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The thirteenth general programme of work 2019-2023 (GPW 13) was endorsed by the Executive Board to the Seventy-first World Health Assembly for approval in May 2018. GPW 13 provides the strategic direction for the work of the Organization for the next five years. It outlines a clear vision to achieve the "triple billion" goal through three strategic priorities:

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

The Programme Budget 2020-2021: Regional Committee Consultation Document

- Provides an overview of the process for developing the high level programme budget 2020-2021;
- Presents the initial results of the prioritization at country level for the Region;
- Presents the high-level budget by major office and by level; and
- Provides the next steps and actions on the development of the programme budget 2020-2021.

This document is submitted to the Regional Committee to obtain guidance from Member States regarding the priorities and strategic directions of the Region for the PB 2020-2021 and the high-level budget. The full version of the proposed Programme Budget will be developed with consideration of the advice from the Regional Committee and will be presented to the Executive Board in January 2019, and the final version will be approved in the World Health Assembly in May 2019.

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I. INTRODUCTION

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

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

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

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

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

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

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

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

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

8. The proposed high-level programme budget 2020–2021 will define what it means for WHO:
   - to step up leadership at all levels;
   - to drive public health impact in every country;
   - to strengthen its normative work;
   - to transform its approach to resource mobilization;
   - to act with a sense of urgency, scale and quality.

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

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

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

11. This document includes the following:
    (a) an overview of the process for preparing the proposed high-level programme budget 2020–2021, including the consultations with Member States on the strategic directions and priorities of each region;
    (b) an analysis of the priorities and relevant targets, to which each country will contribute as a result of the consultation process at the country level;
    (c) an overall budget indication by major office and by level, consistent with the strategic budget space allocation (decision WHA69(16) (2016));
    (d) an outline of the next steps, including further consultations and opportunities for deliberations on the programme of work and budgets.

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

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

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

14. To facilitate both strategic and operational development of the programme budget, a GPW 13 planning framework was developed and shared with Member States (see Annex 1). The framework provides an organizing structure and the common basis for prioritization of results. The triple billion goals and a set of outcomes[2] were central to the planning.

15. The important first step is a structured consultation on the priorities at the country level with the GPW 13 results framework as a basis, especially the triple billion goals and outcomes. The Secretariat has engaged country counterparts and national partners to discuss priorities for the duration of the GPW 13. In countries with WHO country presence, the heads of WHO country

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

offices led the exercise. Those without WHO country presence were engaged through the coordination of regional offices.

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

17. The GPW 13 planning framework (see Annex 1), with its backbone results framework, provides the organizing frame and the elements for prioritization and planning. It illustrates how WHO's contributions lead to eventual impact at the country level, especially in line with the three strategic priorities and the triple billion goals associated with them.

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

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

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

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

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

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

III. PRIORITIZATION IN THE EASTERN MEDITERRANEAN REGION

24. In May 2018, the WHO Eastern Mediterranean Region launched a consultative process with Member States in order to identify country priorities in the context of the new GPW 13. The process was preceded by a technical briefing, or strategic orientation, given by technical experts from the WHO Regional Office to teams in country offices. Countries were asked to review 10 technical outcomes, and to ensure a consistent approach, prioritize these outcomes according to a standard scoring criteria at three levels of priority – five "High", three "Medium" and two "Low". Technical and senior level officials from ministries of health and other line-ministries were involved in the consultation process. Health development partners, including United Nations agencies, were also included in this process.

25. Most countries of the Region have completed the prioritization exercise with the exception of a few countries that have only provided preliminary results. These countries were facing challenges during the consultation process and were mainly countries affected by emergencies. Discussions with these countries are ongoing and priorities may change at a later stage of the planning cycle according to the needs of Member States.

A. Public health context in the Eastern Mediterranean Region

26. WHO's Eastern Mediterranean Region spans from Pakistan in the east to Morocco in the west, hosting a population of nearly 645 million people[3] in 22 countries, which are characterized by diverse socioeconomic status and health challenges.

27. The Region is witnessing an unprecedented magnitude and scale of crises. Since 2011, there has been an increase in the number of countries affected by conflict. Today, almost two thirds of countries in the Region are directly or indirectly affected by emergencies, including three countries (out of a total of seven globally) graded by WHO and the United Nations as Grade 3 experiencing "major" emergencies – Somalia, Syrian Arab Republic and Yemen.[4] The Region also hosts several countries witnessing protracted emergencies, while most of the remaining countries are affected by crises taking place in neighbouring countries.

28. Fragile health systems in a number of countries are being weakened by these emergencies and the health of populations across the Region is being negatively affected. This situation has taken its toll on health security in the Region – the high incidence of emerging and re-emerging infectious diseases poses a perennial threat to regional health security and has significant implications for health and economic development in the Region.

29. The principal risk factors contributing to the emergence and rapid spread of a high number of emerging diseases include ongoing humanitarian emergencies resulting in fragile health systems in many countries, increased population mobility (travel and displacement), fragile eco-systems (arid regions, desertification, water scarcity), rapid urbanization, climate change, knowledge gaps on the risk factors for transmission of emerging infections, weak and variable surveillance

[3] Eastern Mediterranean Region Framework for health information systems and core indicators for monitoring health situation and health system performance 2016. Cairo: World Health Organization; 2016.
[4] http://www.who.int/emergencies/crises/en/.

systems for early detection and response, inadequate country preparedness, limited laboratory diagnostic capacity, and increased human–animal interaction.

30. One infectious disease on the verge of eradication is poliomyelitis, and with the exception of Pakistan and Afghanistan, all countries in the Region have been certified polio-free. There are uncertainties on the timing of stopping wild poliovirus transmission and subsequent certification due to external factors, such as conflicts and accessibility. Continued support to Member States in developing and implementing transition and post-certification strategies must be ensured to sustain polio investments and ensure that the world remains polio-free. Lessons learnt from the Global Polio Eradication Initiative (GPEI) should be documented and the processes and assets of the GPEI transferred to support other national and international health programmes.

