Investing in the World’s Health Organization
Taking steps towards a fully-funded Programme Budget 2014-2015
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THE WORLD IS CHANGING

The 21st century has brought economic, political, environmental and technological changes that significantly affect the way we work to improve public health.

Globalization and rapid urbanization have dramatically improved living standards for many but at the same time have created many health challenges and inequities.

As some countries experience unprecedented economic growth, others struggle to maintain a fragile recovery after the worst financial and economic crisis in decades. Today’s reality is that around three quarters of the world’s poorest people now live in middle-income countries. Many of these countries are becoming less dependent on, or are no longer eligible for, external development aid.

Demographic trends are shifting in ways that significantly compound health challenges. In almost every country, the proportion of people aged more than 60 years is growing faster than any other age group. By 2050, 80% of the world’s older people will be living in what are currently low- and middle-income countries.

One of the major development challenges of the 21st century are noncommunicable diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, and mental health conditions, which are collectively responsible for more than 60% of all deaths worldwide. Premature deaths and disability from noncommunicable diseases reduce productivity, curtail economic growth and pose significant social challenges.

In many parts of the world, fundamental requirements for health – such as clean air, safe drinking water, adequate shelter and a secure, nutritious food supply – are threatened by conflicts, manmade environmental damage and natural disasters.

Today’s rapid air travel and trade mean that outbreaks of new and re-emerging diseases in one country can become a global concern within a matter of hours.

Health governance is no longer the exclusive preserve of nation states. Civil society networks, nongovernmental organizations, philanthropic foundations, trade associations, the media, corporations and individuals have all found a new voice and influence on health, in part thanks to information technology and social media. A range of new organizations, financing channels and monitoring systems all add to the complexity of the institutional global health landscape.

Business as usual cannot be an option and transformative change is needed. As the challenges are highly interdependent, a new approach is needed to address them.
WHO TAKES A NEW APPROACH

WHO is undertaking extensive reform to ensure that the Organization is well-equipped to address the increasingly complex challenges of health in the 21st century.

The objectives of the reform are threefold:
- Improved health outcomes (programmatic)
- Greater coherence in global health (governance)
- An organization that pursues excellence (management)

By May 2013, an intensive process of programmatic reform had achieved consensus among Member States on WHO’s priorities for the coming years, with a focus on areas where the Organization has a unique function or comparative advantage. These priorities and the actions that WHO has committed to take to improve health outcomes for the world’s people are highlighted in the WHO Programme Budget for 2014-15.

WHO’s Programme Budget 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. It is underpinned by priority-setting criteria, clarifies deliverables for each level of the Organization, and sets out realistic (versus aspirational) budgets based on past income and expenditure patterns. WHO – and its Member States – will measure success against the outputs defined in the Programme Budget.

The financing challenge is clear. As shown in the chart (pages 30-31) WHO budget for 2014-2015 Member States have agreed on a set of priorities and results for 2014-15 that have a price tag of US$ 3977 million.

Investing in the World’s Health Organization provides WHO’s Member States and other partners with an easy-to-read overview of the Programme Budget. Its aim is to foster a dialogue with our funders, in order to improve the transparency, alignment and predictability of WHO’s financing. Its ultimate goal is to ensure the 2014-15 Programme Budget is fully funded.
WHO is uniquely positioned as the world’s independent guardian and monitor of global health, through its role in:

- negotiating international agreements to ensure that they reflect the needs of individual countries and, in particular, the most disadvantaged populations;
- providing impartial health information for monitoring global health trends and setting future priorities;
- bringing together the world’s health experts, governments, civil society and partners to shape health policy to confront today’s biggest health challenges;
- developing norms, standards and guidelines, based on systematic use of scientific evidence, driven by needs and experience in countries;
- supporting governments in implementing national health plans by providing high quality technical expertise and facilitating and supporting high-level policy dialogue in technical areas.

CROSS-CUTTING PRIORITIES

Six leadership priorities give focus and direction to WHO’s work. These are the areas in which WHO’s advocacy and technical leadership are most needed, where WHO will seek to shape the global debate, to secure country involvement and to drive our work. WHO is integrating efforts across the entire Organization to:

- advance universal health coverage to ensure all people obtain the health services they need without suffering financial hardship while paying for them;
- address unfinished and future challenges of the health-related Millennium Development Goals (MDGs) and accelerate their achievement up to and beyond 2015, including completing the eradication of polio and selected neglected tropical diseases;
- prevent and control noncommunicable diseases, violence and injuries, and address mental health conditions and disabilities;
- implement the International Health Regulations to increase global public health security;
- increase access to essential, high-quality and affordable medical products – medicines, vaccines, diagnostics and other health technologies;
- address the social, economic and environmental determinants of health to reduce health inequities within and between countries.

