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## **Proposed revision to the Programme budget 2022–2023**

### **INTRODUCTION**

1. The development of the Programme budget 2022–2023 came at a unique moment, with the world in the grip of the coronavirus disease (COVID-19) pandemic. In addition to incorporating significant transformational changes for impacts that were already under way before the emergence of the pandemic, the Programme budget 2022–2023 also responded to the early lessons of the pandemic, while anticipating that key recommendations would emerge from various reviews on enhancing emergency preparedness and response. Therefore, the Secretariat adopted a two-phase approach:

- (a) reflect the lessons learned that were already known in May 2021 in the original Programme budget 2022–2023; and
- (b) based on the analyses of various independent reviews' findings and the Secretariat's required response, submit a proposed revision to the Programme budget 2022–2023 to the Seventy-fifth World Health Assembly in May 2022.

2. Following this approach, the Proposed programme budget 2022–2023<sup>1</sup> noted that:

as this Proposed programme budget 2022–2023 is being finalized, the findings of various reviews, including the review by the Independent Panel for Pandemic Preparedness and Response, are being finalized for the consideration of the Seventy-fourth World Health Assembly. The directions provided by Member States following the analyses and discussions during and after the Seventy-fourth World Health Assembly may significantly reshape this Proposed programme budget. The crucial information that emerges from this process will be incorporated as agreed by the Executive Board in the mid-term revision of the Programme budget 2022–2023, which will be presented for approval by the Health Assembly in May 2022.

3. As part of the Programme budget 2022–2023 approval process, resolution WHA74.3 (2021)<sup>2</sup> requested the Secretariat:

to submit, as deemed necessary, a revised Programme budget 2022–2023, including its revised appropriation resolution, as appropriate, to the Seventy-fifth World Health Assembly to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic, in the light of the findings of the independent reviews presented to the Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing.

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<sup>1</sup> See document A74/5 Rev.1, para. 4.

<sup>2</sup> See resolution WHA74.3, para. 11(4).

4. Following the Seventy-fourth World Health Assembly, multiple reviews giving rise to 286 recommendations were published, including reviews from the following sources:

- Independent Panel for Pandemic Preparedness and Response
- Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response
- Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
- Health Assembly resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies
- A World in Disorder: Global Preparedness Monitoring Board Annual Report 2020
- 100 Days Mission to Respond to Future Pandemic Threats: A report to the G7 by the pandemic preparedness partnership (United Kingdom, 2021)
- Pan-European Commission on Health and Sustainable Development
- Rome Declaration of the Global Health Summit, Rome, 21 May 2021

5. A meta-analysis of the 286 recommendations produced by the above-mentioned reviews identified an emerging consensus in the following areas:

- global health architecture and governance;
- a stronger WHO supported by sustainable finance;
- International Health Regulations (2005) implementation and compliance;
- global financing for public common goods;
- research and development, regulations and manufacturing of medical countermeasures;
- equitable access to health care services, including vaccines and non-pharmaceutical measures; and
- the “One Health” approach, including major efforts in tackling health threats such as antimicrobial resistance, food safety and zoonoses.

6. The Executive Board at its 150th session considered an earlier version of this report<sup>1</sup> and concurred with the guidance provided earlier in the recommendations of the Board's Programme, Budget and Administration Committee at its thirty-fifth meeting.<sup>2</sup>

### **PROGRAMME BUDGET 2022–2023 REVISION PROCESS**

7. In preparing the proposed revision to the Programme budget 2022–2023, the following considerations were key:

- The proposed increases relate to the implementation of the 286 recommendations of the above-mentioned reviews.
- The proposed revision incorporates new or emerging lessons learned from the COVID-19 pandemic that were not yet known at the time of adoption of the Programme budget 2022–2023.
- The proposed revision includes elements that cannot be accommodated within the approved Programme budget 2022–2023 using the Director-General's authority for shifting budget lines.
- The approved Programme budget 2022–2023 cannot be reprioritized to sunset other priorities.
- The proposed revision should take into consideration the proposed extension of the Thirteenth General Programme of Work (GPW 13).
- The proposed revision should be aligned with the five priority areas outlined by the Director-General to the Executive Board:
  - (1) promoting health and well-being and preventing disease by addressing its root causes
  - (2) radical reorientation of health systems towards primary health care, as the foundation of universal health coverage
  - (3) strengthening the systems and tools for epidemic and pandemic intelligence, preparedness and response at all levels
  - (4) harnessing the power of science, research innovation, data and digital technologies
  - (5) strengthening WHO as the leading and directing authority on global health, at the centre of the global health architecture.

8. The proposed revision to the Programme budget 2022–2023 that is outlined in this document is fully aligned with resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies resolution and the financial and administrative implications of this resolution.<sup>3</sup>

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<sup>1</sup> Document EB150/28.

<sup>2</sup> Document EB150/5; see also the summary records of the Executive Board at its 150th session, eleventh meeting, section 2.

<sup>3</sup> See document WHA74/2021/REC/1, Annex 4.

9. The Health Assembly document on the financial and administrative implications of resolution WHA74.7 included costing of US\$ 434.6 million for the biennium 2022–2023 for strategic priorities 2 and 4. The document also referred to additional costs that may be required under strategic priority 1 and strategic priority 3, as well as further costs under pillar 4, but did not provide figures for these costs since it was too early to calculate them accurately at the time the draft resolution was being considered for adoption. The proposed revision presented in this document includes costing for strategic priorities 1 and 3, in line with resolution WHA74.7 and the recommendations of the Executive Board at its 150th session.

10. In addition, the proposed revision includes resource requirements to strengthen leadership, accountability, compliance and risk management with a special focus on the Organization’s capacity in prevention of and response to sexual exploitation, abuse and harassment (PRSEAH). An additional leading indicator will be developed for output 4.2.2 (The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation). It will be assessed and reported during the biennium.

11. The total estimated budget increase for the biennium 2022–2023 is US\$ 604.4 million. Of this figure, a total of US\$ 434.6 million of supplementary budget is derived directly from resolution WHA74.7 and its costing:

- US\$ 404.6 million under strategic priority 2 in order to consolidate and scale up current capacities and initiatives and build the new capabilities required for the Organization to discharge its mandate to coordinate the strengthening of global health security and lead efforts to prevent, prepare for, detect and respond to health emergencies;
- US\$ 30 million under pillar 4, outcome 4.1 (Strengthened country capacity in data and innovation), could be determined at the stage of resolution approval.

12. The amount of US\$ 120 million is proposed for the budget revision of strategic priorities 1 and 3, in line with resolution WHA74.7.

13. The remaining US\$ 50 million is an immediate increase in resource requirement to strengthen the accountability, compliance and risk management functions in WHO with a special focus on strengthening PRSEAH.

14. All major offices underwent internal discussions and consultations to define strategic deliverables that would respond to the required actions and expectations of Member States in implementing resolution WHA74.7, as well as the various recommendations of the reviews. These strategic deliverables are summarized in Annexes II to V. They are shown in comparison to the approved Programme budget 2022–2023 to show what will be new, scaled up or reprioritized. As the strategic deliverables contribute to the outputs originally approved for the Programme budget 2022–2023, the measurable additions will be evident in the leading indicators displayed in the Programme budget portal and summarized in the output scorecard. The high-level summary of these deliverables is presented in the following sections.

### **Key elements of the supplemental budget requirements for the proposed revision to the Programme budget 2022–2023**

15. The main theme of the strategic priorities 1, 2 and 3 investments is “**strengthening the primary health care/health system resilience/pandemic preparedness nexus and strengthening delivery**”

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**capacity in country offices”**.<sup>1,2</sup> by recognizing and fostering the interconnections and interdependence between the three strategic priorities at all levels.

16. In every country, there are various disease/hazard-specific programmes and plans (e.g. pandemic influenza preparedness framework, HIV, malaria, tuberculosis, polio, Ebola, natural disasters, and chemical, biological, radiological, nuclear and explosives programmes or plans). The benefits of such specific initiatives are that they provide dedicated focus and high visibility on the impact of investment, i.e. a rapid reduction in mortality, case management and containment.

17. Lessons learned from the COVID-19 pandemic have shown that health emergency preparedness and response capacities must be aligned with universal health coverage efforts, with an emphasis on primary health care and essential public health functions.<sup>3,4</sup> The strategic investment approach outlined in this document will also strengthen delivery capacity in country offices, in addition to strengthening data, scaling up innovation and enhancing multisectoral partnerships.

18. Given worsening fiscal constraints due to the socioeconomic impacts of the COVID-19 pandemic, there is a need for streamlining national health sector strategic planning, health security and other parallel plans for improved efficiency in utilizing available resources and investments.

19. COVID-19 pandemic recovery and building back better requires the provision of intensified and well integrated support to countries, as outlined in the WHO’s implementation plan for the position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond (ongoing consultations with regional offices).<sup>3</sup>

20. The proposed budget increase of US\$ 120 million for strategic priorities 1 and 3 will be at country and regional levels only and aims to expand and intensify integrated support for 30 countries across the six WHO regions that lag behind the most on universal health coverage, including several fragile, conflict-affected and vulnerable countries, while continuing to strengthen support for other countries. The countries will be decided at the stage of budget operationalization by the respective regional offices, based on criteria to be agreed corporately. The support will cover the areas of work of the first and third billion, with particular emphasis on the delivery of primary health care integrated health packages along the life course, the health workforce, public health, financing and medicines under strategic priority 1, and on social determinants, nutrition, climate and environment under strategic priority 3. It includes international and local technical assistance as well as catalytic activities.

21. The proposed budget increase for strategic priority 2 is US\$ 404.6 million, with more than half of the budget uplift required to strengthen WHO capacities at the national level. Table 1 shows an

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<sup>1</sup> Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond: WHO position paper. Geneva: World Health Organization; 2021 (available at <https://www.who.int/publications/i/item/WHO-UHL-PHC-SP-2021.01>, accessed 23 April 2022).

<sup>2</sup> Data, Analytics & Delivery for Impact – InFocus: 2021. Geneva: World Health Organization; 2021 (available at <https://www.who.int/publications/i/item/in-focus-2021>, accessed 23 April 2022).

<sup>3</sup> 21st century health challenges: can the essential public health functions make a difference? Geneva: World Health Organization; 2021 (available at <https://www.who.int/publications/i/item/9789240038929>, accessed 23 April 2022).

<sup>4</sup> Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and United Nations Children’s Fund; 2020 (available at <https://www.who.int/publications/i/item/9789240017832>, accessed 23 April 2022).

overview of the value and percentage budget increase for each of the three strategic priorities (a 15%, 67% and 5% increase for strategic priorities 1, 2 and 3, respectively).

**Table 1. Proposed increase of the approved Programme budget 2022–2023 over the approved Programme budget 2020–2021 by strategic priority/pillar, US\$ millions**

Strategic priority	Programme budget 2020–2021 approved	Programme budget 2022–2023 approved	Programme budget 2022–2023 increase	% of total increase	Resulting proposed budget 2022–2023	% increase compared with approved Programme budget 2022–2023
1. One billion more people benefiting from universal health coverage	1 358.8	1 839.9	89.7	15%	1 929.6	5%
2. One billion more people better protected from health emergencies	888.8	845.9	404.6	67%	1 250.5	48%
3. One billion more people enjoying better health and well-being	431.1	424.9	30.4	5%	455.2	7%
4. More effective and efficient WHO providing better support to countries	1 090.0	1 253.4	79.7	13%	1 333.1	6%
<b>Grand total</b>	<b>3 768.7</b>	<b>4 364.0</b>	<b>604.4</b>	<b>14%</b>	<b>4 968.4</b>	<b>14%</b>

### Strategic priority 1: One billion more people benefiting from universal health coverage

22. Reflections from the ongoing COVID-19 pandemic has highlighted the reality that many health systems are inadequately equipped or organized to protect the health of populations; the results of years of disinvestment or underinvestment in health systems is evident. Intensified support is therefore needed to support these countries in efforts towards establishing universal health coverage and health promotion and well-being, with linkages to health security.

23. To support building back better and fairer, countries will benefit from intensified support from the budget uplift, building on existing collaborations and platforms, such as the Global Action Plan for Healthy Lives and Well-being for All and the special programme on primary health care/universal health coverage partnership 3-level support for 115 countries with the deployment of country health policy advisers. It will also build on the recent primary health care and health systems intensified support. Finally, it will build upon delivery plans coming from the triple billion three-level stocktakes. A summary of the proposed additional deliverables for this intensified support is provided below, by outcomes.

#### Outcome 1.1. Improved access to quality essential health services

24. Support will be scaled up for the development and implementation of strategies and action plans on primary health care, including the routine monitoring and evaluation of primary health care performance, and essential public health functions. This will also help to improve COVID-19 vaccination coverage, access and delivery at the primary care level and efforts to integrate COVID-19 vaccination with routine immunization. In addition, communities will be better empowered to make

more informed health decisions and ensure equitable access to services that meet a wider range of population-based needs.

25. Intensified support will be provided to countries to enhance health systems capacities for resilience by strengthening foundational health systems functions, people-centred essential health services and laboratory capacities. This includes providing support for countries' recovery efforts through the implementation of the position paper on building health systems resilience and operationalizing the Health Systems Resilience Toolkit, complemented by normative country support work and relevant evidence-based technical products. It will also support improved alignment and streamlining between health system strengthening and health security efforts, including planning, implementation and monitoring and evaluation.

26. Scaled-up support will be provided for the prevention, management, control and elimination of communicable and noncommunicable diseases, including mental health interventions within the primary health care/universal health coverage approach to accelerating progress and building resilient health systems during and beyond emergencies. This will extend to supporting district-level public health functions linked with service delivery by capitalizing on the retained polio workforce and their experiences. Community-based management and referrals of infectious and vaccine-preventable diseases will also be strengthened.

27. Improvements in health governance will be scaled up at national and subnational levels, with a focus on public financial management, private sector engagement and community engagement, including by integrating elements of social cohesion and peacebuilding into essential health functions, which is crucial in strengthening resilience.

28. Intensified support for the implementation of national human resources for health strategies and priorities, with a focus on support towards establishing the primary health care workforce, including capacity development and creation of an enabling environment for Member States to implement health workforce reforms in the context of COVID-19 pandemic recovery.

### **Outcome 1.2. Reduced number of people suffering financial hardships**

29. Focused support for developing the capacity to monitor financial protection and produce actionable evidence on gaps in coverage, including providing context-specific policy recommendations to achieve Sustainable Development Goal target 3.8 on universal health coverage and WHO's one billion target.

30. Increased country support will emanate from in-depth analysis of financial protection to provide actionable evidence for policy-makers, strengthen country-level policy dialogue for more tangible impact and increase the focus on coverage policies for outpatient medicines that drive financial hardship, particularly for poor communities.

### **Outcome 1.3. Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care**

31. The additional budget will enable scaled-up coordination and expertise, including mRNA technology transfer, in order to enhance the contribution of Member States to strengthening the regulatory systems under which significant existing local production capacity operate.

32. Support will be provided to Member States to develop strategies for the management of blood, blood products and products of human origin and to advance access to safe blood; build resilient supply systems through procurement and supply chain strengthening; and convene additional policy dialogues based on evidence-based briefs for policy on the ongoing development of national antimicrobial resistance (AMR) action plans.

33. There is an opportunity to leverage essential public health functions to drive an integrated approach to implementing all three strategic priorities (1, 2 and 3), including through enhancing multisectoral capacities.

34. Further details on the proposed strategic deliverables of strategic priority 1 can be found in Annex II and III, which show interlinkages with strategic priorities 2 and 3.

### **Strategic priority 2: One billion more people better protected from health emergencies**

35. In resolution WHA74.7, Member States, having considered the recommendations of reviews, including those of the Independent Panel for Pandemic Preparedness and Response, requested that WHO strengthen the Organization's capacity to prepare for and respond to health emergencies in a number of key areas. Guided by this resolution, WHO has built on the existing framework of three outcomes and nine core outputs that together form the Organization's essential contribution to achieving the second of WHO's triple billion goals: one billion more people better protected from health emergencies.

36. More than half of the budget uplift is required to strengthen WHO's capacities at the national level. A breakdown of the required budget uplift is given below by outcome, major office and organizational level (country/region/headquarters) (Table 2). While continuing to strengthen the Organization's capacity to prepare for and respond to health emergencies, WHO is accelerating the application of its gender mainstreaming strategy across all initiatives, ensuring that tools and strategies are designed from first principles in order to address the impact of health emergencies on gender equality.



**Table 2. Proposed budget increase for strategic priority 2 by outcome, major office and organizational level (country/region/headquarters), US\$ millions**

	Country	Region	Headquarters	Grand total
<b>2.1 Countries prepared for health emergencies</b>	<b>95.9</b>	<b>21.2</b>	<b>40.1</b>	<b>157.2</b>
Africa	15.0	4.5		19.5
Americas	9.5	2.2		11.6
South-East Asia	11.8	1.5		13.3
Europe	5.2	7.1		12.3
Eastern Mediterranean	44.5	2.8		47.3
Western Pacific	9.9	3.2		13.1
Headquarters			40.1	40.1
<b>2.2 Epidemics and pandemics prevented</b>	<b>41.2</b>	<b>19.3</b>	<b>19.4</b>	<b>79.9</b>
Africa	16.1	4.6		20.7
Americas	7.3	4.3		11.6
South-East Asia	4.4	0.5		4.9
Europe	0.2	3.3		3.5
Eastern Mediterranean	9.8	3.6		13.5
Western Pacific	3.3	2.9		6.2
Headquarters			19.4	19.4
<b>2.3 Health emergencies rapidly detected and responded to</b>	<b>78.2</b>	<b>25.6</b>	<b>63.7</b>	<b>167.5</b>
Africa	27.1	7.9		35.0
Americas	1.6	0.9		2.5
Europe		7.8		7.8
South-East Asia	7.5	0.5		8.0
Eastern Mediterranean	36.9	3.7		40.6
Western Pacific	5.1	4.7		9.8
Headquarters			63.7	63.7
<b>Grand total</b>	<b>215.3</b>	<b>66.1</b>	<b>123.2</b>	<b>404.6</b>

**Outcome 2.1: Countries prepared for health emergencies****Key deliverables under this outcome**

- In close collaboration with Member States and key stakeholders, continue to pilot and develop the new Universal Health and Preparedness Review (UHPR): a peer-review approach to health emergency preparedness assessment that increases accountability and transparency among Member States.
- Accelerate the full financing and implementation of national action plans for health security, ensuring that priority is given to building capacity where gaps are identified through the UHPR and other tools, with support from the new Global Strategic Preparedness Network.
- Update key components of the International Health Regulations (2005) monitoring and evaluation framework (including the state party self-assessment annual reporting (SPAR) tool and voluntary joint external evaluations (JEEs)) to incorporate lessons from the COVID-19 pandemic, including the need to more comprehensively assess preparedness and readiness at national and subnational levels, using an integrated approach.
- Coordinated platforms to foster synergy between national action plans for health security, health sector strategic plans, AMR national action plans and other programme-based national

plans, to foster an integrated approach to planning for sustainable efforts and building of resilience.

- Scale up the routine use of intra-action reviews during events and after-action reviews after events in order to enable countries to assess their performance during and after health emergencies (including the COVID-19 pandemic) in order to identify and learn from successes and failures.
- Scale up the systematic identification of risks and vulnerabilities in all countries, with a special focus on the animal–human interface, through the accelerated roll-out of tools, guidance material, training and technical support, including through the expanded use of targeted simulation exercises.
- Scale-up action to improve systemic emergency preparedness in cities and urban settings, addressing gaps identified during the COVID-19 pandemic.
- Support countries to enhance programming for disaster risk reduction approaches across sectors.
- Build community readiness and resilience, ensuring that communities are enabled to take appropriate action to address specific health emergency issues.
- Accelerate targeted action(s) to support Member States with health care readiness in emergencies, with a focus on infection prevention and control, emergency medical teams and clinical management, which have been identified as crucial response pillars in all emergencies.

### **Output 2.1.1: All-hazards emergencies capacities in countries assessed and reported**

37. The calibration of WHO’s support to countries during the early stages of the pandemic was largely made possible by the progress made in recent years in assessing and reporting on national preparedness capacities, including through the use of the SPAR tool and JEEs. The COVID-19 pandemic showed, however, that the world as a whole was unprepared for a pandemic on this scale and that expanding the way in which we dynamically and collectively assess national all-hazards emergency preparedness to include readiness, governance, health systems and community resilience will increase the predictive value of preparedness assessments and therefore be essential to reach WHO’s target to protect one billion people from health emergencies. Expanding both the sectoral and geographical scope of these tools, with a stronger emphasis on subnational preparedness, will require substantial investment in WHO’s capacities at country level. Crucially, WHO is also, at the request of Member States, piloting the UHPR mechanism, which is designed to increase both transparency in and accountability for national health emergency preparedness. Scaling up for the next phase of the UHPR start-up process will require additional resources and close collaboration with Member States.

### **Output 2.1.2: Capacities for emergency preparedness strengthened in all countries**

38. The COVID-19 pandemic highlighted gaps in the core capacities for emergency preparedness in countries, but it also showed how quickly capacities can be strengthened when partners coalesce around a clear plan, are galvanized by political will and have the resources to sustain positive changes. Strengthening core capacities for global health security will require adopting a fresh approach to financing multisectoral national action plans for health security, catalysed by the accelerated roll-out and development of tools for resource-mapping and partner coordination that have proved their worth

throughout the pandemic. Currently, more than 70 countries have national action plans for health security. Support for preparedness strengthening is necessarily context-specific, but Member States have requested urgent support to strengthen core capacities in the areas of laboratories; clinical management; disease surveillance, including at the human–animal interface; multisectoral coordination; infection prevention and control; community resilience; risk communication strategies and infodemic management; and health system strengthening.

### **Output 2.1.3: Countries operationally ready to assess and manage identified risks and vulnerabilities**

39. Readiness is a critical function that bridges the gap between preparedness and response. At the request of Member States, WHO has adopted an agile risk-driven approach and is working with countries to ensure that they are operationally ready to address imminent risks from all emerging threats. Readiness for response builds on the existing capacities of a country's emergency management structures and identifies gaps to ensure a more effective response and post-emergency recovery, which decreases the impact of the threat and saves lives. As a consequence of the COVID-19 pandemic, the demand for WHO engagement in operational readiness has significantly increased. There is a need to broaden WHO's strategic priorities in key technical areas, including readiness of health systems and public health; clinical management; infection prevention and control/water, sanitation and hygiene; and health workforce functions. In addition, there is a growing demand for strengthened community-centred health emergency readiness and resilience and for engaging and empowering communities to enable a whole-of-society approach to health emergency readiness. In this respect, a critical area of focus is strengthening subnational capacities, including community readiness, for early detection and rapid response to emergencies. Implementing targeted readiness interventions that are accelerated for specific threats before the emergency occurs is an efficient use of financial and human resources. The increase in the budget envelope under this output will enable operational readiness to be institutionalized in WHO through the development of global norms and standards and guidance and tools.

## **Outcome 2.2: Epidemics and pandemic prevented**

### **Key deliverables under this outcome**

- In close consultation with Member States and key stakeholders and in response to global needs, develop a system that will provide a rapid, safe and transparent mechanism for voluntarily sharing biological materials with epidemic or pandemic potential; enable rapid risk assessments that can be shared with all countries; and accelerate research and innovation, including for medical countermeasures that can be equitably shared with all countries in need. Piloting and jointly building such a system will be crucial to establishing a global, coordinated approach to preventing, detecting and responding to high-threat pathogens.
- Establish a long-term COVID-19 pandemic programme, building on the work started before the pandemic by WHO's dedicated coronavirus team.
- Scale-up infodemic management to better address the proliferation of false or misleading information during health emergencies.
- Strengthen pandemic preparedness by engaging multisectoral partnerships with communities at the centre.

- Strengthen and roll out comprehensive, multisectoral One Health strategies, working closely with the new High-level Expert Panel.
- Build on the successes of mechanisms built in response to COVID-19, such as the Access to COVID-19 Tools Accelerator (ACT-A), to build and strengthen global mechanisms that will catalyse the rapid development of vaccines, therapeutics and diagnostics in response to emerging infectious threats and also ensure their equitable and effective distribution.
- Accelerate the comprehensive implementation of disease-focused strategies for known high-priority pathogens.