31. Strong and efficient health systems are needed to adequately address the challenges. However, the performance of health systems in countries of the Region reflects the regional diversity which generally corresponds to income levels of Member States. A particular challenge vis-à-vis health systems is the complexity of maintaining functional health systems in emergency situations. With more than half of the countries in the Region experiencing some form of emergency, health systems are finding their ability to adapt in order to be able to respond to increasing health and humanitarian needs a serious challenge.

32. Although most countries in the Region subscribe to the vision of universal health coverage, there is huge diversity in service delivery among countries. Access to health care services is still a major challenge in many countries. Health equity is intimately linked to socioeconomic equality and environmental parity. Family practice is still a new concept to ministries of health in many countries and there is insufficient political support to strengthen the necessary interventions. Well-functioning integrated district health systems are not yet established in many countries. Service delivery in countries affected by emergencies is fragmented and mostly relies on mono-skilled outreach teams and community health workers. In many countries, the predominance of hospital-, single disease-, and self-contained "silo"-based care models further compound the problem of fragmentation. Patient safety and the quality and accreditation of health services are serious challenges in all countries. The prevalence of adverse events among inpatients is up to 18% in some countries.

33. Known modifiable environmental risks are responsible for about one quarter of all deaths and the disease burden in the Region. The GPW 13 identified climate and environmental change as one of the five platforms (human capital across the life course, noncommunicable diseases, communicable diseases, climate and environment, and antimicrobial resistance) to achieve the three strategic priorities of the Organization and the ambitious "triple billion" goal for 2023, and to sustain progress in achieving the health-related SDGs. The development of evidence-based national policies, strategies and action plans to address the social and environmental determinants of health is actually streamlined in the HiAP approach, which aims to contribute to implementation of a wider societal, intersectoral, more holistic and population-based public health approach.

34. A rapid assessment of the capacity of 19 countries in the Region to report on the core indicators to monitor the health situation and health system performance revealed that although there has been some improvement in reporting on the core indicators since their endorsement in 2014, no countries are currently reporting on all 68 indicators in a timely manner. Even in countries with adequate infrastructure, information systems are fragmented and countries lack a cohesive

approach to consolidating and validating data. As a result, for many of the public health challenges, most countries do not have adequate access to reliable and timely data, in spite of increasing investment in health information systems.

B. Results of priority-setting in countries

35. Fig. 1 shows prioritization of the 10 outcomes in descending order from high to low according to country prioritization. Detailed prioritization by country is provided in Annex 2.

36. The highest priorities identified by countries were: improved access to quality essential health services (17 out of 22 countries); strengthened country health emergency preparedness (15 out of 22 countries); and health emergencies rapidly detected and responded to (12 out of 22 countries). Nearly all countries affected by emergencies and conflict prioritized improved access to quality essential health services and strengthened country health emergency preparedness. This reflects the current situation in the Region in which countries have seen health systems weakened by emergencies, conflict and displacement and are facing an increasing demand for access to quality essential health services, treatment of diseases and mental health disorders, and maternal and child health care.

37. Twelve out of 22 countries prioritized strengthening country capacity in the area of data and innovation. Countries recognize the need to strengthen health information and data systems and strengthen human capacity to process data, including at subnational level, and to use the information collected to inform policy-making.

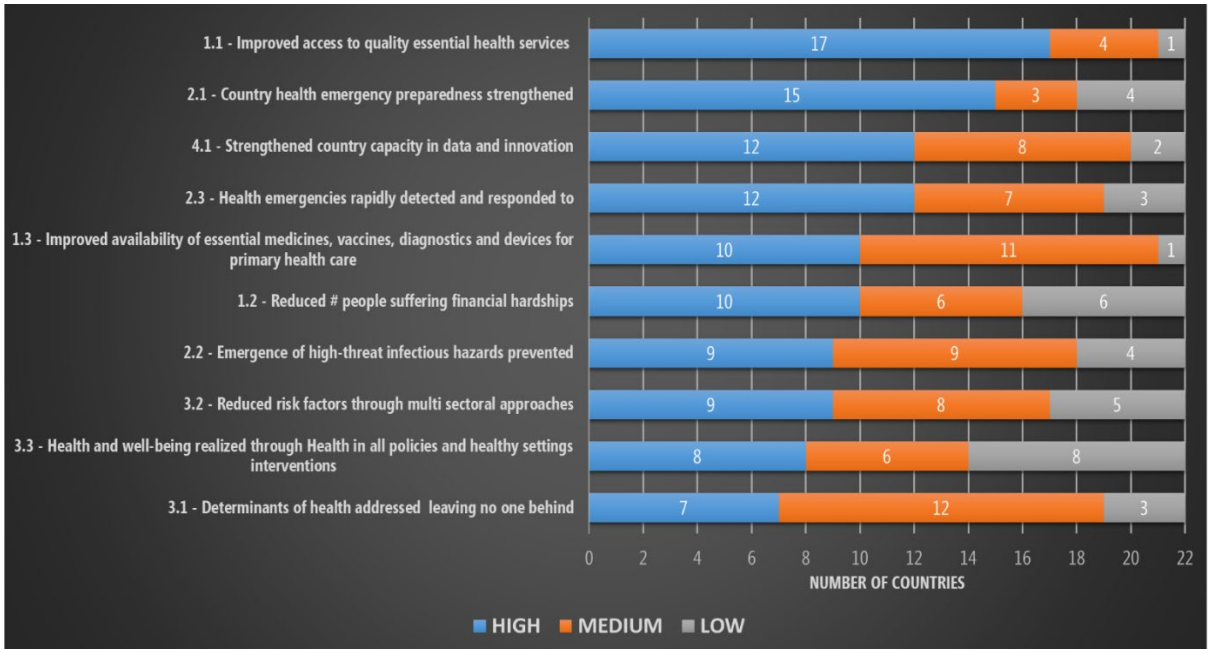


Fig. 1. Prioritization of outcomes by countries of the Eastern Mediterranean Region

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

38. Seventeen out of 22 countries identified Outcome 1.1 Improved access to quality essential health services as high priority, 10 out of 22 countries identified Outcomes 1.2 Reduced number of people suffering financial hardship, and 1.3 Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care as high priority.