CATEGORIES OF WORK

The Programme Budget is organized around six categories of work, each of which is presented in more detail in the pages that follow:

- Communicable diseases
- Noncommunicable diseases and mental health, violence, injuries and disabilities
- Promoting health through the life-course
- Health systems
- Preparedness, surveillance and response
- Corporate services/enabling functions
Investing in the World's Health Organization
COMMUNICABLE DISEASES

WHO is working with countries to increase and sustain access to prevention, treatment and care for HIV, tuberculosis, malaria and neglected tropical diseases and to reduce vaccine-preventable diseases. MDG 6 (combat HIV/AIDS, malaria and other diseases) has driven remarkable progress but much work remains.

PROGRESS SO FAR

More than 9 million people living with HIV are receiving antiretroviral therapy (ART); a 40-fold increase since 2002. ART alone has prevented more than 4 million deaths in the past decade.

More than 50 million TB patients have been successfully treated in the past decade under WHO’s Stop TB Strategy and more than 20 million lives have been saved.

Deaths from malaria have been cut by 25% in the past decade, saving more than a million lives.

Hopes of eradication (dracunculiasis, also known as guinea-worm disease) and elimination (leprosy, lymphatic filariasis, blinding trachoma) are on the horizon, thanks to treatment programmes led by WHO.

More than 100 million people have been vaccinated against meningitis A in mass campaigns across Africa’s “meningitis belt”.

Immunization averts 2–3 million vaccine-preventable deaths every year.
People often say that if WHO didn’t exist, we’d have to create it. And that’s true because it’s a significant contributor to the health of the world, in particular in setting the guidance, the standards and the accountability framework that are necessary for us all to succeed.

Mark Dybul, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria

MORE WORK IS NEEDED

8.7 million people fell ill with TB in 2011, more than 1 million of whom were living with HIV.

Although the number of HIV infections and HIV-related deaths are decreasing, there were still 1.7 million deaths and 2.5 million new infections in 2011. Six million people living with HIV are still waiting for treatment.

Each year, malaria kills around 660,000 people, mostly children under five in sub-Saharan Africa.

Emerging drug resistance threatens gains made in treating infectious diseases.

Dengue fever is the fastest spreading vector-borne disease and affects up to 100 million people in more than 100 countries.

In 2011, an estimated 22 million infants worldwide missed out on basic vaccines.

WHO works closely with countries and development partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance and UNITAID to put the best health evidence into practice. When WHO updates its recommendations on when to start antiretroviral treatment for HIV and supports countries to adopt the new treatment guidelines, then the Global Fund also updates its requirements to fund the country activities to these same standards. In addition, WHO’s statistics and analyses are essential in demonstrating gaps to donors, helping to ensure that countries receive the funding needed to deliver the latest evidence-based level of care.
WITH YOUR HELP, IN 2014-2015, WE WILL CONTRIBUTE TO...

Increase access to key interventions for people living with HIV; by 2015:
- 15 million people with HIV on ART (from 8 million in 2011)
- 90% of pregnant women with HIV on ART to prevent mother-to-child transmission (from 57% in 2011)
- fewer than 43,000 new HIV infections among children under 5 each year (from 330,000 in 2011)
- 57 priority countries implementing 2013 guidelines on the use of antiretroviral medicines to prevent and treat HIV

Improve TB prevention, care and control; by 2015:
- 70 million TB patients successfully treated since 1995 (from 51 million in 2011)
- 85 priority countries with up-to-date TB national strategic plans (from 54 in 2012)
- 110 countries using WHO-recommended rapid diagnostics (from 77 in 2012)
- increased number of multidrug-resistant TB patients on effective treatment regimes
- up-to-date guidance to countries on TB including HIV-related TB; delivery of care for patients with multidrug-resistant TB; diagnostic approaches; screening; and integrated community-based management of TB

Expand and sustain malaria prevention, diagnostic testing and treatment; by 2015:
- 70% of confirmed malaria cases in public sector facilities with access to first-line treatment (from 50% in 2011)
- 68 malaria-endemic countries assessing trends using routine surveillance systems (from 58 in 2013)
- 89 malaria-endemic countries using updated policy recommendations, strategic and technical guidelines (from 81 in 2011)

