Operationalizing the Programme Budget 2020–2021 in the Western Pacific Region

(September 2019)
Annex
Contents

1. Introduction 9

2. Setting priorities and driving public health impact in every country 9
   2.1 Strategic planning: bottom–up process 9
   2.2 Common focus areas of thematic priorities, country flagship programmes and operational shifts 10
       Thematic priorities 10
       Country flagship programmes 14
       Operational shifts 15
       Enablers 16
   2.3 Alignment with GPW 13 results framework 17

3. Budget overview 18

4. Accountability and risk management 20

5. Next steps 21
Annex
1. Introduction

Promote health, keep the world safe, serve the vulnerable – this is the mission of WHO expressed in its five-year strategy under the Thirteenth General Programme of Work 2019–2023. Known as GPW 13, the programme of work outlines a clear vision for achieving the triple billion targets at the heart of WHO’s strategic plan:

- achieving universal health coverage (UHC) – 1 billion more people benefiting from UHC;
- addressing health emergencies – 1 billion more people better protected from health emergencies; and
- promoting healthier populations – 1 billion more people enjoying better health and well-being.

For the Future: Towards the Healthiest and Safest Region sets out a vision for WHO’s work for the coming five years in the Western Pacific Region. It is the Region’s plan to implement GPW 13 and the global transformation agenda. The vision calls for action today to address the challenges of tomorrow, with the goal of making the Western Pacific the healthiest and safest region.

The Programme Budget 2020–2021 was approved by the Seventy-second World Health Assembly in May 2019. This document further defines the implementation of the approved programme budget in the Western Pacific Region, in order to operationalize For the Future.

2. Setting priorities and driving public health impact in every country

The gross domestic product of the Western Pacific Region has tripled since the 1990s, and countries continue to grow in terms of their economy and social development. The health sector is faced with new challenges and emerging threats due to growing mobility and connectivity, changing consumption patterns, rapid urbanization, and environmental and climate change issues. These health challenges do not respect national borders; they go beyond individual countries. Considering the diversity of the Region, WHO’s support to countries will be based on country-specific contexts and needs, and areas in which collective action is necessary to address shared challenges.

2.1 Strategic planning: bottom–up process

For the Future was developed based on extensive discussions and consultations with Member States, partners and WHO staff. Similar to the previous biennium, the development of the programme budget for the Region is based on a prioritization process that starts at the country level and is further informed by the thematic priorities and operational shifts outlined in For the Future. It is also fully aligned with GPW 13. The planning processes are designed to capture the unique needs and priorities of each country, to be reflected in flagship programmes for each country. At the same time, this consultation process helped reinforce the shared agenda for WHO’s work in the Region.

In the Western Pacific Region, the global vision of GPW 13 will be realized by focusing on the following four thematic priorities for which Member States have requested WHO support:

- Health security, including antimicrobial resistance (AMR)
- Noncommunicable diseases (NCDs) and ageing
- Climate change and the environment
Annex

- Reaching the unreached – people and communities still afflicted by infectious disease as well as high rates of maternal and infant morbidity and mortality

Countries have also identified specific technical areas requiring additional guidance and support, including patient safety, rehabilitation, affordable and essential surgery, rheumatic fever, food safety, and occupational health.

Common focus areas outlined in *For the Future* will provide overall guidance for joint efforts in the Region, and flagship programmes will also be developed and implemented based on specific country contexts. This document details priorities for operationalizing the *Programme Budget 2020–2021* in the Region and ensuring priorities are integrated and well-articulated in the programme budget, which is the main basis for resource allocation and/or mobilization.

### 2.2 Common focus areas of thematic priorities, country flagship programmes and operational shifts

The common focus areas outlined in *For the Future* set the framework for joint efforts combining what countries can do and what WHO will do to support them to implement the thematic priorities and operational shifts in the Western Pacific Region. WHO will work with countries in the Region to further detail each area into action items tailored to the country context as part of operational planning for 2020–2021.