39. To achieve universal health coverage, most Member States will focus on the following areas of work:
    - ensuring good quality people-centred health services and use of health technologies for universal health coverage;
    - improving equity in the distribution of health system resources and services;
    - improving intersectoral governance for universal health coverage;
    - strengthening health systems governance, national health policies and strategies, and regulatory frameworks;
    - strengthening or transforming human resources for health;
    - strengthening prevention, control, elimination, and eradication of diseases through sustainable health systems;
    - improving equity and efficiency through governance for intersectoral and public-private partnerships;
    - raising adequate and sustainable public financing for health;
    - assuring quality, effectiveness and safety of medicines and health technologies;
    - ensuring availability, affordability of medicines and other health technologies (i.e., efficient procurement and supply chain, pricing, etc.);
    - improving governance and stewardship of pharmaceutical services and other health technologies;
    - promoting rational dispensing, prescribing, use of medicines and other health technologies; and
    - strengthening policies and systems to tackle antimicrobial resistance.

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

40. Most countries (15 out of 22) prioritized Outcome 2.1 Country health emergency preparedness strengthened as high, 13 out of 22 countries prioritized Outcome 2.3 Health emergencies rapidly detected and responded to as high, and 9 out of 22 countries prioritized Outcome 2.2 Emergence of high-threat infectious hazards prevented as high.

41. Based on the WHO Health Emergencies Programme (WHE) country classification, Afghanistan, Iraq, Somalia, Syrian Arab Republic and Yemen are Priority 1 countries; Jordan, Libya, Pakistan, Palestine and Sudan are Priority 2 countries; and Lebanon is a Priority 3 country. Of these 11 priority countries 10 countries rated Outcome 2.3 as high, eight countries rated Outcome 2.1 as high and six countries rated Outcome 2.2 as high.

Table 1. Prioritization of outcomes under Strategic priority 2 according to WHE country classification

WHE classification of countries	2.1 Country health emergency preparedness strengthened			2.2 Emergence of high-threat infectious hazards prevented			2.3 Health emergencies rapidly detected and responded to		
	High	Medium	Low	High	Medium	Low	High	Medium	Low
Priority 1	4	1	–	4	1	–	5	–	–
Priority 2	3	2	–	2	2	1	4	1	–
Priority 3	1	–	–	–	1	–	1	–	–
Total	**8**	**3**	–	**6**	**4**	**1**	**10**	**1**	–

42. Countries will focus on assessing and monitoring drivers for epidemics and pandemics; mitigating/reducing emergence/re-emergence of high-threat infectious pathogens; scaling up prevention strategies for priority epidemic-prone diseases; and strengthening capacity for rapid detection and risk assessment for potential health emergencies to ensure that people will be better protected from health emergencies.

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

43. Nine out of 22 countries regarded Outcome 3.2 Reduced risk factors through multisectoral approaches as high priority, eight out of 22 countries regarded Outcome 3.3 Health and well-being realized through HIAP and healthy settings interventions as high priority, and seven out of 22 countries regarded Outcome 3.1 Determinants of health addressed leaving no one behind as high priority.

44. Countries will focus on: strengthening intersectoral governance for investment in public health; enacting policies, legislation, regulations for reduction of risk factors; engaging non-state actors and sectors outside of health on risk factor reduction; and developing and implementing cost-effective policy solutions to implement the HIAP approach and programmes at national, subnational and local levels to be able to achieve the goal of 1 billion more people enjoying better health and well-being.

4) Data innovation, leadership and governance and enabling functions: a more effective and efficient WHO better supporting countries

45. The fourth strategic priority to achieve a more effective and efficient WHO in supporting countries, which underpins the first three strategic priorities, have three outcomes: Outcome 4.1 Strengthened country capacity in data and innovation; Outcome 4.2 Strengthened leadership, governance and advocacy for health; and Outcome 4.3 Improved financial, human, administrative resources management towards transparency, efficient use of resources and effective delivery of results. Only Outcome 4.1 was included for consideration by Member States for prioritization. Outcomes 4.2 and 4.3 are fundamental enabling functions of the WHO Secretariat.

46. Twelve Member States identified strengthening country capacity in data and innovation as a high priority. Countries indicated the need for: the development of health information systems and new platforms, linking data with surveillance approaches; increased human resource capacity for data collection and management; improved death registration and cause of death certification; improved survey plans, conducting and reporting; and improved evidence-informed decision-making and eHealth capacity.

C. Targets

47. Countries were also asked to identify which targets, from the 45 targets outlined in the GPW 13 planning framework, they had committed to for the period of the GPW. Countries provided baseline data, when available, and identified their targets. A number of countries also proposed additional targets which they identified as relevant to their national plans. The complete list of targets and country commitments are listed in Annex 3.

48. The targets in the planning framework were updated after being shared with countries for their consideration in the prioritization exercise. Two new targets (now a total of 47 targets) were added under Outcome 1.1: 1) Increase access to essential health services (including promotion, prevention, curative, rehabilitative and palliative care) with a focus on primary health care, measured using a universal health coverage index; and 2) Increase percentage of publicly financed health expenditures by 10%. In addition, the target related to access to health workers was modified to "Increase health workforce density with improved distribution". These were not included in the prioritization process but will be considered in the next phase of planning, which involves the development of country support plans.