Increase and sustain access to essential medicines for neglected tropical diseases (NTDS) to achieve targets set out in the WHO NTD roadmap:
- all countries certified for eradication of dracunculiasis by 2019 (guinea-worm disease)
- 100 countries providing regular preventive chemotherapy to populations at risk of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis by 2020 (from 25 in 2012)
- 100 disease-endemic countries with national plans for NTDs (in particular dengue) based on the latest WHO norms, standards and evidence for diagnosis and treatment by 2015 (from 20 in 2013)

Improve vaccination coverage among hard-to-reach populations and communities; by 2015:
- 90% global coverage with 3 doses of diphtheria-, tetanus- and pertussis-containing (whooping cough) vaccines (from 83% in 2011)
- measles eliminated in 4 WHO regions (from 1 in 2011)
- at least half of the 75 high-burden countries¹ have introduced pneumococcal, rotavirus or HPV vaccines and have strategies to scale-up interventions to control pneumonia, diarrhoea and/or cervical cancer (from 0 in 2013)

¹ See Countdown to 2015 website for list of countries: http://www.countdown2015mnch.org/country-profiles
COMMUNICABLE DISEASES
BUDGET FOR 2014-2015 (US$ MILLION)

<table>
<thead>
<tr>
<th>Programme area</th>
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<th>The Americas</th>
<th>South-East Asia</th>
<th>Europe</th>
<th>Eastern Mediterranean</th>
<th>Western Pacific</th>
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<th>Total</th>
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<td><strong>71.5</strong></td>
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NONCOMMUNICABLE DISEASES

Noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, and mental health conditions - together with violence and injuries - are collectively responsible for more than 70% of all deaths worldwide. Eight 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 more than a system that prevents and treats disease.

PROGRESS SO FAR

176 States Parties have signed the WHO Framework Convention on Tobacco Control, showing their commitment to reducing tobacco use and saving lives. As a direct result, 739 million people are protected from secondhand smoke by comprehensive national smoke-free laws in 42 countries.

The proportion of children worldwide who are underweight declined from 28% in 1990 to 17% in 2012.

Some countries have reduced sodium intake by up to 30% in 10 years through public awareness campaigns and policies to reduce salt in manufactured foods.

Countries including Australia, Brazil, Canada, Singapore and Thailand have reduced physical inactivity levels by around 1% per year through public awareness campaigns and supporting infrastructures to promote physical activity.

Gambia has reduced rates of hepatitis B infection by 90%, and thus the risk of liver cancer, since introducing the vaccine into the national infant immunization programme in 1986.

Finland, Mauritius and Poland have reduced levels of saturated fat intake by multi-pronged interventions to promote consumption of “healthy fats”.

25 low- and middle-income countries have initiated cost-effective programmes to address NCDs through a primary health-care approach.
Addressing NCDs is critical to global public health, but it will also be good for the economy, for the environment and for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals – we can safeguard our very future.

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

MORE WORK IS NEEDED

36 million people die every year from NCDs including cardiovascular disease, cancers, diabetes and chronic lung disease; almost 80% of these deaths are in low- and middle-income countries.

At least 350 million people are living with depression, 50 million with epilepsy and 21 million with schizophrenia. 900 000 commit suicide each year.

Between 76 and 85% of people with severe mental health conditions living in low- and middle-income countries receive no treatment.

Every year, more than 5 million people die from violence and unintentional injuries.

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 2.5 million deaths.

Undernutrition kills 2.4 million children under 5 every year while more than 40 million children under 5 are overweight. Half a billion women are affected by anaemia.

The WHO Global action plan for the prevention and control of noncommunicable diseases 2013-2020 sets the world on a new course to combating noncommunicable diseases, including a target of 25% reduction in premature deaths from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 2025.

From when it first sounded the alarm about the impending health time-bomb caused by the rapidly increasing global burden and threat of NCDs, WHO helped to foster the political will and steered the process for this ground-breaking global agreement. WHO’s leadership, backed by scientific evidence, has attracted the world’s attention and generated commitment to action from government and community leaders in countries of all levels of income.
WITH YOUR HELP, IN 2014-2015, WE WILL CONTRIBUTE TO...

