Investing in the World’s Health Organization
Taking steps towards a fully-funded Programme Budget 2016-17
## Contents

Responding to a changing world ................................................................. 2
Ready for the next health emergency ....................................................... 3
A new era for global public health ............................................................ 4
WHO’s budget for 2016-2017 ...................................................................... 5
How is the World Health Organization financed? ................................. 6
Why a financing dialogue? ......................................................................... 8
The pursuit of excellence ........................................................................... 9
Communicable diseases ........................................................................... 10
Noncommunicable diseases ..................................................................... 16
Promoting health through the life-course ................................................. 24
Health systems .......................................................................................... 30
Preparedness, surveillance and response .................................................. 36
Corporate services and enabling functions .............................................. 44
Programme Budget 2016 - 2017 (US$ millions) by major office, category and programme area ............................................................... 50
The priorities and actions that WHO has committed to take to improve health outcomes for the world’s people are outlined in the WHO Programme Budget for 2016-17, approved by Member States at the 2015 World Health Assembly.

This Programme Budget for 2016-2017 builds on programmatic and managerial reforms that began with a consultation on the future of financing for WHO in 2010. It has been shaped by emergency reform to ensure that WHO is ready for the next health crisis, as well as our response to the 2030 Sustainable Development Agenda and the changing health landscape.

WHO continues to adapt and change to better address the increasingly complex challenges of health in the 21st century. From persisting problems to new and emerging health threats like antimicrobial resistance, hepatitis, ageing and dementia, WHO needs the capability and flexibility to respond to this evolving environment.

WHO reform has three objectives:
• Improved health outcomes, meeting the expectations of Member States and partners, focused on the actions and areas where WHO has a comparative advantage
• Greater coherence in global health, with WHO playing a leading role
• An organization that pursues excellence, one that is effective, efficient, responsive, objective, transparent and accountable.
The Ebola outbreak has pushed the process of WHO reform into high gear and led to a new and ambitious stream of reform that gives top priority to WHO’s work in outbreaks and emergencies with health and humanitarian consequences.

The Organization is making some fundamental changes to enable it to respond faster and more effectively to these events, as well as to anticipate future health security challenges and to minimize their impact.

WHO is committed to building an organization with the culture, systems and resources to lead the prevention, preparedness and response activities needed to minimize the adverse effects of outbreaks and other health hazards, risks and emergencies.

This will enable a stronger scientific and technical capacity within WHO that is consistently able to identify, monitor and scientifically assess and report all important health security risks and hazards, to develop the guidance needed by countries to minimize such risks and hazards, and convene the best global expertise necessary to provide support wherever needed.

- A new **unified platform for health emergencies** to unite all WHO’s outbreak and emergency resources across the three levels of the Organization. WHO will maintain readiness to respond in a predictable, capable, dependable, adaptable and accountable manner in countries, and work with partners to support governments in preparedness, response and early recovery.
- A **global health emergency workforce** that can be effectively deployed to support countries, made up of national responders, international responders from networks and partnerships, from United Nations’ agencies and programmes; and reinforced standing and surge capacity among WHO staff.
- **Health systems in countries** have integrated priority health security capacities (human resources, surveillance and information management and laboratory services) to enable the rapid detection and effective response to disease outbreaks and other hazards, as well as providing people-centred health services based on primary health care.
- Improved functioning, transparency, effectiveness and efficiency of the **International Health Regulations**, the Pandemic Influenza Preparedness Framework and other critically important major frameworks.
- A blueprint to **accelerate research and development** for increased preparedness and a rapid research response during outbreaks or health emergencies.
- Adequate **international financing** for health emergencies, including the WHO Contingency Fund for Emergencies and a pandemic emergency financing facility as proposed by the World Bank.
A NEW ERA FOR GLOBAL PUBLIC HEALTH

The 2030 Agenda for Sustainable Development heralds a new era in public health, one in which WHO has a central role.

The new agenda integrates all three dimensions of sustainable development (economic, social and environmental) around people, planet, prosperity, peace and partnership. It recognizes that so many of the development goals impact one another and are interrelated and interdependent.

Health has a central place as a major contributor and beneficiary of sustainable development policies.

Almost every one of the 17 new goals is directly related to the health of the world’s people or will contribute to health indirectly.

SDG 3 “Ensure healthy lives and promote wellbeing for all at all ages” reflects WHO’s ideals that date right back to our Constitution which states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.

WHO particularly welcomes the inclusion of universal health coverage in the SDGs. Universal health coverage expresses the very spirit of the new development agenda, with its emphasis on equity and social inclusion that leaves no one behind.

WHO’s priorities and programme of work are closely aligned with the SDG agenda. We look forward to working with countries and partners towards making the SDG vision and goals a reality for 2030.
WHO’S BUDGET FOR 2016-2017

WHO’s work is organized into six categories:
• Communicable diseases
• Noncommunicable diseases, mental health and substance abuse, violence, injuries and disabilities
• Promoting health through the life-course
• Health systems
• Preparedness, surveillance and response
• Corporate services and enabling functions

These categories of work – and the programme areas they contain – represent WHO’s programming and planning framework. While this framework helps to organize WHO’s work, a number of strategic approaches – grounded in the Organization’s core functions – are employed across categories to achieve positive health outcomes.

These cross-cutting, strategic approaches promote synergy across categories, ensuring that WHO’s work to support countries in areas such as expanding access to treatment and care, investment in research and innovation, or enhanced surveillance and data collection, is complementary and connects the different categories of work, no matter where they reside in the planning framework.

WHO’s Programme Budget 2016-2017 reflects a clear results chain to show the links between the work that WHO will do and its contribution to outcomes and impact in public health. Our budget is underpinned by priority-setting criteria and sets out clear deliverables for country offices, regional offices and headquarters. WHO – and our Member States – will measure success against the outputs defined in the programme budget.

