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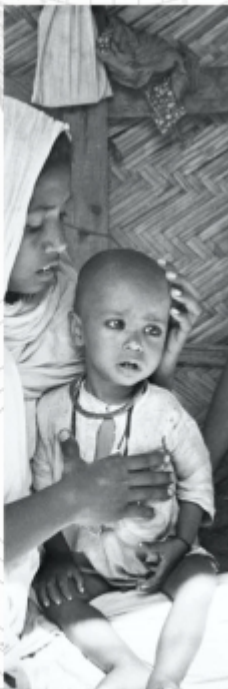

WHO MID-TERM PROGRAMMATIC AND FINANCIAL REPORT FOR 2016-2017

including audited financial statements for 2016

World Health Organization

CONTENTS

[1] Including the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

[2] Including the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

Information on voluntary contributions by fund and by contributor for the year ended 31 December 2016 is available on the WHO Programme Budget Web Portal (http://extranet.who.int/programmebudget/) and details of voluntary contributions by fund and by contributor, 2016 in document A70/INF./4 (available on the WHO website at: http://www.who.int/about/finances-accountability/reports/en/).

“The momentum for WHO reform has been strong and I trust this trend will continue.”

DIRECTOR-GENERAL’s FOREWORD

I am pleased to submit this WHO mid-term programmatic and financial report for 2016–2017 for consideration by the Seventieth World Health Assembly. Audited financial statements for 2016 are also included.

This is the last unified programmatic and financial report under my term of office as chief technical and administrative officer at WHO. In its reporting on the financing of technical programmes and its review of programme results, the report reflects my commitment to transparency, accountability, budgetary discipline, and financing for results. The momentum for WHO reform has been strong and I trust this trend will continue.

After the Programme budget 2016–2017 was approved by the World Health Assembly in 2015, the budget was further increased in 2016 to implement the newly established WHO Health Emergencies Programme, set up on the recommendation of several formal assessments of the WHO response during the Ebola outbreak in West Africa. This increased amount raised the Programme budget 2016–2017, which was already larger than that for the previous biennium, even higher.

I interpreted this willingness to increase funding for WHO as an expression of confidence in the Organization’s long-standing role in upgrading the quality of health care worldwide through its normative and standard-setting functions. The establishment of the new WHO Health Emergencies Programme expanded that traditional portfolio to include operational emergency work within countries.

Some Member States sought a better understanding of how the new programme would actually perform in practice. That evidence came in the period 2015–2016.

Many of the Programme’s early reforms were put to the test in 2015, when the Zika virus made its first appearance in the Region of the Americas and raised the alarming possibility that a mosquito bite during pregnancy could cause severe neurological abnormalities in newborns. Innovations, such as the introduction of an event management system and a clear pathway for command-and-control, coupled with the early declaration of a public health emergency of international concern, supported a level of WHO performance that has been praised for its speed and strategic focus.

A second major test came in 2016, when Angola and the Democratic Republic of the Congo confirmed outbreaks of yellow fever in their capital cities, marking the largest and most ominous African outbreaks experienced in four decades. These outbreaks of urban yellow fever demonstrated what can happen when migrants from rural areas and workers from mining and construction sites carry the virus into cities where powder-keg conditions prevail: dense populations of non-immune people, heavy infestations with mosquitoes that are perfectly adapted to urban life, and flimsy infrastructures that make mosquito control nearly impossible. The response was initially faced with a crippling shortage of vaccines – a problem that WHO and the experts who advise us were able to address through an innovative dosing strategy. The result was the largest emergency vaccination campaign against yellow fever ever undertaken in sub-Saharan Africa. A crisis was averted.

Unfortunately, the funding required to support rollout of the WHO Health Emergencies Programme failed to materialize in full. Compared with the previous biennium, flexible funds decreased, further adding to the overall shortfall. As 2017 progresses, WHO may be forced to downsize the expected results from programmes that fail to attract sufficient funding. These trends and needs are expected to spill over into the Proposed programme budget for 2018–2019.