Help countries work towards the 9 voluntary targets agreed to in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of NCDs and the Global action plan for the prevention and control of NCDs; by 2025, a 25% reduction in premature mortality from NCDs and a relative reduction in the:

- harmful use of alcohol by 10%
- prevalence of physical inactivity by 10%
- salt intake by 30%
- prevalence of current tobacco use by 30%
- prevalence of raised blood pressure by 25%

Halt:
- the rise in diabetes and obesity

Reach:
- 50% of people who need treatment and counselling to prevent heart attacks and strokes
- 80% of people who need medicines and technologies to treat major NCDs

WHO will ensure; by 2015:
- 115 countries develop and implement multisectoral plans for the prevention and control of NCDs, taking into account the WHO global action plan for the prevention and control of NCDs 2013-2020 (from 80 in 2011)
- 51 countries will have strengthened their surveillance systems so that they are capable of reporting on the 9 voluntary targets (from 27 in 2013)

Improve the care and human rights of people with mental health and substance-use disorders:
- 20% increase in access to services and a 10% reduction in suicide rates by 2020
- 70 countries with national policies and plans for mental health which promote human rights by 2015 (from 60 in 2013)
- 90 countries with multisectoral programmes for mental health promotion and prevention by 2015 (from 70 in 2013)
- 70 countries with prevention and treatment strategies, systems and interventions for substance-use disorders by 2015 (from 60 in 2013)

Reduce risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth; by 2015:
- 20% of countries have comprehensive laws in place to improve road safety (from 15% in 2013) striving towards the 50% of all countries set for 2020 by the United Nations General Assembly
- 120 countries submit assessments of their violence prevention status (from 60 in 2013)
- countries and partners develop and implement programmes to prevent child injuries in line with WHO guidance

Increase access to services for people with disabilities:
- 31 countries with comprehensive policies on health and rehabilitation by 2020 (from 7 in 2012)
- 117 countries implementing WHO-recommended eye and ear health policies and services by 2015 (from 96 in 2013)
Investing in the World's Health Organization

Improve nutrition, especially in women and children (to meet in 2025 the global targets endorsed by WHO Member States):

- fewer than 102 million stunted children (from 165 million in 2011)
- less than 15% of women of reproductive age with anaemia (from 30% in 2011)
- less than 15 million low-birth-weight babies (from 20 million in 2010)
- no increase in childhood overweight (from 7% in 2011)
- at least 50% of children breastfed for the first six months of life (from 37% in 2010)
- less than 5% of children wasted (from 9% in 2010)

WHO will ensure by 2015 that:

- 54 countries implementing action plans on maternal, infant and young child nutrition compliant with the comprehensive implementation plan on maternal, infant and young child nutrition endorsed by the World Health Assembly
- 68 countries adopting WHO guidelines on effective actions to reduce stunting, wasting and anaemia

NONCOMMUNICABLE DISEASES

BUDGET FOR 2014–2015 (US$ MILLION)

<table>
<thead>
<tr>
<th>Programme area</th>
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<th>Western Pacific</th>
<th>Headquarters</th>
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</table>
PROMOTING HEALTH THROUGH THE LIFE COURSE

Promoting good health through the life course cuts across all work done by WHO, and takes into account the need to address environment risks and social determinants of health, as well as gender, equity and human rights. The work in this biennium has a crucial focus on finishing the agenda of the MDGs and reducing disparities between and within countries.

PROGRESS SO FAR

Since 1990, maternal deaths have been halved and the number of children dying before their fifth birthday has been almost halved.

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

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

An increasing number of WHO analysis and reports (up to 50%) promote and/or use gender analysis and sex disaggregated data.

Pneumonia and diarrhoea kill more than two million children each year. Recognizing that the same interventions – including exclusive breastfeeding, handwashing and appropriate treatments – are often needed to prevent deaths from both diseases, WHO spearheaded the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea. The plan calls for a new integrated approach, based on scientific evidence, to saving children’s lives. WHO works across sectors, bringing experts and key partners in air quality, water and sanitation into the discussion. It is the only organization that can coordinate an integrated approach across many different health programmes at all levels of health services.
“Human security demands that we do this urgently...for the sake of about 1600 children under five who die from pneumonia every day, or the 1000 dying from diarrhoea, the 1400 from malaria. These lives could be saved with inexpensive vaccines, bed-nets, clean water, access to toilets, basic medical care. And they must be saved.”

Anthony Lake, Executive Director, UNICEF.

MORE WORK IS NEEDED

Every day, almost 19 000 children aged less than five die (more than 40% of them are newborns) and almost 800 women die from pregnancy- or childbirth-related events.

An estimated 222 million women in developing countries would like to delay or stop childbearing but do not have access to contraception.

One in three women worldwide is affected by physical and/or sexual violence. Each year, there are almost 450 million cases of sexually transmitted infections.

More than 1 in 10 babies are born to adolescent mothers; 95% are in developing countries.

Only 38% of infants under 6 months are exclusively breastfed.