**Thematic priorities**

1) **Health security and AMR**

   **Long-term goal**

   WHO’s strategic priority under the Health Emergencies Programme, as stated in GPW 13, is to build and sustain resilient national, regional and global capacities to keep the world safe from epidemics and other health emergencies. WHO also works to ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services, including health promotion and disease prevention.

   The Region has been implementing the *Asia Pacific Strategy for Emerging Diseases* (APSED), which aims to support countries to develop strong and resilient health systems that are prepared to detect and respond to public health emergencies and health security threats – so that everyone is safe during outbreaks and natural disasters, and they are protected from the risks of AMR and unsafe food.

   **Approaches**

   a) Continue to implement the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III), with a specific focus on pandemic preparedness as a driver for identifying current gaps that need to be addressed to strengthen countries’ response to health emergencies and outbreaks.

   b) Integrate action on AMR into all relevant existing programmes and systems in order to tackle this issue on all fronts, ensuring sustainability of interventions and accelerating actions. These programmes include: APSED III, in particular for strengthening surveillance at the animal–human interface; UHC and health systems strengthening; environment and health; and priority
Annex

public health programmes such as malaria, tuberculosis (TB), HIV/AIDS, sexually transmitted infections and vaccination, climate change and health promotion, among others.

Major activities

1. Continue to use the Technical Advisory Group (TAG) mechanism to monitor and guide implementation of APSED III and improve tools for pandemic preparedness.
2. Further strengthen the country structure for pandemic preparedness and response, through identifying and addressing systems gaps, taking into consideration results of the Joint External Evaluation of capacities to implement the International Health Regulations (2005).
3. Facilitate the review of countries’ progress in advancing national pandemic preparedness.
4. Integrate AMR in the TAGs for APSED and UHC.
5. Organize an annual campaign on AMR, including World Antibiotic Awareness Week.
6. Strengthen the One Health approach and multi-stakeholder coordination in countries.
7. Accelerate implementation of stewardship programmes through broader and stronger partnerships at the regional and country levels.

2) NCDs and ageing

Long-term goal

Globally, GPW 13 has an overarching goal of ensuring healthy lives and promoting well-being. In the Western Pacific Region, the goal is to prevent and manage as many NCDs as possible, along with promoting mental health and well-being, with a health systems transformation at the primary health care level and social services that support all people to live long, healthy and productive lives.

Approaches

a) Measure and visualize the changes and trends in lifestyles and disease patterns occurring in each country and specific population groups (including through data disaggregated by gender and income group) to highlight the social and economic impact of the NCD epidemic.

b) Curb the surge of NCDs by leveraging cross-sectoral opportunities for reducing avoidable risks, with a focus on regulation and tax increases for tobacco products, alcohol and unhealthy food, and stimulating healthy physical and social environments.

c) Orient health systems towards providing people-centred services that “accompany” them through the life-course, protecting their mental, physical and reproductive health. This includes support for management of chronic illnesses such as diabetes and hypertension, as well as rehabilitation and palliative care when needed.

d) Understand the dynamics and impact of ageing, so that all countries take early action to address the determinants of healthy ageing in the health and other sectors, including improving service provision to older people and promoting age-friendly environments.

Major activities

1. Strengthen the surveillance of NCDs and risk factors through national surveys (for example the STEPwise approach to noncommunicable disease risk factor Surveillance or STEPS survey, Global Adult Tobacco Survey and Global school-based Student Health Survey) and
regular data collection at health facilities and integration into national health information systems.

2. Launch an NCD TAG in 2020 to convene experts to advise and support the work around the NCD thematic priorities.

3. Strengthen the policy framework, legislation and regulation for NCD prevention and control by supporting countries in making interventions to address NCD risk factors and through multisectoral and multi-stakeholder collaboration.

4. Address the commercial determinants of NCDs, through strong, well-designed and enforced legal, regulatory and fiscal interventions, and ensure that programme managers and other stakeholders have the tools required.