INTRODUCTION

In an ambitious new era for health development under the 2030 Agenda for Sustainable Development, WHO and its partners have a solid foundation of success on which to build. Health plays a fundamental role in development and is the central focus of Sustainable Development Goal 3, "Ensure healthy lives and promote well-being for all at all ages". It is also relevant to all the Sustainable Development Goals. Understanding the significance of the role of health is a prerequisite for successful collective action on the social, economic and environmental determinants of health.

In 2016, WHO worked on a range of initiatives that impact the lives of people, especially vulnerable groups, as part of the collective effort to leave no one behind. WHO advanced its contribution to the achievement of health outcomes in line with the priorities set in the Twelfth General Programme of Work, 2014–2019. Substantial progress was achieved through WHO's core normative, standard-setting and convening roles, and by stepping up operational support and response at the country level.

The following selective examples highlight some of WHO's key achievements in 2016 and also provide insights into how investments have led to results also at the country level.

Sustainable Development Goals

The 2030 Agenda presents a major opportunity to place health in all sectors of policy-making. As its implementation is predominantly country-driven, WHO has initiated changes in working practices to support Member States in their efforts to achieve the Sustainable Development Goals. One such example concerns the specific capacity-building initiatives that have been undertaken to better prepare WHO country representatives to incorporate the health-related Sustainable Development Goal targets into national health plans and strategies, and to engage partners and stakeholders within and beyond the health sector, including non-State actors.

> WHO is committed to working with its Member States and partners to attain the highest possible standard of health for all people by achieving the Sustainable Development Goals and universal health coverage.

WHO regional offices and headquarters have established coordination mechanisms for the Sustainable Development Goals, to support efforts to implement the 2030 Agenda at the country level, including through the development of roadmaps, action plans and other specific initiatives. Within these mechanisms, region-specific priorities have been identified, through the assessment of national health needs. Such priorities include: innovative financing in the African Region, as part of the Organization's transformation agenda in the Region; ensuring health equity in the Region of the Americas; providing coverage of front-line health services in the South-East Asia Region; including health in national development plans in the European Region in line with the Health 2020 policy framework; addressing acute emergencies and protracted health crises with emphasis on universal health coverage and stronger health information systems in the Eastern Mediterranean Region; and setting country-specific health targets with robust methods for monitoring and review in the Western Pacific Region. In addition to the work on health being done by WHO regional offices, United Nations regional commissions provide a platform to support Member States in their efforts to achieve all the Sustainable Development Goals.

Yellow fever

Following a yellow fever outbreak in Angola in early 2016, WHO and partner organizations including the United Nations Children's Fund (UNICEF), Centers for Disease Control and Prevention, Médecins Sans Frontières, the GAVI Alliance, International Coordination Group for Vaccine Provision, International Federation of Red Cross and Red Crescent Societies, International Organization for Migration, and many nongovernmental organizations, supported the implementation of the biggest emergency yellow fever vaccination campaign ever held in Africa. In the Democratic Republic of the Congo, more than 7 million people were vaccinated in two weeks, and coverage was extended to 15 health zones in remote areas bordering Angola; in total, some 30 million people were vaccinated across the two countries. Staff from all three levels of WHO – country offices, the Regional Office for Africa and headquarters – came together under one integrated incident management system to stop the outbreak. Each level played an important role, from the country level where the outbreak occurred, to the Regional Office's oversight, command and control, to coordination support provided at the global level. The last

confirmed cases were reported in Angola on 23 June 2016 and in the Democratic Republic of the Congo on 12 July 2016.

Rollout of the new WHO Health Emergencies Programme

Sustainable Development Goal 3, target 3.d underlines the importance of strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. More than 100 outbreaks of infectious disease are reported to WHO each year, and more than 200 million people are affected annually by natural and manmade disasters. One of the key developments in 2016 was the establishment and development of the new WHO Health Emergencies Programme. The Programme strengthens and focuses the Organization's role in emergency responses, adding stronger operational capabilities to the traditional technical and normative roles.

