strategies identified by the Conference of the Parties, the work of the Conference and the Convention Secretariat will promote the development of internationally agreed instruments for the implementation of different articles of the Convention. The Convention Secretariat will also focus on raising awareness of and disseminating the different instruments, and on helping Parties in their use in the process of implementing the Convention. The work of the Convention Secretariat will include the provision of support to Parties in complying with their reporting obligations, as well as the preparation of annual summary reviews on progress made in implementing the Convention internationally. Coordination with relevant international and regional intergovernmental organizations, particularly those accredited as observers to the Conference of the Parties, engaging their expertise in support of the implementation of the Convention, will constitute another important area of work.

Coordinating with WHO

Ensuring synergy and complementarity with the work of WHO, particularly the Tobacco Free Initiative, is an important strategy of the Conference of the Parties and the Convention Secretariat. This work will focus on the following: treaty-specific issues; further development of treaty instruments; intergovernmental negotiations and processes; utilizing the legally binding character of the treaty for promoting whole-government commitment and action in the implementation of the treaty; and utilizing the opportunities provided by international obligations of the Parties to promote global and regional coordination and action. At the country level the principal activities will involve promoting access to internationally available resources; providing assistance in treaty-specific and legal matters; profiling and utilizing the political and intergovernmental dimension and potential of the treaty in supporting global and national action against tobacco; supporting Parties in their engagement in the work of the Conference of the Parties and its subsidiary bodies; and supporting the use of and utilizing the information provided through the reporting instrument for promoting the exchange of experiences and the use of best practices available in Parties. Every effort will be made to avoid duplication with the work of the Tobacco Free Initiative and other departments of the WHO Secretariat, which will continue to lead the technical work, advocacy, surveillance and capacity building in countries, and

which will contribute to the work of the Conference of the Parties and the Convention Secretariat through the provision of their considerable technical expertise and knowledge.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011.

The budget for the biennium 2010-2011 has not yet been drafted and discussed. However, the Convention Secretariat envisages that workplan components corresponding to nearly US\$ 5000 thousands from voluntary assessed contributions and nearly US\$ 2000 thousands from extrabudgetary contributions will directly contribute to the achievement of the strategic objective.

STOP TB PARTNERSHIP

Strategic objective to which the work of the partnership contributes

2: To combat HIV/AIDS, tuberculosis and malaria

Strategic approaches the partnership will focus on

The Stop TB Partnership will focus on the following approaches to realize its objectives:

- expanding and strengthening the coalition of organizations involved in tuberculosis control and research by, for example, increasing community and private sector involvement;
- broadening the agenda for tuberculosis control and research, increasing consensus thereon by means, inter alia, of the Global Plan to Stop TB 2006–2015, and the strengthening of guidance, for example, through the activities of the relevant working groups (the DOTS Expansion Working Group, the Multidrug-resistant Tuberculosis Working Group and the Green Light Committee);
- expanding the reach and increasing the impact of global advocacy by, for example, conducting high-level missions to countries;
- coordinating and supporting partner activities in key areas including technical assistance to countries, some of which have already benefited other functions and disease programmes in countries' health systems;
- improving tuberculosis control in countries, both directly, via, for example, the Global Drug Facility and the Green Light Committee, and indirectly through the Partnership's other activities, such as advocacy.

Scope of the partnership's work during the biennium 2010–2011

During this period work will focus on:

- expanding the network of partners further and directing their energy towards better tuberculosis control;
- enhancing global communications;
- targeted advocacy, communication and social mobilization efforts in order to build support for tuberculosis control at various levels;
- building national partnerships;
- supporting the work of civil society in generating support at the grass roots level for tuberculosis control;
- monitoring the Global Plan to Stop TB 2006-2015; and
- Stop TB Partnership's Technical Assistance Mechanism in order to relieve bottlenecks in the implementation of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Coordinating with WHO

The Stop TB Partnership will align its activities closely with the WHO Secretariat and will supplement the latter's work. The Partnership will actively support WHO's six-pronged Stop TB strategy, and will support the work of the three implementation working groups mentioned above, which are hosted in the WHO Secretariat. In this way, the duplication of efforts can be avoided, and the impact of different

initiatives optimized. In undertaking its work the Partnership will follow all the rules and regulations of WHO.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010-2011

US\$ 32 500 thousands

GLOBAL DRUG FACILITY

Strategic objective to which the work of the partnership contributes:

2: To Combat HIV/AIDS, tuberculosis and malaria

Strategic approaches the partnership will focus on:

- a grant service whereby first-line antituberculosis drugs are granted to eligible and approved countries that require donor support to meet their drug needs;
- a direct procurement service for governments, donors and nongovernmental organizations to purchase drugs for use in programmes in countries that have sufficient finances but which lack adequate procurement capacity, including a robust quality assurance system; and
- a technical support service whereby the grant and direct procurement services are combined with technical assistance for in-country drug management and monitoring. The Global Drug Facility supports global efforts to improve antituberculosis drug quality assurance, primarily through the WHO-managed prequalification programme for priority essential medicines. The Facility combines these core services with in-country monitoring of the management of the drugs it supplies. Monitoring teams, composed of tuberculosis and drug management experts, work with programmes to identify strategies that will strengthen drug management, and ensure rational drug use and effective distribution. The Global Drug Facility provides a comprehensive catalogue of the antituberculosis drugs and supplies needed to diagnose and treat adults and children, covering both patients infected with drug-sensitive tuberculosis and those with the drug-resistant form of the disease.