5. Modify behaviour in country and setting-specific contexts to reduce NCDs by promoting healthy diets, tobacco control and physical activity, and by reducing air pollution and harmful use of alcohol.

6. Provide technical and multisectoral support to countries to increase taxation of tobacco products, alcohol and sugar-sweetened beverages and to use the revenue generated as a source of investment for public health priorities at the country level, including health promotion, tobacco control and other activities.

7. Intensify “grounds up” interaction and engagement with communities and other stakeholders to address NCD risk factors as well as those associated with violence and injury prevention.

8. Strengthen primary health care services for NCD prevention and control to evolve towards accompanying people through the life-course, expanding the roles beyond detection and treatment of disease, and ensure linkages with welfare and social security systems.

9. Use innovative approaches to prevent NCDs and provide integrated means for the long-term management of people with multiple chronic conditions, including using m-health applications as well as e-health and patient management systems to improve service delivery and the quality of care at the primary care level.

10. Elevate ageing as an issue for early action through high-level consultations with senior officials and experts and develop a new regional action plan on ageing as requested by countries.

11. Establish a regional hub for knowledge sharing on ageing (for example establish a web-based platform for best practices, organize learning visits and training for countries anticipated to experience ageing, and develop case studies of countries with significant experience in ageing).

12. Develop a diagnostic tool for country situation analysis on ageing (for example health systems, status of health, role of family and community) and the identification of “no regret actions” to prepare for future needs of an ageing population by including critical elements in current health policy (for example transformation of health systems to prevent and address chronic conditions, assistance to family- and community-based care).

13. For countries currently experiencing ageing, facilitate evidence-based reviews of their current response to ageing in health and other relevant sectors, and develop policy options to further promote age-friendly environments.

14. For other countries anticipated to experience ageing in future, help identify required elements to address the needs of ageing populations in future and support them to incorporate necessary elements in their current health policy.
3) Environment and climate change

Long-term goal

GPW 13 aims to address the health impacts of climate change in small island developing states and other vulnerable states to ensure that health systems are resilient to extreme weather and climate-sensitive disease.

The overall goal in the Western Pacific Region is to ensure that countries and communities are well prepared to face the inevitable consequences of a changing environment and climate, with the health sector emerging as a strong force for preserving the planet.

Approaches

a) Use stronger narratives and arguments about the relationship between climate change, environmental degradation and health, including the economic case for climate change action that protects health, to advocate action on the health impacts of climate change and environmental issues at the highest political and policy-making levels, in close collaboration with civil society and other partners.

b) Monitor the health impacts of climate and environmental change on health.

c) Ensure national climate change adaptation and mitigation strategies – and environmental health action plans – prioritize health sector resilience to climate and environmental change, and its ability to mitigate health impact, including through assessing country-specific vulnerabilities to climate change and environmental health risks and through convening actors across sectors to address identified gaps.

Major activities

1. Establish a platform or TAG on climate change and health with a first meeting to be held in 2020.

2. Develop tools to monitor the impacts of climate change on health and the use of information for the development of national policy, strategy and plans in health and non-health sectors.

3. Promote the mainstreaming of health into climate change policies and programmes of government and partner agencies, including by better documenting and articulating health co-benefits of climate change actions and policies.

4. Initiate policy dialogues in several countries with non-health sectors such as environment, infrastructure and finance ministries to underscore the health co-benefits of their activities.

5. Establish climate-based early warning systems and ensure that preventive activities such as vector control have adequate surge capacity.

6. Encourage all health programmes to address the impacts of climate change and incorporate adaptive and mitigation actions, as appropriate.

7. Support national efforts to ensure full coverage of water supply in health-care facilities in the Region by 2023, and promote safe, green and resilient health facilities.

