



Programme budget 2018-2019



World Health
Organization

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The Proposed programme budget 2018-2019 was presented to the Seventieth World Health Assembly in document A70/7 in May 2017. The Health Assembly subsequently adopted resolution WHA70.5, in which it approved the budget. This final version of the approved Programme budget 2018-2019 represents without change the document considered by the Health Assembly in May 2017. "Proposed programme budget" in the text should therefore be taken to refer to the approved Programme budget.

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INTRODUCTION

1. In the Proposed programme budget 2018–2019, WHO is seizing the opportunity presented by the 2030 Agenda for Sustainable Development to strengthen its leadership in global health and enhance its support at the country level.

2. The Proposed programme budget 2018–2019 sets out priorities in line with the Sustainable Development Goals and opens avenues to strengthen synergies between the principal health-related Sustainable Development Goal (Goal 3, Ensure healthy lives and promote well-being for all at all ages) and other Sustainable Development Goals that have an impact on health outcomes. Success with respect to these priorities will call for changes in working practices. This means applying a broad-based approach and focusing on instruments of change and enabling factors, such as: intersectoral action involving multiple stakeholders; strengthening health systems for universal health coverage; respect for equity and human rights; sustainable finance; scientific research and innovation; and monitoring and evaluation.

3. Universal health coverage remains at the centre of the Organization's priorities. Universal health coverage is itself one of the targets of the Sustainable Development Goals (Goal 3, target 3.8); it therefore underpins the achievement of all the other health-related Goals. The emphasis placed on building strong and resilient health systems for universal health coverage will continue in the biennium 2018–2019. Health systems are also central to the strategy for ensuring that all countries are prepared for, and are able to respond to, any health emergency. The Organization will maintain its high level of investment as it implements tailored approaches to building resilient health systems (using the "FIT" approach),¹ which ensure that such systems are context-specific and adapted to the specific health situations and challenges of each country seeking to achieve universal health coverage.

4. Transparency and accountability will be central to the transformative ways of working, not only in the enabling functions but also in the technical programmes. The implementation of WHO's new Framework of Engagement with Non-State Actors will support efforts by the Organization to implement the Sustainable Development Goals.

5. The Proposed programme budget 2018–2019 takes into account the full scope of the WHO Health Emergencies Programme, ensuring that the Organization has the operational capabilities to deal with outbreaks and humanitarian emergencies on any scale and in a timely manner. The Organization will also ensure in the biennium 2018–2019 that the WHO Health Emergencies Programme builds synergies with other programmes to capitalize on the strengths and assets of the entire Organization in preparedness for and in response to all health emergencies.

6. The Proposed programme budget 2018–2019 presents a coherent and comprehensive programme for combating antimicrobial resistance. It focuses on national action plans on antimicrobial resistance,² which involves different activities, including the following: bringing about and generalizing the behavioural changes needed in support of appropriate antibiotic use and infection prevention and control; strengthening systems to support the appropriate use of antimicrobials; strengthening the evidence base on the consumption and use of antimicrobial medicines; and enabling better coordination of stakeholders across multiple sectors, especially the animal health sector. WHO's work with other partners to accelerate the development of new medicines and other health technologies will also gain more emphasis.

¹ WHO has developed a "FIT to the context" flagship approach: F – building health system foundations in challenging environments; I – strengthening health system institutions; T – supporting health system transformation towards universal health coverage.

² Resolution WHA68.7 (2015).

7. The unrelenting push in support of the Polio Eradication and Endgame Strategic Plan 2013–2018 will continue. In this effort, the following will be crucial: applying the relevant instruments, assets and lessons learned in order to access populations and communities that are the hardest to reach; social mobilization; the principle of leaving no one behind; and country-driven processes with multiple stakeholders. In the biennium 2018–2019, the Organization will capitalize on the Sustainable Development Goals to facilitate the integration of essential polio functions to support other priorities, especially at the country level.