### **Output 2.2.1: Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards**

40. The global and collaborative mechanisms built by Member States, partners and WHO in response to the COVID-19 pandemic, such as ACT-A which was launched in April 2020, provide a solid foundation on which to build and strengthen multipartner, multisectoral mechanisms that draw on WHO's expertise and convening power for the rapid development and equitable distribution of global public goods, both prior to and during health emergencies. It will be crucial to jointly pilot and develop a system that will facilitate the rapid, safe and efficient sharing of biological materials with epidemic or pandemic potential and enable rapid risk assessments that can be shared with all countries and leveraged to develop medical countermeasures that can be equitably shared with all countries in need. Building on this initial success and the experience of ACT-A and the WHO Research and Development Blueprint for Epidemics will require supplemental investment.

### **Output 2.2.2: Proven prevention strategies for priority pandemic-prone and epidemic-prone diseases implemented at scale**

41. WHO and its partners will accelerate the comprehensive implementation of existing global strategies for yellow fever, meningitis and cholera, with a focus on high-risk countries in fragile, conflict-affected and vulnerable settings. In addition, a series of new global end-to-end strategies are being defined through new partnerships for diseases including Marburg virus disease, Ebola virus disease, Lassa fever and Nipah virus disease, building on the work carried out through the research and development blueprint for priority diseases.

42. The Partners Platform has proven to be an invaluable tool for bringing partners together around a common plan for readiness and response. This type of platform-based partnership approach can and will be readily adapted to the implementation of disease-prevention strategies, including those under development for viral haemorrhagic fevers, arboviruses and high-threat respiratory pathogens. The full implementation of these and other strategies will require substantial investment at national, regional and global levels, including in logistics capacity and vaccine/therapeutic stockpiling and management. It is also essential to highlight the need for continued investments in innovative approaches to disease prevention and control and improved national surveillance systems and laboratory capacities for anticipating any potential new outbreaks. WHO and its partners continue to support Member States in terms of technical expertise in developing disease-control approaches.

### **Output 2.2.3: Mitigate the risk of the emergence and re-emergence of high-threat pathogens**

43. Infection prevention and control, clinical management tools and capacities and the capacity to communicate risk and manage event-related infodemics are key to mitigating the risk from high-threat pathogens and WHO will require additional investment to ensure that these capacities can be supported and strengthened at national and regional levels. Information knowledge-sharing through expert networks will remain critical to the rapid development of guidance and control plans, with additional investments directed to ensuring that guidance is specifically tailored to different contexts, as appropriate. WHO now co-chairs the UN Bio-risk working group: an interagency group that is charged with improving UN-wide coordination on the mitigation of bio-risks. The initial work of the group has focused on system mapping, development of a guidance framework and stakeholder engagement, together with a table-top exercise to test current coordination capacities. The activities of the working group will be broadened over the coming 12 months.

### **Outcome 2.3: Health emergencies rapidly detected and responded to**

#### **Key deliverables under this outcome**

- Launch and operationalize the new Centre for Epidemic and Pandemic Intelligence, located in Berlin, to rapidly expand the Epidemic Intelligence from Open Sources system to include data from outside the traditional public health sphere.
- Accelerate the roll-out of the emergency operations centre network (EOC-NET) guidelines and training in order to strengthen connectivity and interoperability through unified tools and systems to increase effective emergency response management.
- Accelerate the scale-up of the global health emergency workforce, with a focus on training and coordination, in order to ensure interoperable and deployable capacity for the effective management of health emergencies, based on known vulnerabilities at national and regional levels.
- Continue to strengthen systems to enable early warning, alert and rapid response for the verification of potential threats to public health.
- Continue to innovate in order to implement adaptable, scalable and reliable models for contingency financing in the acute phase of health emergency responses.
- Expand the COVID-19 Partners Platform to enable a transparent, multipartner approach to support all Member States during emergencies.
- Continue to build the emergency global supply chain system to provide essential commodities in health emergencies, with end-to-end capacity for technical support and quality assurance upstream that is seamlessly linked with targeted downstream delivery.
- Continue delivering joint action with key partners to support the health needs of vulnerable populations in fragile and conflict-affected settings, seeking stronger collaboration to maximize shrinking resources in the context of increasing needs. This would include joint support to operationalize relevant technical guidance and recommendations in fragile, conflict-affected and vulnerable countries applying the humanitarian-development-peace nexus principles, in

line with the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond.

- Support countries in developing plans for health systems recovery from COVID-19 pandemic impacts, with universal health coverage and health security as interdependent goals, as well as consideration for equity for vulnerable and marginalized populations.

### **Output 2.3.1: Potential health emergencies rapidly detected, and risks communicated**

44. Early detection, rapid risk assessment and clear communication are the foundations of an effective response to any health emergency. Funding tied to the COVID-19 pandemic has enabled WHO regional offices to strengthen health emergency information management more broadly by introducing public health surveillance tools such as District Health Information Software 2 and expanding the Epidemic Intelligence from Open Sources system, and has also enabled disease surveillance systems that record not only disease outbreaks in human populations but also information on potential risks at the human-animal interface and signals related to climate change, industrial hazards and conflicts. Consolidating these gains and building on them will be one of the key challenges beyond the COVID-19 pandemic, requiring substantial investments in WHO's capacity at national level. Accordingly, the budget increase in this area will also enable WHO to improve its own ability to source, leverage and share event information for maximum public health benefit. This will be one of the primary tasks of the Centre for Epidemic and Pandemic Intelligence, which was recently opened in Berlin. The Centre will work collaboratively with a broad range of partners to advance the science of epidemic and public health intelligence. The WHO Hub will enhance risk analysis and assessment by connecting information about disease occurrence with contextual information across different data sources and actors/communities across disciplines, sectors and jurisdictions.

### **Output 2.3.2: Acute health emergencies rapidly responded to, leveraging relevant national and international capacities**

45. Every country must have a trained and equipped multidisciplinary health emergency workforce, based on subnational and national risk analyses. To harness these national capacities in response to large-scale health emergencies, it will be necessary to develop a training, coordination and deployment mechanism housed in WHO, with support from partners such as the Global Outbreak Alert and Response Network and the Emergency Medical Teams initiative. This combination of coordinated, deployable, interoperable national capacities, complemented by WHO and partner operational capacity, will constitute a global health workforce that is able to rapidly respond to any acute event.

46. Building the requisite national capacities and developing and sustaining an agile coordination mechanism will require investments in WHO at national, regional and headquarters levels. The continued development of the Emergency Operation Centre Network will be key not only to the successful deployment of any global health emergency workforce but also to an effective national response. WHO has developed and is now piloting a specialized crisis management software suite that will provide the Secretariat and Member States with a unified software platform that integrates all the data and functionality required for acute emergency response, from alert verification to field deployment. In parallel, WHO continues to work with partners to develop a Global Emergency Supply Chain for Health to ensure a rapid, resourced and coordinated end-to-end approach to the supply of essential commodities that unites technical expertise and quality assurance with procurement, transport capacity, end-user training, delivery and use monitoring. The Partners Platform, which continues to play a crucial role in COVID-19 pandemic response and operational readiness, was adapted for use in the

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recent Ebola virus disease outbreak in Guinea and will be further integrated into acute crisis readiness and response for future health emergencies.

### **Output 2.3.3: Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings**

47. Most people affected by humanitarian and public health emergencies, other than the COVID-19 pandemic, live in protracted humanitarian settings that are overwhelmingly driven by conflict and compounded by climate-change-related vulnerabilities. The number of people affected by humanitarian crises expanded in 2021 as a result of the direct and secondary effects of the COVID-19 pandemic and the public health and social measures adopted to contain it. The impact of the COVID-19 pandemic has further increased fragility and vulnerability in humanitarian settings due to health service disruptions and vaccine inequity. Humanitarian settings account for most preventable maternal and neonatal deaths and most deaths from preventable infectious diseases. Recently conducted pulse surveys indicate that despite some evidence of service restoration, substantial disruptions to essential health services persist across the globe nearly two years into the COVID-19 pandemic.

48. To ensure timely, predictable and effective leadership for health emergencies and thus the facilitation and provision of essential health operations to some of the most hard-to-reach populations, in 2017 the WHO Health Emergencies Programme established a country business model, which is a set of emergency capacities within WHO's country-level structure that addresses complexity of countries in fragile, conflict-affected and vulnerable settings. These investments in leadership, operational and enabling capacities must be sustained in order to plan for and address the growing health needs of vulnerable populations and to overcome critical barriers such as access, lack of sufficient funding to ensure sustainable and continuous life-saving health services, attacks on health care workers and facilities, and escalating field costs. With a strengthened WHO Emergencies Programme, WHO and its partners will be better equipped to help build sustainable core emergency capacities in countries and to strengthen and support national essential health services and systems and ultimately to protect populations from complex emergencies in the most challenging contexts.

49. Further details on the proposed deliverables of strategic priority 2, with a budget breakdown by major office and the three levels of the Organization, as well as strategic shifts, can be found in Annex IV.

### **Strategic priority 3: One billion more people enjoying better health and well-being**

50. A fundamental goal of promoting population health and well-being is to provide strong enabling environments for individuals, families and communities to take control and make more informed health decisions. The central role of health in socioeconomic development has been emphasized more clearly in the context of the COVID-19 pandemic, for which the success of responses is dependent on engaging communities and adapting to community perception, which are essential elements of development progress. If health is not considered in the design of regional and global policies, both in general and in the context of responding to and recovering from the pandemic, then economic and social achievements will be undermined.

51. As part of the five strategic priority areas outlined by the Director-General to the Executive Board in February 2022, there was a call for "a radical shift towards promoting healthy lives and well-being and preventing disease by addressing its root causes". To support this, additional focused deliverables are planned as part of the intensified support to countries, and they include the following.

**Outcome 3.1. Determinants of health addressed leaving no one behind**

52. Scaled-up leadership will be provided by supporting global, regional and national efforts to ensure that no one will be left behind, through an approach based on addressing social and commercial determinants of health, urban health factors and health promotion. It will include recovering progress towards the Sustainable Development Goals with equity through action on the social determinants of health and intersectoral work, including establishing formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights.

53. Support will be provided to countries for addressing risk factors through multisectoral actions that address the social and commercial determinants of health across the life course, including by establishing formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights.

54. Support will be provided to countries and cities to prevent violence against children and women as well as injuries caused by road crashes, drowning, falls or burns.

55. Strengthened evidence and tools will be developed to ensure that young people under 30 and their dependants are less impacted by economic inactivity, social exclusion and poor health at any point in their life course. This will require significantly increased investment in multimodal public health policies through: (a) the early identification and prevention of health and well-being risks, with a focus on those most at risk of falling behind during crises and emergencies; (b) youth-friendly well-being programmes for healthy work and social participation; and (c) coordination between the health, education, transport, justice, labour and employment, and social sectors to guarantee equitable livelihoods and a better future for young people and those who depend on them, with a focus on the co-benefits.

56. Regional support will be provided for the development of national and city-wide policies and other norms/standards that facilitate health promotion, violence and injury prevention, improve nutrition, food safety, reduced inequities, and address the social determinants of health as foundations for emergency preparedness, specifically through normative work and intersectoral action on community engagement and governance for healthy settings (including schools, cities, villages, markets, workplaces and hospitals).

**Outcome 3.2. Reduced risk factors through multisectoral approaches**

57. Interventions will be scaled up for expanding rehabilitation services for ensuring the rights of people living with disabilities; improving diets, food safety and reducing other modifiable risk factors for the prevention of noncommunicable diseases and the promotion of healthy lifestyles; and strengthening multisectoral approaches for increasing physical activity in line with the global and regional action plan on promoting physical activity. This will also include enhanced advocacy and political commitment.

58. Strengthened national and transnational regulatory and monitoring approaches on alcohol policies, including disseminating evidence about technological and policy gaps and cost-effective policies, will be supported.

59. Strengthened global response to obesity will be supported by ensuring effective actions at regional and country levels on food systems and primary health care, including organizing high-level policy dialogues.



60. Strengthened health systems resilience, with enhanced multisectoral capacities for essential public health functions that address all those factors that affect health and well-being (unhealthy diets; violence and injuries; road safety; tobacco; alcohol, physical in-activity) and embed considerations for social determinants for health, will be supported.

### **Outcome 3.3. Health and well-being realized through Health in All Policies and healthy settings interventions**

61. Support will be provided for green, sustainable, climate and disaster-resilient health facilities through monitoring and reducing the environmental footprints of health systems, including by increasing by 80% the provision of adequate environmental infrastructure and services in health care facilities.

62. Improved leadership will be provided to support global, regional and national efforts on the Sustainable Development Goals framework and the triple billion targets in order to ensure that no one will be left behind, through an approach based on addressing the environmental determinants of health.

63. Further details on the proposed strategic deliverables of the strategic priority 3 can be found in Annex II and III, which show interlinkages with strategic priorities 1 and 2.

## **Pillar 4: More effective and efficient WHO providing better support to countries**

### **Outcome 4.1 Strengthened country capacity in data and innovation**

#### **Key deliverables under this outcome**

- Support countries to leverage and scale up a digital transformation for better health and to increase their capacity to align investment decisions in digital technologies with their health system needs and in full respect of the values of equity, solidarity and human rights.
- Strengthen data and health information systems, for example by establishing population mortality monitoring, with a focus on low-resource countries, and strengthen the country population reporting system that contributes routine multisource surveillance systems.
- Develop and deploy functional e-platforms for the subnational stratification of communicable and noncommunicable diseases, as well as annual disease-control agenda-setting and investments guidance.
- Mainstream research and innovation in disease control, including the monitoring and containment of biological and other threats to available disease control interventions.
- Conduce political and social analyses for disease-control action, including on the impact of climate change and human and natural disasters.
- Strengthen country capacity-building for the use of analytics to drive diseases-control agenda-setting and to guide investments, including the use of triangulated data on disease occurrence (incidence and mortality), interventions coverage, health services access and determinants information for disease stratification and tailoring of national policies and operational responses in Member States.

## **Outcome 4.2. Strengthened leadership, governance and advocacy for health**

### **Key deliverables under this outcome will focus on strengthening the accountability, compliance and risk management functions in WHO with a special focus on strengthening PRSEAH**

64. This budget will enable the Secretariat to deliver towards meeting WHO's goals of ensuring Zero Tolerance of sexual exploitation and abuse of the communities we serve, and of sexual harassment within our workforce, as well as Zero Tolerance of inaction against both. Concretely, it will support:

- (a) making the shift within the Organization towards a victim- and survivor-centred approach to addressing sexual exploitation, abuse and harassment;
- (b) ensuring that all WHO personnel and implementing partners are aware of the imperative of practising Zero Tolerance, are capacitated to make Zero Tolerance a reality and are accountable for the prevention of sexual exploitation, abuse and harassment and the response to any cases that might occur; and
- (c) reforming the Organization's culture, overhauling accountability functions and structures, revising policy and ensuring best practice for sexual exploitation, abuse and harassment.

65. The Secretariat will continue to enhance its capacity for conducting sexual exploitation and abuse, sexual harassment and abusive conduct investigations, including its response to observations at the country level, particularly in austere operating environments. It will adopt a proactive investigative posture that takes a risk-based and data-driven approach to conducting investigative reviews involving all three levels of the Organization. Finally, in the context of the investigation of suspected misconduct involving allegations of offences against people, it will (through the Office of Internal Oversight Services) revise policies and procedures and strengthen resources to improve the timeliness of the processing of cases in order to bring justice for those involved.

66. Action has already started in this area through a formal engagement with the Clear Check screening database. This is a United Nations-wide secure online centralized system for information sharing on sexual exploitation and abuse and sexual harassment. The database is being used to vet all individuals considered for employment, engagement or deployment by the Organization. In addition, starting from January 2022, all members of the WHO workforce currently employed will be screened through Clear Check to reinforce the due diligence with regard to sexual exploitation and abuse and sexual harassment.

67. Further, workshops and training sessions are being provided on preventing and dealing with abusive conduct, including dedicated sessions to prepare managers to hold annual discussions with their teams on preventing and addressing all forms of abusive conduct.

68. Other priority activities include establishing the Survivor Assistance Fund to ensure services are provided in a timely and comprehensive way to victims and survivors; assessing and managing the risk of sexual exploitation, abuse and harassment in all programmes and emergency responses that bring our personnel into contact with communities; and establishing dedicated staffing and institutional and operational capacity at all levels of the Organization to proactively and meaningfully address sexual exploitation, abuse and harassment.

69. An additional budget of US\$ 10 million is proposed for regional and country offices (85% of the proposed increase) and the headquarters (15%) for transparency, accountability and compliance functions. Its focus is to provide further investment towards ensuring the sustainable impact of PRSEAH work across all accountability functions. The request of Member States is to ensure that the work on PRSEAH, in particular the PRSEAH Management Response Plan, permeates all functions of the Organization in the future.

70. This additional US\$ 10 million investment will focus on building a more respectful, inclusive and equitable workplace culture in order to:

- (a) establish an independent ombudsperson function within the Western Pacific Regional Office to expand the existing system for reporting and responding to complaints about harassment, bullying or abusive conduct;
- (b) reshape workplace culture that everyone can be proud of by involving a diverse and representative group of the workforce, also ensuring alignment with global initiatives on diversity, equity and inclusion, PRSEAH and the prevention of abusive conduct;
- (c) simplify and improve internal administrative processes by identifying and eliminating redundancies and continually making processes “fit for future” so as to maximize impact, results and accountability;
- (d) evaluate and assess PRSEAH implementation (mandatory training, staff learning and external evaluation);
- (e) build global capacity in cultural change management;
- (f) Implement PRSEAH zero tolerance campaigns in support of a workplace culture of accountability and transparency;
- (g) enhance oversight and compliance to assess the internal control framework and the effectiveness/strengthening of PRSEAH measures.

71. Detailed strategic deliverables corresponding to the proposed budget increase of US\$ 50 million by major offices and the three levels of the Organization can be found in Annex V.

### **Outcome 4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner**

#### **Output 4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations**

##### **Key deliverable under this output will focus on further strengthening cybersecurity programme**

72. At the thirty-third meeting of the Programme Budget and Administration Committee of the Executive Board in January 2021, the Secretariat provided a detailed update on its cybersecurity

programme.<sup>1</sup> The Secretariat was encouraged to make further investments to respond more effectively and swiftly to cyberattacks.

73. Cybersecurity investments incur operational costs to continue protecting the Secretariat from cyberattacks which, if not detected or prevented, could cause loss of information assets, unnecessary delays and costs, loss of integrity, and reputational damage. The recurring operational cost to keep existing cybersecurity services is estimated at US\$ 8.6 per biennium.

74. At the thirty-fifth meeting of the Programme, Budget and Administration Committee in January 2022, the Independent Expert Oversight Advisory Committee (IEOAC) reported on the increase in the maturity in the area of cybersecurity.<sup>2</sup> It further noted that an additional US\$ 25 million on top of the existing US\$ 60 million budget is needed to enable the absorption of the additional operational costs resulting from information management and technology initiatives. The Committee encouraged Member States to consider information technology, and specifically cybersecurity, as critical investments and to explore the possibility of making a one-off supplementary investment based on a clear business case.

75. At the 150th session of the Executive Board, the Secretariat confirmed its commitment to developing a business case for cybersecurity.<sup>3</sup> This will be presented during the thirty-seventh meeting of the Programme, Budget and Administration Committee in January 2023 following consultations with the IEOAC prior to that.

76. With respect to cybersecurity operational costs for the biennium 2022–2023, the requirements for 2022 have been partially covered by the Infrastructure Fund. However, the continuation of this mechanism cannot be sustained in 2023 because of much needed information technology investments in other areas. Therefore, it is requested to allocate an additional US\$ 5 million in the Programme budget 2022–2023 to cover the cybersecurity operational costs for 2023.

77. It is proposed that in 2022–2023 the required budget increase of US\$ 5 million is covered through internal efficiencies, and the full budget cost for 2024–2025 will be outlined in the Proposed programme budget 2024–2025.

### **Budgetary implications of the proposed revision**

78. The approved Programme budget 2022–2023 includes a 16% increase of the base budget segment (Table 3); however, the full set of recommendations and what WHO needs to address was not fully determined at the time of approval.

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<sup>1</sup> Document EB148/30.

<sup>2</sup> Document EBPBAC35/2.

<sup>3</sup> Document EB150/5.

**Table 3. Breakdown of increases in the approved Programme budget 2022–2023**

Activity	2020–2021 Approved Programme budget (US\$ million)	2022–2023 Approved Programme budget (US\$ million)	Change %
Initial envelope (approved Programme budget 2020–2021)	3 541.3	3 541.3	0%
Polio transition	227.4	322.1	42%
Strengthening country capacity to respond to the four strategic focus areas of the Proposed Programme budget 2022–2023		344.7	100%
Increase in accountability, transparency and compliance		28.5	100%
Delivering on the transformation agenda of the GPW 13		127.3	100%
Strengthening science and research functions		32.2	100%
Digital health strategy		73.4	100%
WHO Academy		10.0	100%
WHO Regional Office for Europe transformation		11.7	100%
<b>Grand total</b>	<b>3 768.7</b>	<b>4 364.0</b>	<b>16%</b>

79. In line with the detailed costing of resolution WHA74.7 described above, this document proposes to increase the Programme budget 2022–2023 by a further US\$ 604.4 million (Tables 4 to 6), which is a 14% increase over the total approved Programme budget 2022–2023 or a 32% increase compared with the Programme budget 2020–2021.

80. Sixty-seven per cent of the proposed increase would go to strategic priority 2 (One billion more people better protected from health emergencies), increasing this priority 48% over the approved Programme budget 2022–2023 level (Table 1). A 15% increase is proposed for strategic priority 1, followed by a 13% increase in pillar 4. Strategic priority 3 is seeing the least significant increase of the four strategic priorities (5%). However, only strategic priority 2 will increase significantly over the approved level of 2022–2023.

81. Among major offices, the African Region, the Eastern Mediterranean Region and headquarters have the largest increases foreseen, corresponding to 69% of the total increase (Table 4 and 5, Annexes IA and IB).

82. The 23% increase in the headquarters budget is almost entirely attributable to the increase in strategic priority 2. No increase is foreseen at headquarters for strategic priorities 1 and 3 (Tables 4 and 5), where the entire focus is on the regional and country levels.