**WHO’s base budget for 2016 - 2017**

![Budget Chart]

WHO needs US$ 4 385 million to accomplish the work planned for 2016-2017. The portion of the budget comprising WHO’s six categories of work (i.e. ‘base budget’ which excludes polio and special programmes for research in tropical disease and human reproduction) has increased by US$ 236.6 million (8%) from the approved budget for the previous biennium.
HOW IS THE WORLD HEALTH ORGANIZATION FINANCED?

Over the past decades, WHO’s financing has undergone a major transformation. WHO is currently financed by a mix of assessed and voluntary contributions.

Our work used to be funded entirely by assessed contributions from Member States. The amount each Member State pays is calculated relative to the country’s wealth and population. By 1990, voluntary contributions had increased to 54% of total funds and now make up almost 80% of WHO’s total income.

While our budget has increased substantially – from US$ 1.4 billion for 1990-1991 to US$ 4.4 billion for 2016-2017 – the assessed contributions have remained stagnant at less than US$ 1 billion.

WHO Approved Programme Budget from 1998 to 2017

Note: Budget for 2016-17 shows resources required and not actual projections of income
WHO’s Twelfth General Programme of Work for the period 2014 – 2019 outlines a new financing model in which the entire Programme Budget – both assessed and voluntary contributions – is approved by Member States.

As a significant proportion of WHO’s voluntary contributions are specified for activities or areas of work that contributors prefer to support, this can lead to a situation of under- and over-financing across programme areas.

While voluntary contributions are vital for supporting important work, the Organization needs some flexibility in allocating funds to ensure full funding of all programmes.

Flexible funding is critical to respond to the changing public health environment and to address areas – such as noncommunicable diseases and health systems strengthening – that traditionally do not appeal to a broad spectrum of voluntary contributors.
WHY A FINANCING DIALOGUE?

WHO’s financing dialogue with Member States and key non-State contributors is designed to ensure that WHO is well-equipped to address the increasingly complex challenges of public health in the 21st century.

Its aim is to foster a dialogue with and between our funders, in order to improve the transparency, alignment and predictability of WHO’s funding. Its ultimate goal is to ensure the 2016-2017 Programme Budget is fully funded.

In 2009, Member States raised concern about WHO’s financing situation, which was hampering the Organization’s ability to deliver the expected outputs and to respond rapidly to emerging health issues.

Challenges of financing WHO included:

• misalignment/mismatch between the programme budget and funding
• unpredictability of financing
• lack of transparency of financing and efficiency of resource management
• vulnerability of WHO with just 20 contributors funding 75% of the base budget
• inflexibility of financing

In response to Member States concerns and in the midst of the global financial crisis, the Director-General convened an informal consultation on the future financing of WHO in January 2010. The consultation brought together senior officials and ministers from ministries of health, development cooperation, finance and foreign affairs speaking in their personal capacity. This meeting marked the beginning of a strategic conversation with and between Member States on the future of financing for WHO.

WHO launched its first financing dialogue with two milestone meetings in 2013.

For the biennium 2016-2017, a financing dialogue is planned for 5-6 November 2015 to highlight the financing commitments made so far and identify funding shortfalls.
Since the first financing dialogue in 2013, there have been significant improvements in the predictability and transparency of WHO funding. The following principles underscore the objectives of the financing dialogue:

- **Predictability**: The level of predictability at the start of the biennium has improved, with 70% of funding available at the start of the biennium 2014–2015, compared with 62% for 2012–2013 and 52% for 2010–2011.
- **Transparency**: The programme budget online portal has significantly increased the transparency of WHO’s funding situation and its needs by programme area and major office. The portal is being updated to provide better granularity and user-friendly features for data analysis.
- **Alignment and flexibility**: Alignment of funding with the Programme Budget 2014-2015 has improved. At the end of 2014, categories 1 to 5 were financed to at least 75% of the approved programme budget level, due mainly to a more strategic allocation of flexible funding. There have been slight improvements in the flexibility of funding from some contributors.
- **Flexibility**: Several contributors have expressed their commitment to increase the flexibility of their funding, with some encouraging the Secretariat to explore incentives for contributors to provide more flexible funding.
- **Reducing vulnerability**: WHO has initiated discussions with a number of contributors from emerging economies and there has been a small improvement in broadening the number of key donors.

The 2016-17 Programme Budget reflects WHO’s changed approach to financing, with performance expectations now expressed as costed outputs so that achievements can be measured and WHO held accountable for results and resources.

**Results-based accountability**: WHO is committed to improving accountability to Member States and donors. One of the ways we are strengthening the link between resources invested and results is a coordinated annual report planned from 2016. For the first time, the “Annual Report” will bring together programme achievements and financial results. New procedures for reporting on Direct Financial Cooperation (DFC) agreements are helping to improve the quality of reporting to our contributors.

**Efficiency savings**: WHO has become a more cost-conscious Organization. We have made significant savings in staff costs, which have fallen from 47% to 41% of expenditure over the past three years. We have also made savings by off-shoring administrative work to countries where staff costs are lower; by replacing printed documents with online versions; and by better management of travel, with greater use of teleconferencing instead of face-to-face meetings.

WHO is improving systems to show more clearly how resources invested have been used. Sound financial management ensures that expenditure is properly authorized, processed and recorded; that assets are safeguarded, liabilities correctly quantified; and that financial reporting is accurate and timely.
COMMUNICABLE DISEASES
WHO works with governments and partners to increase and sustain access to prevention, treatment and care for HIV, hepatitis, tuberculosis, malaria and neglected tropical diseases and to reduce vaccine-preventable diseases.

Increased investment in cost-effective public health interventions – such as antiretrovirals, tuberculosis treatment, insecticide-treated bednets to prevent malaria, medicines for neglected tropical diseases and immunization – continues to be extremely effective in saving lives and reducing illness and disability especially among the world’s most-at-risk and vulnerable populations in low- and middle-income countries. New and ambitious global targets for the next 15 years aim to accelerate the pace of progress in fighting these diseases.

**PROGRESS SO FAR**

Over **15 million** people living with HIV are on lifesaving antiretroviral therapy.