8. The biennium 2018–2019 will also see a continuation of activities to honour ongoing commitments, especially the unfinished agenda on ending the epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases, and on combating hepatitis,¹ as well as improving the health of women and children and adolescents, and ending preventable maternal, child and newborn mortality through the Global Strategy for Women's, Children's and Adolescents' Health.² WHO will ensure that ongoing strategies and plans gain further traction, including the following: the global strategy and action plan on ageing and health;³ the comprehensive implementation plan on maternal, infant and young child nutrition (2012–2025);⁴ the commitments made in the Health Assembly resolution on health and the environment: addressing the health impact of air pollution;⁵ increasing vaccination coverage in hard-to-reach populations and communities;⁶ and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.⁷

PRIORITIZATION AND COSTING

9. The Proposed programme budget 2018–2019 has been shaped by a dynamic and iterative priority-setting process that started with the bottom-up identification of priorities and costing of results that are delivered in countries. The processes for priority setting and costing go hand in hand. Both have been informed by and feed into the identification of regional and global priorities to ensure that regional and global health agendas, as well as governing body resolutions and ongoing commitments, are taken into account.

10. The priorities identified, together with the costing of activities to achieve them, at each of the levels of the Organization provided the basis for the initial proposals for the budget that were submitted for the consideration of the regional committees and the Executive Board. Feedback from these structured consultations, as well as corporate strategic and financing considerations, have influenced the finalization of the programme budget.

11. More detailed information on the priorities by country and costing of results are provided in the programme budget web portal.⁸

¹ United Nations General Assembly resolution 70/1 (2015) – Transforming our world: The 2030 Agenda for Sustainable Development.

² Resolution WHA69.2 (2016).

³ Resolution WHA69.3 (2016).

⁴ Resolution WHA65.6 (2012).

⁵ Resolution WHA68.8 (2015).

⁶ Resolutions WHA65.17 (2012) and WHA68.6 (2015).

⁷ United Nations General Assembly resolution 66/2 (2012).

⁸ Available at <http://extranet.who.int/programmebudget/> (accessed 30 March 2017).

BUDGET OVERVIEW

12. The total Proposed programme budget 2018–2019 amounts to US\$ 4421.5 million (summarized in Table 1). Of this, US\$ 3400.3 million represents the base programmes. The Proposed programme budget represents a total increase of US\$ 46 million for the base programmes (a 1% increase compared with 2016–2017). Increased investments are proposed for the full implementation of the WHO Health Emergencies Programme (US\$ 69.1 million) and for combating antimicrobial resistance (US\$ 23.2 million). In order to partially offset these increases, budget reductions are proposed of US\$ 18 million in corporate services (category 6) and US\$ 25.9 million in the noncommunicable diseases category (category 2) and the health information and evidence programme area.

13. The budget comparison between the current biennium and the biennium 2018–2019 in line with priority setting is shown in Table 1. The biggest increase in the proposed programme budget concerns investments in the work on emergencies. The significant reductions in two categories in comparison with the Programme budget 2016–2017 reflect the Organization's efforts to offset the proposed budget increases through efficiency gains in corporate services, through more realistic budgeting, and through strategy shifts in the delivery of its work. Budget adjustments are made in areas that continue to attract less donor interest despite substantial catalytic funding from flexible resources by the Organization that has been provided during the last two bienniums.

Table 1. Comparison of the Programme budget 2016–2017 and the Proposed programme budget 2018–2019 (US\$ million)

| Categories | Approved Programme budget 2016–2017 ^a | Proposed programme budget 2018–2019 | Difference between 2016–2017 and proposed 2018–2019 |
|---|--|--|---|
| 1 – Communicable diseases | 783.5 | 805.4 | 21.9 |
| 2 – Noncommunicable diseases | 376.0 | 351.4 | -24.6 |
| 3 – Promoting health through the life course | 381.7 | 384.3 | 2.6 |
| 4 – Health systems | 594.5 | 589.5 | -5.0 |
| E – WHO Health Emergencies Programme | 485.1 | 554.2 | 69.1 |
| 6 – Corporate services/enabling functions | 733.5 | 715.5 | -18.0 |
| Subtotal base programmes | 3 354.3 | 3 400.3 | 46.0 |
| Polio and special programmes | 986.1 | 1 021.2 | 35.1 |
| Total | 4 340.4 | 4 421.5 | 81.1 |

^a Showing the budget increase for the WHO Health Emergencies Programme approved in decision WHA69(9) (2016).

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