**Table 4. Proposed increase over the approved Programme budget 2022–2023 by major office and strategic priority, US\$ millions**

Strategic priority	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Grand total
1 One billion more people benefiting from universal health coverage	30.0	7.9	18.4	8.9	13.8	10.7		89.7
2 One billion more people better protected from health emergencies	75.3	25.7	26.3	23.6	101.4	29.1	123.2	404.6

Strategic priority	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Grand total
3 One billion more people enjoying better health and well-being	14.0	3.0	3.0	4.0	2.2	4.2		30.4
4 More effective and efficient WHO providing better support to countries	20.4	2.9	6.4	3.7	22.9	7.2	16.3	79.7
<b>Grand total</b>	<b>139.7</b>	<b>39.5</b>	<b>54.0</b>	<b>40.2</b>	<b>140.2</b>	<b>51.3</b>	<b>139.5</b>	<b>604.4</b>
	23%	7%	9%	7%	23%	8%	23%	

**Table 5. Proposed increase over the approved Programme budget 2022–2023 by major office and outcome, US\$ millions**

Strategic Priority / Outcomes	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	Grand Total
<b>1 One billion more people benefiting from universal health coverage</b>	<b>30.0</b>	<b>7.9</b>	<b>18.4</b>	<b>8.9</b>	<b>13.8</b>	<b>10.7</b>		<b>89.7</b>
1.1 Improved access to quality essential health services	19.5	5.2	11.9	5.8	8.9	7.0		58.3
1.2 Reduced number of people suffering financial hardship	4.5	1.2	2.8	1.3	2.1	1.6		13.4
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	6.0	1.6	3.7	1.8	2.8	2.1		17.9
<b>2 One billion more people better protected from health emergencies</b>	<b>75.3</b>	<b>25.7</b>	<b>26.3</b>	<b>23.6</b>	<b>101.4</b>	<b>29.1</b>	<b>123.2</b>	<b>404.6</b>
2.1 Countries prepared for health emergencies	19.5	11.6	13.3	12.3	47.3	13.1	40.1	157.2
2.2 Epidemics and pandemics prevented	20.7	11.6	4.9	3.5	13.5	6.2	19.4	79.9
2.3 Health emergencies rapidly detected and responded to	35.0	2.5	8.0	7.8	40.6	9.8	63.7	167.5
<b>3 One billion more people enjoying better health and well-being</b>	<b>14.0</b>	<b>3.0</b>	<b>3.0</b>	<b>4.0</b>	<b>2.2</b>	<b>4.2</b>		<b>30.4</b>
3.1 Safe and equitable societies through addressing health determinants	5.6	1.2	1.2	1.6	0.9	1.7		12.2
3.2 Supportive and empowering societies through addressing health risk factors	2.8	0.6	0.6	0.8	0.4	0.8		6.1
3.3 Healthy environments to promote health and sustainable societies	5.6	1.2	1.2	1.6	0.9	1.7		12.1
<b>4 More effective and efficient WHO providing better support to countries</b>	<b>20.4</b>	<b>2.9</b>	<b>6.4</b>	<b>3.7</b>	<b>22.9</b>	<b>7.2</b>	<b>16.3</b>	<b>79.7</b>
4.1 Strengthened country capacity in data and innovation	8.9		2.0		16.4	2.4		29.7
4.2 Strengthened leadership, governance and advocacy for health	11.5	2.9	4.1	3.4	6.4	4.8	14.8	47.9
4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner			0.3	0.3			1.5	2.1
<b>Grand Total</b>	<b>139.7</b>	<b>39.5</b>	<b>54.0</b>	<b>40.2</b>	<b>140.2</b>	<b>51.3</b>	<b>139.5</b>	<b>604.4</b>

**Table 6. Proposed budget increase across the three levels of the Organization, US\$ millions**

Strategic priority	Country	Region	Headquarters	Grand total
1 One billion more people benefiting from universal health coverage	71.8	17.9		89.7
2 One billion more people better protected from health emergencies	215.3	66.1	123.2	404.6
3 One billion more people enjoying better health and well-being	24.3	6.0		30.4
4 More effective and efficient WHO providing better support to countries	43.4	20.1	16.3	79.7
<b>Grand total</b>	<b>354.8</b>	<b>110.1</b>	<b>139.5</b>	<b>604.4</b>
	59%	18%	23%	

**Table 7. Proposed budget increase by strategic shifts, US\$ millions**

Strategic priority	Country support	Leadership	Normative work	Grand total
1 One billion more people benefiting from universal health coverage	71.8	8.9	8.9	89.7
2 One billion more people better protected from health emergencies	282.2	58.3	64.2	404.6
3 One billion more people enjoying better health and well-being	24.3	3.0	3.0	30.4
4 More effective and efficient WHO providing better support to countries	17.8	59.2	2.7	79.7
<b>Grand total</b>	<b>396.1</b>	<b>129.4</b>	<b>78.8</b>	<b>604.4</b>
	66%	21%	13%	

83. Seventy-seven per cent of the proposed increase would go to the regional and country offices (Table 6 and Annex IB). Direct budget allocation at country level is 59% (Table 6); however, country support provided also at regional and headquarters levels and the total investment into countries is estimated at 66% of the total increase (Table 7).

84. Detailed information of the increase by strategic priority, major office, organizational level and the resulting revised Programme budget 2022–2023 is presented in Annex IA and IB.

### Financing implications of the proposed revision

85. The Secretariat's response to the recommendations of the various reviews will require additional investments. The proposed budget revision attempts to reflect and cost these investments. The greatest challenge, however, will be to finance the proposed increase. As highlighted in the deliberations of the Working Group on Sustainable Financing, in the context of the COVID-19 pandemic, the current funding model for WHO is particularly in need of change at this stage, as it risks limiting the Organization's ability to make an impact where it is most needed, at the country and regional levels. This is especially true in relation to the proposed budget revision.

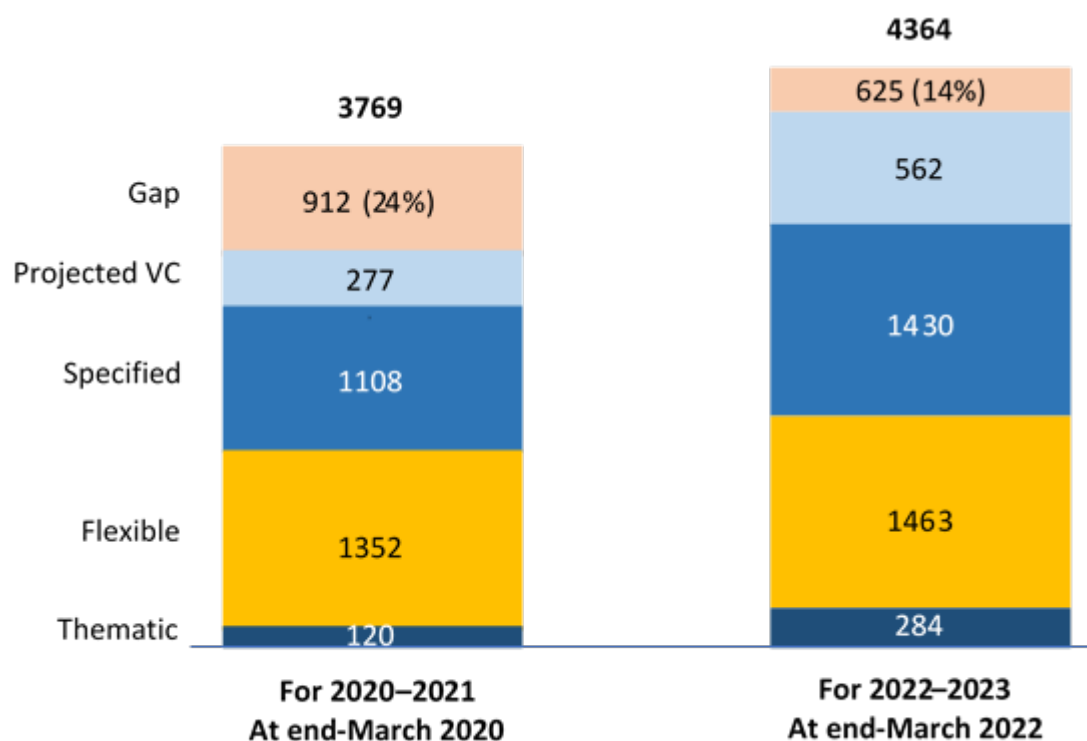
86. According to the data as at 31 March 2022, 86% of the approved base budget 2022–2023 is projected to be financed. This includes projected specified, thematic and core voluntary contributions, assessed contributions and projected earnings on programme support costs (Fig. 1).

87. As Fig. 1 shows, the funding gap for the base budget segment is smaller in both absolute and relative terms for the approved Programme budget 2022–2023 than at a similar point in time for 2020–2021. The proposed increase for the Programme budget 2022–2023 of US\$ 604 million will add to the currently projected gap.

88. As in the previous biennium, the largest share of WHO financing remains specified voluntary contributions. While the amount of assessed contributions is the same for 2020–2021 and 2022–2023, the amount of available flexible funds is slightly higher for the Programme budget 2022–2023 due to the higher projected earnings from programme support costs and a slight increase in core voluntary contributions. Flexible funds constitute 34% of the approved base Programme budget 2022–2023; this proportion will decrease to 30% if the budget increase is approved. Assessed contributions constitute 22% of the current approved Programme budget 2022–2023 or 19% of the proposed revised Programme budget 2022–2023.

89. Further details regarding funding of the approved Programme budget 2022–2023 can be found in document A75/27.

**Fig. 1. Projected level of base budget segment funding: comparison of Programme budget financing 2020–2021 and 2022–2023 (end of first quarter of biennium)**





## ANNEX IA

**PROGRAMME BUDGET 2022–2023 INCREASE BY STRATEGIC  
PRIORITY AND MAJOR OFFICE, US\$ MILLIONS**

Major office/strategic priority	PB22–23 Approved	PB22–23 Increase	Resulting proposed budget	% increase from approved PB22-23
<b>Africa</b>	<b>1 168.2</b>	<b>139.7</b>	<b>1 307.9</b>	<b>12%</b>
1 One billion more people benefiting from universal health coverage	496.0	30.0	526.0	6%
2 One billion more people better protected from health emergencies	288.8	75.3	364.1	26%
3 One billion more people enjoying better health and well-being	99.6	14.0	113.6	14%
4 More effective and efficient WHO providing better support to countries	283.8	20.4	304.2	7%
<b>The Americas</b>	<b>252.6</b>	<b>39.5</b>	<b>292.1</b>	<b>16%</b>
1 One billion more people benefiting from universal health coverage	106.7	7.9	114.6	7%
2 One billion more people better protected from health emergencies	49.9	25.7	75.6	52%
3 One billion more people enjoying better health and well-being	40.0	3.0	43.0	8%
4 More effective and efficient WHO providing better support to countries	56.0	2.9	58.9	5%
<b>South-East Asia</b>	<b>426.3</b>	<b>54.0</b>	<b>480.3</b>	<b>13%</b>
1 One billion more people benefiting from universal health coverage	255.4	18.4	273.8	7%
2 One billion more people better protected from health emergencies	43.7	26.3	70.0	60%
3 One billion more people enjoying better health and well-being	33.9	3.0	36.9	9%
4 More effective and efficient WHO providing better support to countries	93.3	6.4	99.7	7%
<b>Europe</b>	<b>320.5</b>	<b>40.2</b>	<b>360.7</b>	<b>13%</b>
1 One billion more people benefiting from universal health coverage	128.9	8.9	137.8	7%
2 One billion more people better protected from health emergencies	48.2	23.6	71.9	49%
3 One billion more people enjoying better health and well-being	46.0	4.0	50.0	9%
4 More effective and efficient WHO providing better support to countries	97.5	3.7	101.1	4%
<b>Eastern Mediterranean</b>	<b>469.6</b>	<b>140.2</b>	<b>609.8</b>	<b>30%</b>
1 One billion more people benefiting from universal health coverage	189.8	13.8	203.6	7%
2 One billion more people better protected from health emergencies	116.8	101.4	218.2	87%
3 One billion more people enjoying better health and well-being	26.1	2.2	28.3	8%
4 More effective and efficient WHO providing better support to countries	136.9	22.9	159.8	17%
<b>Western Pacific</b>	<b>352.0</b>	<b>51.3</b>	<b>403.2</b>	<b>15%</b>
1 One billion more people benefiting from universal health coverage	146.2	10.7	157.0	7%
2 One billion more people better protected from health emergencies	69.2	29.1	98.3	42%
3 One billion more people enjoying better health and well-being	57.4	4.2	61.6	7%
4 More effective and efficient WHO providing better support to countries	79.1	7.2	86.4	9%
<b>Headquarters</b>	<b>1 374.8</b>	<b>139.5</b>	<b>1 514.3</b>	<b>10%</b>
1 One billion more people benefiting from universal health coverage	516.8		516.8	0%
2 One billion more people better protected from health emergencies	229.3	123.2	352.5	54%
3 One billion more people enjoying better health and well-being	121.9		121.9	0%
4 More effective and efficient WHO providing better support to countries	506.7	16.3	523.0	3%
<b>Grand total</b>	<b>4 364.0</b>	<b>604.4</b>	<b>4 968.4</b>	<b>14%</b>

## ANNEX IB

**PROGRAMME BUDGET 2022–2023 INCREASE BY STRATEGIC PRIORITY, MAJOR OFFICE AND  
LEVEL OF ORGANIZATION, US\$ MILLIONS**

Major Office/Strategic Priority	Approved PB 2022–2023 (US\$ million)				Proposed total revised PB 2022–2023 (US\$ million)				Increase (%)			
	CO	RO	HQ	Total	CO	RO	HQ	Total	CO	RO	HQ	Total
<b>Africa</b>	<b>838.5</b>	<b>329.7</b>		<b>1 168.2</b>	<b>946.4</b>	<b>361.5</b>		<b>1 307.9</b>	<b>13%</b>	<b>10%</b>		<b>12%</b>
1 One billion more people benefiting from universal health coverage	355.4	140.6		496.0	379.4	146.6		526.0	7%	4%		6%
2 One billion more people better protected from health emergencies	225.8	62.9		288.8	284.1	80.0		364.1	26%	27%		26%
3 One billion more people enjoying better health and well-being	72.1	27.5		99.6	83.3	30.3		113.6	16%	10%		14%
4 More effective and efficient WHO providing better support to countries	185.1	98.7		283.8	199.6	104.6		304.2	8%	6%		7%
<b>The Americas</b>	<b>149.2</b>	<b>103.4</b>		<b>252.6</b>	<b>178.1</b>	<b>114.0</b>		<b>292.1</b>	<b>19%</b>	<b>10%</b>		<b>16%</b>
1 One billion more people benefiting from universal health coverage	62.8	43.9		106.7	69.1	45.5		114.6	10%	4%		7%
2 One billion more people better protected from health emergencies	35.4	14.5		49.9	53.8	21.8		75.6	52%	51%		52%
3 One billion more people enjoying better health and well-being	24.2	15.8		40.0	26.6	16.4		43.0	10%	4%		8%
4 More effective and efficient WHO providing better support to countries	26.8	29.2		56.0	28.6	30.3		58.9	7%	4%		5%
<b>South-East Asia</b>	<b>308.6</b>	<b>117.7</b>		<b>426.3</b>	<b>354.4</b>	<b>125.9</b>		<b>480.3</b>	<b>15%</b>	<b>7%</b>		<b>13%</b>
1 One billion more people benefiting from universal health coverage	206.0	49.4		255.4	220.8	53.0		273.8	7%	7%		7%
2 One billion more people better protected from health emergencies	28.6	15.1		43.7	52.4	17.6		70.0	83%	17%		60%
3 One billion more people enjoying better health and well-being	25.6	8.3		33.9	28.0	8.9		36.9	9%	7%		9%
4 More effective and efficient WHO providing better support to countries	48.4	44.9		93.3	53.3	46.4		99.7	10%	3%		7%
<b>Europe</b>	<b>128.0</b>	<b>192.5</b>		<b>320.5</b>	<b>145.5</b>	<b>215.2</b>		<b>360.7</b>	<b>14%</b>	<b>12%</b>		<b>13%</b>
1 One Billion more people benefiting from Universal Health Coverage	59.6	69.3		128.9	66.8	71.0		137.8	12%	3%		7%
2 One Billion More People Better Protected from Health Emergencies	21.5	26.8		48.2	26.8	45.0		71.9	25%	68%		49%
3 One Billion More People Enjoying Better Health And Well-Being	11.5	34.5		46.0	14.7	35.3		50.0	28%	2%		9%
4 More effective and efficient WHO providing better support to countries	35.5	62.0		97.5	37.3	63.9		101.1	5%	3%		4%
<b>Eastern Mediterranean</b>	<b>312.1</b>	<b>157.5</b>		<b>469.6</b>	<b>434.1</b>	<b>175.7</b>		<b>609.8</b>	<b>39%</b>	<b>12%</b>		<b>30%</b>
1 One billion more people benefiting from universal health coverage	142.4	47.4		189.8	153.4	50.2		203.6	8%	6%		7%
2 One billion more people better protected from health emergencies	75.2	41.6		116.8	166.5	51.7		218.2	121%	24%		87%
3 One billion more people enjoying better health and well-being	17.5	8.5		26.1	19.3	9.0		28.3	10%	5%		8%
4 More effective and efficient WHO providing better support to countries	76.9	60.0		136.9	94.9	64.9		159.8	23%	8%		17%
<b>Western Pacific</b>	<b>210.6</b>	<b>141.4</b>		<b>352.0</b>	<b>243.4</b>	<b>159.9</b>		<b>403.2</b>	<b>16%</b>	<b>13%</b>		<b>15%</b>
1 One billion more people benefiting from universal health coverage	95.4	50.8		146.2	104.0	52.9		157.0	9%	4%		7%
2 One billion more people better protected from health emergencies	33.8	35.5		69.2	52.1	46.3		98.3	54%	30%		42%

Major Office/Strategic Priority	Approved PB 2022–2023 (US\$ million)				Proposed total revised PB 2022–2023 (US\$ million)				Increase (%)			
	CO	RO	HQ	Total	CO	RO	HQ	Total	CO	RO	HQ	Total
3 One billion more people enjoying better health and well-being	40.0	17.4		57.4	43.3	18.2		61.6	8%	5%		7%
4 More effective and efficient WHO providing better support to countries	41.5	37.7		79.1	44.0	42.4		86.4	6%	13%		9%
<b>Headquarters</b>			<b>1 374.8</b>	<b>1 374.8</b>			<b>1 514.3</b>	<b>1 514.3</b>			<b>10%</b>	<b>10%</b>
1 One billion more people benefiting from universal health coverage			516.8	516.8			516.8	516.8			0%	0%
2 One billion more people better protected from health emergencies			229.3	229.3			352.5	352.5			54%	54%
3 One billion more people enjoying better health and well-being			121.9	121.9			121.9	121.9			0%	0%
4 More effective and efficient WHO providing better support to countries			506.7	506.7			523.0	523.0			3%	3%
<b>Grand total</b>	<b>1 947.0</b>	<b>1 042.3</b>	<b>1 374.8</b>	<b>4 364.0</b>	<b>2 301.8</b>	<b>1 152.3</b>	<b>1 514.3</b>	<b>4 968.4</b>	<b>18%</b>	<b>11%</b>	<b>10%</b>	<b>14%</b>

## ANNEX II

**PROPOSED STRATEGIC DELIVERABLES AND THEIR CORRESPONDING  
COST BY MAJOR OFFICE FOR STRATEGIC PRIORITIES 1 AND 3**

Strategic shift	Proposed changed strategic deliverables	Associated outputs under strategic priorities B1 and B3	Regional Office for Africa (amalgamated budget for B1 and B3)	Regional Office for the Americas (amalgamated budget for B1 and B3)	Regional Office for South-East Asia (amalgamated budget for B1 and B3)	Regional Office for Europe (amalgamated budget for B1 and B3)	Regional Office for the Eastern Mediterranean (amalgamated budget for B1 and B3)	Regional Office for the Western Pacific (amalgamated budget for B1 and B3)	Grand total
Leadership	1. Informed by COVID-19 pandemic experiences and slow progress and even a backlog in progress towards Sustainable Development Goal targets, WHO will provide global stewardship and convening to accelerate recovery in countries most in need, in line with the seven policy recommendations of the position paper on building health systems resilience, which were agreed with WHE and regional offices, as central to regaining universal health coverage with health security and bring progress towards achieving the Sustainable Development Goals back on track. This will include global, regional and national advocacy and harnessing current investments and innovations in the COVID-19 pandemic response, humanitarian assistance, ongoing socioeconomic recovery efforts, services to vulnerable communities, community engagement mechanisms and other good practices from the COVID-19 pandemic response.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2	4,40	1,09	2,14	1,29	1,59	1,50	12,01
	2. WHO will engage with countries, technical partners and donors to promote health systems as the essential platform to deliver all health programmes, including essential packages of health services, under B1 and B3 with link to B2, in order to bring long-term sustainability in investment and support countries to recover from the negative effects of the COVID-19 pandemic on key life-saving programmes indicators; this will identify interlinkages and synergies between ongoing programmes to strengthen whole health systems capacities, emphasizing whole-of-government and whole-of-society approaches. This exercise can be done at regional office or headquarters levels.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	3. To address the major health systems weaknesses highlighted by COVID-19, WHO will guide partnerships and investment, based on evidence, for strengthening primary health care and essential public health functions (EPHFs) in building back better and fairer for universal health coverage, health security and healthier populations. This includes promoting a One Health approach to multiple health challenges (e.g., AMR, climate change, food security, nutrition and emerging threats) and reorienting health systems towards primary health care, with, among others, the development of a competency-based health workforce and advocacy for sustainable financing, implementation of the food safety strategy, resilient supply systems and integrated health services delivery, including intensification of actions to reducing the prevalence of anaemia.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							

Strategic shift	Proposed changed strategic deliverables	Associated outputs under strategic priorities B1 and B3	Regional Office for Africa (amalgamated budget for B1 and B3)	Regional Office for the Americas (amalgamated budget for B1 and B3)	Regional Office for South-East Asia (amalgamated budget for B1 and B3)	Regional Office for Europe (amalgamated budget for B1 and B3)	Regional Office for the Eastern Mediterranean (amalgamated budget for B1 and B3)	Regional Office for the Western Pacific (amalgamated budget for B1 and B3)	Grand total
Country support	1. WHO will reorient its support to all countries based on the lessons learned from the COVID-19 pandemic and the correlated new demands from its Member States. In addition, WHO will identify and prioritize the 30 countries most affected by the COVID-19 pandemic in low-resource settings, as well as those in fragile, conflict-affected and vulnerable contexts, for intensified support. In particular, in fragile, conflict-affected and vulnerable contexts, WHO will support countries to operationalize the humanitarian-development-peace nexus in COVID-19 pandemic recovery planning.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2	35,20	8,72	17,12,	10,32	12,72	12,00	<b>96,08</b>
	2. WHO will support all countries, with an intensity linked to the context, in strengthening institutional and regulatory capacity at national and subnational levels, for transparent decision-making, prioritization and resource allocation based on population health needs. This will strengthen health governance and promote Health In All Policies processes to meet population-specific health needs, including those of the marginalized, and address barriers to equitable, quality health services across the life course.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	3. WHO will support country-level coordination with ministries of health and allied line ministries in health systems strengthening, using recovery from the COVID-19 pandemic, with a focus on primary health care and EPHFs. This will entail utilizing and enhancing existing country-level health sector multi-stakeholders coordination platforms and UN country teams.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	4. WHO will support improving accountability and decision-making processes, including operationalization of the primary health care monitoring and evaluation framework with country contextualization by aligning primary health care-oriented health system and resilience indicators with existing national health sector plans, strategies and review processes in support of health systems strengthening for universal health coverage, health security and healthier populations.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	5. WHO will support countries in scaling up primary health care to define, fine-tune and provide and expand access to a comprehensive package of quality essential health services, across the health and care continuums and across delivery platforms, that meet a wide range of individual and population health needs, including for those most vulnerable and at risk. This will be supported by the integration of disease- and life course-specific interventions into essential packages of quality health services; the improved regulation and integration of traditional and complementary medicine; the appropriate skill mix in multidisciplinary teams; digital and information technologies; and equitable access to and building resilient supply systems for health products, essential medicines and diagnostics.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	6. Linked to the impact of the COVID-19 pandemic on the health systems workforce, WHO will work intensively on designing, developing and implementing updated health and care workforce strategies and plans (including investment plans) that are aligned with the recommendations of the WHO position paper on building health systems resilience for universal health coverage	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							