1 in 2 people at risk of *malaria* in Africa sleep under an insecticide-treated bednet.

Over **43 million** lives have been saved since 2000 through *TB* treatment.

*Hepatitis B* vaccination now reaches more than **80%** of children worldwide.

*Guinea-worm disease* is on the verge of global eradication.

*Immunization* currently averts an estimated **2-3 million** deaths from vaccine-preventable diseases every year.

**Sustainable Development Goal 3**

*Ensure healthy lives and promote wellbeing for all at all ages*

**Health target for this category**

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
“For the first time in global health history, the world has reached a global numerical treatment target prior to the agreed deadline: providing antiretroviral therapy to 15 million people by 2015. If the “15 by 15” success story has taught us anything, it is that we have in our hands the power to make the world healthier, more just and more equitable.”

Margaret Chan, Director-General, WHO; Michel Sidibé, Executive Director, Joint United Nations Programme on HIV/AIDS; Mark Dybul, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria; Deborah L Birx, Ambassador, United States Global AIDS Coordinator

MORE WORK IS NEEDED

Half of those living with HIV are unaware of their infection and do not receive adequate treatment.

9.6 million people fell ill with TB and 1.5 million died of the disease in 2014.

Each year more than 400 000 people, most of them African children, die from malaria.

Viral hepatitis kills more than 1.4 million people every year.

Dengue fever is the fastest spreading vector-borne disease, with an estimated 390 million infections each year.

One billion people are infected with one or more neglected tropical diseases.

One in 5 children still miss out on basic immunizations.
WITH YOUR SUPPORT IN 2016-2017, WE WILL CONTRIBUTE TO...

Increasing access to key interventions for HIV and hepatitis to:
• reduce number of new HIV infections per year by 75% by 2020
• double the number of people with HIV on ARTs by 2020
• ensure that 20 focus countries update their national hepatitis action plans in line with WHO guidance by 2017

Providing universal access to quality TB care towards the achievement of:
• 80 million TB patients successfully treated since 1995
• 300 000 multi-drug resistant TB patients on effective treatment regimens per year

Expanding and sustaining malaria prevention and treatment towards the achievement of:
• 80% of confirmed malaria cases in public sector facilities receiving first-line treatment
• 75% of population at risk accessing to vector control interventions such as insecticide treated bednets
• nearly 90% of malaria-endemic countries implementing WHO policy recommendations, strategies and guidelines

Increasing and sustaining access to neglected tropical diseases (NTDs) control towards the achievement of:
• all countries certified for eradication of dracunculiasis by 2019
• 100 endemic countries providing recommended target coverage to populations at risk of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis by 2020 (from 25 in 2012)

Improving vaccination coverage among hard-to-reach populations and communities towards the achievement of:
• at least 90% global coverage with 3 doses of diphtheria, tetanus and pertussis (whooping cough) DTP3 vaccine
• measles eliminated in 4 WHO regions (from 1 in 2015)
• 69% of priority countries have introduced pneumococcal and rotavirus vaccines

Coverage of interventions
Antiretroviral therapy (ART) among people living with HIV, successful treatment for new tuberculosis (TB) cases, and use of insecticide treated bednets (ITN) among children aged less than five, 2000-2013.
## Communicable Diseases Budget for 2016-2017 (US$ Million)

<table>
<thead>
<tr>
<th>Programme area</th>
<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>HIV and hepatitis</td>
<td>48.5</td>
<td>7.1</td>
<td>12.6</td>
<td>6.9</td>
<td>7.2</td>
<td>13.0</td>
<td>46.0</td>
<td>141.3</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>29.2</td>
<td>1.6</td>
<td>20.3</td>
<td>10.8</td>
<td>7.7</td>
<td>13.8</td>
<td>34.1</td>
<td>117.5</td>
</tr>
<tr>
<td>Malaria</td>
<td>44.8</td>
<td>1.6</td>
<td>11.2</td>
<td>3.1</td>
<td>8.0</td>
<td>16.8</td>
<td>36.0</td>
<td>121.5</td>
</tr>
<tr>
<td>Neglected tropical diseases</td>
<td>33.5</td>
<td>6.2</td>
<td>11.5</td>
<td>0.6</td>
<td>3.0</td>
<td>6.4</td>
<td>43.0</td>
<td>104.2</td>
</tr>
<tr>
<td>Vaccine-preventable diseases</td>
<td>128.0</td>
<td>11.3</td>
<td>27.2</td>
<td>12.4</td>
<td>24.4</td>
<td>23.6</td>
<td>53.6</td>
<td>280.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>284.0</strong></td>
<td><strong>27.8</strong></td>
<td><strong>82.8</strong></td>
<td><strong>33.8</strong></td>
<td><strong>50.3</strong></td>
<td><strong>73.6</strong></td>
<td><strong>212.7</strong></td>
<td><strong>765.0</strong></td>
</tr>
</tbody>
</table>

| Tropical disease research*        | -      | -            | -               | -      | -                    | -              | 48.7        | 48.7  |
| Tropical disease research total   | -      | -            | -               | -      | -                    | -              | 48.7        | 48.7  |

*UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases has its own governance mechanisms and budget cycles.
NONCOMMUNICABLE DISEASES
WHO is leading the global response to curb the rising burden of noncommunicable diseases (NCDs) – which include heart disease, stroke, cancer, diabetes and chronic lung disease and their risk factors – as well as mental health conditions poor nutrition, injuries, violence and disability.

NCDs are the leading cause of death in the world. Nine out of 10 of these deaths occur in low- and middle-income countries. The consequences of these diseases reach beyond the health sector and solutions require engagement, action and interventions across sectors to focus on prevention and treatment for all in the context of ageing populations, rapid unplanned urbanization and globalization of markets that promote inactivity and unhealthy diets.

**PROGRESS SO FAR**

Premature deaths from cardiovascular disease have dropped worldwide by 16% between 2000 and 2012, due to improvements in population blood pressure, declines in tobacco use and advances in prevention and treatment.