8. Work with the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region to provide evidence-based policy options for Member States to address impacts of climate change and environmental pollution on health and health systems.
Annex

4) Reaching the unreached

Long-term goal

A region that meets the global targets set by the Sustainable Development Goals and ends epidemics of major communicable disease by 2030.

Approaches

a) Sustain the momentum for ending epidemics and improving maternal and child health, including through communicating the importance of this agenda for addressing health inequity, saving lives and showcasing the impact of health sector action.

b) Link “the unfinished agendas” of persistent epidemics and maternal, infant and child mortality to UHC through:
   - analysing system capacity needs for relevant infectious disease and maternal and child health targets, and planning to ensure they are in place and sustained as part of the national UHC effort;
   - building on disease-specific programmes as drivers for stronger service delivery systems overall; and
   - harnessing the potential of “grounds up” solutions, innovation and strategic use of data for action to reach the unreached and to accelerate progress towards disease control and elimination targets.

Major activities

1. Ensure high-level political commitment and multisectoral accountability for control and elimination of target diseases, through strategic communications at all levels.
2. Promote sustainable financing of priority public health services, through facilitating country-level policy dialogue, synthesizing experiences and strengthening institutional capacity to manage funding.
3. Support integrated people-centred care through strengthening primary health care services for prevention, diagnosis, care and treatment of target diseases and conditions along the life-course.
4. Manage health intelligence and generate data for action for control and elimination of targeted diseases and conditions, through strengthening disease surveillance systems and laboratory networks.
5. Adopt local (“grounds up”) best practices and pursue innovation to reach the unreached.
6. Provide high-level technical review and recommendations for control and elimination of target diseases through regional technical advisory bodies.
7. Intensify collaboration with appropriate national and international partners and expand public–private partnerships to accelerate the progress towards disease control and elimination targets.

Country flagship programmes

The four thematic priorities outlined above represent the priority shared challenges, which WHO will work with Member States to address. They reflect the Region’s unique social, economic, geographic and demographic characteristics. Recognizing that every country is different, and aligned with
GPW 13’s aspiration to drive public health impact in every country, WHO will also work with each country on flagship programmes that address its particular priorities.

For instance, while reaching the unreached is a regional thematic priority, countries face unique challenges and will have different priorities reflecting these. For some countries, the priority is testing and treating people with currently undiagnosed TB, through a health systems approach; other countries are within reach of eliminating malaria and so-called neglected tropical diseases such as lymphatic filariasis, and WHO will work closely with these countries to support them in reaching their goals.

Other countries are prioritizing improving maternal and newborn health, through strengthening health systems infrastructure to improve access to safe, good-quality antenatal and obstetric care. Related to this, improving access to safe and affordable surgery is a priority for many countries, in particular in the Pacific, and WHO will provide support to advance this agenda.

Through the Healthy Islands vision, all countries in the Pacific are aiming to reduce premature deaths from NCDs – but through different pathways. For some Pacific island countries and areas, strengthening the Health Promoting Schools approach is a key priority. For others, it is expanding community-based NCD management and care. Other countries are tackling the NCD crisis by prioritizing improving treatment for hypertension and diabetes, as part of a health systems approach.

Whatever the issue, WHO will work with each country to implement country-specific flagship programmes reflective of their particular priorities and needs.

**Operational shifts**

GPW 13 outlines three strategic shifts to better deliver on WHO’s mission and priorities: stepping up leadership, driving public health impact in every country and focusing global public health goods on impact. In the Western Pacific, WHO will operationalize these shifts and adapt them based on the challenges of the Region by focusing on innovation, backcasting, a systems approach, a “grounds up” approach, working beyond the health sector, and driving country impact and strategic communications.

These operational shifts, designed to strengthen WHO’s support to Member States, build on the Region’s culture of continuous improvement, created and entrenched under the leadership of former Regional Director Dr Shin Young-soo. The operational shifts will have their own budget allocations with measurable outputs and results.