Strategic shift	Proposed changed strategic deliverables	Associated outputs under strategic priorities B1 and B3	Regional Office for Africa (amalgamated budget for B1 and B3)	Regional Office for the Americas (amalgamated budget for B1 and B3)	Regional Office for South-East Asia (amalgamated budget for B1 and B3)	Regional Office for Europe (amalgamated budget for B1 and B3)	Regional Office for the Eastern Mediterranean (amalgamated budget for B1 and B3)	Regional Office for the Western Pacific (amalgamated budget for B1 and B3)	Grand total
	and health security during the COVID-19 pandemic and beyond. This will include strengthening the workforce capacity to implement the EPHFs.								
	7. WHO will support countries in empowering and engaging communities, families and patients as core elements of health sector and multisectoral efforts for universal health coverage, health security and healthier populations.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	8. WHO will support countries in developing and maintaining an intentional focus on vulnerable and marginalized communities in country-level policy, planning, implementation and assessment in order to ensure financial protection and equitable access to quality service provision, including public health services. This will entail leveraging existing resources (i.e., in COVID-19 pandemic response and recovery, humanitarian assistance and other acute response programmes, including in the veterinary and animal health sectors) to expand capacities.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	9. To apply an integrated approach to strengthening health systems and reorient health systems towards primary health care for universal health coverage and health security, WHO will work with countries to review, develop or update national health and intersectoral policies, plans, strategies, legislations and mainstream capacities, including integrating AMR, wider determinants of health, environmental health including climate change, and health equity into health sector plans through a One Health approach. This can be used to guide investment from domestic sources, global health initiatives and development and humanitarian partners.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	10. Starting by priority in the countries most in need and with very weak health systems, WHO will support the development of national equitable health financing strategies and investment plans aligned with national health strategies, and the establishment of high-level policy dialogue platforms with ministries of finance, international financial institutions and other external financial partners for accessing and implementing sustainable investments in health systems foundations. This can involve efforts for the harmonization and alignment of stakeholders' strategies and funding streams.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
Normative work	1. WHO will collate existing global technical tools and products and, harnessing the experiences of the COVID-19 pandemic, provide a common coherent technical support package that can be adapted to country contexts, with a focus on recovering from COVID-19-related backlogs and strengthening health systems for achieving universal health coverage, healthier populations and health security as interdependent objectives. This will include guidance and tools to support health service delivery implementation for improving the provision, access, equity and quality of essential packages of health services; contextualize and operationalize EPHFs at the country level; undertake legislative reform and design effective legal solutions to achieve health system objectives; implement the competency-based health workforce road map; and draft and implement a health financing strategy, including on protective coverage policies to address financial hardship, etc.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2	4,40	1,09	2,14	1,29	1,59	1,50	12,01

Strategic shift	Proposed changed strategic deliverables	Associated outputs under strategic priorities B1 and B3	Regional Office for Africa (amalgamated budget for B1 and B3)	Regional Office for the Americas (amalgamated budget for B1 and B3)	Regional Office for South-East Asia (amalgamated budget for B1 and B3)	Regional Office for Europe (amalgamated budget for B1 and B3)	Regional Office for the Eastern Mediterranean (amalgamated budget for B1 and B3)	Regional Office for the Western Pacific (amalgamated budget for B1 and B3)	Grand total
	2. WHO will develop an approach to capturing the benefits of leveraging an integrated approach to health systems recovery in terms of health, health system efficiency, economic efficiency, etc., in order to support the long-term tracking of improvements stemming from this approach and develop a platform to promote the sharing of good practices to further cascade benefits; this will require working jointly with B4 activities I under the Data, Analytics and Delivery for Impact Division (DDI).	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	3. WHO will develop norms and standards to widen the scope of health systems strengthening for resilience in order to include food security, nutrition, food safety and other health promotion services and to include the consideration of equity, gender and human rights.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
	4. WHO will work with global partners and countries to strengthen the stewardship of EPHFs and further develop guidance on operationalizing the EPHFs at the country level.	Outputs 1.1.1-1.3.5 Outputs 3.1.1-3.3.2							
		<b>TOTAL B1 + B3 by region</b>	<b>44,00</b>	<b>10,90</b>	<b>21,40</b>	<b>12,90</b>	<b>15,90</b>	<b>15,00</b>	<b>120,10</b>

## ANNEX III

**PROPOSED STRATEGIC DELIVERABLES AND THEIR CORRESPONDING COST BY  
MAJOR OFFICE, LEVEL AND PROGRAMME BUDGET OUTPUT FOR STRATEGIC PRIORITIES 1 AND 3**

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</b>																						
<b>Leadership</b>	Supporting global and national efforts to achieve universal health coverage and enact the vision of the Declaration of Astana. The Secretariat will work with the Universal Health Coverage 2030 Partnership and other partners to complete and implement the Global Action Plan for Healthy Lives and Well-being for All, including the Primary Health Care Accelerator, the Primary Health Care Operational Framework and other high-impact disease and condition-specific flagship initiatives and related global campaigns.	• in line with the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond, provide global, regional and national stewardship to support countries most in need in reorienting their health systems towards primary health care and EPHFs as central to regaining universal health coverage and other health-related Sustainable Development Goals and supporting the attainment of health security.		0.90	<b>0.90</b>		0.24	<b>0.24</b>		0.55	<b>0.55</b>		0.27	<b>0.27</b>		0.41	<b>0.41</b>		0.32	<b>0.32</b>		<b>2.69</b>



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Country support</b>	<ul style="list-style-type: none"> <li>expand access to comprehensive care across the care continuum – from promotion and prevention to treatment, rehabilitation and palliative care – and across delivery platforms, including self-care, home care, community health centres, school health services, primary care, specialized services and emergency and hospital care in the public and private sectors, using both traditional and innovative delivery approaches, such as digital health;</li> <li>promote and institutionalize an integrated approach to health systems strengthening and health security efforts across legislative, policy, planning and operational levels in order to ensure resilience in public health in all contexts and changing epidemiology;</li> <li>integrate early-recovery approaches in multisectoral planning and build on these to lay the foundation for longer-term health systems resilience with EPHFs;</li> <li>develop and refine comprehensive essential health service packages according to country-specific epidemiological burdens and local contexts, including patients' needs;</li> <li>scale up primary health care services in order to provide a comprehensive range of services and care, including but not limited to vaccination; screening; the prevention, control and management of noncommunicable and communicable diseases and, where feasible, the elimination of</li> </ul>	<p><b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable fragile, conflict-affected and vulnerable countries):</b></p> <ul style="list-style-type: none"> <li>scale up primary health care, which will define, fine-tune and provide a comprehensive package of quality essential health services, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health;</li> <li>expand access to the package of essential health services across the health and care continuums – from promotion and prevention to treatment, rehabilitation and palliative care – and across delivery platforms (self-care, home care, community health centres, general and specialized hospitals in both public and private sectors); and</li> </ul>	7.20		<b>7.20</b>	1.90		<b>1.90</b>	<b>4.42</b>		<b>4.42</b>	2.14		<b>2.14</b>	3.29		<b>3.29</b>	2.59		<b>2.59</b>		<b>21.54</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>some of these diseases; the promotion, maintenance and improvement of maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health interventions;</p> <ul style="list-style-type: none"> <li>strengthen health services planning and management capacity to support the provision of comprehensive essential health services, including at the subnational level, while developing strong accountability mechanisms and community engagement (from needs identification to prioritization and joint implementation across the Organization);</li> <li>exchange with other countries the lessons learned on successful models of service delivery;</li> <li>integrate traditional and complementary medicine into health services;</li> <li>develop frameworks for comprehensive performance assessment and improving the services provided and quality of care, including by improving patient safety, fostering a safety culture and reducing medical errors and associated patient harm in both public and private facilities;</li> <li>improve infection prevention and control, including in the context of outbreak prevention, preparedness and response, and strengthen efforts to combat AMR through training (through the WHO Academy);</li> <li>critically analyse the root causes of underperformance in primary health care, including by examining long-standing health</li> </ul>	<p>regulate and integrate traditional and complementary medicine into health services;</p> <ul style="list-style-type: none"> <li>strengthen the planning capacity and management of health services, including at the subnational level, and develop strong accountability mechanisms and community engagement;</li> <li>support improving the quality of care, including patient safety, fostering a safety culture and reducing medical errors and associated patient harm, in both public and private facilities;</li> <li>support improving accountability and decision-making process by providing technical support to the operationalization of the primary health care monitoring and evaluation framework, with particular emphasis on equity issues and reaching the most vulnerable;</li> <li>promote and support the implementation and use of digital and information technologies to improve management and performance, as well as the empowerment of patients, families,</li> </ul>																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>system barriers, such as systematic underfunding, a range of health workforce issues (including insufficient pay to facilitate retention), poor transparency in decision-making and funding, and adverse financial incentives that undervalue health promotion, prevention, early detection and care coordination, as well as weak infrastructure; the Secretariat will also support countries to develop policy options for improving performance;</p> <ul style="list-style-type: none"> <li>• promote the use of digital and information technologies in order to empower the health workforce to deliver care closer to where people live, adopt the most effective interventions to meet specific health needs and improve access for the most vulnerable; and</li> <li>• empower and engage communities, families and patients as a core element of universal health coverage, including by improving and mainstreaming health literacy, increasing the capacity for cross-sectoral collaboration, developing mechanisms for civil society participation and recognizing and integrating behavioural insights into policies.</li> </ul>	<p>communities and the health workforce, and also improve access to the most vulnerable; and</p> <ul style="list-style-type: none"> <li>• support empowering and engaging communities, families and patients as core elements of efforts to the reorientation of health systems towards primary health care with EPHFs to achieve universal health coverage and health security.</li> </ul>																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop evidence-based norms, standards and guidance on: strengthening population-based approaches to planning, organizing and delivering services; using key policy levers to strengthen integrated and people-centred health service delivery through a primary health care approach; building an organizational safety culture; assessing, measuring and improving patient safety; promoting good quality health services delivery; integrating traditional and complementary medicine; integrating high-impact communicable disease prevention and responses into health benefit packages; implementing hypertension and priority noncommunicable disease-control programmes in low-resource settings; developing plans for embedding surgical, obstetric and anaesthesia care services within national health policies; strengthening patient safety education and training (through the WHO Academy) and building leadership capacity in patient safety; developing global training standards on infection prevention and control; and adopting standard approaches to data collection, analysis and reporting in relation to service delivery and Organization;</li> <li>build data products, such as global and regional monitoring reports on universal health coverage; provide public health policy decision-making recommendations based on sustained surveillance systems; maintain databases that reflect</li> </ul>	<ul style="list-style-type: none"> <li>collate and harness existing global technical tools and products in reference to the experience of the COVID-19 pandemic and contextualize them to provide a common coherent technical support package from WHO that can be adapted to country context, with a focus on reorienting health systems towards primary health care for the purpose of achieving universal health coverage, healthier populations and health security as interdependent objectives; these deliverables will require working with the Chief Scientists Office, DDI and their relevant counterparts in regional offices;</li> <li>build data products, such as global and regional monitoring reports on universal health coverage and primary health care; provide public health policy decision-making recommendations based on sustained surveillance systems; maintain databases that reflect information on health services performance, such as through the Universal Health Coverage Index</li> </ul>		0.90	<b>0.90</b>		0.24	<b>0.24</b>		0.55	<b>0.55</b>		0.27	<b>0.27</b>		0.41	<b>0.41</b>		0.32	<b>0.32</b>		<b>2.69</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>information on health services performance, such as through the Primary Health Care Performance Index and country-focused health systems capacity-building initiatives; and continue to develop and make available topic-specific datasets, such as the Global Database on Blood Safety;</p> <ul style="list-style-type: none"> <li>• develop health systems review mechanisms in order to identify and address barriers to primary health care performance with a view to establishing regular dialogues for system improvement;</li> <li>• generate research products, including reports on implementation research that support the scale-up of primary health care and studies in specific areas, such as by estimating the burden of patient harm due to unsafe care in low- and middle-income countries;</li> <li>• report regularly on progress made in strengthening primary health care, including the implementation of the vision and commitments of the Declaration of Astana; and</li> <li>• develop a package of technical tools and guidance (Resilience Toolkit) to promote countries' integrated approach to building health systems resilience.</li> </ul>	<p>and the development of a primary health care performance index; and continue to develop and make available topic-specific datasets, such as the Global Database on Blood Safety.</p>																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• advocating for scaling up and funding the prevention and control of communicable and noncommunicable diseases in the context of the Sustainable Development Goals, and linking work on communicable and noncommunicable diseases to risk factors and social and environmental determinants of health;</li> <li>• advocating the uptake of integrated and linked technical strategies, action plans, norms and standards and innovations for the prevention, control and elimination of multiple conditions and diseases;</li> <li>• advocating access to medicines, health products and technologies and their inclusion in essential medicines lists, and market shaping and target product profiles that support prevention and treatment strategies tailored to specific population groups;</li> <li>• advocating improved-quality health services and standards in relation to prevention, diagnosis, treatment, control, rehabilitation, elimination and eradication for vulnerable populations;</li> <li>• partnering with the Global Fund to Fight AIDS, Tuberculosis and Malaria, United Nations agencies, funds and programmes, Unitaid, the Stop-TB Partnership, the Roll Back Malaria Partnership to End Malaria and Uniting to Combat Neglected Tropical Diseases in support of the development by WHO of norms and standards for communicable and</li> </ul>	<ul style="list-style-type: none"> <li>• building on the experience of the COVID-19 pandemic, promote and advocate at global, regional and national level for strengthening health systems resilience by integrating communicable and noncommunicable diseases into packages of quality essential health services, emphasizing the role of primary health care and the EPHFs.</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	0.18		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	noncommunicable diseases and health financing; and • engaging with community-based and community-led organizations, civil society and other non-health actors to strengthen the implementation of condition- and disease-specific interventions																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>develop, implement and monitor policies and strategies to reduce the burden of and eliminate or eradicate communicable and noncommunicable diseases and mental health conditions;</li> <li>conduct dialogues to identify public health priorities and develop policies to deliver condition- and disease-specific service coverage and strengthen domestic funding;</li> <li>translate research into policy, practice and feedback;</li> <li>adapt norms and standards for condition- and disease-specific service coverage to inform implementation decisions and integrate best practices and recommendations by, for example, establishing communities of practice;</li> <li>strengthen interlinkages such as those between health services for HIV and tuberculosis, viral hepatitis, noncommunicable diseases and other sexually transmitted infections (e.g. human papillomavirus) in order to improve access for those most vulnerable and at risk;</li> <li>strengthen the integration of health services for communicable diseases, noncommunicable diseases and mental health</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>support scaling up primary health care by integrating the prevention, control and management of noncommunicable, mental health and communicable diseases into essential packages of quality health services; supporting the integration of disease-specific strategies into national health strategies; and supporting the integration of vertical programmes at all levels (including laboratories, medicines and supply chains, monitoring and information systems, etc.).</li> </ul>	2.40		<b>2.40</b>	0.63		<b>0.63</b>	1.47		<b>1.47</b>	0.71		<b>0.71</b>	1.10		<b>1.10</b>	0.86		<b>0.86</b>		<b>7.17</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>conditions in primary health care and universal health care essential packages;</p> <ul style="list-style-type: none"> <li>• develop service continuity plans that are linked to advocacy for funding from donors for preparedness related to communicable diseases and noncommunicable diseases;</li> <li>• assess preparedness and readiness and develop national preparedness and response plans related to communicable diseases, noncommunicable diseases and mental health and psychosocial support, especially in fragile, conflict and vulnerable settings;</li> <li>• establish multipartner, in-country programme performance and accountability frameworks for priority-setting, early identification and resolution of bottlenecks and decision-making through joint policy dialogues;</li> <li>• enhance surveillance systems to identify health needs, detect outbreaks and monitor the impact of interventions, and progress towards control, elimination and eradication;</li> <li>• strengthen the collection, analysis and use of routine programme data (including research, scorecards, dashboards and disease mapping) to support disease-specific interventions that improve responses;</li> <li>• cooperate with other countries and coordinate across borders; and</li> <li>• strengthen community-led and community-based health systems, including through co-creation with people living with or</li> </ul>																					



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
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	affected by specific diseases or impairments, in order to achieve person-centred care.																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• update policies, strategies, road maps and frameworks for communicable and noncommunicable disease programmes;</li> <li>• develop research agendas to fill gaps in existing norms and standards on the cost-effectiveness of strategies and rights-based interventions for the prevention, screening, diagnosis, treatment, control, rehabilitation, elimination and eradication of conditions and diseases;</li> <li>• develop norms and standards for the prevention, screening, diagnosis, treatment, control, rehabilitation, elimination and eradication of conditions and diseases among vulnerable populations and in fragile or conflict settings;</li> <li>• contribute to the development of norms and standards on the prevention and management of vector-borne, epidemic-prone diseases and zoonotic diseases; the environmental determinants of health relevant to communicable diseases and noncommunicable diseases, including water, sanitation and hygiene and climate change; and the elimination of barriers to access due to equity, gender and human rights;</li> <li>• conduct landscaping to optimize vaccines, medicines and diagnostics and vector-control tools; develop target product profiles and target policy profiles for products; and contribute to the development of norms and</li> </ul>	<ul style="list-style-type: none"> <li>• develop an approach to capture the benefits of leveraging an integrated approach to health systems recovery in terms of health, health system efficiency, economic efficiency etc., in order to support the long-term tracking of improvements stemming from this approach, and develop a platform to promote the sharing of good practices in order to further cascade benefits; this will require joint working with B4 activities under DDI;</li> <li>• more specifically and taking into consideration the impact of the COVID-19 pandemic on mental health, the transformation of mental health services package shall consist of, as priority directions, (a) strengthening mental health workforce through training, capacity-building, development of roles and responsibilities and optimization of a skill mix; and (b) mainstreaming mental health into primary health care through upskilling,</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	<b>0.18</b>		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	standards on the quality, safety and efficacy of medicines and diagnostics; <ul style="list-style-type: none"> <li>• support operational and implementation research to inform the implementation of innovative interventions, including digital health advances, integrated diagnostic platforms, biomarkers and informatics) and diagnostic platforms;</li> <li>• develop guidance on integrated screening, testing and diagnosis for high-impact diseases;</li> <li>• develop a global framework for multi-disease elimination to guide an integrated approach to eliminating multiple diseases at the same time and standardizing disease elimination terminology, definitions and validation processes;</li> <li>• develop service delivery implementation guidance and tools that can be linked to basic/essential packages to ensure that priority interventions are delivered most effectively through differentiated service delivery;</li> <li>• generate data, surveillance, burden-of-disease assessments, incidence studies and global status reports to monitor progress on disease control, elimination and eradication, as well as to determine the programme gaps and population coverage of integrated packages of services;</li> <li>• contribute to enhanced joint technical support for the prevention and management of vector-borne, epidemic-prone diseases and zoonotic diseases; and</li> </ul>	expanding and partnerships at the local levels.																				

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>monitor and evaluate the impact of WHO disease-specific norms and standards, and contribute to establishing related integrated data repositories and analytics platforms.</li> </ul>																					
<b>Output 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>advocating for and developing strategic communications on advancing an evidence-based agenda of health and well-being across the life course as part of universal health coverage, while ensuring that a gender-sensitive, equitable and human rights-based approach is taken;</li> <li>developing partnerships that foster improved health outcomes for each stage of life and across the life course, including the Partnership for Maternal, Newborn and Child Health, the H6 Partnership, Family Planning 2020 and the Global Financing Facility in support of Every Woman Every Child, as well as bilateral relationships with entities such as Gavi, the Vaccine Alliance, for joint action to scale-up programmes to support countries in delivering positive health impacts across the life course;</li> <li>leading work to eliminate cervical cancer worldwide;</li> <li>setting global policies for vaccines and immunization by implementing the Immunization Agenda 2030: A Global Strategy to Leave No One Behind and promoting the vaccine leadership of the WHO Research and Development Blueprint; and</li> <li>leading the coordination of global and regional plans,</li> </ul>	<ul style="list-style-type: none"> <li>building on COVID-19 services disruption, boost global, regional and country-level advocacy to at least maintain current response-related subsidies supporting vulnerable communities through the provision of quality essential health services based on primary health care approaches;</li> <li>utilize recovery efforts to strengthen health systems with primary health care and EPHFs in order to ensure population-specific health needs and address barriers to equity across the life course; this includes the operationalization of humanitarian-development-peace nexus and WHO's growing guidance on equity, linked with activities under strategic priority B3.</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	<b>0.18</b>		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	tackling specific health issues along the life course such as the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and the Decade of Healthy Ageing (2020–2030).																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>• reduce maternal mortality and morbidity by strengthening health systems to address needs specific to this population and reducing barriers to equity;</li> <li>• scale up integrated community case management of pneumonia, diarrhoea and malaria, while reducing vulnerabilities and increasing resilience through the inclusion of diverse stakeholders to ensure that different perspectives are taken into account;</li> <li>• implement the guidance in the Global Accelerated Action for the Health of Adolescents and work across traditional boundaries of government sectors to operationalize adolescent well-being frameworks;</li> <li>• accelerate efforts to control prioritized vaccine-preventable diseases such as polio, measles, rubella, hepatitis B, cervical cancer and maternal and neonatal tetanus, as well as to introduce or increase the uptake of pneumococcal, haemophilus influenzae type B and rotavirus vaccines;</li> <li>• build vaccine-related capacity to strengthen and expand immunization systems along the life course, including by improving laboratory-supported surveillance, and deliver national immunization programmes that are equitably distributed across</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>• support scaling up primary health care by integrating prevention, control and management of RMNCAAH, SRHR, immunization, polio (and polio transition programmes), and other related interventions into essential packages of quality health services; by supporting integration of RMNCAAH, SRHR, immunization, polio (and polio transition programmes) and other related intervention strategies into national health strategies; and by supporting integration of RMNCAAH, SRHR, immunization and other related interventions at all levels (including laboratories, medicines and supply chains, monitoring and information systems, etc.); and</li> <li>• support developing and maintaining an</li> </ul>	2.40		<b>2.40</b>	0.63		<b>0.63</b>	1.47		<b>1.47</b>	0.71		<b>0.71</b>	1.10		<b>1.10</b>	0.86		<b>0.86</b>		<b>7.17</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>urban and rural areas, including isolated communities, in order to ensure that no one is left behind, achieve the greatest impact and respond to disease outbreaks;</p> <ul style="list-style-type: none"> <li>integrate public health functions (that support the polio programme and were previously funded from the Global Polio Eradication Initiative, including immunization) and activities to sustain and strengthen vaccine-preventable disease surveillance and routine immunization to enhance coverage and equity;</li> <li>gather the evidence base to inform national policy dialogues on sexual and reproductive health within universal health coverage and strengthen the response capacity for survivors of sexual, domestic and intimate-partner violence;</li> <li>provide health care providers with practical advice on communicating with patients and other members of the community (including leaders in diverse groups, such as faith-based and indigenous communities) in order to prevent the practice of female genital mutilation and care for people with related health complications; and</li> <li>apply tools and guidance to provide community-based integrated health care for older people that responds to the needs of older adults, reduces or delays care dependency and ensures priority interventions for older adults, including for dementia; and ensure that a minimum package of long-term care is part of essential packages of services, while also addressing barriers to</li> </ul>	<p>intentional focus on vulnerable and marginalized communities in country-level policy, planning and implementation in order to ensure their access to quality essential health and care services, including public health services.</p>																				

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	access and quality care for older persons, including age-based and other forms of discrimination, gender inequalities, geographical location and socioeconomic status, within the context of the Decade of Healthy Ageing 2020–2030.																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop norms, standards and guidance on preventing the direct causes of maternal mortality, especially haemorrhage, eclampsia and labour complications, preventing and treating infertility, and using digital technologies for improving maternal and newborn health outcomes;</li> <li>develop a life course framework to strengthen the interdependence of the first and second halves of life and build peoples' intrinsic capacity and optimal functional ability across the life course;</li> <li>update guidelines on family planning based on emerging evidence;</li> <li>develop guidance on developing the necessary health workforce and human resources to achieve women's, children's and adolescents' health;</li> <li>develop a framework for redesigning child and adolescent health programming to achieve the Sustainable Development Goals, which call for all children and adolescents to not only survive but also thrive;</li> <li>develop norms and standards on a human rights-based approach to adolescent health care that articulate the importance of adolescents' involvement in their own care and recognize the increasing complexity of</li> </ul>	<ul style="list-style-type: none"> <li>building on the experience of the COVID-19 pandemic and utilizing regional and country-level experiences, further develop guidance to support the contextualization and operationalization of integration of RMNCAAH, SRHR, immunization, polio (and polio transition programmes) and other related interventions into essential packages of quality health services, as well as on EPHFs at country level, as a means of supporting health system reorientation to population needs, including the needs of the most vulnerable and marginalized populations.</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	<b>0.18</b>		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	adolescent health care needs across mental health and substance use disorders, communicable and noncommunicable diseases, sexual and reproductive health and violence prevention; <ul style="list-style-type: none"> <li>• update programmatic tools to plan, implement and monitor women’s, children’s and adolescents’ health and development, taking into consideration state-of-the art evidence, new guidelines and strategies, such as the Nurturing Care Framework for Early Childhood Development and the Global Accelerated Action for the Health of Adolescents guidance;</li> <li>• develop new guidelines on immunization, including on surveillance; on developing, introducing, scheduling and increasing access to, and utilization of, new vaccines; and on strategies for generating and sustaining the demand for, and acceptance of, vaccination;</li> <li>• report on achievement of milestones in the Global Immunization Vision and Strategy (2021–2030) and provide annual estimates of vaccination or treatment coverage, vaccine or treatment coverage and investments, and maternal, newborn, stillbirth and child mortality, using data disaggregated beyond sex and age;</li> <li>• implement research agendas on improving reproductive, maternal, newborn, adolescent and child health programmes, piloting new vaccines and</li> </ul>																					