49. Table 2 lists the top 12 targets which countries selected and expressed their commitment to achieving during the period of GPW 13.

50. NCDs continue to be associated with a high burden of morbidity with negative consequences for development. They remain the leading cause of death and life-long chronicity in the Region, resulting in 2.2 million related deaths every year. This figure is projected to increase to more than 3.8 million related deaths by 2030. In recognition of NCDs as a major public health problem, countries have committed to reducing the premature NCD-related mortality rate by 20% by 2023.

Table 2. Top 12 targets to which countries have committed to achieving during the period of GPW 13

GPW 13 targets	Number of countries
Current tobacco use ↓ by 25%	22
Raised blood pressure ↓ by 20%	21
Maternal mortality ratio ↓ by 30%	20
Newborns and children death ↓ by 30%	20
Premature NCD-related mortality ↓ by 20%	20
Availability of essential medicines for primary health care ↑ to 80%	20
Increased IHR capacity and health emergency preparedness	20
New HIV infections ↓ by 73%	19
Treatment coverage of rifampicin-resistant tuberculosis ↑ to 80%	19
Women with family planning needs satisfied ↑ to xx%	19
Polio eradicated	19
Road traffic accidents ↓ by 20%	19

51. All countries in the Region have committed to reducing the rate of tobacco use by 25%. WHO's Eastern Mediterranean Region has the second highest smoking prevalence rate among men of all WHO regions. According to current projections, tobacco use will increase between 2010 and 2025, while in all other WHO regions, prevalence is projected to decrease by 2025.

52. Countries also identified the reduction of maternal, neonatal and child mortality as one of the top 12 targets. The Region has the highest rate of neonatal mortality rate among all WHO regions, and the second highest rates of maternal and child mortality after WHO's African Region.

53. Twenty out of 22 countries chose to increase IHR capacity and health emergency preparedness in light of the protracted crises and humanitarian emergencies currently being experienced in the Region.

D. Towards achievement of the GPW13 "triple billion" goals

1) Implications for Member States

54. To accelerate the achievement of the strategic goals envisioned in the GPW 13, Member States identified the following areas as needing attention and requiring investment in the Region.
    (a) Developing resilient and strong health systems by adopting a whole-of-systems approach with integrated service delivery and strengthened primary care. Ensuring quality by making health services safe and effective. Strengthening regulation of health services and systems, in terms of health workforce, medicines and technologies, and health facilities and infrastructure.
    (b) Ensuring efficient and appropriate use of limited resources to implement health interventions in a fast-changing environment. This could be achieved by defining the core service package at all levels, mobilizing (domestic) resources for public health, ensuring coverage of the disadvantaged group of people to reduce financial and non-financial barriers to access to health services.
    (c) Ensuring availability, equitable access, and rational use of essential medicines and health products and technologies, enacting policies and regulations to ensure products are safe and affordable.
    (d) Improving health information systems to effectively track progress towards attainment of the SDGs, informing policy- and decision-making, allocating aid in emergency preparedness, and improving disease surveillance at all levels.
    (e) Accelerating efforts to prevent, control and eliminate communicable diseases in an efficient people-centred and integrated health service delivery system.
    (f) Building national capacities and networks in all-hazards and health emergency surveillance and risk management.
    (g) Integrating prevention and control of NCDs and other conditions/diseases into national health programmes and national development plans.
    (h) Strengthening tobacco and food industry regulations while countering the undue influence of the tobacco and food industries on national policies and consumer behaviour.

55. Intersectoral collaboration will be needed to achieve these objectives, as well as close collaboration with key health partners in countries.

2) Implications for the WHO Secretariat

56. To achieve the triple billion goal of the GPW 13, WHO will provide support to Member States to ensure that all people, including refugee and displaced populations and other vulnerable groups in the Region, have equitable access to needed quality health care without discrimination and with dignity, and without undergoing financial hardship. WHO will support countries to explore and implement health systems reforms and modalities to advance towards universal health coverage as part of the 2030 Agenda for Sustainable Development and in line with the *Framework for action on advancing universal health coverage in the Eastern Mediterranean Region* and the Salalah Declaration on universal health coverage through investing in health system strengthening.

57. WHO will develop a strategic framework for building resilient health systems in order to invest in the capacity of institutions, the health workforce and people to prepare for, and effectively respond to, crises, maintain core functions during a crisis and ensure the resilience of health systems once a crisis is over.

58. WHO will develop a 5-year strategic framework for the prevention, containment and control of emerging infectious diseases to serve its Member States in the areas of strengthening surveillance and response capacities for detection and response to high threat pathogens. WHO will collaborate and work with other international partners and agencies with a common interest in health security.

59. WHO will advocate for the HiAP approach, which focuses on social and environmental determinants of health, often better addressed through policies, interventions and actions of actors outside of the health sector. WHO will support Member States through: building the capacity of WHO staff; providing technical support for the development and implementation of evidence-based national policies, strategies and action plans to address the social and environmental determinants of health; and adopting a HiAP approach to achieve the triple billion goal, the health-related targets of the SDGs and to reduce health inequities in the Region.

60. As part of an organizational shift, WHO will adapt "Whole of WHO" ways of working that promote theory of change and ensure more holistic integrated delivery approaches and coordinated support to country offices. This will be achieved through introducing inter- and cross-programme planning processes to facilitate more collaborative and coordinated missions and work.

61. Efforts will be enhanced to further improve risk management, transparency and accountability; increase monitoring and evaluation to improve performance and quality, and conduct efficient operations; strengthen enabling processes to create a healthier working environment and develop a culture of excellence; and implement "best buy" interventions to achieve the triple billion goal.