The WHO Framework Convention on Tobacco Control has 180 Parties, representing 90% of the world’s population. Measures including banning smoking in public places and raising taxes on tobacco are major success factors in reducing tobacco use.

Households relying on solid fuels for cooking (a major cause of indoor air pollution) dropped from 62% to 41% from 1980 to 2012.

Some high-income countries have reduced sodium intake through public awareness campaigns, reformulation and labelling policies. Low-income countries are following suit.

More than 80 countries are using WHO’s mhGAP intervention guide and training materials for increasing services for mental health and substance use disorders.

The proportion of children worldwide who are underweight declined from 25% in 1990 to 14% in 2014.
The World Health Organization will continue to lead but ... the United Nations system as a whole must incorporate NCDs as a priority and develop innovative partnerships. We need strong leadership and action from other sectors and non-State actors. We need to improve access to affordable medicines for NCDs. And we must find new ways of encouraging the private sector to stop marketing unhealthy foods to children and produce more foods that are low in fat, sugar and salt.

Ban Ki-moon, Secretary-General of the United Nations

MORE WORK IS NEEDED

38 million people die every year from NCDs including cardiovascular diseases, cancers, diabetes and chronic lung diseases.

In 2014, an estimated 95 million children under the age of 5 were underweight and 41 million were overweight.

About 7 million deaths are linked to exposure to indoor and outdoor air pollution.

About 3.2 million deaths each year are due to insufficient physical activity.

An estimated 2 million deaths from cardiovascular causes globally are linked to excess salt intake in 2010.

An estimated 9% of adults have type 2 diabetes.

More than 800,000 people commit suicide each year, most of them lack access to adequate mental health services.

Every year, more than 5 million people die as a result of violence and injuries, including 1.2 million road traffic deaths.

More than 1 billion people in the world are disabled; as many as 190 million encounter significant difficulties in their daily lives due to disability.

Every year, harmful use of alcohol causes 3.3 million deaths.
WITH YOUR SUPPORT IN 2016-2017, WE WILL CONTRIBUTE TO...

Helping countries work towards 9 voluntary global targets to accelerate progress in preventing and controlling NCDs to:

- reduce premature deaths from NCDs by 25% by 2025
- reduce harmful use of alcohol by 10%
- reduce prevalence of insufficient physical activity by 10%
- reduce salt intake by 30%
- reduce current tobacco use by 30%
- reduce prevalence of raised blood pressure by 25%
- halt the rise in diabetes and obesity
- increase coverage of essential medicines and technologies to treat major NCDs

Improve access to mental health services, including promotion, prevention, treatment and recovery towards the achievement of:

- more than one third of people with a severe mental disorder using services
- a reduced suicide rate of 10.8 per 100,000 people (from 11.1 per 100,000 people in 2015)

Reduce risk factors and improve coverage with interventions to prevent violence and injuries so that:

- at least 50% of countries have comprehensive laws in place to improve road safety by 2020 (from 15% in 2010)
- 52 countries implementing at least half of WHO’s recommended interpersonal violence prevention programmes

Increase access to services for people with disabilities towards the achievement of:

- 53 countries reporting increased access to services for persons with disabilities by 2021
- 30 countries implementing national plans for eye and ear care by 2021

Improve nutrition, especially in women and children so that:

- fewer than 102 million children stunted (from 164 million in 2012)
- less than 15% of women of reproductive age with anaemia (from 30% in 2014)
Sustainable Development Goal 3
Ensure healthy lives and promote wellbeing for all at all ages

Health targets for this category
• By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being
• Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
• By 2020, halve the number of global deaths and injuries from road traffic accidents
• Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries
• Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
• Significantly reduce all forms of violence and related death rates everywhere
• End abuse, exploitation, trafficking and all forms of violence against and torture of children
• By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
• By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
## NONCOMMUNICABLE DISEASES
### BUDGET FOR 2016-2017 (US$ MILLION)

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

Probability of death from the four main NCDs (cardiovascular disease, cancer, chronic respiratory disease and diabetes) between ages 30 and 70, by region and globally, 2000 and 2012

![Probability of death from NCDs](chart.png)
PROMOTING HEALTH THROUGH THE LIFE-COURSE
WHO works to save lives and improve people’s health from birth, through childhood and adolescence, before, during and after pregnancy, as well as in older age.

Promoting good health across the life-course cuts across all the work that we do and takes into account the need to address environmental risks and social determinants of health, as well as gender, equity and human rights.

Work is moving beyond the MDG agenda of reducing maternal and child deaths to a broader agenda that goes beyond survival to focus on improving the health and well-being of women, children and adolescents so that they can reach their full potential and achieve healthy ageing, as well as reducing health inequities within and between countries.

**PROGRESS SO FAR**

Since 1990, the number of children dying before their fifth birthday has been cut by more than 50%.

Since 1990, maternal deaths have been almost halved.

More than 70% of births are attended by a skilled health worker.

9 out of 10 people in the world have access to safe drinking-water.

Global life expectancy has increased from 64 years in 1990 to 71 years in 2013.

**Sustainable Development Goal 3**

Ensure healthy lives and promote wellbeing for all at all ages

**Health targets for this category**

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
“We know what we have to do to save the lives of women and girls everywhere. Needless deaths of women, newborns and children must stop. We must do more and we must do better because every action counts and every life counts.”

Graça Machel, Founder of the Graça Machel Trust & Chair of the Board of The Partnership for Maternal, Newborn and Child Health (PMNCH)

MORE WORK IS NEEDED

Every day, around 16,000 children die before their fifth birthday (45% of them are newborns) and 800 women die from pregnancy- or childbirth-related events.

Only 36% of infants aged less than 6 months are exclusively breastfed.

An estimated 225 million women in developing countries have an unmet need for contraception.

Each year, there are almost 500 million new cases of curable sexually transmitted infections.