These approaches and new ways of working will:

- support governments to anticipate the future of health based on a context of rapid social, economic and environmental change, and develop a long-term agenda for health systems transformation that reorients the system from a single disease episode focus towards services that “accompany” people throughout their lives, grounded in community-based primary health care;
- position health as a driver of social and economic development, including through making the political case for investment in health and developing high-impact partnerships at regional and country levels that can help to realize national health and development ambitions;
- amplify innovations in technology, social entrepreneurship and service delivery, as well as “grounds up” solutions – through country and regional platforms for information exchange and learning;
Annex

- establish regional dialogue and monitoring mechanism on shared agendas through Western Pacific Regional TAGs on thematic priorities, in which countries and experts together shape the agenda – and follow through on its implementation;
- leverage the power of strategic communications as a health and development intervention; and
- engage communities, key populations and young people in dialogue about issues that affect their health and future.

In all its work, WHO will utilize a gender and equity lens to ensure that everyone benefits equally from regional progress towards better health.

Major activities

1. Facilitate structured consultations in countries to explore the health implications of social, economic and environmental changes in countries and develop – through backcasting – health systems transformation agendas that can guide medium-term planning and shorter-term programmatic and systems efforts.

2. Provide support to determining digital health opportunities in specific country contexts and plan for a gradual introduction of relevant digital health technologies to meet the health needs of populations, such as telemedicine, e-health, m-health and other applications to provide remote health consultations.

3. Support countries in developing integrated systems that link data collection, analysis and reporting to the strategic use of data for policy and regular programmatic reviews for decision-making to improve health services and outcomes.

4. Develop a regional innovation agenda, stimulate innovations in countries, and facilitate sharing of relevant innovative approaches through an online platform and participation in an innovation forum, the first of which will be held in 2020.

5. Strengthen both WHO and Member State capacities to use strategic communications as a tool for achieving better health outcomes, through bringing together communication focal points from countries as a first step towards establishing strategic communications as a technical programme, which provides direct support to countries.

6. Building on the inaugural Western Pacific Region Partners’ Forum held in July 2019, strengthen engagement with partners across the Region, including local implementing partners, and focus specifically on more meaningful engagement with young people.

Enablers

In order to translate the operational shifts into action, WHO in the Western Pacific Region needs to continue to reflect on and change where necessary how it works as an organization, including its organizational structure, budget and resource allocation, staff development, and management and accountability practices. Consideration of gender and health equity will be placed at the forefront of WHO’s everyday work and as a core aspect of every staff member’s duties.

In all its work, the Western Pacific Region promotes a culture of accountability and risk management. The aim is to establish within the Region a robust risk management system that supports decision-making when setting objectives, prioritizing strategic alternatives, selecting and managing the appropriate course of action, and evaluating results. The WHO Regional Office for the Western Pacific established a Compliance and Risk Management Unit in 2016 and has also established an Advisory
Group on Accountability and Risk Management that aims to strengthen accountability and risk management and its implementation in the Region. This will remain a key area of focus.

The following “enablers” will help deliver on the change agenda:

1. Keeping countries at the centre – recognizing that, while countries of the Region face shared challenges, every country is different.
2. Continued drive towards leaner and more efficient management and strengthened accountability, as noted above.
3. Reconfigured organizational structure of the WHO Regional Office for the Western Pacific that focuses on regional thematic priorities and new ways of working reflecting the global transformation and that creates clear accountabilities.
4. Programme budget mirroring of thematic priorities, providing incentives for new ways of working across thematic areas.
5. Individualized staff career and development plans and opportunities, supported by agreed staff rotations, mentoring and peer-review groups.
6. Cross-functional teams at the Regional Office and country offices to tackle megatrends such as ageing, climate change and primary health care reform.
7. WHO as a health-promoting and “green” workplace that leads by example.

As part of the reconfigured Regional Office structure, a new Data, Strategy and Innovation (DSI) group has been established to focus on innovation and strategic engagement with countries on health systems transformation. The team will provide support to countries in areas of work related to UHC, ageing and innovation, driving a strategic approach to data, information and research. The budget requirements of the new team are included in the Programme Budget 2020–2021 for the Region.