WHO responded to 47 emergencies in 2016

In 2016, WHO responded to 47 emergencies, of which five – in Iraq, Nigeria, South Sudan, Syrian Arab Republic, and Yemen – are designated grade 3 acute emergencies, denoting the highest level of response from the Organization. WHO also responded to 26 acute grade 1 and grade 2 emergencies, as well as 16 countries in protracted crisis. In 2016, for the first time in several years, WHO was able to reach all 18 besieged areas in the Syrian Arab Republic. In June, as part of an interagency convoy, WHO delivered more than 5 tonnes of life-saving treatments, enough for over 95 000 treatment courses, to the Syrian Arab Republic. The medical supplies included medicines for urgent care, such as insulin and emergency health kits, as well as for noncommunicable diseases and their risk factors, such as high blood pressure. Antibiotics, pain medications, nutrition supplies and medical instruments and equipment for use in small clinics and hospitals were also included. Some 811 patients were successfully transported to hospitals in western Aleppo, Idleb and across the border to Turkey.

Zika outbreak

On 1 February 2016, the Director-General declared the Zika virus disease outbreak, which spread through the Americas but also reached Africa, Asia, and the western Pacific, as a public health emergency of international concern. This declaration led to an urgent and coordinated response by WHO, Member States and more than 60 partners including United Nations entities, other international humanitarian organizations, partners from the Global Outbreak and Response Network, and technical research and development partners.

Making history, saving lives: from 80 new polio cases recorded every two hours in 1988 to fewer than 80 cases per year today

The global effort to eradicate polio has saved more than US$ 27 billion since 1988. If, as projected, the virus is eradicated in 2019 a further US$ 20–25 billion will be saved in health costs and productivity losses by 2035.

In total, 76 countries and territories now report evidence of mosquito-borne Zika virus disease, 13 countries have evidence of person-to-person transmission of the Zika virus, and 29 countries have reported microcephaly and other malformations. The WHO Secretariat is providing technical support to Member States on all aspects of Zika surveillance and control, with a special focus on clinical management, laboratory services and controlling the mosquito vectors of Zika virus, which also transmit dengue, chikungunya and urban yellow fever. In line with WHO's advice, some innovative approaches to mosquito control are being piloted in several countries, with promising results. Some 40 candidate vaccines are in the pipeline.

Development of the new Ebola vaccine

2016 also saw the end of the largest ever Ebola virus disease outbreak, which claimed at least 11 310 lives in the three most affected countries. WHO published final trial results demonstrating that the new Ebola vaccine, rVSV-ZEBOV, protected 100% of vaccinated volunteers. The trial, which involved 11 841 people in Guinea, was led by

WHO, together with Ministry of Health of Guinea, Médecins sans Frontières and the Norwegian Institute of Public Health, in collaboration with other international partners.

The rapid development of the vaccine contributed to the elaboration of WHO's R&D Blueprint, a global strategy to fast-track the development of effective tests, vaccines and medicines during epidemics.

Attainment of universal health coverage

In pursuing the Sustainable Development Goals, a core part of which requires the attainment of universal health coverage, WHO has been working with countries to support their efforts to safeguard health for all. In June 2016, Thailand became the first country in Asia to be certified as having eliminated mother-to-child transmission of HIV and syphilis. In Thailand today, more than 95% of all pregnant women living with HIV receive antiretroviral therapy. Essential health services are available to rich and poor alike, making the country's health system a model to emulate the world over. Though limited budgets for HIV/AIDS are often unable to sustain the costs of essential screening and treatment programmes, Thailand has demonstrated that with a sound, well-designed health system that includes the participation of diverse sectors, public health goals can be achieved.