About 17 million adolescent girls give birth and around 3 million undergo unsafe abortions every year.

Environmental risks such as lack of safe water and sanitation, climate change, toxic chemicals, indoor and outdoor air pollution, are responsible for around 13 million deaths each year.

By 2050, around 2 billion people will be aged 60 years and over, requiring better health and social services for older people.
WITH YOUR SUPPORT IN 2016-2017, WE WILL CONTRIBUTE TO...

Increasing access to essential interventions that improve the health of women, newborns, children and adolescents so that:

- 64% of women of reproductive age using contraceptives
- 80% of births attended by a skilled health worker
- 65% of mothers and babies receiving postnatal care visits within two days of birth
- 45% of infants under 6 months exclusively breastfed
- 50 targeted countries implementing integrated plans for the prevention and control of child deaths due to pneumonia and diarrhoea
- 60 countries have a comprehensive adolescent health component in the national health programme

Increasing the proportion of older people who can maintain a healthy and independent life towards the achievement of:

- at least 54 countries have national plans that explicitly address the health needs of older people by 2017

Integrating gender, equity and human rights in policies and programmes towards the achievement of:

- more than half of WHO programmes and at least 84 countries have integrated gender, equity and human rights into their policies and programmes by 2017

Increasing health equity by addressing social determinants of health so that:

- at least 14 additional countries use WHO tools and guidance to strengthen “health-in-all-policies” capacities and actions

Improving environmental determinants of health so that:

- more people have access to safe drinking-water
- more people have access to improved sanitation
- fewer people rely on solid fuels for cooking
- at least 40 countries have health adaptation plans for climate change by 2017


Deaths per 1000 live births

- Under-five
- Neonatal
## Promoting Health through the Life-Course

### Budget for 2016-2017 (US$ Million)

<table>
<thead>
<tr>
<th>Programme area</th>
<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>Reproductive, maternal, newborn and child health</td>
<td>75.2</td>
<td>14.4</td>
<td>20.1</td>
<td>6.5</td>
<td>18.4</td>
<td>12.2</td>
<td>59.5</td>
<td>206.3</td>
</tr>
<tr>
<td>Ageing and health</td>
<td>1.7</td>
<td>1.1</td>
<td>1.5</td>
<td>1.4</td>
<td>0.9</td>
<td>2.2</td>
<td>4.7</td>
<td>13.5</td>
</tr>
<tr>
<td>Gender, equity and human rights mainstreaming</td>
<td>2.3</td>
<td>2.1</td>
<td>1.8</td>
<td>1.0</td>
<td>1.1</td>
<td>1.7</td>
<td>6.3</td>
<td>16.3</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td>10.2</td>
<td>4.3</td>
<td>2.9</td>
<td>7.9</td>
<td>3.0</td>
<td>0.9</td>
<td>6.4</td>
<td>35.6</td>
</tr>
<tr>
<td>Health and the environment</td>
<td>15.8</td>
<td>13.3</td>
<td>8.8</td>
<td>21.5</td>
<td>6.0</td>
<td>9.3</td>
<td>35.3</td>
<td>110.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>105.2</strong></td>
<td><strong>35.2</strong></td>
<td><strong>35.1</strong></td>
<td><strong>38.3</strong></td>
<td><strong>29.4</strong></td>
<td><strong>26.3</strong></td>
<td><strong>112.2</strong></td>
<td><strong>381.7</strong></td>
</tr>
</tbody>
</table>

| Research in human reproduction*                     | -      | -            | -               | -      | -                    | -               | 42.9        | 42.9 |
| Research in human reproduction total                | -      | -            | -               | -      | -                    | -               | 42.9        | 42.9 |

* UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction has its own governance mechanisms and budget cycles
WHO advises and helps countries to develop responsive and resilient health systems that are centred on people’s needs and circumstances.

A well-functioning health system is built on a trained and motivated health workforce, a well-maintained infrastructure, and a reliable supply of affordable quality medicines and other technologies, backed by adequate financing, strong health plans and evidence-based policies supported by research.

The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

Strong and equitable health systems are central to efforts to fight poverty and foster development, especially for vulnerable groups. The Ebola virus disease outbreak has demonstrated that every country needs a robust and resilient health system integrated with disease surveillance and laboratory diagnostics; an effective health system is the first line of defense for global health security.

WHO promotes that support for countries must be aligned with the national health plan and systems to maximize efficiency and achieve better results.

**PROGRESS SO FAR**

*Government health expenditure* per person increased by about **40%** in real terms between 2000 and 2013 in all regions.

Over **70** countries have established hospital accreditation schemes to improve *quality of care*.

Some **140** countries have defined national *essential medicines* lists to guide purchasing decisions.

More than **100** countries have incorporated *Good Manufacturing Practices* into national medicines laws.

**73** countries collect more than **90%** of their blood supply from *voluntary unpaid blood donors*.

WHO has supported more than **75** countries to develop plans to improve *universal health coverage* and more than **30** are expected to do the same in 2016-2017.

**110** cities from **59** countries have assessed *health inequities* and their determinants and are working across sectors to reduce inequities.

In response to the Ebola outbreak, WHO has spearheaded efforts to fast track a safe and effective *vaccine* against the disease.
The human right to health can only be enforced if a sustainable health system is in place or is put in place in every country in the world... The effectiveness of the health system in one country impacts the health of other countries, and security and stability. The responsibility of individual countries and global shared responsibility are two sides of one and the same coin.

Angela Merkel, Chancellor of Germany

MORE WORK IS NEEDED

An estimated 400 million people worldwide lack access to essential health services.

Only 50% of countries report reliable cause-of-death data to WHO.

There is an estimated global deficit of around 8 million skilled health professionals.

Around 95 million people per year fall below the poverty line as a result of out-of-pocket expenditures on health, and a further 1.2 billion, already living in poverty, are pushed further into poverty.

1 in 3 people do not have adequate access to essential medicines, vaccines and other health technologies.