2.3 Alignment with GPW 13 results framework

The priorities as identified in For the Future are aligned with GPW 13’s strategic priorities of promoting health (through UHC), keeping the world safe (health security) and serving the vulnerable (healthier populations).

In line with GPW 13, the common focus areas and operational shifts as described in earlier sections of this document contribute to the achievement of the GPW 13 outputs and outcomes. The GPW 13 results framework departs from a disease-specific approach to a more integrated and health systems-oriented approach to drive sustainable outcomes. Efforts will focus on delivering outcomes and impacts at the country level to which programmes will contribute. In implementing For the Future, WHO will increasingly promote approaches that build synergies between health systems and programmes and that are integrated between the levels of the Organization. Mechanisms are being established to capture the cross-cutting nature of GPW 13, such as developing joint work plans with contributions from all technical divisions.

The results framework and the alignment of the thematic priorities to GPW 13 are outlined in Fig. 1.
3. Budget overview

Aligning the Programme Budget 2020–2021 with the vision of the Western Pacific Region is critical as this is the only way to build and capture the thematic priorities and operational shifts into the budget, which is the main basis for resource allocation and/or mobilization.

Based on the approved global Programme Budget 2020–2021, the overall budget for the Western Pacific Region base segment is US$ 309.2 million, representing an increase of US$ 27.9 million compared with the 2018–2019 budget at US$ 281.3 million. Of this increase, US$ 24.0 million is at the country office level and US$ 3.9 million is at the Regional Office (Table 1). The Programme Budget 2020–2021 reflects the strategic shift of GPW 13 towards delivering impacts at the country level and the continuing trend of increasing resources at the country level.

Table 1. Western Pacific Region Programme Budget 2020–2021, base segment only, by level of the Organization (US$ million)

<table>
<thead>
<tr>
<th>Major office</th>
<th>Country offices</th>
<th>Regional Office</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Pacific</td>
<td>163.7</td>
<td>187.7</td>
<td>117.6</td>
</tr>
</tbody>
</table>

Fig. 2 and Table 2 clearly illustrate the correlation between priority-setting at the country level and the bottom–up built budget for 2020–2021. Fig. 2 shows that the highest number of Member States rank outcomes 1.1 (Improved access to quality essential health services), 2.1 (Country health emergency preparedness strengthened) and 3.2 (Reduced risk factors through multisectoral approaches) as their...
highest priorities. Table 2 shows that these outcomes have the highest budget within their respective priorities. The thematic priorities of For the Future are embedded in these outcomes (Table 3).

**Fig. 2. High priority outcomes as identified during bottom-up setting of countries in the Western Pacific Region**

![Graph showing high priority outcomes](chart.png)