More than 13 million deaths could be prevented every year by addressing environmental risks related to the lack of access to safe drinking-water and sanitation, climate change, toxic chemicals, indoor and outdoor air pollution.
WITH YOUR HELP, IN 2014-2015, WE WILL CONTRIBUTE TO...

Increase access to essential interventions that improve the health of women, newborns, children and adolescents; by 2015:

- 320 million women using contraception in the 69 poorest countries (from 260 million currently)
- 75% of births attended by a skilled health worker (from 69% currently)
- 60% of mothers and newborns receiving postnatal care visits within two days of birth (from 46% currently)
- 40% of infants under 6 months exclusively breastfed (from 38% currently)
- 60% of children under 5 with pneumonia receiving antibiotics (from 47% currently)
- an adolescent birth rate of 45 per 1000 girls (from 50 per 1000 girls in 2009)
- all 75 high-burden countries with increased access to skilled attendance at childbirth
- 20 high-burden countries with implemented integrated plans for the prevention and control of pneumonia and diarrhoea (from 5 out of 75 in 2013)
- 25 priority countries with improved access to family planning and monitoring unmet needs
- 8 new and improved tools, solutions and strategies successfully applied to reproductive, maternal, newborn and child health

Increase the proportion of older people who can maintain a healthy and independent life; by 2015:

Indicators developed as part of a global framework on monitoring ageing and health

- 40 countries with national plans that include strategies to promote active and healthy ageing (from 30 in 2013)
- 20 countries monitoring and quantifying the health needs of older people
- 5 countries with policies, legislation or plans on the health of women beyond reproductive age

Increase intersectoral policy coordination and mainstream gender, equity and human rights; by 2015:

- all WHO offices and programmes have integrated gender, equity and human rights into routine strategic and operational planning, and put in place evaluation processes to measure gender, equity and human rights in WHO programmes
- 140 countries providing key health data disaggregated by two or more social stratifiers (from 120 in 2013)
- 50% of WHO Country Cooperation Strategies that strongly integrate gender, equity and human rights (from 10%)
- 50% gender parity among senior WHO staff across all regions (from 10%)

Mainstream the social determinants of health approach; by 2015:

- all WHO offices and programmes have integrated social determinants of health into planning, implementation and monitoring
- 21 countries implementing a health-in-all-policies approach and intersectoral action (from 9 in 2012)

Improve environmental determinants of health; by 2015:

- decrease from 11% to 9% of the population without access to improved drinking-water sources
- decrease from 37% to 25% of the population without access to improved sanitation
- decrease from 41% to 38% of the population relying primarily on solid fuels for cooking
- 45 countries with monitoring systems to assess health risks from lack of water and sanitation (from 31 in 2013)
- 30 countries with new policies or standards for environmental and occupational health risks based on WHO guidelines

2 See Countdown to 2015 website for list of countries: http://www.countdown2015mnch.org/country-profiles
## PROMOTING HEALTH THROUGH THE LIFE COURSE
### BUDGET FOR 2014-2015 (US$ MILLION)

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<td><strong>21.6</strong></td>
<td><strong>156.0</strong></td>
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</table>
HEALTH SYSTEMS

Strong health systems are the enablers for good health in countries and critical for well-functioning health programmes. WHO monitors regional and global health situations and trends, bringing together all disease and health system information. Reliable and up-to-date health information and evidence are essential for public health decision-making, resource allocation, monitoring and evaluation. WHO is the global guardian of health information and works with countries to improve the generation, sharing and use of high-quality knowledge resources.

PROGRESS SO FAR

More than 70 developing countries have requested technical support from WHO to move towards universal coverage. The online edition of the World health report on health system financing 2010 has been downloaded more than 700,000 times.

By 2012, the WHO prequalification programme had prequalified more than 125 vaccines, more than 300 medicines and 20 diagnostic devices, verifying their safety and efficacy.

With support from WHO’s blood transfusion safety programme, more than 60 countries get their national blood supplies almost entirely from voluntary, unpaid blood donations.

Information about more than 220,000 clinical trials is available in the International Clinical Trials Registry Platform, thanks to a WHO platform promoting transparency in health research.

WHO’s Guidelines Review Committee approved 14 new, evidence-based guidelines in 2012 through a rigorous, transparent process to provide Member States with the best available advice for improving public health.

WHO works with National Ethics Committees in 90 countries to ensure ethical concerns are addressed in public health decision-making.