Sustainable Development Goal 3
Ensure healthy lives and promote wellbeing for all at all ages

Health targets for this category

• Achieve universal health coverage, including financial risk protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines and vaccines for all
• Support the research and development of vaccines and medicines for diseases that primarily affect developing countries, and provide access to affordable essential medicines and vaccines for all, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health
• Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small island developing States
**WITH YOUR SUPPORT** IN 2016-2017, WE WILL CONTRIBUTE TO...

**Improving policies, plans and health financing strategies aimed at moving towards universal health coverage so that:**
- 115 countries have a comprehensive up-to-date national health sector plan with goals and targets
- 25 additional countries are supported to monitor the progress of their national health plan

**Increasing access to integrated, people-centred health services so that:**
- 83 countries are implementing integrated, people-centred health service strategies through different models of care delivery
- 30 additional countries implement national health workforce accounts
- 77 countries have strategies for improving patient safety and quality of health services

**Improving access to, and rational use of, safe, efficacious and quality medicines and other health technologies so that:**
- 159 countries have up-to-date national policies on medicines and other health technologies by 2017
- 66 countries have established national regulatory authorities for vaccines

**Enabling well-functioning health information, eHealth, research, ethics and knowledge management systems towards the achievement of:**
- 60 million visits to WHO’s electronic knowledge assets and resources by people living in low-income and lower-middle-income countries per year
- 76 countries have a national policy on registering human participants in research trials

**Government health expenditure per capita, 2000 and 2013, averages for each WHO region**
# HEALTH SYSTEMS
## BUDGET FOR 2016-2017 (US$ MILLION)

<table>
<thead>
<tr>
<th>Programme area</th>
<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>National health policies, strategies and plans</td>
<td>21.0</td>
<td>16.1</td>
<td>20.8</td>
<td>15.0</td>
<td>12.2</td>
<td>17.0</td>
<td>40.0</td>
<td>142.1</td>
</tr>
<tr>
<td>Integrated people-centred health services</td>
<td>35.0</td>
<td>6.3</td>
<td>17.2</td>
<td>15.4</td>
<td>21.8</td>
<td>14.9</td>
<td>45.9</td>
<td>156.5</td>
</tr>
<tr>
<td>Access to medicines and other health technologies and strengthening regulatory capacity</td>
<td>16.6</td>
<td>6.2</td>
<td>13.1</td>
<td>7.1</td>
<td>11.7</td>
<td>11.2</td>
<td>105.7</td>
<td>171.6</td>
</tr>
<tr>
<td>Health systems, information and evidence</td>
<td>16.4</td>
<td>6.2</td>
<td>10.0</td>
<td>10.7</td>
<td>11.9</td>
<td>10.8</td>
<td>58.3</td>
<td>124.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>89.0</strong></td>
<td><strong>34.8</strong></td>
<td><strong>61.1</strong></td>
<td><strong>48.2</strong></td>
<td><strong>57.6</strong></td>
<td><strong>53.9</strong></td>
<td><strong>249.9</strong></td>
<td><strong>594.5</strong></td>
</tr>
</tbody>
</table>
PREPAREDNESS, SURVEILLANCE AND RESPONSE
WHO supports countries to prevent, prepare for, respond to and recover from disease outbreaks and epidemics, natural disasters, conflicts, environmental, chemical, radio-nuclear and food-related emergencies, as well as antimicrobial resistance and other threats to human health.

Within the framework of the International Health Regulations, WHO helps countries to build capacities to detect, assess, report and respond to public health events that threaten global public health security and, when major emergencies occur, to have access to critical information in a timely manner and to take actions that are coordinated with those of the global community.

An urgent priority for the Organization is emergency reform that will strengthen our capacity to respond rapidly and more effectively to future outbreaks and emergencies with health and humanitarian consequences. This work includes establishing a global health emergency workforce and a US$ 100 million contingency fund.

Among the specific epidemic or pandemic health risks of greatest concern, WHO priorities include our work to complete the global eradication of polio, leading renewed global action to tackle the serious threat of antimicrobial resistance and the monitoring and containment of avian influenza (H5N1 and H7N9) and the Middle East Respiratory Syndrome Coronavirus (MERS).

**PROGRESS SO FAR**

In 2013, 80 of 195 countries reported that they had met their obligations under the International Health Regulations.

In 2014, WHO conducted urgent assessment of national preparedness for Ebola in WHO regions.

In August 2015, the African continent marked 12 months with no new cases of wild polio.

Within days of the Nepal earthquake in April 2015, WHO had disbursed emergency health kits to care for 80,000 people for 3 months.

During the Ebola outbreak in West Africa, WHO trained around 7,000 experts in clinical management, infection prevention and control and more.

WHO’s newly established Global Foreign Medical Teams Registry helped ensure a fast and efficient international response to the cyclone in Vanuatu.

WHO’s Event Management System contains detailed information for risk assessment and management of more than 4,000 global threats to public health security.

The world is close to having an effective vaccine against Ebola virus disease.
This is a defining moment for the health of the global community. WHO must re-establish its pre-eminence as the guardian of global public health.

_Dame Barbara Stocking, Chair of Independent Ebola Assessment Panel_

**MORE WORK IS NEEDED**

75% of new or recently recognized infectious diseases that affect humans are of animal origin.

The potential for avian influenza and MERS to evolve into a pandemic is of high concern while other infectious diseases such as cholera, dengue and rabies continue to pose major challenges for countries.

More than **80 million** people are currently in need of humanitarian assistance worldwide, the highest on record.

A critical shortage of meningitis C vaccines threatens control of the disease in Africa.

Many countries are still using oral poliovirus vaccine type 2 and need to switch to inactivated poliovirus vaccines.

Antimicrobial drug resistance is becoming a major global threat, threatening the ability to treat a wide range of pathogens.

Increasingly globalized food supply is escalating the need for strong national food safety programmes and international standards set by the Codex Alimentarius Commission.

Few countries are adequately prepared for emergencies (defined by the International Health Regulations and Pandemic Influenza Preparedness Framework).