62. The stronger engagement of Member States is needed to identify national priorities in line with the goals of the GPW 13 to ensure that limited resources are allocated where they are needed most through the expansion of advisory forums and consultations with Member States, as well as increasing WHO's presence in countries physically and virtually to strengthen the capacity of country offices to better meet the needs of Member States.

IV. BUDGET OVERVIEW

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

64. The proposed high-level programme budget 2020–2021 provides an overall direction of the investments needed to implement the transformative agenda of the GPW 13. Implementing the strategic and organizational shifts requires that the programme budget:
    (a) refocuses its investments to implement the strategic priorities, which are in line with the SDGs;
    (b) increases resources in countries to drive public health impacts in every country;
    (c) gives more emphasis to stepping up leadership, therefore investing in more diplomacy and capacity to achieve greater political commitment on health issues;
    (d) makes investments on normative work to drive change and achieve greater impact in countries;
    (e) recognizes the need to maximize partnerships to leverage on all resources available to support countries;
    (f) drives efficiency through making investment and allocation decisions based on delivering value for money.

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

66. These changes are explained in finer detail below.

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

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

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

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

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

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

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

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

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

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

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

68. These details are reflected in Fig. 2.

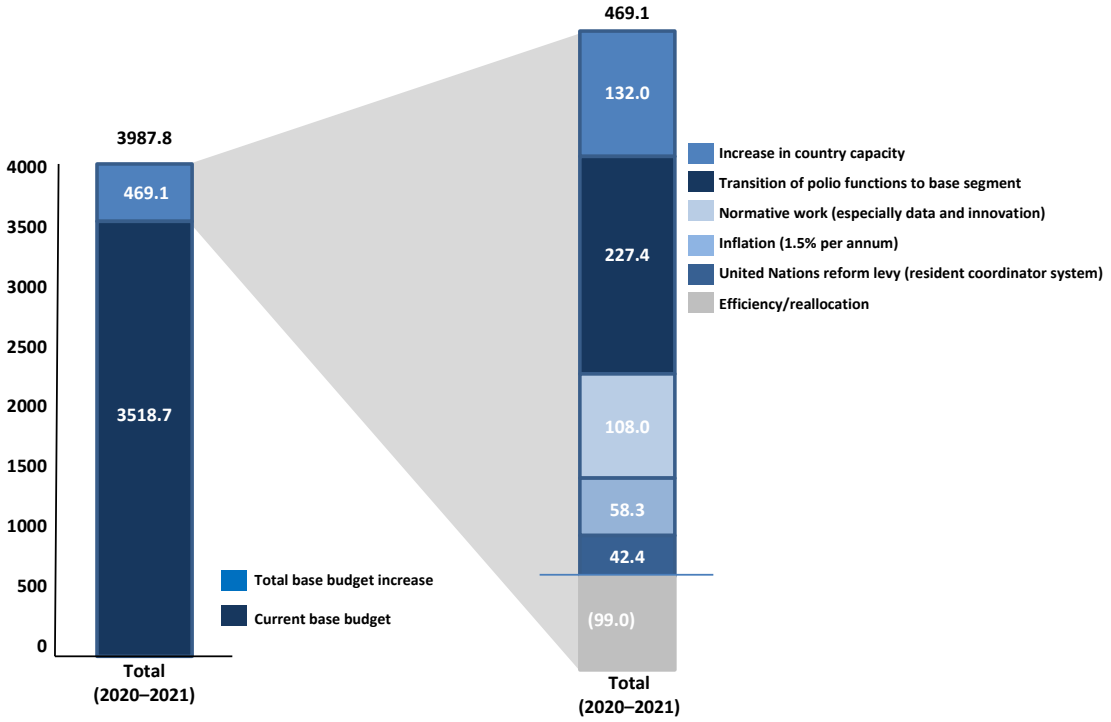


Fig. 2. Proposed high-level programme budget 2020–2021 increases explained (US$ millions)

69. Table 4 provides details of the increases by major office and by base segment, as noted in paragraph 67. This table highlights the major investment in transition of polio functions to the base segment of the programme budget, especially in the African and South-East Asia regions. The budget increases intended to strengthen country capacity are clearly demonstrated in all regions. The majority of the increase in the budget for WHO's normative work (especially data and innovation) is at headquarters (40%), with the remaining amount split evenly across the regions. More work is required to detail the specific requirements by region. This will be taken forward based on the discussions during the 2018 sessions of the regional committees.

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

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

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

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

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

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

[a] Unless otherwise specified.

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

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

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

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

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

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

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

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

[a] As outlined in document EB137/6.

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

[c] Without the WHO Health Emergencies Programme.

[d] Revised in 2016, taking into account the WHO Health Emergencies Programme.

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

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

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

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

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

78. The draft strategic action plan on polio transition and post-certification,[5] which has a five-year scope of work, is aligned with the GPW 13. The investments on continuing the work on polio and the related implications of the transition can be grouped into three main sections:

(a) continued polio eradication operations;
(b) transition of polio functions to the base segment of the programme budget;
(c) pre-cessation immunization campaigns and polio vaccine stockpiles.