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>developing target product profiles;</p> <ul style="list-style-type: none"> <li>develop guidance on evidence-based interventions to provide care for, and support to, older adults with declines in intrinsic capacity and functional abilities and associated conditions, such as dementia, undernutrition and chronic pain, as well as long-term care packages, in order to ensure the availability of social care and support for a dignified and meaningful late life; and</li> <li>build data products, such as a monitoring framework for a maternal, newborn, child and adolescent continuum of care, reporting on the implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), the global strategy and action plan on ageing and health, the Global Report on Birth Defects, and the global strategy to accelerate the elimination of cervical cancer.</li> </ul>																					



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• synthesizing and disseminating WHO's guiding values and principles on health systems governance for universal health coverage;</li> <li>• ensuring that comprehensive plans and strategies, and legal and institutional arrangements exist and are combined with effective oversight, coalition-building, regulation and attention to system design;</li> <li>• promoting collective action, transparency and accountability and mitigating the risk of corruption;</li> <li>• supporting gender-responsive, equity-oriented and human rights-based participatory approaches to ensure that no one is left behind;</li> <li>• leveraging a variety of knowledge networks, including the Health Systems Governance Collaborative, to drive consensus among key stakeholders (countries, partner entities, multilateralism, parliamentarians, academia, civil society and private sector);</li> <li>• partnering in the Health Systems Governance Collaborative, which aims to advance governance in health systems for universal health coverage by convening a great variety of stakeholders involved in health systems governance; and</li> <li>• shaping the health governance policy agenda at global, regional and country levels.</li> </ul>	<ul style="list-style-type: none"> <li>• linked to the impact of the COVID-19 pandemic on health systems and with a view to building resilient health systems and recovering and accelerating progress towards universal health coverage and health security, advocate globally, regionally and at national level on updating national health policies, strategies and plans, as well as legal and institutional frameworks, including guidance on whole-of-society and whole-of-government dialogue and engaging with the private sector, with a view to radically reorienting health systems towards primary health care.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>
<b>Country support</b>	• engage with national health assemblies and parliamentarians'	<b>In 30 intensified support countries</b>	1.20		<b>1.20</b>	0.32		<b>0.32</b>	0.74		<b>0.74</b>	0.36		0.36	0.55		<b>0.55</b>	0.43		<b>0.43</b>		<b>3.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	networks, civil society and the private sector and enact societal dialogue to take action on common goods for health (e.g. policy formulation and analysis; health sector coordination; integrated strategic health information, analysis and communication; regulation and legislation; fiscal instruments; and population services); <ul style="list-style-type: none"> <li>• build and maintain fit-for-purpose health sector institutional arrangements at national and subnational levels in order to strengthen mixed health systems governance and the integration of national, subnational and local health governance;</li> <li>• engage with non-State health actors and citizens, particularly voiceless and disempowered groups (beneficiaries) in public health policy formulation, analysis, coordination, implementation, oversight and regulation at national and subnational levels;</li> <li>• manage dialogue on national health policies, strategies and plans, as well as governance transformation, in order to enhance diverse and balanced participation;</li> <li>• develop comprehensive and gender-responsive, equity-enhancing and human rights-based national health policies and strategies that enable universal health coverage;</li> <li>• establish health laws, regulatory arrangements and programmes that reach all health sector stakeholders, including in the public and private sectors, and are grounded in human rights</li> </ul>	<b>(including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>• using recovery from the COVID-19 pandemic as an opportunity, provide country-level coordination and support policy dialogue with ministries of health and allied ministries in reorienting health systems towards primary health care with EPHFs for universal health coverage and health security (strategic priority B2);</li> <li>• support the review and update of national health strategies, policies and legislations to reorient health systems towards primary health care with EPHFs for universal health coverage and health security;</li> <li>• support utilizing existing or developing country-level health sector multistakeholder coordination platforms and UN country teams to improve the harmonization and alignment of specific stakeholders strategies and/or funding streams with national health strategies, policies and plans (following “one plan, one budget, one monitoring and</li> </ul>																				

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>approaches and consistent with the Sustainable Development Goals;</p> <ul style="list-style-type: none"> <li>• establish and improve institutional and regulatory arrangements for community participation in health decision-making in order to increase transparency, accountability and responsiveness to public expectations at national, subnational and local levels;</li> <li>• engage in health systems governance networks and platforms for collaborative and actionable governance;</li> <li>• strengthen health sector governance and leadership capacities and skills at national, subnational and local levels; and</li> <li>• increase health systems accountability and mitigate the risk of corruption by strengthening institutional arrangements and supportive regulations.</li> </ul>	<p>evaluation process” principles); and</p> <ul style="list-style-type: none"> <li>• support fragile, conflict-affected and vulnerable countries in the operationalization of humanitarian-development-peace nexus in COVID-19 pandemic recovery planning.</li> </ul>																				
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• update and continue to develop the Country Planning Cycle resource, which provides a country-by-country overview of national planning, health programmatic and project cycles and information on donor involvement and technical support for Member States;</li> <li>• update and continue to develop the From Whom to Whom visualization of data on development assistance as evidence of the volume, trends and purposes of health-related aid against the background of total development aid, major donor priorities and specific country contexts;</li> </ul>	<ul style="list-style-type: none"> <li>• linked to the impact the COVID-19 pandemic on health systems and with a view to building resilient health systems and recovering and accelerating progress towards universal health coverage and health security, update existing guidance and information dissemination/training on updating national health policies, strategies and plans, as well as legal and institutional frameworks, including</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• update and continue to develop the national health planning toolkit resource centre in order to provide WHO tools to support health authorities, at both national and subnational levels, in elaborating health policies, strategies and plans with access to international best practices;</li> <li>• develop norms and standards to support the strengthening of health institutions so that they can deliver more effective governance for the achievement of universal health coverage;</li> <li>• produce a synthesis of global evidence and guidance to support Member States' efforts to improve health systems governance as a core contributing factor in countries' efforts to achieve universal health coverage, and support the maintenance of essential health services as part of the COVID-19 pandemic response;</li> <li>• develop and update an online repository of universal health coverage technical tools recommended by the WHO Secretariat; and</li> <li>• provide a comprehensive WHO strategy for policy development and operational engagement for universal health coverage in emergency contexts, covering all programmes that contribute to primary health care and the health systems on which they depend.</li> </ul>	<p>guidance on whole-of-society and whole-of-government dialogue, engaging with the private sector, and using multistakeholder coordination platforms for improved harmonization and alignment of partners with national health policies, strategies and plans.</p>																				

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 1.1.5. Countries enabled to strengthen their health and care workforce</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>convening and engaging multisectoral partners (education, employment, finance and gender) to achieve a Sustainable Development Goals dividend (under Goals 3, 4, 5, 8 and 10) resulting from investments in jobs;</li> <li>as part of its transformation agenda, supporting accelerated learning towards the achievement of the health-related Sustainable Development Goals by progressively scaling up the WHO Academy. The Academy will leverage WHO's mandate, convening authority and technical advantage to foster cooperation among WHO, Member States, higher education institutions and industry leaders in advancing workplace learning and digital education to optimize competencies in the health and care labour market; and</li> <li>establishing and managing the Nursing and Midwifery Global Communities of Practice.</li> </ul>	<ul style="list-style-type: none"> <li>inspired by recent COVID-19-related challenges and opportunities and the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond, advocate at global, regional and national levels for a competency-based health workforce road map.</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	<b>0.18</b>		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>
<b>Country support</b>	<ul style="list-style-type: none"> <li>build effective workforce leadership and strengthen institutional capacity, including health and care workforce management functions and systems;</li> <li>strengthen education, training, competencies and lifelong learning to meet population health and care needs, including by promoting and strengthening effective regulations on education and practice;</li> <li>develop health and care workforce policies and strategies to address the gaps that impede</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>linked to the impact the COVID-19 pandemic on health systems workforce, work intensively on designing, developing and implementing updated health and care workforce strategies and plans (including</li> </ul>	2.40		<b>2.40</b>	0.63		<b>0.63</b>	1.47		<b>1.47</b>	0.71		<b>0.71</b>	1.10		<b>1.10</b>	0.86		<b>0.86</b>		<b>7.17</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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	<p>the achievement of universal health coverage and health security; and support the implementation of such policies and strategies and the monitoring of their progress;</p> <ul style="list-style-type: none"> <li>• develop and cost investment cases and plans in line with population health and care needs, including job creation that takes into consideration equity, diversity and gender;</li> <li>• maintain effective multisectoral and multistakeholder policy dialogues in relation to the health and care workforce;</li> <li>• support decent work for health and care workers, including optimal working conditions, labour protection and respect for rights at work, as well as the prevention of violence against, and sexual harassment of, health and care workers;</li> <li>• strengthen investment to support and sustain health and care workers' health and well-being, including to ensure manageable workloads, determine appropriate staffing levels, protect mental health and provide occupational health support;</li> <li>• support the reform of workforce models and occupations (for example, with respect to skills mix and roles and scopes of practice) in order to effectively and efficiently deliver the essential package of services to respond to population health and care needs;</li> <li>• improve and integrate workforce information systems; strengthen national capacities to monitor, analyse and utilize</li> </ul>	<p>investment plans) that are aligned with the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond. This requires multisectoral and multistakeholder dialogue. This includes, in addition to overall health and care workforce, paying particular attention to the development of a robust public health workforce that implements EPHFs. This also includes intensively using in these countries tools such as health labour market analysis, strengthening national health workforce accounts, supporting planning and health workforce management at all levels, supporting education strategies and curricula development, and creating and participating in platforms for regional and global collaboration, etc.</p>																				

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	<p>health labour market data, including by strengthening human resources for health observatories and implementing and reporting on national health workforce accounts; and promote data disaggregation that accounts for gender, diversity and equity;</p> <ul style="list-style-type: none"> <li>• increase investment (leadership, scope of practice, education and training) in the multidisciplinary primary health care workforce, including nursing and midwifery, in line with population health and care needs;</li> <li>• support management of the international mobility of health workers, including through bilateral and regional cooperation, as well as by reporting on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;</li> <li>• support health workforce capacities for health interventions that are required to deliver a comprehensive package of essential services to cover population needs across the life course, while taking into account the needs of vulnerable and marginalized individuals and communities;</li> <li>• strengthen a multidisciplinary, multisectoral workforce to build resilience and recovery in the context of health outbreaks, such as the COVID-19 pandemic, and in line with population health and care needs;</li> <li>• ensure dissemination and country support for the implementation of global public health goods;</li> </ul>																					

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>support Member States in developing agile, high-impact and scalable digital learning solutions that are multilingual, credentialled and tailored to learners' needs through the WHO Academy; and</li> <li>as part of implementation of the workplan related to the nursing and midwifery Global Community of Practice, conduct capacity-building, campaigns and policy dialogue at the country level, as well as identify gaps in research, which will inform the overall research agenda.</li> </ul>																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop norms, standards and tools on themes such as education, migration and the WHO Global Code of Practice on the International Recruitment of Health Personnel; an integrated health and care workforce; and retention and health labour market analysis;</li> <li>maintain and update data products such as the national health workforce accounts platform, which is designed to facilitate the annual reporting of Member States on their workforce data; and</li> <li>develop new norms, standards and tools for the WHO Academy and lifelong learning, such as WHO quality standards for learning programmes, standardized quality management systems, internationally benchmarked standards for the recognition of learner achievement and an open certification framework for credentialled WHO learning courses; WHO will also ensure that scalable learning</li> </ul>	<ul style="list-style-type: none"> <li>develop a competency-based health workforce road map, using the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond as drivers for change.</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	<b>0.18</b>		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>



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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
	technologies are made available as global public health goods.																						
<b>Output 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage</b>																							
<b>Leadership</b>	<ul style="list-style-type: none"> <li>driving consensus among key stakeholders – countries, partner entities, academia and civil society – and shape the policy agenda for equitable health financing at global, regional and country levels.</li> <li>The COVID-19 pandemic has revealed the consequences of underinvestment in preparedness. Going forward, adequate preparedness will require reinforcement, prioritization and adaptation of certain key areas of work. The Secretariat will raise the profile of the work on common goods for health and related cross-programmatic efficiency analysis, emphasizing the efficient financing of common goods as “step zero” towards universal health coverage. Higher priority will also be given to engagement on fiscal policy and public financial management.</li> </ul>	<ul style="list-style-type: none"> <li>undertake global, regional and national dialogue with related financing institutions for the development and implementation of equitable health financing strategies and reforms in order to sustain progress towards universal health coverage, using primary health care as the foundational approach to strengthen more resilient health systems; this includes leveraging investments from ongoing COVID-19 pandemic response and socioeconomic recovery efforts.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>	
<b>Country support</b>	<ul style="list-style-type: none"> <li>develop skills, systems and governance arrangements in order to implement more strategic health services financing and purchasing and adapt those mechanisms over time to align payment mechanisms with promised benefits; to improve contracting with public and private providers; to use payment systems data to guide policy; and to drive greater efficiency, equity and quality as a means of sustaining progress on extending service coverage with financial protection;</li> <li>use the health financing progress matrix to track</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>taking into consideration the impact of the COVID-19 pandemic on fiscal space, work intensively with national authorities, including the ministry of health, the ministry of finance and other financial institutions and partners,</li> </ul>	1.20		<b>1.20</b>	0.32		<b>0.32</b>	0.74		<b>0.74</b>	0.36		<b>0.36</b>	0.55		<b>0.55</b>	0.43		<b>0.43</b>		<b>3.60</b>	

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	<p>the extent of country progress consistent with good practices, and provide a basis for linking future quantitative findings to specific health financing actions;</p> <ul style="list-style-type: none"> <li>• formulate results-oriented health budgets and align health financing reforms with national public financial management arrangements that ensure more efficient and equitable use of resources;</li> <li>• apply technical frameworks and diagnostics in developing health financing policies and designing implementation, taking into account political economy challenges and the need to align such tools with public financial management systems if reforms are to be institutionalized and sustained;</li> <li>• incorporate public health services and programmes into national health financing strategies and plans for transitioning away from aid funding;</li> <li>• design fiscal policies that are pro-health and pro-support for poor communities, aligned with broader Sustainable Development Goal priorities;</li> <li>• assess options and identify priorities for financing arrangements in fragile and conflict-affected situations;</li> <li>• conduct strategic health services purchasing across both the set of defined benefits and approaches tailored to the specificities of particular diseases and interventions, and to develop related governance arrangements to align financing with health system goals;</li> </ul>	<p>on designing, developing and implementing updated equitable health financing strategies and reforms in order to sustain progress towards universal health coverage, using primary health care as the foundational approach to strengthen more resilient health systems.</p>																				

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>engage with non-health government sectors on key areas, such as budgetary space for health and public financial management; and</li> <li>strengthen capacity in health financing through e-learning and face-to-face training (through the WHO Academy) programmes, knowledge exchanges, managed study tours and peer-to-peer learning.</li> </ul>																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop norms, standards and guidance, for example:               <ul style="list-style-type: none"> <li>by adapting the health financing progress matrix to make health security considerations more explicit;</li> <li>by refining guidance for real-time assessment of progress in developing and implementing health financing reforms for health security and universal health coverage;</li> <li>by synthesizing lessons learned and refining global guidance on the design and implementation of national health financing policies for universal health coverage and health security, including in politically decentralized contexts;</li> <li>by developing guidance to enable health authorities to engage more effectively with their counterparts in finance ministries on issues of budgetary space for health and public financial management, in order to encourage both higher-level and more effective use of budget funding for health, while working closely with relevant staff of international financial institutions; and</li> <li>by producing guidance and related training (through the</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>taking into consideration the impact of the COVID-19 pandemic on fiscal space and using the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond as drivers for change, update guidance on health financing strategies, as appropriate.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

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	WHO Academy) and technical assistance tools on financing common goods for health and cross-programmatic efficiency as integral features of strategies to achieve health security and sustain progress towards universal health coverage; <ul style="list-style-type: none"> <li>• prepare a global synthesis of evidence on key elements of strategic purchasing, including provider payment reforms, methods tailored to specific diseases and information, design elements critical to information systems for payment, and policy uses of resulting data and relevant governance arrangements;</li> <li>• develop health financing strategies, implementation support, and related analyses and diagnostics to enable assessment of progress towards universal health coverage and the achievement of health security;</li> <li>• provide analyses of cross-programmatic efficiency and sustainability/transition planning across the health sector, as well as for specific interventions;</li> <li>• produce demand-side analyses and strategies, such as cash transfers, to minimize financial barriers to access and reduce financial hardship, particularly for poor and vulnerable populations; and</li> <li>• assess and report on progress in health financing reforms.</li> </ul>																					
<b>Output 1.2.2. Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making</b>																						
<b>Leadership</b>	mobilizing countries, partners and civil society organizations around a global agenda for	• taking into consideration the consequences of the		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	improving the quality of information and analyses that promote transparency in the use of resources, accountability for reducing financial hardship arising from the use of health services, and reductions in forgone care and unmet need for health services. Responding to the COVID-19 pandemic has increased domestic and international spending. There is a need to track this spending in real time to ensure transparency and support any needed adjustments to implementation. The pandemic is leading to a slowdown in economic growth and increased poverty levels, as well as increased financial hardship due to health spending for those who do seek care, and a decline in the use of needed services, especially among the poor. The Secretariat will maintain its tracking of key Sustainable Development Goals indicator 3.8.2, and, where possible, focus on the issue of forgone care and unmet need for essential services to give visibility to people who are not getting the services they need for financial reasons. This will complement measures focused on the impact of out-of-pocket spending on household capacity to meet the other basic needs, and the living standards of those who seek care. The objective is to see reductions in both financial hardship and forgone care and unmet need for financial reasons.	COVID-19 pandemic on health financing, use data and information related to health financing to intensify advocacy at global, regional and national levels for ensuring equitable access to health services by all, with a special focus on those marginalized and living in fragile, conflict-affected and vulnerable countries.																				

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Country support</b>	<ul style="list-style-type: none"> <li>produce and analyse high-quality and policy-relevant data on the sources and uses of funds in the health sector in order to increase transparency and inform policy at country level, while also enhancing country capacity to provide robust data for the annual update of the WHO Global Health Expenditure Database;</li> <li>carry out analyses of household survey data to enable policy-relevant analysis of financial barriers to access, coping mechanisms, forgone care and unmet need, and financial hardship arising from out-of-pocket payments for health services;</li> <li>develop country-level health accounts, including disaggregation by funding source, input, function, disease and/or intervention (for example, HIV, tuberculosis, malaria, noncommunicable diseases, maternal and child services, immunization);</li> <li>strengthen capacities for data collection, analysis and use for policy development and implementation; and</li> <li>conduct in-depth policy analyses using routine administrative and survey data.</li> </ul>	<p><b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b></p> <ul style="list-style-type: none"> <li>taking into consideration the shock of the COVID-19 pandemic on the economy and fiscal space, support data and information analysis for better understanding and addressing the drivers of catastrophic health expenditure, evaluating the effectiveness of current policies, and help design a reform aiming at improving financial protection in the COVID-19 pandemic/post COVID-19 pandemic period.</li> </ul>	1.20		<b>1.20</b>	0.32		<b>0.32</b>	0.74		<b>0.74</b>	0.36		<b>0.36</b>	0.55		<b>0.55</b>	0.43		<b>0.43</b>		<b>3.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• produce norms and standards, for example, by preparing guidance documents on data collection methods and interpretation of health expenditure and financial protection data; and by setting global and regional standards and methods for improving the quality of the information available on financial protection;</li> <li>• build data products, for example, by preparing annual reports on global health expenditure patterns and global health spending, as well as biennial global reports, regional analyses and scientific papers on access and financial protection in Member States;</li> <li>• update and perform quality control of the global health expenditure database; and</li> <li>• generate analyses of financial protection which include household survey data analysis to monitor Sustainable Development Goals indicator 3.8.2 and other regional and country-tailored measures of financial hardship as a result of out-of-pocket payment for health services. The analyses will also include disaggregation for population groups where the data are available. The Secretariat’s work will include: <ul style="list-style-type: none"> <li>– preparing global reports every two years on financial protection and universal health coverage featuring regional context-specific analyses; and</li> <li>– preparing regional and country-specific reports focusing on specific trends and policy analysis.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• based on the impact of the COVID-19 pandemic on health financing, update guidance on data collection and information for protective coverage policies in order to address financial hardship and improve the COVID-19-related situation.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• update the WHO financial protection database, including regional adaptations of global metrics and the relevant health-related indicators of the United Nations Sustainable Development Goals database;</li> <li>• generate analyses of household survey data aimed at gathering information on the composition of household out-of-pocket health spending on medicines, health products, outpatient and inpatient services, and, where possible, on financial and other barriers to access;</li> <li>• develop survey instruments for collecting information on both household out-of-pocket health spending and financial barriers to access, and, where possible, test them using different data collection approaches, including computer-assisted personal interviewing, computer-assisted telephone interviewing, and other high-frequency platforms better suited to capturing rapid changes in the context of health security; and</li> <li>• generate analyses of forgone care and unmet need for health services, including, where possible and relevant, for specific interventions and population groups.</li> </ul>																					



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>promoting transparent decision-making processes in countries through the use of robust economic data analysis and evidence; by leading the development of new guidance and tools on methodologies for generation and use of economic data in decision-making processes; by developing capacity in countries using online technologies; and by promoting a network of partners to align technical assistance approaches with WHO best practice.</li> </ul>	<ul style="list-style-type: none"> <li>using the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond and in light of the impact of the COVID-19 pandemic on the economy, promote at global, regional and national levels transparent decision-making processes aiming at reorienting radically health systems towards primary health care in order to recover and accelerate progress towards universal health coverage and health security.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	0.09		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>
<b>Country support</b>	<ul style="list-style-type: none"> <li>data: building capacity to use costing, budget impact and cost-effectiveness tools to provide evidence for decision-making related to health benefit packages, as well as supporting countries to collect and analyse relevant data, including by using generic health gains/impact/projection models as part of the WHO-CHOICE (choosing interventions that are cost-effective) project;</li> <li>dialogue: supporting countries to engage in dialogue with stakeholders to ensure fair choices; and</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>taking into consideration the shock of the COVID-19 pandemic on the economy and fiscal space, support countries to improve institutional capacity for transparent decision-making resource allocation, as well as analysis of the impact of health on the</li> </ul>	1.20		<b>1.20</b>	0.32		<b>0.32</b>	0.74		<b>0.74</b>	0.36		<b>0.36</b>	0.55		<b>0.55</b>	0.43		<b>0.43</b>		<b>3.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>decision: promoting institutionalization of transparent, evidence-driven decision-making processes, including supporting countries to develop legal frameworks, to engage in institution-building, build capacity in conducting the procedural aspects of data analysis and utilization, and implement monitoring and evaluation.</li> </ul>	national economy, with particular attention to recent impacts of the COVID-19 pandemic.																				
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop norms and standards, for example, by creating an expanded repository of health interventions, as recommended by WHO technical programmes, which include information on inputs, effectiveness, service delivery arrangements, economic benefits and resource requirements, and by making the expanded repository available through an online platform; by developing guidance on the procedural aspects of using data to support health benefit package selection and promote best practices; and by continuously updating and expanding the Universal Health Coverage Compendium to support health sector decision-making and planning processes;</li> <li>create or refine tools to estimate costs, health impacts, cost-effectiveness and economic returns associated with investing in the health system in support of universal health coverage, including the One Health tool (costing), WHO-CHOICE (cost-effectiveness analysis), EPIC (impact on the national economy) and AccessMod (geographical accessibility to health services),</li> </ul>	<ul style="list-style-type: none"> <li>update guidance to improve institutional capacity for transparent decision-making resource allocation, as well as analysis of the impact of health on the national economy, with particular attention to recent impacts of the COVID-19 pandemic.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>and to support evidence-based allocation of resources, such as facilities and health workforce, according to population distribution;</p> <ul style="list-style-type: none"> <li>• develop new models for building country capacity, including mentorship, using networks of partners and online learning modules designed to sequentially and progressively build technical skills;</li> <li>• create research products, for example, by using and advancing robust scientific methods to produce technically defensible estimates of the economic impact of changes in health status, identify how changes in health status affect labour markets and labour supply and economic growth, and determine the impact of growth in the health sector on the economy as a whole;</li> <li>• produce new analyses or updates of global price tags and investment cases extending to macroeconomic impact;</li> <li>• develop new or updated generic models of cost-effectiveness analysis and other forms of economic or impact evaluation to inform best buys, incorporating equity outcomes where possible;</li> <li>• develop and test new methodologies, including dynamic modelling, microsimulation and projections and scenario generation, with relevant partners;</li> <li>• refine guidance on priority-setting and selection processes for health benefit packages, including health intervention and technology assessment; and</li> </ul>																					