WHO monitoring of global health trends through the Global Health Observatory are a critical basis for decision making by partners and governments. For example, WHO’s World Malaria Report provides information and analysis from 106 malaria-endemic countries on prevention and control measures and tracks progress towards global malaria targets.
It is critical that GAVI funds only be used to purchase vaccines that meet international expectations of assured quality. WHO prequalification gives assurance that the vaccines we buy are safe, effective and suit the needs of developing countries.

Seth Berkley, Chief Executive Officer, GAVI Alliance

MORE WORK IS NEEDED

Almost half of all births and two-thirds of all deaths go unregistered every year.

Only 34 countries submit high-quality cause-of-death statistics.

The world faces a shortfall of more than 4 million health workers and 57 countries, mostly in Africa and Asia, have insufficient workers to provide minimum standards of care.

Only 6 of 53 African countries meet the Abuja commitment of allocating at least 15% of their domestic budgets to health.

Three years after its adoption, only 32 countries have taken steps to implement WHO’s Global code of practice on the international recruitment of health personnel, and the majority of these are in the European Region.

Some people are forced to pay up to 16 times more for their medicines in the private sector because of a scarcity of medicines in the public sector.

Every year, millions of patients in resource-limited countries receive life-saving quality assured medicines and vaccines that are bought through UN agencies and partnerships such as UNICEF, UNFPA, UNITAID, the Global Fund and the GAVI Alliance. In all cases, these agencies only buy products that have been through the WHO Prequalification Scheme, which gives them the assurance that medicines, vaccines and diagnostics meet international standards of quality, safety and efficacy. WHO’s work in prequalification has had a significant impact on building capacity in medicines regulation and quality control in countries including Botswana and Uganda. An added benefit of prequalification is that it encourages more manufacturers in quality generic medicines, particularly in India and more recently in Africa. This has resulted in a drop in prices, helping to stretch aid money and increase access to treatment.
WITH YOUR HELP, IN 2014-2015, WE WILL CONTRIBUTE TO...

All countries having comprehensive national health policies, strategies and plans updated within the previous five years.

In doing so,

• over 50 countries have taken the first steps towards establishing a civil registration and vital statistics system, and 112 countries report cause-of-death information using the International Classification of Disease
• 10% fewer countries face critical health workforce shortages and 5 more countries have an investment plan for scaling up and/or improving training and education of health workers
• 16 countries have newly institutionalized tracking of health resources
• an additional 20 low-income countries have good-quality reports to inform regular reviews of the health sector strategy
• 100 countries have a national eHealth strategy (up from 80 in 2013)
• 40 countries are engaged in new patient safety initiatives (from 20 in 2013)
• 100 new medicines and health technologies are prequalified
HEALTH SYSTEMS
BUDGET FOR 2014-2015 (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>
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<tr>
<td>National health policies, strategies &amp; plans</td>
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<td>151.5</td>
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<td>242.2</td>
<td>531.1</td>
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</table>
PREPAREDNESS, SURVEILLANCE AND RESPONSE

WHO helps countries to strengthen their capacities in prevention, preparedness, response and recovery to achieve health security for all types of hazards, risks and emergencies that pose a threat to human health.

PROGRESS SO FAR

In 2012, WHO responded to 36 acute emergencies and 22 protracted emergencies worldwide under the new WHO Emergency Response Framework.

In 2013, WHO has been working closely with Member States to detect and respond to two pandemic threats: the influenza A(H7N9) virus in China and the Middle East Respiratory Syndrome Coronavirus in the Middle Eastern region.

WHO and partners delivered 7 million doses of vaccine to respond to yellow fever and meningitis epidemics.

In Syria between October 2012 and March 2013, WHO distributed medicines and supplies to meet the needs of 1.7 million people.

WHO’s Event Management System contains detailed information for risk assessment and management of more than 4000 global threats to public health security.

The number of children paralysed by polio has been reduced by more than 99% – from more than 350,000 children in 1988 to just 223 cases in 2012.

In 2012, WHO’s Event Information Site sent alerts on 30 acute public health events to Member States under the International Health Regulations (IHR).

WHO led the development of the Pandemic Influenza Preparedness Framework (PIP) to ensure the global sharing of influenza viruses and make access to vaccines more fair, transparent and equitable in the event of an influenza pandemic.
China’s investment since SARS in building IHR core capacities in preparedness, surveillance and response in the entire country was a critical factor for the very prompt and effective control of the influenza A H7N9 outbreaks.

Li Bin, Minister of National Health and Family Planning Commission, China

MORE WORK IS NEEDED

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

More than 700 natural and manmade emergencies occur every year, affecting approximately 270 million people and causing more than 130,000 deaths.