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

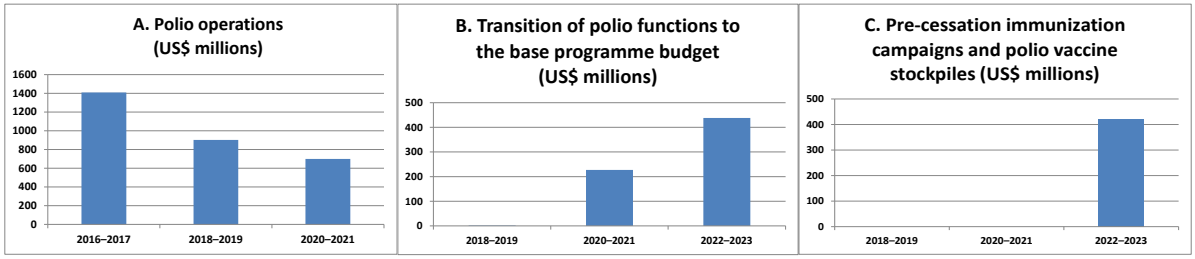


Fig. 3. Evolution of WHO polio-related budgets

[5] Document A71/9.

Realistic budget and financing

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

81. Considering the ambitious goals set by the GPW 13, the suggested increase of 12% in the proposed high-level programme budget 2020–2021 is at the lower end of the estimated cost of implementing the GPW13 in 2020–2021. Several considerations have been made, including realistic financing, to get to the high-level budget for implementing the GPW 13. Further increases in investments to fully implement the GPW 13 and scale up efforts to achieve the health-related SDGs will be needed in subsequent bienniums.

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

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

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

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

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

V. NEXT STEPS

85. The change in the approach in the consultations and presentation of the proposed high-level programme budget 2020–2021 will allow the Organization to take into account the results of two critical steps in the process. These steps will ensure that the proposed high-level programme budget takes full account of country priorities, the programmatic work that is needed at each level to support those priorities and drive impact at the country level, as envisaged by the GPW 13. Both steps (described in paragraphs 86 and 87) will take place between August and October 2018, during which time Member States are expected to be consulted. The results of these steps will provide critical inputs into the development of the draft Proposed programme budget 2020–2021, Executive Board version, to be submitted to the Executive Board at its 144th session.

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

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

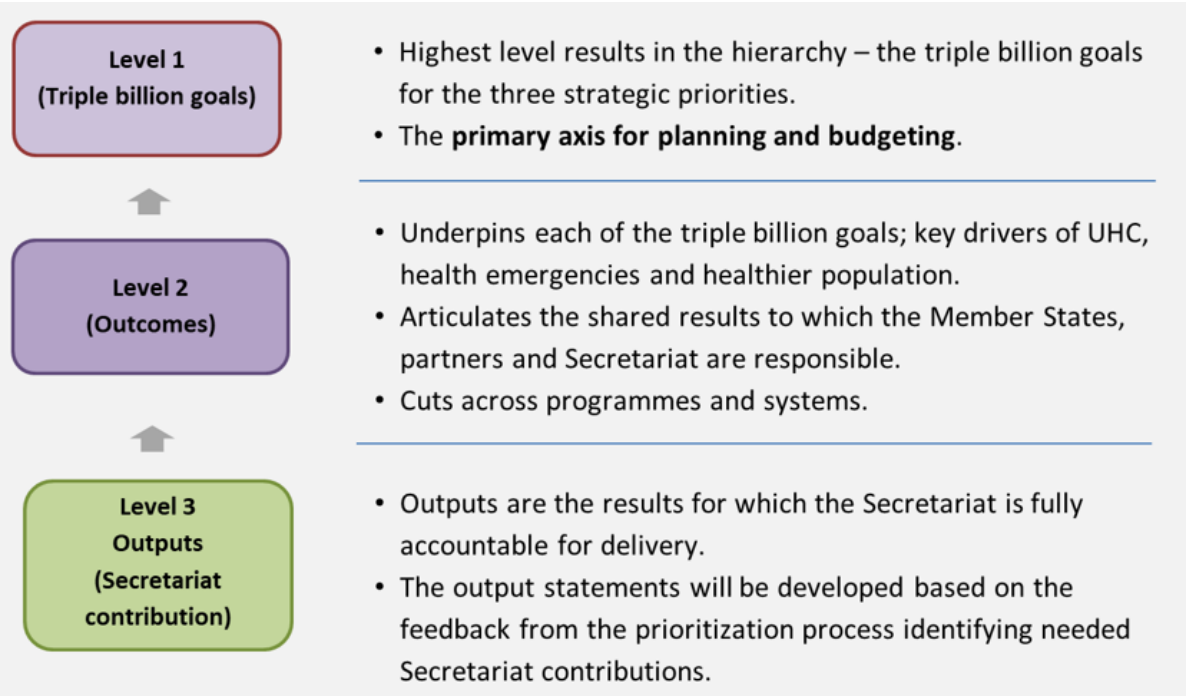
88. The results of the two steps described above, together with the priority setting for delivering global public goods, will provide critical inputs into the development of the full budget for presentation to the Executive Board in January 2019.