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	• produce guidance on technical efficiency analysis to support value-for-money considerations.																					
<b>Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>increasing commitment to the implementation of the Road map for access to medicines, vaccines and other health products 2019–2023: Comprehensive support for access to medicines, vaccines and other health products;</li> <li>partnering with relevant entities (including UNCTAD, WIPO and the Inter-Agency Procurement Working Group) to strengthen the understanding of supply-and-demand dynamics, in line with the global strategy and plan of action on public health innovation and intellectual property;</li> <li>promoting the local production of quality-assured, safe and effective medical products as a strategy to improve access, strengthen health security and attain universal health coverage, in line with the first statement on promoting local production of medicines and other health technologies, which was issued by WHO, UNIDO, UNCTAD, UNAIDS, UNICEF, together with the Global Fund to Fight AIDS, Tuberculosis and Malaria;</li> <li>leading and facilitating the Access to COVID-19 Tools (ACT) Accelerator to speed up the development, production and equitable distribution of the vaccines, diagnostics and therapeutics needed to manage the COVID-19 pandemic; and</li> </ul>	<ul style="list-style-type: none"> <li>based on the lessons learned from the COVID-19 pandemic, lead dialogue and advocate globally, regionally and at country level for renewed equitable access to health products through global market-shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>facilitating the COVID-19 Technology Access Pool, which compiles COVID-19 health technology-related knowledge, intellectual property and data and complements the activities of the ACT Accelerator.</li> </ul>																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>develop, implement and monitor relevant national policies to ensure the appropriate use of, and equitable access to, health products;</li> <li>enforce appropriate prescription policies guiding the rational use of health products, while minimizing risk of abuse of controlled and other medicines;</li> <li>improve capacity to forecast national and regional needs for essential health products and technologies, using those needs to shape markets for improved access;</li> <li>carry out health technology assessments and strengthen the capacity of national technical advisory groups to provide evidence-based decision-making on priority-setting and on the selection and level of coverage of health products needed to achieve universal health coverage;</li> <li>develop and implement effective policies to improve the rational and safe use of health products within the framework of patient-centred health care services;</li> <li>optimize pricing, procurement and supply chain policies for health products;</li> <li>adapt and implement pricing policies based on recently updated WHO guidelines to ensure affordability and equitable access to health products for all;</li> </ul>	<p><b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b></p> <ul style="list-style-type: none"> <li>taking into consideration the impact of the COVID-19 pandemic on the economy, health systems, observed deficiencies such as access to oxygen, personal protective equipment and other medical products, disruption of programmes and essential health services, provide intensified technical support in order to improve equitable access to medicines and medical products, paying particular attention to improving integration, procurement and supply, in the framework of reorienting health systems towards primary health care.</li> </ul>	1.20		<b>1.20</b>	0.32		<b>0.32</b>	0.74		<b>0.74</b>	0.36		<b>0.36</b>	0.55		<b>0.55</b>	0.43		<b>0.43</b>		<b>3.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>assess and improve national procurement and supply chain systems for health products, including locally produced emergency health kits or donated supplies, while also providing for their correct disposal; and</li> <li>develop comprehensive and integrated logistics management information systems for all essential health products.</li> </ul>																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>compile market information to enhance transparency and achieve fair pricing of health products and reduce costs for both governments and individuals;</li> <li>develop a web-based repository to share information at global and/or regional levels to enhance the transparency of the pricing of health products, ensuring adequate availability of data on inputs throughout the health product value chain (including on clinical trial data, price information, investments, incentives and subsidies);</li> <li>develop guidance for improving sustained and equitable access to health products through improved procurement mechanisms, including forecasting, price negotiation, pooled procurement, and managing shortages and stockouts;</li> <li>develop guidance for strengthening the sustainable local production of quality, safe and effective health products;</li> <li>generate research products on local production of the health products needed for the prevention, diagnosis and treatment of COVID-19 and how these pandemic-specific</li> </ul>	<ul style="list-style-type: none"> <li>based on the lessons learned from the COVID-19 pandemic, update guidance for equitable access to health products</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	mechanisms may support the local production of other health products; <ul style="list-style-type: none"> <li>generate reports on the global demand-and-supply prospects for individual vaccines, using data gathered via the vaccine-specific market studies of the Market Information for Access to Vaccines initiative;</li> <li>generate guidance on the availability and price of medicines and other health products, based on the WHO Essential Medicines and Health Products Price and Availability Monitoring Mobile Application and other tools, in order to inform national policies on improving access to health products; and</li> <li>generate research products on issues related to access to, and the rational and safe use of, health products across the life course, including with respect to the health of women, newborns, children, adolescents, men and older people.</li> </ul>																					
<b>Output 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>raising awareness of relevant WHO norms and standards, their updates or implementation at regional and country levels;</li> <li>increasing the convergence and harmonization of regulations on quality-assured and safe health products by encouraging wider implementation of WHO quality standards by all stakeholders through the convening power of WHO;</li> <li>ensuring that all policies, regulations and practices governing access to health products mainstream gender</li> </ul>	<ul style="list-style-type: none"> <li>based on the lessons learned from the COVID-19 pandemic, lead dialogue and advocate globally, regionally and at country level for strengthening the regulatory capacity and supply of quality and safe health products.</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	<b>0.18</b>		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>equality, equity in health and human rights-based approaches, with a special focus on vulnerable, marginalized and neglected population groups, so that no one is left behind;</p> <ul style="list-style-type: none"> <li>• sharing regulatory updates and digital collaboration for dossier review among national regulatory authorities and regulators from potential user countries, while promoting diversity (of gender, languages, geography, etc.) when conducting knowledge-sharing activities among countries;</li> <li>• supporting the aspects of preparedness for public health emergencies that relate to the regulation and supply of quality-assured and safe health products, including prequalification services; and</li> <li>• safeguarding the uptake of new or innovative products in low- and middle-income countries by strengthening safety surveillance, including by ensuring that surveillance systems are in place to manage the risk of medicines, in particular the anticipated or unknown risks of new, complex medicines.</li> </ul>																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>• implement regulation through reliance on national regulatory authorities networks;</li> <li>• strengthen national regulatory capacity to ensure the quality of health products by assessing regulatory systems using the WHO global benchmarking tool as the standard to determine the maturity and performance of national regulatory authorities for designation as WHO-Listed Authorities;</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>• taking into consideration the regulatory and supply deficiencies highlighted by the COVID-19 pandemic, provide intensified technical support for</li> </ul>	2.40		<b>2.40</b>	0.63		<b>0.63</b>	1.47		<b>1.47</b>	0.71		<b>0.71</b>	1.10		<b>1.10</b>	0.86		<b>0.86</b>		<b>7.17</b>



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>address identified gaps in regulatory capacity for quality-assured and safe health products;</li> <li>strengthen pharmaceutical sector capacity in countries that manufacture products for low- and middle-income countries and/or local supply;</li> <li>define local production and develop model strategies for quality-assured medicines and other health products, including by strengthening regulatory oversight and quality local production;</li> <li>strengthen post-market surveillance for the quality, safety and efficacy of health products in order to improve the prevention and detection of, and the response to, substandard and falsified medical products;</li> <li>disseminate product alerts;</li> <li>strengthen national and regional regulatory procedures for risk-based evaluations during public health emergencies;</li> <li>develop and adopt regulatory preparedness for public health emergencies; and</li> <li>use regional networks for expedited evaluations of regulatory preparedness.</li> </ul>	strengthening the regulatory capacity and supply of quality and safe health products.																				
<b>Normative work</b>	<ul style="list-style-type: none"> <li>strengthen and expand WHO's prequalification lists, including the List of In Vitro Diagnostics;</li> <li>continue to develop processes and procedures for the prequalification of vector-control products;</li> <li>develop new pathways to prequalification listing and new risk-based approaches to support time-limited procurement;</li> <li>develop technical guidance to expand the scope of</li> </ul>	<ul style="list-style-type: none"> <li>based on lessons learned from the COVID-19 pandemic, update regulatory tools and the supply of quality and safe health products tools and guidelines.</li> </ul>		0.30	<b>0.30</b>		0.08	<b>0.08</b>		0.18	<b>0.18</b>		0.09	<b>0.09</b>		0.14	<b>0.14</b>		0.11	<b>0.11</b>		<b>0.90</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	prequalification for all product streams and expand the range of products eligible for prequalification in order to ensure that the low- and middle-income country context is a driver of innovation and product development; and <ul style="list-style-type: none"> <li>develop relevant regulatory tools, guidelines and practices, as well as platforms and pathways, to facilitate the registration of medicines, vaccines and diagnostics through joint reviews and emergency use listing.</li> </ul>																					
<b>Output 1.3.5. Countries enabled to address AMR through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practice</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>establishing policy dialogues with Member States; convening global and regional consultations with all relevant stakeholders to develop norms and standards on technical matters that are linked to the strategic objectives of the global action plan on AMR; and advocating for the incorporation of AMR into national United Nations Sustainable Development Cooperation Frameworks.</li> </ul>	<ul style="list-style-type: none"> <li>informed by the lessons learned from the COVID-19 pandemic, lead dialogue and promote globally, regionally and at country levels health systems as a platform to complement and develop capacities for AMR.</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>
<b>Country support</b>	<ul style="list-style-type: none"> <li>incorporate AMR into national strategies, policies and plans, with budgets linked to achieving Sustainable Development Goal targets and national health security plans;</li> <li>highlight COVID-19 pandemic response and recovery measures by offering multiple entry points to address AMR, including by enhancing infection prevention and control, hand hygiene, water, sanitation and hygiene, and multisectoral coordination;</li> <li>establish the economic rationale for investments to address AMR through evidence-based products</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>progressively ensure that AMR priorities are well integrated into national health strategies, policies and plans and an integrated part of the reorientation of health systems towards primary health care strategies, with particular emphasis on</li> </ul>	1.20		<b>1.20</b>	0.32		<b>0.32</b>	0.74		<b>0.74</b>	0.36		<b>0.36</b>	0.55		<b>0.55</b>	0.43		<b>0.43</b>		<b>3.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	and promote equitable access to quality antimicrobials and diagnostics for all sections of the population; <ul style="list-style-type: none"> <li>• develop, cost, implement and monitor multisectoral national action plans on AMR, including by establishing functional national multisectoral coordination mechanisms that engage all relevant sectors;</li> <li>• raise public awareness through targeted efforts, including through World Antimicrobial Awareness Week campaigns, the use of social media and targeted behaviour change campaigns, such as for the prescription and use of antimicrobials;</li> <li>• establish multidisciplinary antimicrobial stewardship programmes and practices, including by developing national integrated policies and related health care worker capacity-building;</li> <li>• adopt the WHO Access, Watch, Reserve classification in national emergency medicines lists, formularies and treatment guidelines;</li> <li>• develop policies to address recurrent shortages of essential antibiotics and promote equitable access to quality-assured essential antibiotics and diagnostic tools;</li> <li>• revise, develop and monitor national regulations on antimicrobial sale, use, dispensing and disposal;</li> <li>• enhance pre-service and in-service training for health workers, and for medical and health science students, support the development of standard</li> </ul>	integrating AMR in strengthening the EPHFs.																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>curricula and promote the inclusion of women and disadvantaged sections of the population in awareness and training efforts;</p> <ul style="list-style-type: none"> <li>• establish, strengthen and scale up national and regional integrated systems for AMR surveillance across the human, animal and environment sectors, using the Global AMR and Use Surveillance System;</li> <li>• strengthen the capacity of microbiology laboratories and support the development of laboratory networks by means of technical skills training (through the WHO Academy), and provide support for the sustainable procurement of consumables and reagents;</li> <li>• build operational research capacity to generate and use evidence on the emergence and spread of AMR, its impact on women and disadvantaged populations, and the health and economic impacts of interventions, as well as to help to drive innovations;</li> <li>• track national progress against specific indicators using disaggregated data, including the antimicrobial resistance-related indicators of the Sustainable Development Goals; and</li> <li>• sustain progress despite ongoing COVID-19 pandemic disruptions by rolling out integrated training packages to address multiple areas (e.g. antimicrobial stewardship, infection prevention and control and national action plan implementation), using e-learning modules and remote assessment</li> </ul>																					

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	tools (through the WHO Academy).																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop or revise norms and standards, such as updated guidance for the surveillance of AMR and consumption in humans and a methodology for estimating the burden of AMR and collecting representative data;</li> <li>update the global priority list of antibiotic-resistant bacteria to guide the research and development of new antibiotics, as well as the list of critically important antibiotics for human health;</li> <li>develop a global priority list of fungal pathogens of public health importance and a review of the clinical antifungal pipeline;</li> <li>develop a global priority list for antibacterial resistance diagnostics;</li> <li>develop the WHO Access, Watch, Reserve model into a comprehensive framework for ensuring affordable access to essential antibiotics, while preserving existing and new antimicrobial medicines with options for supporting the appropriate use of antimicrobial medicines in humans;</li> <li>develop data products on country progress in addressing AMR, including disaggregating data based on sex, age, location (rural/urban) and other socioeconomic variables;</li> <li>update the AMR data repository and portal to display country/regional/global data on specific indicators; and</li> <li>develop technical guidance to respond to emerging pathogens or</li> </ul>	<ul style="list-style-type: none"> <li>informed by COVID-19 lessons, update AMR tools and guidelines, as appropriate</li> </ul>		0.15	<b>0.15</b>		0.04	<b>0.04</b>		0.09	<b>0.09</b>		0.04	<b>0.04</b>		0.07	<b>0.07</b>		0.05	<b>0.05</b>		<b>0.44</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	infectious disease outbreaks, based on lessons learned with respect to antimicrobial stewardship, infection prevention and control, hand hygiene and water, sanitation and hygiene during the COVID-19 pandemic.																					
<b>Output 3.1.1. Countries enabled to address social determinants of health across the life course systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>contributing to global policy processes and high-level development agendas to ensure consideration of their impact upon health and promote a Health in All Policies approach;</li> <li>engaging at a high level with non-health sectors to address the impact of policies on health and exploit opportunities for mitigating negative health impacts, including working with development banks to establish safeguards in road infrastructure activities, and ensuring that social determinants of health are considered in policy discussions on immigration;</li> <li>leveraging global platforms, including the second Decade for Action on Road Safety (2021–2030), the Decade of Action on Healthy Ageing (2021–2030), and the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), in order to improve health;</li> <li>participating in high-level boards and commissions on health and socioeconomic development in order to strengthen recovery from COVID-19, including advocating for equity in national and subnational COVID-19 pandemic</li> </ul>	<ul style="list-style-type: none"> <li>in line with the recommendations of the WHO position paper on building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond, advocate for Health In All Policies in building back better and fairer health systems that are oriented towards primary health care and EPHFs, with a focus on addressing the social determinants of health and health promotion, community engagement and ensuring no one is left behind.</li> </ul>		0.14	<b>0.14</b>		0.03	<b>0.03</b>		0.03	<b>0.03</b>		0.04	<b>0.04</b>		0.02	<b>0.02</b>		0.04	<b>0.04</b>		<b>0.30</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>responses and recovery strategies;</p> <ul style="list-style-type: none"> <li>building and maintaining global alliances and partnerships for advancing global agendas, including through the Global Partnership to End Violence Against Children, the Early Childhood Development Action Network, Global Network for Age-friendly Cities and Communities, the United Nations Road Safety Collaboration and UN-Habitat;</li> <li>supporting regional entities to strengthen data systems to improve reporting of road traffic deaths, in collaboration with partners, such as, the African Union, the Organisation for Economic Co-operation and Development and the World Bank Group; and</li> <li>building and maintaining global policy processes and high-level agendas on urban development and health.</li> </ul>																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>implement and monitor progress against norms and standards, including the INSPIRE: seven strategies for ending violence against children technical package; Safe Steps guidance on avoiding falls; implementing the Global Plan of Action for the second Decade for Road Safety; the nurturing care framework for early childhood development; and guidance on global accelerated action for the health of adolescents;</li> <li>design, introduce or enforce measures to prevent violence and injuries and improve maternal, child and adolescent health, such as support road safety legislation</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>in the context of the COVID-19 pandemic and the reforms to reorient health systems towards primary health care with EPHFs for universal health coverage and health security, support Health In All Policies dialogue, with a focus on addressing the social determinants of health</li> </ul>	1.12		<b>1.12</b>	0.24		<b>0.24</b>	0.24		<b>0.24</b>	0.32		<b>0.32</b>	0.18		<b>0.18</b>	0.34		<b>0.34</b>		<b>2.44</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>or data systems, standards for quality day care for children;</p> <ul style="list-style-type: none"> <li>• collect data needed for prioritizing action on ageism, social isolation and loneliness, and health equity, and for assessing the prevalence of violence against older people and road traffic fatalities;</li> <li>• address social determinants of health through a Health in All Policies approach;</li> <li>• implement policies that promote the inclusion of social determinants of health as part of the response to health emergencies (e.g., the response to the COVID-19 pandemic) and ensure that such policies are sustained in recovery strategies;</li> <li>• enable local governments to work with communities to address the social determinants of health and equity, with a special focus on employment and social protection, including in the response to health emergencies (e.g., COVID-19 pandemic response);</li> <li>• build capacity in supporting children’s healthy growth and development and preventing violence against children, as well as in healthy ageing, developing road safety legislation, improving data systems and conducting local level implementation research; and</li> <li>• train front line health care providers in dealing with child maltreatment.</li> </ul>	<p>and health promotion, community engagement and ensuring no one is left behind.</p> <ul style="list-style-type: none"> <li>• based on the lessons learned from the COVID-19 pandemic, support empowering and engaging communities, families and patients as a core element of health and development, including by improving and mainstreaming health literacy, increasing the capacity for cross-sectoral collaboration, developing mechanisms for civil society participation and recognizing and integrating behavioural insights into policies; and</li> <li>• support the establishment of formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights.</li> </ul>																				
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• build and strengthen the evidence base on the economic and commercial determinants of health and the impact of the</li> </ul>	<ul style="list-style-type: none"> <li>• in line with the recommendations of the WHO position paper on building health systems resilience for universal</li> </ul>		0.14	<b>0.14</b>		0.03	<b>0.03</b>		0.03	<b>0.03</b>		0.04	0.04		0.02	0.02		0.04	<b>0.04</b>		<b>0.30</b>



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>private sector and economic determinants on health;</p> <ul style="list-style-type: none"> <li>• develop global reports on the social determinants of health and health equity, the impact of the private sector on health, road safety and violence against children, as well as annual progress reports on the health and development of women, children and adolescents;</li> <li>• develop standards on healthy diets;</li> <li>• develop and update guidance to reduce the negative impact on health of social determinants. The guidance should cover: preventing child maltreatment, promoting optimal development in children, and multisectoral trade and investment approaches to addressing social determinants of health;</li> <li>• develop guidance and tools to address the social determinants of health at national and local levels, including to measure, prevent and counter ageism;</li> <li>• develop frameworks for action in urban health, including a global urban health research agenda and tools to improve health in urban settings, and develop action frameworks for addressing economic and commercial determinants of health;</li> <li>• provide tools for estimating the costs and benefits of policy action (for example, the investment case on injuries); and</li> <li>• document evidence on the negative impacts of the COVID-19 pandemic on social determinants and consequently on health outcomes, as well as on</li> </ul>	<p>health coverage and health security during the COVID-19 pandemic and beyond and inspired by the lessons learned from the COVID-19 pandemic, update tools and guidelines, as appropriate, related to Health in All Policies, addressing the social determinants of health and health promotion, community engagement and empowerment, ensuring no one is left behind and gender equality, and develop a framework to focus actions on equity, gender and human rights.</p>																				

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	sharing best practices and innovations that have been implemented to mitigate these impacts and promote equity.																					
<b>Output 3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>establishing a WHO-wide food system initiative to improve the health of people and the planet, building on the outcomes of the United Nations Food System Summit 2021 and the WHO global strategy for food safety, including through engaging public, private and civil society actors to support responsible investments in food systems that deliver safe, healthy foods for all;</li> <li>updating the global strategy for food safety to prevent common pathogens from entering the food system throughout the production chain and contain outbreaks of new pathogens at their source;</li> <li>establishing a One Health Initiative to coordinate the policies and actions of United Nations agencies that seek to deal with animal, environmental and human health issues simultaneously, supported by the One Health High-level Expert Panel;</li> <li>supporting the development and operation of global governance structures for AMR, namely the Global Leaders Group on AMR, the Independent Panel on Evidence for Action Against AMR and the Partnership Platform for Action against AMR;</li> <li>working with other multilateral agencies and development banks and Member States to scale up action and investment in AMR at global and country levels;</li> </ul>	<ul style="list-style-type: none"> <li>Using lessons learned from the COVID-19 pandemic as an opportunity for reforms, intensify promotion at global, regional and national levels of the One Health approach to population health and well-being, linking that approach with implementing health systems strengthening and EPHFs.</li> </ul>		0.42	<b>0.42</b>		0.09	<b>0.09</b>		0.09	<b>0.09</b>		0.12	<b>0.12</b>		0.07	<b>0.07</b>		0.13	<b>0.13</b>		<b>0.91</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• exploring how global, regional and national instruments and regulations can be used to improve access to, and appropriate and prudent use of, antimicrobials;</li> <li>• developing an initiative to accelerate access to safe and adequately fortified foods by developing or updating evidence-informed policies and standards; building capacity among multiple stakeholders so as to improve fortification uptake, quality and monitoring; and addressing emerging issues that limit the credibility and adoption of this food systems intervention;</li> <li>• maintaining political momentum through reports, strategies and advocacy initiatives;</li> <li>• leveraging global platforms, including the Decade of Action on Nutrition, the Global Action Plan On Child Wasting, the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), the follow-up to the United Nations Food Systems Summit 2021 and the Nutrition for Growth Summit 2021, in order to improve health, as well as the G7 and G20 Call to Action on One Health of 2021;</li> <li>• engaging in non-health sector policy forums (e.g. the Committee on World Food Security) to advocate for policy changes related to the implementation of WHO-recommended interventions; and</li> <li>• engaging more effectively in negotiations on the development of food standards.</li> </ul>																					