**Table 2 Western Pacific Region Programme Budget 2020–2021, by strategic priority, outcome and level (US$ million)**

<table>
<thead>
<tr>
<th>Strategic priorities/ outcomes</th>
<th>Country offices</th>
<th>Regional Office</th>
<th>Total</th>
<th>% of grand total</th>
<th>% of subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1. One billion more people benefiting from universal health coverage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1. Improved access to quality essential health services</td>
<td>67.4</td>
<td>33.6</td>
<td>101.0</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>1.2. Reduced number of people suffering financial hardships</td>
<td>5.9</td>
<td>2.2</td>
<td>8.1</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care</td>
<td>10.3</td>
<td>8.6</td>
<td>18.9</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal B1</strong></td>
<td>83.7</td>
<td>44.3</td>
<td>128.0</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td><strong>B2. One billion more people better protected from health emergencies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1. Countries prepared for health emergencies</td>
<td>14.1</td>
<td>11.3</td>
<td>25.4</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>2.2. Epidemics and pandemics prevented</td>
<td>7.0</td>
<td>5.2</td>
<td>12.2</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>2.3. Health emergencies rapidly detected and responded to</td>
<td>5.3</td>
<td>14.0</td>
<td>19.3</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal B2</strong></td>
<td>26.4</td>
<td>30.5</td>
<td>56.9</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td><strong>B3. One billion more people enjoying better health and well-being</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1. Determinants of health addressed</td>
<td>17.2</td>
<td>3.7</td>
<td>20.9</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>3.2. Risk factors reduced through multisectoral action</td>
<td>16.1</td>
<td>5.9</td>
<td>22.0</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>3.3. Healthy settings and Health in All Policies promoted</td>
<td>5.8</td>
<td>3.5</td>
<td>9.3</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal B3</strong></td>
<td>39.1</td>
<td>13.1</td>
<td>52.2</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td><strong>B4. More effective and efficient WHO providing better support to countries</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1. Strengthened country capacity in data and innovation</td>
<td>9.3</td>
<td>7.2</td>
<td>16.5</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>4.2. Strengthened leadership, governance and advocacy for health</td>
<td>17.9</td>
<td>18.6</td>
<td>36.4</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>4.3. Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner</td>
<td>11.4</td>
<td>7.8</td>
<td>19.1</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal B4</strong></td>
<td>38.5</td>
<td>33.5</td>
<td>72.1</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>187.7</td>
<td>121.5</td>
<td>309.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3. Western Pacific Region Programme Budget 2020–2021 (activities only), by thematic priorities of For the Future and level of the Organization (US$ million)

<table>
<thead>
<tr>
<th>Strategic priorities/outcomes</th>
<th>Thematic Priorities</th>
<th>Health security, including antimicrobial resistance</th>
<th>Noncommunicable diseases and ageing</th>
<th>Climate change and the environment</th>
<th>Reaching the unreached</th>
<th>Enabling Functions</th>
<th>Country Office</th>
<th>Regional Office</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Country Office</td>
<td>Regional Office</td>
<td>Country Office</td>
<td>Regional Office</td>
<td>Country Office</td>
<td>Regional Office</td>
<td>Country Office</td>
<td>Regional Office</td>
</tr>
<tr>
<td>B3. One billion more people benefiting from universal health coverage</td>
<td>1. Improved access to quality essential health services</td>
<td>3.40</td>
<td>0.71</td>
<td>2.20</td>
<td>2.19</td>
<td>1.20</td>
<td>0.56</td>
<td>2.52</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>2. Reduced number of people suffering financial hardship</td>
<td>2.80</td>
<td>0.15</td>
<td>0.80</td>
<td>0.35</td>
<td>0.27</td>
<td>0.04</td>
<td>1.93</td>
<td>0.13</td>
</tr>
<tr>
<td></td>
<td>3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care</td>
<td>2.91</td>
<td>1.26</td>
<td>2.05</td>
<td>0.54</td>
<td>0.73</td>
<td>2.02</td>
<td>2.55</td>
<td>4.61</td>
</tr>
<tr>
<td>B4. One billion more people better protected from health emergencies</td>
<td>1. Countries prepared for health emergencies</td>
<td>7.12</td>
<td>1.64</td>
<td>10.93</td>
<td>2.93</td>
<td>1.93</td>
<td>0.61</td>
<td>27.41</td>
<td>15.26</td>
</tr>
<tr>
<td></td>
<td>2. Health emergencies rapidly detected and responded to</td>
<td>8.80</td>
<td>1.84</td>
<td>0.81</td>
<td>0.32</td>
<td>0.60</td>
<td>0.74</td>
<td>3.91</td>
<td>4.19</td>
</tr>
<tr>
<td>B5. One billion more people enjoying better health and well-being</td>
<td>1. Achievements in health improvement</td>
<td>14.04</td>
<td>2.04</td>
<td>5.02</td>
<td>0.08</td>
<td>0.14</td>
<td>0.00</td>
<td>8.14</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>2. Determinations of health achieved</td>
<td>0.45</td>
<td>0.02</td>
<td>0.67</td>
<td>0.11</td>
<td>0.01</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>3. Noncommunicable diseases and ageing</td>
<td>0.55</td>
<td>0.00</td>
<td>0.65</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>4. Health threats given prompt and effective attention in all key areas</td>
<td>0.02</td>
<td>0.01</td>
<td>0.01</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>B6. One billion more people enjoying better health and well-being</td>
<td>0.45</td>
<td>0.02</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>B7. One billion more people benefiting from human resource development</td>
<td>1. Strengthened country capacities in data and innovation</td>
<td>1.18</td>
<td>0.39</td>
<td>1.61</td>
<td>0.44</td>
<td>0.57</td>
<td>0.11</td>
<td>3.27</td>
<td>1.77</td>
</tr>
<tr>
<td></td>
<td>2. Strengthened leadership, governance and advocacy for health</td>
<td>0.26</td>
<td>0.04</td>
<td>0.00</td>
<td>0.06</td>
<td>0.02</td>
<td>0.02</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>3. Knowledge, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner</td>
<td>4.02</td>
<td>1.79</td>
<td>4.02</td>
<td>1.79</td>
<td>8.00</td>
<td>3.58</td>
<td>4.02</td>
<td>1.79</td>
</tr>
<tr>
<td>B8. More effective and efficient WHO providing better support to countries</td>
<td>1.98</td>
<td>0.35</td>
<td>1.98</td>
<td>0.35</td>
<td>0.12</td>
<td>0.12</td>
<td>1.81</td>
<td>1.81</td>
<td>1.81</td>
</tr>
<tr>
<td>B9. Strategic overview and planning cycle</td>
<td>21.60</td>
<td>3.25</td>
<td>21.60</td>
<td>3.25</td>
<td>16.10</td>
<td>1.79</td>
<td>21.60</td>
<td>3.25</td>
<td>21.60</td>
</tr>
</tbody>
</table>