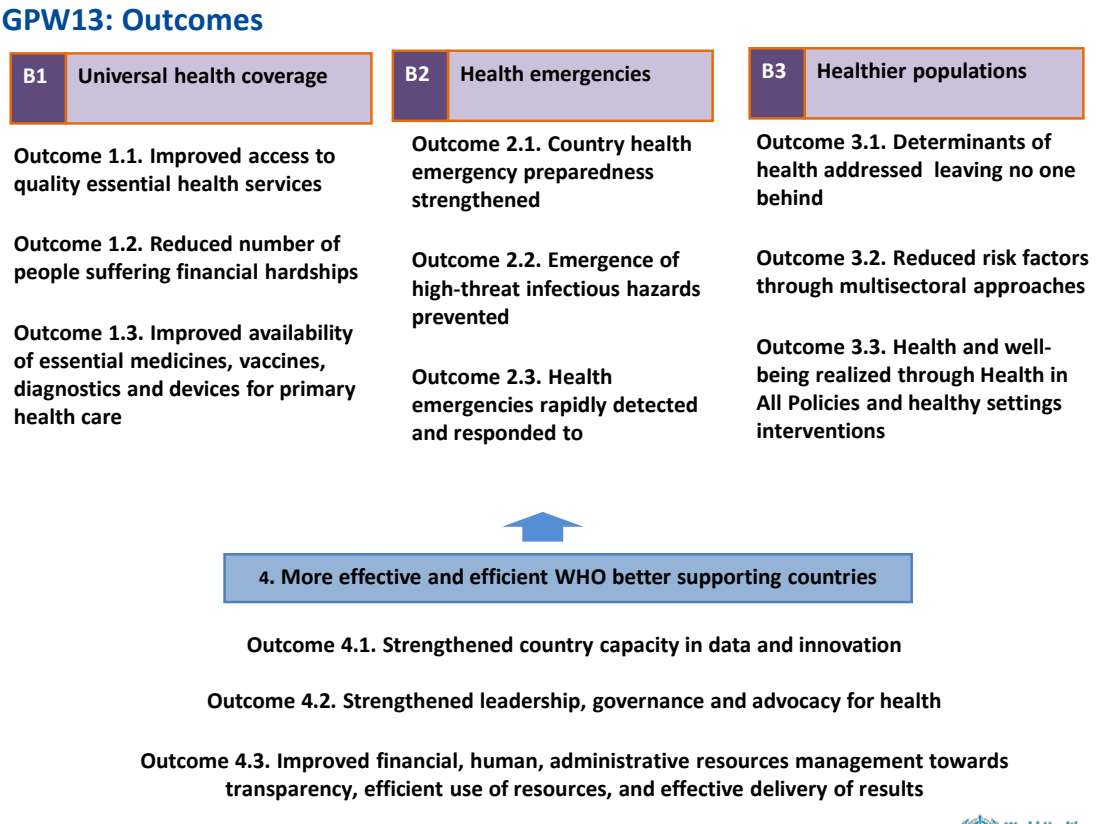
89. Additional country-level consultations and mission briefings are envisaged during the development of the draft proposed programme budget for 2020–2021, to prepare the Executive Board version. It is expected that the budget estimates will be adjusted further, to take into account the advice of Member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

VI. ACTION BY THE REGIONAL COMMITTEE

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

Annex 1. GPW 13: Planning and Budgeting Framework





Annex 2. Prioritization of GPW 13 outcomes by country

GOALS & OUTCOMES	AFG	BAA	DJI	EGY	IRA	IRQ	JOR	KUW	LEB	LIY	MOR	OMA	PAK	PSE	QAT	SAA	SOM	SUD	SYR	TUN	UAE	YEM	HIGH	MEDIUM	LOW
1 billion more people with coverage of essential health services																									
1.1 - Improved access to quality essential health services	H	H	H	H	H	L	H	M	H	H	H	M	H	H	M	M	H	H	H	H	H	H	17	4	1
1.2 - Reduced # people suffering financial hardships	H	L	H	H	H	L	H	L	M	M	H	H	L	M	L	M	M	H	L	H	M	H	10	6	6
1.3 - Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care	H	M	H	M	M	M	H	M	M	H	H	H	H	M	H	M	M	L	M	H	M	H	10	11	1
1 billion more people better protected from health emergencies																									
2.1 - Country health emergency preparedness strengthened	M	L	H	H	H	H	M	L	H	H	H	H	M	H	L	L	H	H	H	H	H	H	15	3	4
2.2 - Emergence of high-threat infectious hazards prevented	H	M	H	L	H	H	L	M	M	M	M	M	H	H	H	L	H	M	M	L	M	H	9	9	4
2.3 - Health emergencies rapidly detected and responded to	H	M	M	L	L	H	H	H	H	H	L	M	H	H	M	H	H	M	H	M	M	H	12	7	3
1 billion more people enjoying better health and well-being																									
3.1 - Determinants of health addressed leaving no one behind	M	H	L	H	M	M	M	H	M	M	M	L	M	M	H	H	L	H	M	M	H	M	7	12	3
3.2 - Reduced risk factors through multi sectoral approaches	L	H	M	H	M	H	H	H	L	L	M	H	M	M	M	H	M	L	L	H	H	M	9	8	5
3.3 - Health and well-being realized through Health in all policies and healthy settings interventions	L	H	L	M	M	H	M	H	M	L	L	H	L	M	H	H	L	H	H	L	L	M	8	6	8
Data and Innovation																									
4.1 - Strengthened country capacity in data and innovation	M	H	M	M	H	M	L	H	H	H	H	L	H	M	H	H	H	M	H	M	H	M	12	8	2
HIGH	5	5	5	5	5	5	5	5	4	5	5	5	5	4	5	5	5	5	5	5	5	6			
MEDIUM	3	3	3	3	4	3	3	3	5	3	3	3	3	6	3	3	3	3	3	3	4	4			
LOW	2	2	2	2	1	2	2	2	1	2	2	2	2	-	2	2	2	2	2	2	1	-			