---

**Sustainable Development Goal 3**

_Ensure healthy lives and promote wellbeing for all at all ages_

_Health target for this category_

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.
WITH YOUR SUPPORT IN 2016-2017, WE WILL CONTRIBUTE TO...

Improving response to public health emergencies towards the achievement of:

• all countries meeting and sustaining International Health Regulations core capacities
• countries reporting information on all potential public health emergencies of international concern within the first 48 hours

Preparing countries for epidemics and pandemics towards the achievement of:

• 60% of countries with a national strategy covering resilience and preparedness for major epidemics and pandemics by 2017 (from 40% in 2011)
• 56 countries have a national antimicrobial resistance action plan by 2017
• 43 countries register a significant improvement in detecting and monitoring influenza outbreaks by 2017

Enabling emergency risk and crisis management so that:

• 80% of countries are capable of managing public health risks associated with emergencies

Improving food safety standards and systems:

• 123 countries have adequate mechanisms to prevent or mitigate risks to food safety (from 97 in 2015)

Eradicating polio so that:

• zero countries report cases of polio paralysis, either wild or type-2 vaccine-related, in the preceding 12 months (from 8 countries in 2012)
• 83 high-risk countries are conducting polio vaccination and surveillance by 2017

Emergency response so that:

• all countries are able to adequately respond to an emergency of any hazard with a coordinated initial assessment and a health sector response plan within five days of onset
• 80% of countries with protracted emergencies meet health targets and can provide lifesaving health services
WHO Graded Emergencies

- Not graded
- Grade 1 (2)
- Grade 2 (9)
- Grade 3 (8)

Preparedness, surveillance and response
## PREPAREDNESS, SURVEILLANCE AND RESPONSE

### BUDGET FOR 2016-2017 (US$ MILLION)

<table>
<thead>
<tr>
<th>Programme area</th>
<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>Alert and response capacities</td>
<td>14.8</td>
<td>8.9</td>
<td>7.2</td>
<td>8.2</td>
<td>8.6</td>
<td>15.2</td>
<td>50.6</td>
<td>113.5</td>
</tr>
<tr>
<td>Epidemic- and pandemic-prone diseases</td>
<td>7.3</td>
<td>4.9</td>
<td>6.2</td>
<td>8.0</td>
<td>10.4</td>
<td>12.7</td>
<td>56.6</td>
<td>106.1</td>
</tr>
<tr>
<td>Emergency risk and crisis management</td>
<td>37.0</td>
<td>4.5</td>
<td>8.8</td>
<td>4.1</td>
<td>28.9</td>
<td>3.4</td>
<td>35.9</td>
<td>122.6</td>
</tr>
<tr>
<td>Food safety</td>
<td>5.2</td>
<td>7.2</td>
<td>1.0</td>
<td>1.0</td>
<td>1.6</td>
<td>2.7</td>
<td>18.8</td>
<td>37.5</td>
</tr>
<tr>
<td><strong>Category 5 total</strong></td>
<td>64.3</td>
<td>25.5</td>
<td>23.2</td>
<td>21.3</td>
<td>49.5</td>
<td>34.0</td>
<td>161.9</td>
<td>379.7</td>
</tr>
<tr>
<td>Polio eradication</td>
<td>372.3</td>
<td>1.2</td>
<td>77.0</td>
<td>7.4</td>
<td>180.3</td>
<td>2.9</td>
<td>253.4</td>
<td>894.5</td>
</tr>
<tr>
<td>Outbreak and crisis response</td>
<td>39.3</td>
<td>7.6</td>
<td>5.2</td>
<td>3.0</td>
<td>130.3</td>
<td>4.9</td>
<td>14.2</td>
<td>204.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>411.6</td>
<td>8.8</td>
<td>82.2</td>
<td>10.4</td>
<td>310.6</td>
<td>7.8</td>
<td>267.6</td>
<td>1099.0</td>
</tr>
</tbody>
</table>
CORPORATE SERVICES AND ENABLING FUNCTIONS
Corporate services provide the tools and resources that make all of this work possible. This includes convening Member States for policy making, legal advice during the development of international treaties, dissemination of health information, bringing in the world’s best public health experts or providing the space and the tools for around 7000 staff to perform their work in one of WHO’s more than 160 offices.

WHO is reforming to better tackle the increasingly complex health challenges in the 21st century. From long-standing problems to new and re-emerging public health threats, WHO must be agile to respond to this evolving environment.

**WHO IS WORKING TO IMPROVE ORGANIZATIONAL EFFECTIVENESS THROUGH:**

- a new results chain to link the delivery of products and services by the WHO Secretariat to health and development outcomes nationally, regionally and globally
- an easy-to-use web portal, clearly showing WHO’s financing streams across work areas and offices
- fostering a culture of evaluation through a new policy and strengthened framework for evaluation and organizational learning
- human resources policy changes that include improved leadership capacity of Heads of Country Offices, geographical mobility and a streamlined process for rapid staffing for emergency responses
- stronger internal control framework, with focus on enhanced individual and organizational transparency and accountability
- improved internal audit capacity and regular follow-up by senior management on audit recommendations
- a new consolidated annual report that combines financial information and programme budget performance assessment
- enhanced monitoring of Direct Financial Cooperation (DFC) to improve timely reporting
- transformation of our global management system to simplify processes and improve effectiveness
- improved donor reporting
- relocation of many administrative functions to low-cost locations making savings estimated at US$ 31 million per biennium
The GSM transformation project will help to increase administrative efficiency and improve operational effectiveness and is one of the most important tools to reduce financial, operational and compliance risks.

Independent Expert Oversight Advisory Committee

WITH YOUR SUPPORT IN 2016-2017, WE WILL CONTRIBUTE TO...