Notes:
1) Health systems activities are split into four thematic priorities as follows: 30% each in health security including AMR, NCDs and ageing, and reaching the unreached; while 10% in climate change and the environment.
2) Food safety activities are equally split into two thematic priorities: NCDs and ageing and reaching the unreached.

Table 3 shows where the estimates for the activities of the Programme Budget 2020–2021 for the Western Pacific Region and the thematic priorities of For the Future cross at higher levels of the Organization. The thematic priority “reaching the unreached” has the highest budget allocation followed by “noncommunicable diseases and ageing”.

4. Accountability and risk management

A clear risk management process was incorporated in the programme budget planning cycle over the past year. For example, risks identified from the implementation of the Programme Budget 2018–2019 are being incorporated into the planning process for the Programme Budget 2020–2021. Specific to the Programme Budget 2020–2021, major risks considered include: change in sociopolitical context affecting the political and financial commitment of governments towards health and natural disasters and/or conflicts/outbreaks diverting resources and commitment to emergency response disrupting the continuity of other programme operations.

Risk identification and reporting are key at all four stages of the programme budget cycle: within strategic planning; operational planning; programme implementation; and monitoring and evaluation. This systematic risk management helps to track and monitor all risks as they are identified, experienced and mitigated at all stages of the programme budget cycle, which further informs decision-making.

When evaluating risk at any of these stages, the political, economic, social and technological environment under which the programme is operating should also be considered. Along with adhering
to legal and environmental changes/regulations and being cognizant of emerging and relevant health issues, these concerns can all play an important role in risk management and mitigation.

5. Next steps

The priorities as detailed in this document not only determine the support that should be delivered, but also how best to deliver that support for the Organization to achieve the greatest impact.

The next steps involve the development of detailed work plans by WHO country offices in consultation with Member States during operational planning. It is expected that all country work plans will be approved by December 2019, in time for full implementation starting 1 January 2020.