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Country support</b>	<ul style="list-style-type: none"> <li>enable them to adequately prevent and mitigate risks to food safety and malnutrition in all its forms by reducing the risk and burden of foodborne diseases through advice on policy implementation and adoption of international standards;</li> <li>develop or update evidence-informed policies and standards, in line with the leadership initiative to accelerate access to safe and adequately fortified foods;</li> <li>build capacity to improve fortification uptake, quality and monitoring;</li> <li>enable local governments to work with communities to address food security, including in health emergency responses, especially during the current COVID-19 pandemic;</li> <li>train front-line health care providers in child feeding and management of malnutrition (through the WHO Academy); and</li> <li>establish multisectoral mechanisms to support whole-of-government, Health in All Policies and One Health approaches in addressing AMR, noncommunicable diseases and zoonoses</li> </ul>	<p><b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b></p> <ul style="list-style-type: none"> <li>in the context of the COVID-19 pandemic and the ongoing reforms to reorient health systems towards primary health care with EPHFs for universal health coverage and health security, promote and support access to safe, healthy and sustainably produced foods through a One Health approach.</li> </ul>	3.36		<b>3.36</b>	0.72		<b>0.72</b>	0.72		<b>0.72</b>	0.96		<b>0.96</b>	0.53		<b>0.53</b>	1.01		<b>1.01</b>		<b>7.30</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop international norms, standards and recommendations through the Codex Alimentarius Commission, including on AMR;</li> <li>update the WHO List of Critically Important Antimicrobials for Human Medicine;</li> <li>provide strategic guidance and scientific recommendations for the development of food standards;</li> <li>develop standards for public food procurements;</li> <li>update the assessment of the foodborne disease burden;</li> <li>regularly assess the status of food security and nutrition in the world; and</li> <li>regularly assess the implementation of the International Code of Marketing of Breast-milk Substitutes.</li> </ul>	<ul style="list-style-type: none"> <li>inspired by the lessons learned from the COVID-19 pandemic, update tools and guidelines, as appropriate, related to access to safe, healthy and sustainably produced foods through a One Health approach.</li> </ul>		0.42	<b>0.42</b>		0.09	<b>0.09</b>		0.09	<b>0.09</b>		0.12	<b>0.12</b>		0.07	<b>0.07</b>		0.13	<b>0.13</b>		<b>0.91</b>
<b>Output 3.2.1. Countries enabled to address risk factors through multisectoral actions</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>maintaining political momentum through reports, strategies and advocacy initiatives, including the United Nations Decade of Action on Nutrition, preparations for high-level meetings of the United Nations General Assembly on the prevention and control of noncommunicable diseases and the action plan to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority;</li> <li>convening discussions on the magnitude and the health and societal impact of obesogenic and other noncommunicable disease risk factors related to unhealthy diets, physical inactivity, tobacco use and the harmful use of</li> </ul>	<ul style="list-style-type: none"> <li>Using lessons learned from the COVID-19 pandemic as an opportunity for reforms, intensify advocacy at global, regional and national levels for addressing risk factors through multisectoral platforms, for example on promoting physical activity, a healthy diet and reducing the harmful use of alcohol and tobacco.</li> </ul>		0.28	<b>0.28</b>		0.06	<b>0.06</b>		0.06	<b>0.06</b>		0.08	<b>0.08</b>		0.04	<b>0.04</b>		0.08	<b>0.08</b>		<b>0.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>alcohol; illustrating effective solutions based on the WHO “best buys” and other recommended interventions to address noncommunicable diseases (including new laws and regulations and changes in public expenditure) in order to create supportive environments; and advocating for their adoption;</p> <ul style="list-style-type: none"> <li>• advocating for policy and financial commitments at country and regional levels to implement the WHO-recommended interventions in order to address risk factors through multisectoral actions and establish adequate accountability mechanisms to track their implementation;</li> <li>• engaging in non-health sector policy forums to advocate for policy changes related to the implementation of WHO-recommended interventions to address risk factors;</li> <li>• monitoring the status and trend of risk factors related to unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol and analysing their impact on health;</li> <li>• identifying good practices in addressing risk factors through multisectoral actions and developing innovative solutions;</li> <li>• developing awareness campaigns to promote healthier lifestyles, using innovative communication approaches to encourage behavioural change;</li> <li>• advocating for health promotion within health systems, such as through community engagement; stakeholder analysis and health literacy; increased awareness of health risks; and building trust</li> </ul>																					

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	prior to public health emergencies, particularly in the light of the important role of health promotion in the response to outbreaks; and • leveraging global platform, including the United Nations Food Systems Summit 2021 and the Nutrition for Growth Summit, in order to improve health.																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>analyse the magnitude and impact of noncommunicable disease risk factors at national and subnational levels, taking into consideration gender and equity;</li> <li>design multisectoral action plans, including public expenditure plans, to reduce health risk factors and create health-supportive environments, taking into consideration WHO-recommended interventions;</li> <li>develop public policies in line with the evidence-based interventions WHO recommends to prevent noncommunicable disease risk factors and prevent and manage obesity, including policies on marketing, public procurement, product pricing, public information, sales outlet zoning, urban design and product standards;</li> <li>implement the WHO-recommended 16 cost-effective, affordable and evidence-based “best buys” for noncommunicable diseases and 70 “good buys”, which form the basis of a set of knowledge- and evidence-based technical packages, and provide models of policy, legislative and regulatory measures, including fiscal measures, through direct</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>in the context of the COVID-19 pandemic and taking the opportunity of ongoing reforms to reorient health systems towards primary health care with EPHFs for universal health coverage and health security, use the various dialogue platforms to include in national health strategies policies and plans actions that aim to scale up addressing risk factors such as promoting physical activity, healthy diet or reducing the harmful use of alcohol and tobacco.</li> </ul>	2.24		<b>2.24</b>	0.48		<b>0.48</b>	0.48		<b>0.48</b>	0.64		<b>0.64</b>	0.35		<b>0.35</b>	0.67		<b>0.67</b>		<b>4.86</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>technical support and capacity-building;</p> <ul style="list-style-type: none"> <li>develop public-focused campaigns aimed at behavioural change, using various social media and traditional media channels;</li> <li>effectively monitor and evaluate current health-related policies and programmes designed to address risk factors related to unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol through multisectoral actions, and document their impact; and</li> <li>develop and strengthen country capacity to use health promotion instruments to reduce risks to health.</li> </ul>																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>develop recommendations for cost-effective policy responses, including management of obesity using a primary health care approach, taxation, restrictions on marketing alcohol and foods, labelling of foods and beverages, healthier food product composition, workplace health promotion, food-control policies and mass media campaigns (to promote, for example, physical activity and healthy diet);</li> <li>update, as needed, the “best buys” and “good buys” for noncommunicable diseases;</li> <li>develop or update model policies, technical packages and implementation tools that integrate good practice examples from countries, as well as economic impact and stakeholder analyses aimed at providing cost-effective approaches to reducing risk factors; and</li> </ul>	<ul style="list-style-type: none"> <li>inspired by the lessons learned from COVID-19, update tools and guidelines, as appropriate, related to addressing risk factors.</li> </ul>		0.28	<b>0.28</b>		0.06	<b>0.06</b>		0.06	<b>0.06</b>		0.08	<b>0.08</b>		0.04	<b>0.04</b>		0.08	<b>0.08</b>		<b>0.60</b>



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• build data products based on monitoring implementation of public policies and investments, including the report on the global tobacco epidemic and tobacco product regulation, the global surveys and status reports on alcohol and health, the global nutrition policy review, the Global Action Plan on Physical Activity 2018–2030 and the Noncommunicable Diseases Country Capacity Survey.</li> </ul>																					
<b>Output 3.3.1. Countries enabled to address environmental determinants, including climate change</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• promoting health as a central consideration in global environment and development agendas (for example, in the implementation of the United Nations Framework Convention on Climate Change);</li> <li>• supporting global and regional governance mechanisms for integrated and multisectoral action in environment and health;</li> <li>• giving higher political visibility to the unique health challenges of small island developing States, with a bottom-up approach that builds on the declarations and strategic action plans already committed to by small island developing States and stakeholders, as well as strengthening collaboration across all levels and offices of WHO and with new partners;</li> <li>• building global alliances and providing platforms for advancing global agendas on climate and health (for example, the Global Chemicals and Health Network, the UNEP/WHO Global Alliance to Eliminate Lead Paint, the WHO/UNDP/United Nations</li> </ul>	<ul style="list-style-type: none"> <li>• using lessons learned from the COVID-19 pandemic as an opportunity for reforms, intensify advocacy at global, regional and national levels for addressing the environmental determinants of health, including climate change, linking such advocacy with the implementation of health systems strengthening and EPHFs.</li> </ul>		0.28	<b>0.28</b>		0.06	<b>0.06</b>		0.06	<b>0.06</b>		0.08	<b>0.08</b>		0.04	<b>0.04</b>		0.08	<b>0.08</b>		<b>0.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	Department of Economic and Social Affairs (UNDESA)/World Bank Health and Energy Platform of Action and the Beyond 2020 Platform for the Sound Management of Chemicals and Waste), and on the Sustainable Development Goals (for example, the Sustainable Development Goal 6 Global Acceleration Framework); <ul style="list-style-type: none"> <li>engaging in intersectoral policy-making and inter-agency dialogue on health and the environment, chemicals and health (for example, with the Inter-Organization Programme for the Sound Management of Chemicals) and on occupational health and safety with the labour sector;</li> <li>fostering the development and implementation of legal and financial instruments and relevant multilateral environmental agreements that address environment and health issues, such as the Minamata Convention on Mercury; and</li> <li>advocating for “green recovery” approaches to strengthening the resilience, preparedness and adaptive capacities of societies, cities, workplaces and health systems post COVID-19.</li> </ul>																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>implement the WHO Global Strategy on Health, Environment and Climate Change and the WHO Chemicals Road Map;</li> <li>influence decisions in health-determining sectors, such as energy, transport, water and sanitation, and to include considerations of health in urban planning;</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>in the context of the COVID-19 pandemic and taking the opportunity of ongoing reforms to reorient</li> </ul>	2.24		<b>2.24</b>	0.48		<b>0.48</b>	0.48		0.48	0.64		0.64	0.35		0.35	0.67		<b>0.67</b>		<b>4.86</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• build capacity for the monitoring and surveillance of drinking water and occupational diseases;</li> <li>• expand essential environmental and occupational health services and develop a public health workforce that is capable of dealing with environment-related health issues;</li> <li>• develop and implement national solutions to water and sanitation safety, ionizing and non-ionizing radiation and waste management in health care facilities, including norms and standards;</li> <li>• implement special initiatives for those who are vulnerable or in vulnerable situations, including the action plan of the WHO Special Initiative on Climate Change and Health in Small Island Developing States;</li> <li>• scale up the protection of the health and safety of migrant workers and workers in the informal economy;</li> <li>• conduct cross-sectoral work to prevent and treat neglected tropical diseases through provision of water, sanitation and hygiene services;</li> <li>• build climate-resilient health systems by addressing climate risks across all health systems building blocks and targeting action on key areas, such as ensuring climate-resilient and environmentally sustainable health care facilities;</li> <li>• build environmental and occupational health preparedness and response and recovery in emergencies capacities (for example, in occupational health and safety during chemical,</li> </ul>	health systems towards primary health care with EPHFs for universal health coverage and health security, use the various dialogue platforms to nurture the integration of environmental health (e.g., food safety, air quality, zoonotic diseases prevention, climate change, chemical and radiation hazards management, etc.) in public health and health care programmes within the health sector, using a health equity lens.																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	biological and radio-nuclear accidents); <ul style="list-style-type: none"> <li>develop and strengthen strategic partnerships, for example with the private sector and labour unions, other agencies in the context of United Nations reforms, the Noncommunicable Diseases Alliance and poison centres; and</li> <li>implement policies advocated by the WHO Manifesto for a healthy and green recovery from COVID-19.</li> </ul>																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>shape the research agenda, for example on climate, air quality and health, occupational health and water safety and health;</li> <li>identify, assess and generate recommendations on emerging environmental threats to health, including plastic and electronic wastes, microplastics, endocrine disruptors, airborne sand and dust, highly hazardous pesticides and national food-control systems;</li> <li>provide estimates of the global burden of disease from environmental risks (for example, exposure to climate change, loss of biodiversity and changes to global ecological services);</li> <li>generate evidence of the positive health impacts of green and blue spaces and urban environments that are conducive to more physical activity;</li> <li>develop health-protection guidelines on ambient and indoor air pollution (for example, in connection with COVID-19 transmissibility); safety standards for ionizing and non-ionizing radiation, including the appropriate use of radiation in</li> </ul>	<ul style="list-style-type: none"> <li>inspired by the lessons learned from the COVID-19 pandemic, update tools and guidelines, as appropriate, related to addressing environmental determinants, including climate change.</li> </ul>		0.28	<b>0.28</b>		0.06	<b>0.06</b>		0.06	<b>0.06</b>		0.08	<b>0.08</b>		0.04	<b>0.04</b>		0.08	<b>0.08</b>		<b>0.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	health care; and preparedness for and response to radiation emergencies; <ul style="list-style-type: none"> <li>develop guidance on reducing the impact of environmental risks, such as air pollution, on health and their distribution across population groups, as well as a framework for health, safety and environment in workplaces (for example, against mercury exposure);</li> <li>provide tools for estimating the costs and benefits of policy action and inaction in the areas of the environmental determinants of health (for example, the Benefits of Action to Reduce Household Air Pollution Tool) and water, sanitation and hygiene;</li> <li>regularly report on progress towards the Sustainable Development Goal targets related to health and environment for which WHO is the designated custodial agency;</li> <li>develop communication packages on risk communication for air pollution episodes, extreme weather events and radiation risks and to highlight positive developments and inspirational practices (for example, through the BreatheLife campaign).</li> </ul>																					
<b>Output 3.3.2. Countries supported to create an enabling environment for healthy settings</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>implementing the WHO corporate framework on healthy cities and the measurement tool, including a framework on urban governance for health and well-being and a core set of healthy cities indicators;</li> <li>setting up a global network of healthy cities as a political</li> </ul>	<ul style="list-style-type: none"> <li>using lessons learned from the COVID-19 pandemic, promote at global, regional and national levels enhancing health promotion activities across the life course, including practices for</li> </ul>		0.28	<b>0.28</b>		0.06	<b>0.06</b>		0.06	<b>0.06</b>		0.08	<b>0.08</b>		0.04	<b>0.04</b>		0.08	<b>0.08</b>		<b>0.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	platform for mayors to share and exchange information and experiences; <ul style="list-style-type: none"> <li>implementing the global standards for health-promoting schools in selected countries and its implementation guidance;</li> <li>engaging Member States, partners and other relevant entities to support health promotion skills and practices (for example, community engagement, communication for social and behavioural change, policy dialogue and advocacy), through the global plan of action for health promotion;</li> <li>engaging Member States in the adoption of a health literacy measurement tool, for which there is a significant need across populations and health programmes, oriented towards sustainable health behaviour for the prevention and control of communicable and noncommunicable diseases and preparedness and response in public health emergencies; and</li> <li>furthering the contribution that health promotion makes in risk communication and community engagement in the context of the International Health Regulations(2005).</li> </ul>	the reduction of risk factors for noncommunicable diseases, in particular for promoting mental health and risk reduction through the use of self-management tools; and <ul style="list-style-type: none"> <li>promote the strengthening of governance for healthy settings, linking with a Health in All Policies approach and EPHFs.</li> </ul>																				
<b>Country support</b>	<ul style="list-style-type: none"> <li>adopt a health literacy measurement tool and related policy recommendations;</li> <li>develop a comprehensive approach across thematic areas of work in order to accelerate the attainment of positive health impacts related to road traffic injuries, communicable diseases, noncommunicable diseases, healthy ageing and health-</li> </ul>	<b>In 30 intensified support countries (including several fragile, conflict-affected and vulnerable countries):</b> <ul style="list-style-type: none"> <li>in the context of the COVID-19 pandemic and taking the opportunity of ongoing reforms to reorient</li> </ul>	2.24		<b>2.24</b>	0.48		<b>0.48</b>	0.48		<b>0.48</b>	0.64		<b>0.64</b>	0.35		<b>0.35</b>	0.67		<b>0.67</b>		<b>4.86</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>promoting schools and kindergartens, including the global standards for health-promoting schools and its implementation guidance;</p> <ul style="list-style-type: none"> <li>• implement cost-effective solutions through intersectoral action (including Health in All Policies) and networks of cities and communities;</li> <li>• promote community engagement and social participation in decision-making processes that impact health and well-being;</li> <li>• develop policies for healthier and health-promoting workplaces in all sectors, including the informal economy;</li> <li>• build capacity in multi-level governance approaches to facilitate the implementation of settings-based approaches; and</li> <li>• expand the use of health impact assessments in public policy development at all levels of government as part of multisectoral collaboration.</li> </ul>	<p>health systems towards primary health care with EPHFs for universal health coverage and health security, use the various dialogue platforms to enhance health promotion activities across the life course, including practices for the reduction of risk factors for noncommunicable diseases, in particular for promoting mental health and risk reduction through the use of self-management tools.</p>																				
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• develop norms and standards for, among others, healthy cities, health-promoting schools and community-led programmes, implementing country frameworks for settings-based approaches and multi- and intersectoral action for schools and cities;</li> <li>• conduct health and social impact assessments of policies that have an impact on health development at national, local and community levels (such as transport, land use and waste), as well as healthier and safer workplaces;</li> </ul>	<ul style="list-style-type: none"> <li>• inspired by the lessons learned from the COVID-19 pandemic, update tools and guidelines, as appropriate, related to enhancing health promotion activities across the life course, including practices for the reduction of risk factors for noncommunicable diseases, in particular for promoting mental health and risk reduction through the</li> </ul>		0.28	<b>0.28</b>		0.06	<b>0.06</b>		0.06	<b>0.06</b>		0.08	<b>0.08</b>		0.04	<b>0.04</b>		0.08	<b>0.08</b>		<b>0.60</b>

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>develop and update guidance on school environments to reduce the negative impact on health of social determinants; and</li> <li>develop guidance and tools to promote school health standards.</li> </ul>	use of self-management tools.																				



ANNEX IV

**PROPOSED STRATEGIC DELIVERABLES AND THEIR CORRESPONDING COST BY MAJOR OFFICE, LEVEL AND PROGRAMME BUDGET OUTPUT FOR STRATEGIC PRIORITY 2**

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																		HQ	TOTAL	
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific					
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
<b>Output 2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported</b>																							
<b>Leadership</b>	<ul style="list-style-type: none"> <li>improving the metrics and indices used to assess and analyse the status of country preparedness, including health and non-health indicators;</li> <li>collaborating with national focal points to updating and strengthen assessment tools and measurement approaches used at the national and subnational levels to conduct annual reporting by States Parties to the International Health Regulations (2005), voluntary JEEs, after-action and intra-action reviews and simulation exercises on emergency preparedness capacities;</li> <li>developing a new peer-review mechanism for assessment and evaluation will be considered; and</li> <li>greater emphasis will be placed on assessments of national preparedness capacities at the human–animal interface, including coordination between human health, animal health and environmental health sectors.</li> </ul>	<ul style="list-style-type: none"> <li>in close collaboration with Member States and key stakeholders, continue to pilot, develop, and roll out the new UHPR mechanism – a collaborative peer-review approach to health emergency preparedness assessment that increases accountability and transparency among Member States.</li> <li>Develop, pilot and roll out publicly available data to generate a dynamic preparedness metric and link it to WHO benchmark activities.</li> </ul>		0.1	0.1		0.1	0.1					0.2	0.2		0.2	0.2		0.1	0.1	11.1	11.7	

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Country support</b>	<ul style="list-style-type: none"> <li>carry out national preparedness assessments using new and adapted tools in coordination with national focal points;</li> <li>carry out preparedness assessments focused on the human–animal interface, including coordination between human health, animal health and environmental health sectors;</li> <li>map all available domestic and international technical and financial resources that can be used for national and regional health security preparedness;</li> <li>assess a broader range of preparedness indicators, including the minimum core capacities of health systems and capacities at subnational levels that are required for health security and dynamic readiness measures; and</li> <li>ensure that the results of national capacity assessments are continuously analysed and validated against the actual outcomes of public health emergencies, within the context of changing risks.</li> </ul>	<ul style="list-style-type: none"> <li>scale up the routine use of simulation exercises, intra-action reviews and after-action reviews in order to enable countries to assess their performance during and after health emergencies (including the COVID-19 pandemic) in order to identify and learn from successes and failures;</li> <li>support the implementation of updated International Health Regulations (2005) monitoring and evaluation assessments and reviews (including SPAR and JEEs) that include new indicators which have been integrated to reflect the lessons learned from the COVID-19 pandemic and other recent health emergencies;</li> <li>scale up the implementation of strategic risk and vulnerability assessments, using the WHO SPAR tool, in order to identify health emergency risks that countries face and recommendations to address gaps.</li> </ul>	3.2	1.2	4.4	2.7	0.8	3.5	0.6		0.6	0.3	2.3	2.6	21.8	2.5	24.4	0.3	0.6	0.9	1.5	38.0
<b>Normative work</b>	<ul style="list-style-type: none"> <li>assess, monitor, analyse and report all-hazards emergency preparedness capacities for high-impact health security risks and high-visibility events including pandemic threats, emergency risks exacerbated by insecurity and climate change, AMR, mass gatherings (for example, the Olympic Games) and bio-risks, including laboratory biosafety and biosecurity;</li> </ul>	<ul style="list-style-type: none"> <li>update key components of the International Health Regulations (2005) monitoring and evaluation framework (SPAR; voluntary JEEs, etc.) in order to incorporate the lessons learned from the COVID-19 pandemic, including the need to more comprehensively assess preparedness and readiness at national and subnational levels;</li> </ul>		0.03	0.03		0.02	0.02				0.05	0.05		0.06	0.06		0.01	0.01	13.1	13.3	

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			HQ	TOTAL
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific					
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
	<ul style="list-style-type: none"> <li>implement tools, guidance, frameworks and resources for national preparedness assessments that are updated to capture the lessons that have emerged from the COVID-19 pandemic, including States Parties' annual reporting, voluntary JEEs, after-action reviews, intra-action reviews and simulation exercises in coordination with national focal points; and</li> <li>revise the National IHR Focal Point Guide to enhance national reporting against the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030.</li> </ul>	<ul style="list-style-type: none"> <li>expand the sectoral and geographical scope of country preparedness assessment and capacity-building tools, with a stronger emphasis on subnational preparedness;</li> <li>develop and roll out guidance, training and other supportive tools in order to facilitate the implementation of national preparedness assessments; and</li> <li>scale up the dissemination of information on preparedness gaps that are identified through national preparedness assessments and reviews.</li> </ul>																					
<b>Output 2.1.2. Capacities for emergency preparedness strengthened in all countries</b>																							
<b>Leadership</b>	<ul style="list-style-type: none"> <li>engaging with countries and partners to advocate for the prioritization, strengthening and acceleration of the integration and implementation of the International Health Regulations (2005), the health security-related targets of the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction 2015–2030, the United Nations Agenda for Humanity, the Paris Agreement on Climate Change and other relevant frameworks at the national, regional and global levels; and</li> <li>advocating for and promoting the implementation of gender-inclusive and responsive preparedness capacity-building in all national and global health security initiatives, and by</li> </ul>	<ul style="list-style-type: none"> <li>scale up action to improve systemic emergency preparedness in cities and urban settings, addressing gaps identified during the COVID-19 pandemic;</li> <li>lead the improvement and alignment of health emergency preparedness systems, financing and governance with the International Health Regulations (2005), other relevant international instruments, financing mechanisms and the constitutional mandate of WHO in order to improve global health security at every level. This will require WHO to be empowered and sustainably financed so that it can fulfil its mandate as</li> </ul>		0.21	0.21		0.06	0.06		0.05	0.1		0.21	0.21					0.2	0.2	2.3	3.0	