Scope of the Global Drug Facility's work during the biennium 2010 - 2011

During this period the Facility will:

- maintain an effective grant service for tuberculosis drugs, including a transparent and rigorous applications review process;
- ensure growth of the direct procurement service for countries or donors wishing to use their own resources to purchase tuberculosis drugs via the Facility;
- supply approximately two million patient treatments via the grant and direct procurement services;
- increase supply of diagnostic kits for smear microscopy via the direct procurement service;
- maintain and improve the electronic order management system to (1) allow the Facility to electronically place order requests for countries, (2) enable countries to track and trace their tuberculosis drug consignments, and (3) permit the Facility to generate performance reports related to supply chain efficiency;
- ensure that the Facility's operations continue to be supported by a comprehensive unified internal quality management and information system that is ISO 9001:2000 certified;
- maintain strategic rotating stockpiles of first- and second-line tuberculosis drugs;
- provide the WHO-managed prequalification programme with technical and financial support in order to increase the number of tuberculosis drugs achieving prequalification;
- provide, facilitate and broker technical assistance to all countries using the Facility (supported via both the grant and direct procurement services) in order to improve drug management;
- maintain timely delivery of the drugs it grants, including rapid lead times for emergency procurements; and

- contain average drug cost per additional patient cure and reduce prices for certain categories of product by pooling procurement to maintain optimal economies of scale for supply partners, and by coordinating effective forecasting initiatives and keeping abreast of market dynamics to successfully engage industry with respect to product price optimization, assured product quality and sufficient capacity.

Coordinating with WHO

The Global Drug Facility will coordinate its activities relating to procurement and management of the aforementioned products with WHO country programmes, the DOTS Expansion Working Group, the Multidrug-resistant Tuberculosis Working Group, the Stop TB Partnership's Technical Assistance Mechanism, the Green Light Committee and other key WHO partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility (UNITAID) in order to avoid duplicating efforts and optimize investments in initiatives for drug (and diagnostics) management.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

The projected biennial budget is US\$ 86 250 thousands. The bulk of this figure is for expenditures on procurement of drugs and diagnostics, with the remainder for operational costs including technical assistance, monitoring and evaluation and salaries.

UNITED NATIONS SYSTEM STANDING COMMITTEE ON NUTRITION

Strategic objective to which the work of the partnership contributes

9: To improve nutrition, food safety and food security, throughout the life-course and in support of public health and sustainable development.

Strategic approaches the partnership will focus on

The Standing Committee will focus on the following strategic approaches to support the achievement of the strategic objective: promoting, disseminating and monitoring coordinated international activities in food and nutrition.

Scope of the partnership's work during the biennium 2010–2011

The work of the Standing Committee in support of this strategic objective will focus on.

- communication, advocacy and partnership-building campaigns aimed at reducing hunger and the double burden of malnutrition;
- promoting coherent national food and nutrition policy and programme frameworks that are agreed to, integrated into national poverty reduction programmes, and scaled up; and
- promoting monitoring and evaluation frameworks for reducing hunger and malnutrition.

Coordinating with WHO

The Standing Committee will coordinate its activities with WHO through the United Nations Standing Committee on Nutrition Steering Committee, of which several United Nations agencies are members (including FAO, WHO, UNICEF and WFP), as well as representatives of bilateral agencies and civil society. The work of the Steering Committee is to promote coordination across agencies and avoid the duplication of effort.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 7 301 thousands

INTERNATIONAL DRUG PURCHASE FACILITY, UNITAID

Information to be added in the version for EB124

WATER SUPPLY AND SANITATION COLLABORATIVE COUNCIL

Strategic objectives to which the work of the partnership contributes

8: To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

The Council's work has implications for other strategic objectives since improved sanitation and hygiene reduce diarrhoeal diseases – major killers, especially of children. Sanitation services reduce the burden of communicable diseases (strategic objective 1), reduce morbidity and mortality of children (strategic objective 4) and improve nutrition (strategic objective 9). Advocacy and policy work on sanitation tackle the underlying social and economic determinants of health (strategic objective 7).

Strategic approaches the partnership will focus on

The Council's organizational objective is to accelerate the provision of sustainable water, sanitation and waste management services to all people. During this planning period, the Council will continue to concentrate its energy on sanitation and hygiene, rather than on water. It will also pursue its three-part strategic approach, comprising:

- networking and knowledge management
- advocacy and communications
- grants management (the Global Sanitation Fund)

Scope of the partnership's work during the biennium 2010–2011

The Council's national coalitions (which are not hosted by WHO) will be active in approximately 40 countries, and the Council's secretariat (which is hosted by WHO) will coordinate networking and knowledge management at the global level. The Council will carry out advocacy and communications work at national and global levels, and the Global Sanitation Fund will provide grants to organizations to carry out sanitation and hygiene services in approximately 20 countries.

Coordinating with WHO

Although planning and implementing their work independently, WHO and the Water Supply and Sanitation Collaborative Council intend their activities to be complementary and will pursue cooperation when the benefits achievable are significant. Collaborative work is expected to include joint publications, joint meetings, the exchange of professional views and knowledge, and committee work. WHO's mainly normative, technical, evidence-based work and the Council's mainly practical, outgoing, people-centred activities are mutually complementary.

There is no duplication between the Council's work and that of WHO.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 61 410 thousands