Eliminating measles in the Americas

In 2016, WHO also celebrated the achievement of several other important milestones. In September, the WHO Region of the Americas was declared the first in the world to have eliminated measles, a viral disease that can cause severe health problems, including pneumonia, brain swelling and even death. This achievement culminates a 22-year effort involving mass vaccination against measles, mumps and rubella throughout the Americas.

"End malaria for good" in Europe

In April 2016, WHO announced that the European Region had reached its target to wipe out malaria, thus contributing to the global goal to "End malaria for good". Key partners had funded malaria elimination efforts in European countries, in a demonstration of strong political commitment from European leaders with WHO support.

Reduce health inequalities

While strengthening its support to countries, WHO has continued to seek innovative approaches to reduce health inequalities. Health inequalities are often aggravated by the high price of medical products. In 2016, WHO and industry groups announced new financing arrangements, in line with industry practices, that will sustainably finance the WHO Prequalification of Medicines Programme. The programme has transformed the market for public health vaccines and other medical products, making supplies more abundant and predictable and prices more affordable. In line with this positive trend, WHO released a report documenting dramatic price reductions for a revolutionary cure for hepatitis C infections. Strategies used include price negotiations, local production and licensing agreements that promote competition among generic manufacturers. Price reductions have made treatment possible for more than 1 million people living with chronic hepatitis C infection in the developing world. In Mongolia, for example, more than 6000 people have been treated with new hepatitis C drugs. Generic curative hepatitis C medicines now cost less than US$ 500 per treatment course in Mongolia and have proven nearly 100% effective, while in Egypt the price of a three-month treatment dropped from US$ 900 in 2014 to less than US$ 200 in 2016.

Provide evidence for decision-making

WHO continues to build evidence for decision-making. In that regard, in 2016, research was published documenting a steep rise in risk factors for noncommunicable diseases in the African Region; it showed that the prevalence of hypertension in the Region is now the highest in the world, and that 35% of the adult population is overweight. Hypertension is the main risk factor for cardiovascular disease, the world's number one killer.

WHO has also supported partnerships to counter noncommunicable disease risk factors. In Barbados, a project was implemented through two polyclinics to further improve treatment for hypertensive patients. The implementation of a new treatment protocol for hypertension, provision of counselling for patients on lifestyle changes, such as improving exercise and diet and reducing tobacco use, and the use of an electronic registry, allowed care providers to ensure appropriate patient follow-up and to monitor blood pressure control. The lessons learned and positive outcomes of this project will be expanded to scale up prevention and control of cardiovascular diseases, especially in low- and middle-income countries. This initiative is initially being rolled out in Barbados, Benin, Colombia, Ethiopia, India, the Islamic Republic of Iran, Jordan, Nepal, Nigeria, Philippines, Sri Lanka, Tajikistan, Thailand and Uganda, and will be open to all countries wishing to participate.

Improve equity and sustainable development

In 2016, WHO advanced its work on breaking down another set of barriers to equity and sustainable development. In March, a new pan-European WHO study revealed that despite progress in some areas – the number of 15 year-olds who reported first smoking a cigarette at age 13 or younger has fallen significantly since 2010, for example – young people's health and well-being continue to be undermined by gender and social inequalities. The study feeds into a growing body of evidence calling for more effective and targeted interventions by governments and policy-makers to tackle the effects of social, health and gender inequalities on young people in Europe.

Adolescent health

Further addressing the health of young people, under the umbrella of the Global Strategy for Women's, Children's and Adolescents' Health, WHO has supported countries in implementing and monitoring integrated policies and strategies for promoting adolescent health and development, and reducing adolescent risk behaviours. The Global Accelerated Action for Adolescent Health Implementation Guidance document supports this process. In the Western Pacific Region, school environment standards have been developed to promote healthy and safe physical, psychological, and social transitions from adolescence to adulthood, while in the South-East Asia Region, countries were supported in scaling-up the provision of adolescent-friendly health