Annex 3. GPW 13 targets[a] selected by Member States, ranked by Outcome

GPW13 goals and targets	AFG	BAA	DJI	EGY	IRA	IRQ	JOR	KUW	LEB	LIY	MOR	OMA	PAK	PSE	QAT	SAA	SOM	SUD	SYR	TUN	UAE	YEM	No of countries
1 billion more people with coverage of essential health services																							
Essential health services																							
Maternal mortality ratio ↓ by 30%	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●		●	20
Newborns and children death ↓ by 30%	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●		●	20
Premature NCD-related mortality ↓ by 20%	●	●	●	●	●	●	●	●	●		●	●		●	●	●	●	●	●	●	●	●	20
Women with family planning needs satisfied ↑ to xx%	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●			19
Treatment coverage of rifampicin-resistant tuberculosis ↑ to 80%	●	●	●	●	●	●	●	●	●		●		●	●	●	●		●	●	●	●	●	19
New HIV infections ↓ by 73%	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●			19
Increase equitable access to health workers by xx% [b]	●	●	●	●	●	●	●	●			●		●		●	●	●	●	●		●	●	17
Tuberculosis deaths ↓ by 50%	●	●	●		●	●	●	●	●				●	●	●	●	●	●	●	●		●	17
Treatment for severe mental illness ↑ to 50%	●	●	●	●	●	●	●	●	●				●	●	●	●		●	●		●		16
Measles containing vaccine↑90%	●	●	●		●	●	●	●	●	●			●			●	●	●	●	●		●	16
Eliminate at least one neglected tropical disease		●	●	●		●	●	●			●		●			●	●	●		●		●	13
HBV or HCV related deaths ↓ by 40%	●	●	●	●	●		●	●			●		●			●	●	●	●				13
Older adults 65+ yrs who are care dependent ↓ by 15 million	●	●		●	●		●	●					●		●	●		●	●		●		12
Malaria deaths ↓ by 50%	●	●	●		●		●	●					●	●		●	●	●				●	12
Essential health services among women and girls in the poorest wealth quintile ↑to 70%	●		●	●	●	●	●		●		●							●				●	10
Financial hardship																							
Stop the rise in percent of people suffering financial hardship in accessing health services	●	●	●	●	●	●	●	●	●		●		●	●	●	●	●	●			●		17
Medicines, vaccines and other heealth technologies																							
Availability of essential medicines for primary health care ↑ to 80%	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●		20
Bloodstream infection due to AMR organisms ↓ by 10%	●	●		●	●	●	●	●	●				●		●	●		●	●	●	●	●	16
Coverage of HPV vaccine among adolescents ↑ to 50%		●	●		●			●								●		●			●		7
Oral morphine for palliative care ↑ from 25% to 50%					●		●								●			●			●	●	6
1 billion more people better protected from health emergencies																							
Emergency preparedness																							
Increased IHR capacity and health emergency preparedness	●	●	●	●	●	●	●	●	●		●		●	●	●	●	●	●	●	●	●	●	20
Infectious hazards prevented																							
Polio eradicated	●	●	●	●	●	●	●	●	●	●	●		●	●		●	●	●	●	●		●	19
No outbreak becomes an epidemic or 95% of detected outbreaks are contained (*to be determined*)	●	●	●	●	●	●	●	●	●				●		●	●	●	●	●	●	●	●	18
Cholera and yellow fever epidemics eliminated	●	●	●		●	●	●	●		●			●	●		●	●	●		●			14
Emergency detection and response																							
Reduced number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	●		●		●	●	●						●	●				●	●			●	10
Coverage of people in FCvs with essential health services ↑ to xx%	●		●		●	●	●					●	●						●			●	9

GPW13 goals and targets	AFG	BAA	DJI	EGY	IRA	IRQ	JOR	KUW	LEB	LIY	MOR	OMA	PAK	PSE	QAT	SAA	SOM	SUD	SYR	TUN	UAE	YEM	No of countries
1 billion more people enjoying better health and well-being																							
Determinants addressed																							
Stunted children ↓ by 30%	●	●	●	●	●	●	●	●		●	●	●	●			●	●	●	●	●		●	18
Access to safe drinking water for 1 billion more people	●	●	●	●	●	●	●	●	●	●		●	●	●		●		●	●	●			17
Wasting among children ↓ to <5%	●	●	●	●	●	●	●	●		●		●	●			●	●	●	●	●		●	17
Children developmentally on track in health ↑ to 80%	●	●	●	●	●	●	●	●					●	●	●	●		●	●		●	●	16
Women making informed reproductive health decisions, etc. ↑ to 60%	●	●		●	●	●	●	●			●	●	●	●		●	●	●	●				15
Access to safe sanitation for 800 million more people	●	●	●	●		●	●	●		●		●	●	●		●		●	●				14
Children subject to violence ↓ by 20%	●	●		●		●	●	●			●		●		●	●		●			●	●	13
Mortality due to air pollution ↓ by 5%		●		●	●	●		●				●	●		●	●		●			●		11
Intimate partner violence ↓ to 15%	●	●		●		●	●	●		●			●			●		●			●		11
Mortality from climate-sensitive diseases↓ by 10%		●		●	●	●		●					●		●	●		●			●		10
Risk factors reduced																							
Current tobacco use ↓ by 25%	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	22
Raised blood pressure ↓ by 20%	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	21
Salt/sodium intake ↓ by 25%	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●		●		●	●		18
Halt and begin to reverse the rise of childhood overweight and obesity		●	●	●		●	●	●		●	●	●		●	●	●		●		●	●		15
Insufficient physical activity ↓ by 7%	●	●	●		●	●	●	●		●		●		●	●	●		●		●	●		15
Harmful use of alcohol ↓ by 7%			●		●	●				●				●				●		●	●		8
Eliminate industrially produced trans fats		●		●	●			●								●		●			●		7
Health in all policies, healthy settings																							
Road traffic accidents ↓ by 20%	●	●	●	●	●	●	●	●		●		●	●	●	●	●	●	●	●		●	●	19
Suicide mortality ↓ by 15%	●	●			●	●	●	●	●			●	●	●	●	●		●	●	●	●		16

Note: FCVs = fragile, conflict and vulnerable settings

a The targets in the Planning Framework has been updated after it has been shared with the Member States for their consideration in the prioritization exercise. As of writing, two new targets (now a total of 47 targets) have been added under Outcome 1.1 as follows: (1) Increase access to essential health services (including promotion, prevention, curative, rehabilitative and palliative care) with a focus on primary health care, measured using a UHC index, and (2) Increase percent of publicly financed health expenditures by 10%.

b The text has been modified to “Increase health workforce density with improved distribution”.