Eradication of polio has been declared a programmatic emergency for global public health. More than 750,000 children have not been immunized in parts of Afghanistan, Nigeria, Pakistan and Somalia due to the security situation.

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 international food safety standards set by the Codex Alimentarius Commission.

Few countries are prepared for emergencies.

Rapid air travel afforded today means a disease outbreak in one country can quickly become a global concern. WHO’s International Health Regulations (IHR 2005) are a critical global mechanism for protecting global health against urgent disease threats. Building on WHO’s unique experience in global disease surveillance, alert and response, this international law spells out exactly what countries must report within 24 hours of the first sign of certain diseases or symptoms. WHO plays a unique role in monitoring new and emerging disease outbreaks around the world, and providing recommendations and assistance to countries when needed.
WITH YOUR HELP, IN 2014-2015, WE WILL CONTRIBUTE TO...

Improve response to public health emergencies based on WHO and Inter-Agency Standing Committee standards (in line with United Nations humanitarian reform):

- all countries able to fulfil their responsibilities under the International Health Regulations (2005)
- all countries able to respond adequately to an emergency with five days of onset and WHO’s Emergency Response Framework used in 80% of these situations
- 80% of countries with capacity to manage public health risks associated with emergencies (by the UN reform target of 2019)
- 80% of countries conduct capacity assessments for all-hazard emergency and disaster risk management for health (from 40% in 2013)
- 80% of WHO offices prepared for full implementation of WHO’s Emergency Response Framework (from 20% in 2013)

Prepare countries for epidemics and pandemics by 2015:

- 50% of all countries with a national strategy for pandemic-preparedness (from 40% in 2011)
- 40 countries with updated operational plans (from 10 in 2013)
- 120 countries with effective surveillance systems for epidemic diseases (from 100 in 2013)

Improve food safety standards and systems by 2015:

- 136 countries well-prepared to prevent and mitigate risks to food safety (from 116 in 2013)
- Codex Alimentarius Commission meets 90% of high-priority requests for guidance (from 80% in 2103)
- 116 countries collaborate across government sectors (from 97 in 2013)
- 170 countries with food safety system that includes a legal framework and enforcement structure (from 156 in 2013)

Wild poliovirus is eradicated by 2015:

- zero countries reporting cases of wild poliovirus, in the preceding 12 months (from 8 countries in 2012)
- 72 high-risk countries continue with supplementary polio vaccination campaigns and enhanced polio surveillance activities
- all 126 countries currently using only oral polio vaccine in routine immunization have a plan and timeline to introduce inactivated polio vaccine
## PREPAREDNESS, SURVEILLANCE AND RESPONSE
### BUDGET FOR 2014-2015 (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 &amp; response capacities</td>
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<td>6.3</td>
<td>6.0</td>
<td>7.5</td>
<td>5.0</td>
<td>15.1</td>
<td>49.7</td>
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<td>3.8</td>
<td>3.8</td>
<td>1.4</td>
<td>3.5</td>
<td>8.0</td>
<td>43.2</td>
<td>68.5</td>
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<tr>
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<td>6.0</td>
<td>3.4</td>
<td>7.3</td>
<td>4.0</td>
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<td>1.4</td>
<td>1.4</td>
<td>2.3</td>
<td>19.1</td>
<td>32.5</td>
</tr>
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<td><strong>Total</strong></td>
<td><strong>55.5</strong></td>
<td><strong>16.2</strong></td>
<td><strong>16.6</strong></td>
<td><strong>13.7</strong></td>
<td><strong>17.2</strong></td>
<td><strong>29.4</strong></td>
<td><strong>138.4</strong></td>
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## EMERGENCIES
### BUDGET FOR 2014-2015 (US$ MILLION)

<table>
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<th>Africa</th>
<th>The Americas</th>
<th>South-East Asia</th>
<th>Europe</th>
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<th>Western Pacific</th>
<th>Headquarters</th>
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</thead>
<tbody>
<tr>
<td>Polio eradication</td>
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<td>140.1</td>
<td>1.9</td>
<td>73.1</td>
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<tr>
<td>Outbreak &amp; crisis response</td>
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<td>7.6</td>
<td>5.2</td>
<td>5.0</td>
<td>151.2</td>
<td>5.0</td>
<td>14.2</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>11.1</strong></td>
<td><strong>74.8</strong></td>
<td><strong>9.0</strong></td>
<td><strong>291.3</strong></td>
<td><strong>6.9</strong></td>
<td><strong>87.3</strong></td>
<td><strong>927.9</strong></td>
</tr>
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</table>
Corporate services provide the enabling functions, tools and resources that makes all of this work possible. Whether it is governing bodies convening Member States for policy making, the legal team for their advice during the development of international treaties, communications staff for helping disseminate health information, human resources for bringing in some of the world’s best public health experts or building services for providing the space and the tools for around 7000 staff to perform their work in one of WHO’s more than 150 offices.