Strengthening WHO’s leadership role and governance so that:
• an up-to-date gender equality policy is approved and implemented
• all reform outputs are in the implementation phase (from 65% in 2015)

Improving transparency, accountability and risk management so that:
• all operational audits issue a “satisfactory” or “partially satisfactory” assessment
• at least 80% of recommendations in corporate evaluations are implemented within the specified timeframe

Aligning financing and resource allocation with priorities and health needs of Member States so that:
• at least 80% of outputs by programme area are fully achieved
• 70% of funding proposals are prepared through a new organization-wide system

Establishing effective and efficient management administration across the Organization so that:
• all country offices are compliant with sound financial practices
• number of audit findings associated with financial and procurement transactions and human resources processing is reduced
• double the number of international staff change duty station (from 15%)
• all WHO offices at security level 3 worldwide are compliant with United Nations Minimum Operating Security Standards (from 90% in 2015)

Improving understanding of WHO’s work through better communications so that:
• timeliness and accessibility of WHO’s information is rated as excellent or good by 75% of the public and other stakeholders in 2017 (from 66% in 2015)
## CORPORATE SERVICES
### BUDGET FOR 2016-2017 (US$ MILLION)

<table>
<thead>
<tr>
<th>Programme area</th>
<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>Leadership and governance</td>
<td>47.2</td>
<td>7.3</td>
<td>16.0</td>
<td>33.1</td>
<td>20.9</td>
<td>15.5</td>
<td>82.7</td>
<td>222.7</td>
</tr>
<tr>
<td>Transparency, accountability and risk management</td>
<td>7.3</td>
<td>2.2</td>
<td>1.4</td>
<td>2.8</td>
<td>3.5</td>
<td>2.4</td>
<td>37.5</td>
<td>57.1</td>
</tr>
<tr>
<td>Strategic planning, resource coordination and reporting</td>
<td>5.7</td>
<td>0.6</td>
<td>3.7</td>
<td>4.6</td>
<td>4.1</td>
<td>7.3</td>
<td>15.0</td>
<td>41.0</td>
</tr>
<tr>
<td>Management and administration</td>
<td>105.6</td>
<td>15.6</td>
<td>39.8</td>
<td>25.5</td>
<td>54.7</td>
<td>27.1</td>
<td>244.4</td>
<td>512.7</td>
</tr>
<tr>
<td>Strategic communications</td>
<td>4.1</td>
<td>4.0</td>
<td>1.7</td>
<td>3.0</td>
<td>3.0</td>
<td>3.9</td>
<td>20.3</td>
<td>40.0</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>169.9</td>
<td>29.7</td>
<td>62.6</td>
<td>69.0</td>
<td>86.2</td>
<td>56.2</td>
<td>399.9</td>
<td>873.5</td>
</tr>
<tr>
<td>Less post occupancy charge</td>
<td>23.5</td>
<td>3.8</td>
<td>6.2</td>
<td>9.1</td>
<td>8.6</td>
<td>7.0</td>
<td>81.8</td>
<td>140.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>146.4</td>
<td>25.9</td>
<td>56.4</td>
<td>59.9</td>
<td>77.6</td>
<td>49.2</td>
<td>318.1</td>
<td>733.5</td>
</tr>
</tbody>
</table>
## Programme Budget 2016 - 2017 (US$ Millions) by Major Office, Category and Programme Area

<table>
<thead>
<tr>
<th>Categories and Programme Areas</th>
<th>Africa</th>
<th>The Americas</th>
<th>South-East Asia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Country offices</td>
<td>Regional Office</td>
<td>Total</td>
</tr>
<tr>
<td><strong>1. Communicable Diseases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV and hepatitis</td>
<td>38.3</td>
<td>10.2</td>
<td>48.5</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>24.2</td>
<td>5.0</td>
<td>29.2</td>
</tr>
<tr>
<td>Malaria</td>
<td>30.4</td>
<td>14.4</td>
<td>44.8</td>
</tr>
<tr>
<td>Neglected tropical diseases</td>
<td>25.4</td>
<td>8.1</td>
<td>33.5</td>
</tr>
<tr>
<td>Vaccine-preventable diseases</td>
<td>96.1</td>
<td>31.9</td>
<td>128.0</td>
</tr>
<tr>
<td><strong>Category 1 total</strong></td>
<td>214.4</td>
<td>69.6</td>
<td>284.0</td>
</tr>
<tr>
<td><strong>2. Noncommunicable Diseases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncommunicable diseases</td>
<td>29.1</td>
<td>18.2</td>
<td>47.3</td>
</tr>
<tr>
<td>Mental health and substance abuse</td>
<td>3.6</td>
<td>2.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Violence and injuries</td>
<td>1.2</td>
<td>0.9</td>
<td>2.1</td>
</tr>
<tr>
<td>Disabilities and rehabilitation</td>
<td>0.4</td>
<td>0.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Nutrition</td>
<td>5.1</td>
<td>0.2</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Category 2 total</strong></td>
<td>39.4</td>
<td>22.4</td>
<td>61.8</td>
</tr>
<tr>
<td><strong>3. Promoting Health through the Life-course</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive, maternal, newborn, child and adolescent health</td>
<td>60.9</td>
<td>14.3</td>
<td>75.2</td>
</tr>
<tr>
<td>Ageing and health</td>
<td>1.1</td>
<td>0.6</td>
<td>1.7</td>
</tr>
<tr>
<td>Gender, equity and human rights mainstreaming</td>
<td>1.3</td>
<td>1.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td>7.5</td>
<td>2.7</td>
<td>10.2</td>
</tr>
<tr>
<td>Health and the environment</td>
<td>9.6</td>
<td>6.2</td>
<td>15.8</td>
</tr>
<tr>
<td><strong>Category 3 total</strong></td>
<td>80.4</td>
<td>24.8</td>
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Tropical disease research                                                                 48.7
Research in human reproduction                                                           42.9
Polio                                                                                         253.4
Subtotal                                                                                 894.5
Outbreak and crisis response                                                               14.2
Subtotal                                                                                 14.2
Grand total                                                                               4 384.9

Investing in the World’s Health Organization
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financingdialogue@who.int