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;
- fostering a culture of evaluation through a new policy and strengthened programme monitoring framework;
- human resources policy reform that includes strengthened leadership capacity of Heads of Country Offices;
- full implementation of the International Public Sector Accounting Standards, and a strengthened internal control framework;
- strengthened internal audit capacity and regular follow-up by senior management on audit recommendations;
- use of technology to improve efficiency and reduce costs, and the relocation of many administrative functions to low-cost locations making savings estimated at US$ 31 million per biennium.
“The introduction of the Global Management System and the establishment of the Global Service Centre in Kuala Lumpur have brought significant progress in transparency, better monitoring of the use of resources, and contributed to an improved managerial culture and better coherence of administrative processes in the Organization”

- United Nations Joint Inspection Unit

Three days after the earthquake, tsunami and subsequent nuclear accident struck Fukushima, Japan in March 2011, WHO noticed messages on Twitter and Facebook from people who were drinking wound cleaner because they thought that its iodine content would protect them from radiation. The social media team was able to quickly warn people that this could be harmful and would not help them. It was also able to dissipate a salt-buying frenzy in China, again due to misinformation on iodine. Social media has fundamentally changed WHO health surveillance and is becoming an increasingly valuable tool used to educate, build awareness and clarify rumours.
WITH YOUR HELP, IN 2014-2015, WE WILL CONTRIBUTE TO...

Strengthen WHO’s leadership role and governance:
• 95% of country cooperation strategies aligned with national health policies and plans (from 88% in 2013)
• more clearly defined terms of reference of the Programme, Budget and Administration Committee (PBAC) and better alignment between the regional committees and the work of the Executive Board and the World Health Assembly
• 100% of outputs in the WHO reform implementation plan completed or on track

Improve transparency, accountability and risk management across the Organization:
• response plans in place for all corporate risks
• organization-wide risk management framework in place
• new evaluation policy in place
• promotion of ethical behaviour and fairness, with all complaints and allegations assessed within 6 months of reporting

Improve strategic planning and resource coordination:
• income and expenditure aligned with priorities and health needs of Member States
• results-based management framework used to measure performance
• full financing of programme budget 2014-15 and predictable funding (70%) of programme budget 2016-17

Establish effective and efficient management administration including IT and security
• financial practices are rated “sound” by audit
• 90% of recruitment processes completed within 180 days
• IT infrastructure and services delivered according to commonly accepted best practices

Improve understanding of WHO’s work through better communications
• WHO’s work is viewed as excellent or good by 85% of Member States and other stakeholders (from 77% in a stakeholder survey in 2013)
• 40 WHO offices completed new communications capacity-building programme
CORPORATE SERVICES
BUDGET FOR 2014-2015 (US$ MILLION)

<table>
<thead>
<tr>
<th>Programme area</th>
<th>Africa</th>
<th>The Americas</th>
<th>South-East Asia</th>
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<th>Eastern Mediterranean</th>
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<td>0.1</td>
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<td>2.8</td>
<td>4.0</td>
<td>12.8</td>
<td>34.5</td>
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<tr>
<td>Vaccine-preventable diseases</td>
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<td>40.8</td>
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<td>39.3</td>
<td>26.1</td>
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<tr>
<td>Noncommunicable diseases</td>
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<td>15.9</td>
<td>16.4</td>
<td>16.3</td>
<td>28.2</td>
<td>54.1</td>
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<td>Disabilities and rehabilitation</td>
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<td>0.5</td>
<td>0.4</td>
<td>2.3</td>
<td>9.9</td>
<td>15.5</td>
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<td>2.0</td>
<td>3.0</td>
<td>3.1</td>
<td>22.2</td>
<td>40.0</td>
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<tr>
<td>Sub-total for noncommunicable diseases</td>
<td>56.5</td>
<td>21.7</td>
<td>21.8</td>
<td>32.8</td>
<td>23.5</td>
<td>42.1</td>
<td>119.5</td>
<td>317.9</td>
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<td>3. Promoting health through the life-course</td>
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<tr>
<td>Reproductive, maternal, newborn, child and adolescent health</td>
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<td>12.1</td>
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<td>7.0</td>
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