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			HQ	TOTAL	
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific						
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	continuing to advocate for increased investment in targeted capacity strengthening, innovation and research and development for risk reduction and coordinated preparedness activities.	the directing and coordinating authority on international health work, including for pandemic preparedness and response; <ul style="list-style-type: none"> <li>• support countries to leverage the momentum for preparedness that has been achieved through the COVID-19 pandemic by elevating preparedness strengthening through International Health Regulations (2005) implementation as a national priority;</li> <li>• scale up actions to improve systemic emergency preparedness in cities and urban settings, addressing gaps identified during the COVID-19 pandemic; and</li> <li>• develop investment cases for preparedness by costing preparedness and response activities at the national and supranational levels.</li> </ul>																						
<b>Country support</b>	<ul style="list-style-type: none"> <li>• strengthen areas of low capacity highlighted by the COVID-19 pandemic through targeted technical support for legislative preparedness, urban preparedness, leadership and governance, community empowerment, logistics and supply chains, deployable human resources, health system adaptability for health security, health facility preparedness and subnational public health capacities underpinned by stronger linkages and coordination between health care and public health systems, and whole-of-society engagement;</li> </ul>	<ul style="list-style-type: none"> <li>• accelerate the full financing and implementation of national action plans for health security, ensuring priority is given to building global health security/International Health Regulations (2005) capacities, where gaps are identified, through the UHPR and other national preparedness assessment and review tools, with support from the new Global Strategic Preparedness Network (GSPN);</li> <li>• support countries to enhance programming for</li> </ul>	8.94	2.39	11.32	3.78	0.62	4.4	10.5	0.6	11.1	4.9	2.4	7.2	19.14		19.1	9.1	2.0	11.1	0.3	64.6		

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	<ul style="list-style-type: none"> <li>• build stronger capacities for health security preparedness at the human–animal interface in order to address identified risks, including zoonotic diseases of known and unknown origin, through the One Health approach. WHO will continue working with its partners in animal health, mainly the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, to support countries in developing capacities at the human–animal interface. The COVID-19 pandemic and other recent outbreaks have again underlined this urgent need;</li> <li>• identify gaps in national capabilities to collect, analyse and report data related to the International Health Regulations (2005) and other data, which will inform capacity strengthening for health security and preparedness. To facilitate capacity strengthening, WHO will undertake to map all domestic and internationally available technical and financial resources that can be used for national and regional health security preparedness. In order to address identified gaps in preparedness, the Secretariat will support countries to develop, cost, finance and integrate national disease or hazard-specific preparedness plans (including for the COVID-19 pandemic response) with broader and comprehensive national action plans for health security and health sector plans, working with donors to reduce</li> </ul>	<p>disaster risk reduction approaches across sectors;</p> <ul style="list-style-type: none"> <li>• support countries in implementing health systems for health security framework to develop International Health Regulations (2005) capacities and components in health systems and other sectors so that they work in synergy to address the risks and impact of health emergencies;</li> <li>• support countries to enhance multisector collaboration and coordination for preparedness across all relevant sectors and segments of society;</li> <li>• support countries to address preparedness gaps at the human–animal interface through One Health approaches, including stronger coordination for International Health Regulations (2005) capacity-building across national One Health sectors; and</li> <li>• support the development and strengthening of safe hospital capacities, in line with the lesson learned from the COVID-19 pandemic that health care facility preparedness is a critical gap in many countries.</li> </ul>																				

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	<p>duplication, enhance efficiencies and build sustainability, including through the development of national investment cases for preparedness;</p> <ul style="list-style-type: none"> <li>ensure progress and collaboration, and periodically realign resources with gaps through processes and tools, including resource-mapping to support the evaluation process for national action plans for health security, and WHO’s Strategic Partnership Portal for health security, which supports countries, partners and donors in aligning their investments with the plans for strengthening health security. This will require regular monitoring with the engagement of stakeholders; and</li> <li>scale up preparedness in special contexts, including urban settings, small island developing States, overseas territories and conflict settings. WHO’s regional offices will play a leading role in this. Regional and country offices will also lead efforts to foster engagement with non-traditional health stakeholders, including parliamentarians, ministries of finance, ministries of foreign affairs, community leaders, sporting organizations and faith-based organizations, to build a multisectoral, whole-of-society approach to emergency preparedness and capacity-building.</li> </ul>																					

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<b>Normative work</b>	<ul style="list-style-type: none"> <li>• identify, develop and mobilize a network of human resources for deployment to countries for emergency preparedness and capacity strengthening and to address gaps and national priorities;</li> <li>• integrate health systems strengthening and capacity-building for health emergencies in health policies, programmes and sectors that contribute to health security, universal health coverage, resilience and sustainable development; and</li> <li>• document and disseminate country experiences, best practices and lessons learned in capacity-building to strengthen global health security and health systems resilience.</li> </ul>	<ul style="list-style-type: none"> <li>• expand and improve the way WHO supports countries to dynamically and collectively assess national all-hazards emergency preparedness, including readiness, governance, health systems and community resilience, which will increase the predictive value of preparedness assessments;</li> <li>• accelerate the roll-out and development of tools for resource-mapping and partner coordination that have proved their worth throughout the pandemic;</li> <li>• update the WHO benchmarks for International Health Regulations (2005) capacities in line with the recommendations of various panels and committees;</li> <li>• facilitate and conduct operational and implementation research, as well as economic evaluations of preparedness interventions;</li> <li>• develop guidance and standard operating procedures for the roll-out of the GSPN, which will facilitate the matching and deployment of trained technical experts from around the world to countries that are in need of support to scale up capacity-building action, including through implementation of national action plans for health security;</li> <li>• support the implementation of relevant components of the Sendai Framework for</li> </ul>		0.05	0.05		0.01	0.01		0.01	0.01		0.05	0.05					0.04	0.04	2.68	2.85

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		Disaster Risk Reduction that advance health security preparedness strengthening and International Health Regulations (2005) capacity-building; and • develop tools and training to help build health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond in order to facilitate the action of countries to build back better and achieve higher levels of national and subnational preparedness.																				



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<b>Output 2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>ensuring organizational readiness across all levels of WHO through the development of business continuity planning, and supporting United Nations-wide readiness through the provision of readiness support to other United Nations agencies. WHO will also coordinate the development and delivery of intersectoral and interdisciplinary global mechanisms for readiness, including the deployment and distribution of stockpiles and the deployment of essential personnel;</li> <li>leading the development of risk-mapping; strengthening the use and monitoring of risk profiles and multi-hazard early warning systems to anticipate and accelerate operational readiness activities in countries; and highlighting the critical importance of health system readiness. In addition, the WHO Secretariat will develop readiness assessment tools and guidance;</li> </ul>	<ul style="list-style-type: none"> <li>broaden WHO's strategic priorities in order to provide global technical and operational leadership in key areas, including readiness of health systems and public health; clinical management; infection prevention and control/water, sanitation and hygiene (IPC/WASH), including at community level; public health laboratories; border health and travel; community-based intervention and risk communication and community engagement; community-based surveillance; rapid response capacity; and health workforce functions.</li> </ul>		0.04	0.04		0.05	0.05		0.1	0.1		0.2	0.2					0.03	0.03	3.9	4.3

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	<ul style="list-style-type: none"> <li>exploring ways to more effectively harness the power of inclusive engagement of local and national civil society organizations in decision-making on readiness and response to ensure whole-of-society readiness;</li> <li>working with international and national stakeholders to agree on common principles for requesting, deploying and receiving health emergency personnel in order to streamline emergency response processes and improve readiness; and</li> <li>leading the mobilization of partners and donors to support operational readiness in countries in the event of a significant threat to public health and in at-risk countries on the basis of an assessment of risks and vulnerabilities. This mobilization will be supported by strengthened human and financial resources and coordination mechanisms across and beyond the health sector and WHO.</li> </ul>																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>strengthen readiness assessments with special emphasis on vulnerable communities, better identify gaps in operational and technical capacities, and strengthen the implementation of targeted activities to address those gaps. These processes will be supported by the development of hazard-specific scenario-based contingency plans;</li> <li>ensure that sufficient resources are available to implement plans and readiness measures, and</li> </ul>	<ul style="list-style-type: none"> <li>build and strengthen community readiness and resilience, ensuring that communities are enabled to take appropriate action to address particular health emergency issues and empowered to use a whole-of-society approach towards health emergency readiness;</li> <li>accelerate targeted action(s) to support Member States with health care readiness in emergencies, with a focus on infection prevention and control,</li> </ul>	2.9	0.43	3.33	2.99	0.5	3.5	0.7	0.7	1.5		1.7	1.7	3.6		3.6	0.5	0.3	0.8	0.6	14.9

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	accelerate the provision of support for an emerging or expected event. The assessment of countries' operational readiness will be facilitated by training and functional exercises and drills in order to measure progress and adjust strategies accordingly; and <ul style="list-style-type: none"> <li>• address gaps in critical readiness capacities, including with respect to: public health surveillance; laboratory systems; an agile health emergency workforce; access to innovation and research, including investigational interventions (such as vaccines, therapeutics and diagnostic tools); and readiness to respond to food safety and zoonotic events, including capacity to rapidly exchange food safety information across sectors, stakeholders and national borders. The Secretariat will do this by leveraging global and regional networks.</li> </ul>	emergency medical teams and clinical management, which have been identified as crucial response pillars in all emergencies; <ul style="list-style-type: none"> <li>• strengthen subnational capacities, including community readiness, for early detection and rapid response to emergencies;</li> <li>• build and strengthen countries' readiness to minimize public health risks and manage public health events related to population movements across borders and in the context of mass gatherings in a multisectoral approach, in coordination with other UN agencies and international organizations;</li> <li>• develop clinical management guidance and tools for emerging and priority diseases;</li> <li>• develop an integrated dashboard for all countries on the Partners Platform that will identify readiness gaps and track requests for technical assistance and deployments, including health system interventions to alleviate bottlenecks in services at national and subnational levels; and</li> <li>• develop a dynamic web-based costing tool to forecast essential supplies and operations for readiness for disease-specific threats.</li> </ul>																				

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<b>Normative work</b>	<ul style="list-style-type: none"> <li>• build on the success of the COVID-19 Partners Platform by adapting the Platform for operational readiness planning, and strengthen interoperability between the Strategic Partnership Portal for health security and the Health Resources Availability Monitoring System;</li> <li>• continue to expand the global Emergency Medical Teams Initiative by developing the classification process and minimum standards for emergency medical teams and promoting integration and interoperability;</li> <li>• maintain, expand and/or establish clinical, research and innovation networks for rapid activation during and prior to emergencies, and implement guidance and tools for minimum standards of clinical care in highly infectious disease outbreak settings for health care personnel and other first responders e.g. infection prevention and control, to ensure that care settings do not become hubs for epidemic amplification; and</li> <li>• provide norms, guidance and functional exercise tools to support risk management at points of entry, in international travel and transport, and at mass gatherings.</li> </ul>	<ul style="list-style-type: none"> <li>• scale up the systematic identification of risks and vulnerabilities in all countries, with a special focus on the animal–human interface, through the accelerated roll-out of tools, guidance material, training and technical support, including through the expanded use of targeted simulation exercises;</li> <li>• develop global norms, standards, guidance and tools on operational readiness, which will institutionalize this area as a priority in WHO, in Member States and across the health emergency continuum;</li> <li>• expand the Partners Platform to include readiness in fragile, conflict-affected and vulnerable settings, with planning and financing guidance and support to special settings, building on lessons learned from the recent crisis; and</li> <li>• develop a web-based readiness checklist tool to identify triggers for activation and resource mobilization for operational readiness and key actions to implement in preparation for rapid, effective and coordinated all-hazards responses. Existing evidence for operational readiness and lessons learned from the response to the COVID-19 pandemic will inform the development of the guide.</li> </ul>		0.01	0.01		0.01	0.01		0.02	0.02		0.04	0.04					0.01	0.01	4.7	4.7

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<b>Output 2.2.1 Epidemics and pandemics prevented</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>convening and coordinating global networks of experts, including the Global Laboratories Alliance for the Diagnosis of High Threat Pathogens, which allows for the rapid characterization and sharing of biological specimens including viruses; the Emerging Diseases Clinical Assessment and Response Network, which assesses risks in order to improve the treatment of patients and reduce mortality; the Global Infection Prevention and Control Network; the Emergency Communications Network, which aims to build a cohort of trained, tested and trusted communications officers; and the new network of infodemiologists and infodemic managers;</li> <li>fostering and driving research and information sharing, and providing recommendations on preventing and managing high-threat infectious hazards. The research in pandemic prevention can range from the development of new or updated countermeasures to the development and implementation of tools to harness big data, artificial intelligence, machine learning and predictive modelling systems in order to drive global, regional and national pandemic prevention and preparedness strategies. This will be done through expert networks, WHO collaborating centres and advisory groups across various</li> </ul>	<ul style="list-style-type: none"> <li>build on the successes of ACT-A and draw on WHO's expertise and convening power to create a multipartner, multisectoral mechanism that catalyses the rapid development of vaccines, therapeutics and diagnostics and other global public goods in response to emerging infectious threats, and also ensures their equitable and effective distribution;</li> <li>in close consultation with Member States and key stakeholders, develop a system that will provide a rapid, safe and transparent mechanism for voluntarily sharing biological materials with epidemic or pandemic potential, enable rapid risk assessments that can be shared with all countries, and accelerate research and innovation, including for medical countermeasures that can be equitably shared with all countries in need. Piloting and jointly building the BioHub will be crucial to the global, coordinated approach to preventing, detecting and responding to high-threat pathogens; and</li> <li>leverage global mechanisms and networks to increase awareness and uptake, inform decision-making and promote the translation of science to policy regarding (i) the use of public health and social</li> </ul>		0.07	0.07		0.07	0.07					0.07	0.07					0.02	0.02	4.7	4.9

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	fields of expertise, including the Strategic and Technical Advisory Group for Infectious Hazards; <ul style="list-style-type: none"> <li>• accelerating the development of new medical products, and driving a public health research agenda for high-threat infectious hazards, including the assessment of public health and social measures, while continuing to build on the R&amp;D Blueprint for emergencies. This work will feed into efforts to further develop and consolidate the partnerships, scientific approaches and tools required for infodemic management at the global, regional and national level in order to improve risk communication during pandemics; and</li> <li>• enhancing global mechanisms of governance and collaboration during pandemics and multifocal epidemics, with an emphasis on ensuring fair and equitable access to essential commodities on the basis of need, building on the experience of the COVID-19 pandemic.</li> </ul>	interventions and (ii) infodemic management to prevent, prepare for and respond to epidemics and pandemics.																				
<b>Country support</b>	<ul style="list-style-type: none"> <li>• increase awareness of, and detection capacity for, high-threat health hazards, and to strengthen efforts to prepare for, and respond to, a high-threat pathogen using context-specific prevention strategies and preparedness plans; and</li> <li>• develop and implement innovative approaches to tackling the threat of misinformation and disinformation, such as building a new workforce of “infodemiologists and</li> </ul>	<ul style="list-style-type: none"> <li>• scale up infodemic management at the local through global levels to better address the proliferation of false or misleading information during health emergencies.</li> </ul>	1.4	0.8	2.2	3.2	0.8	4.0	0.3		0.3		0.8	0.8	2.7		2.7	0.3	0.2	0.4	0.7	11.0

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	infodemic managers”, and ensuring and promoting community engagement before, during and after emergencies.																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>work with partners to develop or accelerate: (i) clinical designs and protocols to evaluate the efficacy of vaccines and medicines; (ii) target product profiles and research and development road maps; (iii) a knowledge bank of evidence for vaccines, therapeutics and diagnostics for priority diseases; and (iv) an annual prioritized list of emerging pathogen threats requiring research and development. This will be under the aegis of the R&amp;D Blueprint. The Secretariat will also maintain, expand or establish clinical, research and innovation networks for rapid activation during, and prior to, emergencies in order to develop new vaccines, therapeutics and diagnostics with key stakeholders;</li> <li>develop a public health research agenda, including operational research in emergencies to fast-track diagnostics, therapeutics and vaccines for new global health threats, with relevant monitoring and evaluation frameworks to build evidence-based public health and social interventions, at national and subnational levels;</li> <li>develop and adapt, based on growing body of evidence, guidance and minimum standards of clinical care for highly infectious disease outbreak settings for first</li> </ul>	<ul style="list-style-type: none"> <li>develop a research agenda, guidelines, data-collection systems and monitoring and evaluation frameworks to analyse and implement evidence-based public health and social interventions at national and subnational levels; and</li> <li>continue to advance WHO’s work under the WHO R&amp;D Blueprint for epidemics to improve fast-track regulatory pathways, prequalification and quality assurance mechanisms to ensure that countries are provided with medical counter measures rapidly, equitably and safely.</li> </ul>		0.0	0.0		0.0	0.0					0.0	0.0					0.0	0.0	5.6	5.6

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
	responders, linked with guidance, tools and equipment for infection prevention and control; <ul style="list-style-type: none"> <li>• develop guidance and training materials for the implementation of innovative diagnostic tools and approaches for high-threat pathogens, including recommendations for decision-makers on infodemic management, risk communication and community engagement; and</li> <li>• update guidance on managing epidemics, including key facts and decision-making and forecasting tools, in line with all available evidence.</li> </ul>																						
<b>Output 2.2.2 Proven prevention strategies for priority/epidemic-prone diseases implemented at scale</b>																							
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• advocating and providing support for the implementation of global disease strategies, including the equitable management of scarce resources at the global and regional level, through the International Coordinating Group on Vaccine Provision;</li> <li>• managing the global emergency vaccine, medicine and reagent stockpiles, including through forecasting vaccine stocks and negotiating vaccine prices, will continue through WHO's networks and partners to ensure availability and access;</li> <li>• spearheading the development of a global strategy on viral haemorrhagic fevers; and</li> <li>• advocating for the elimination of measles and rubella as part of the Immunization Agenda 2030.</li> </ul>	<ul style="list-style-type: none"> <li>• a series of new global end-to-end strategies are being defined through new partnerships for diseases, including Marburg virus disease, Ebola virus disease, Lassa fever, Crimean-Congo haemorrhagic fever, Rift Valley Fever and Nipah virus infection, building on the work carried out through the R&amp;D Blueprint for priority diseases; and</li> <li>• lead and advocate for innovative approaches for disease prevention and control, improved national surveillance systems and increased laboratory capacities to anticipate any potential new outbreaks of epidemic-prone diseases.</li> </ul>		0.17	0.17		0.15	0.15		0.01	0.01		0.08	0.08							0	1.9	2.3



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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Country support</b>	<ul style="list-style-type: none"> <li>• implement local prevention and control measures, ensuring access to life-saving interventions, such as vaccines, and to contextualize and implement global strategies, including those for yellow fever, cholera and meningitis;</li> <li>• improve cooperation in, and coordination of, epidemic preparedness and response by strengthening regional and subregional networks with partners, including institutes of public health and national centres for disease control, professional associations and international partners; and</li> <li>• develop country capabilities for the prevention, detection and control of cholera, viral haemorrhagic fevers, meningitis and yellow fever, including strengthening coordination to build surveillance and laboratory capacity, and scaled-up capabilities to ensure that front-line health workers are protected and able to implement infection prevention and control best practices.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO and its partners will accelerate the comprehensive implementation of existing global strategies for yellow fever, meningitis and cholera, with a focus on high-risk countries in fragile, conflict-affected and vulnerable settings;</li> <li>• the Partners Platform has proven itself to be an invaluable tool for bringing partners and countries together around a common plan for readiness and response. This type of platform-based partnership approach can and will be readily adapted to the implementation of disease-prevention strategies, including those under development for viral haemorrhagic fevers, arboviruses and high-threat respiratory pathogens. The full implementation of these and other strategies will require substantial investment, including in logistics capacity and vaccine/therapeutic stockpiling and management at national, regional and global levels;</li> <li>• accelerate targeted activities to strengthen laboratory readiness for testing of priority epidemic-prone disease;</li> <li>• support at-risk countries for viral haemorrhagic fevers in strengthening and improving several components of readiness to respond to emerging infectious disease</li> </ul>	10.13	1.91	12.04	1.8	1.72	3.52	2.0	0.1	2.1	0.2	0.9	1.1	5.9		5.9			0.0	0.3	24.9

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL	
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
		threats, including the implementation of efficient laboratory networks in all at-risk countries, strengthening surveillance and supporting countries to use new medical countermeasures such as vaccines, therapeutics and diagnostic tests; and • develop an Ebola virus survivor programme to mitigate or stop secondary transmission from virus persistence, which has been linked to four of the five most recent Ebola virus outbreaks; provide information and counselling to participants; and assess and develop medical countermeasures.																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>produce normative products, including outbreak investigation guidance, to shorten the time to confirmation and response for all epidemic-prone diseases;</li> <li>scale up the implementation of strategies for epidemic-prone diseases, including the adoption of new and enabling technologies;</li> <li>implement the global strategy for defeating meningitis by 2030, and together with expert networks, develop global prevention and control policies and guidance; and</li> <li>work with partners and countries to develop a global strategy to prevent and control viral haemorrhagic fevers.</li> </ul>	<ul style="list-style-type: none"> <li>leverage the technical expertise of WHO, expert networks, advisory groups and partners to provide evidence-based guidance, tools and operational support to Member States regarding disease control approaches.</li> </ul>		0.04	0.04		0.04	0.04		0	0		0.02	0.02								2.2	2.3

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																		HQ	TOTAL
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific				
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>establishing, leading, managing and strengthening the technical networks and global partnerships for research, development of countermeasures, prevention, control and mitigation of novel, high-threat infectious hazards;</li> <li>transitioning poliovirus containment functions to ensure the sustainability of support for the safe and secure retention of polioviruses in laboratories and vaccine production facilities for research, diagnostics and vaccine production;</li> <li>developing global strategies, with regional specificities, guidance and tools to prevent and manage emerging or re-emerging high-threat pathogens; and</li> <li>strengthening the implementation of the Pandemic Influenza Preparedness Framework, and coordinating the Global Influenza Surveillance and Response System.</li> </ul>	<ul style="list-style-type: none"> <li>strengthen pandemic preparedness, engaging multisectoral partnerships, with communities at the centre.</li> <li>establish a long-term COVID-19 pandemic programme, building on the work started before the pandemic by WHO's dedicated coronavirus team.</li> <li>Scale up and strengthen surveillance for pathogens with pandemic or epidemic potential, including innovative technologies and approaches (e.g. genomic surveillance, participatory surveillance), while also promoting the highest biosafety and biosecurity measures for both accidental and deliberate events.</li> </ul>		0.13	0.13		0.12	0.12		0.0	0.0		0.1	0.1		0.29	0.3		0.2	0.2	1.8	2.7

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			HQ	TOTAL
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific					
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
<b>Country support</b>	<ul style="list-style-type: none"> <li>prepare, prevent and manage outbreaks of emerging or re-emerging high-threat pathogens, and scale up interventions based on context and transmission patterns. This support will include the revision of pandemic preparedness plans taking into account specific and unknown (disease X) pathogens;</li> <li>develop and implement robust infection prevention and control strategies at the national level to ensure that core components, including personal protective equipment, are adequate and available;</li> <li>better understand community beliefs and behaviours in order to successfully implement community engagement activities in mitigating and managing outbreaks of high-risk pathogens;</li> <li>implement the global influenza strategy 2019–2030 in order to strengthen detection of emerging influenza viruses, scale up national sustainable influenza programmes and develop new tools for disease prevention and control; and</li> <li>strengthen national capacity to guarantee the safe and secure retention of polioviruses, in line with the global action plan for poliovirus containment (GAPIII), and ensure that facilities that retain polioviruses are fully certified, as outlined in the WHO Containment Certification Scheme.</li> </ul>	<ul style="list-style-type: none"> <li>strengthen and roll out comprehensive, multisectoral One Health strategies for emerging zoonotic disease with pandemic and epidemic potential, working closely with the new High-level Expert Panel; and</li> <li>support and strengthen capacities at national and regional levels for surveillance, early investigation, outbreak response, infection prevention and control, and clinical management tools and capacities, as well as the capacity to communicate risk and manage event-related infodemics, in order to mitigate the risks from high-threat pathogens.</li> </ul>	4.55	1.51	6.06	2.24	1.36	3.6	2.2	0.4	2.5		1.3	1.3	1.3	3.3	4.5	3.0	2.5	5.5	0.3	23.7	

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Normative work</b>	<ul style="list-style-type: none"> <li>produce standard protocols, guidance and control strategies to prevent, manage, and reduce the health and security impacts of emerging and re-emerging pathogens and biosecurity hazards, including respiratory pathogens and vector-borne diseases;</li> <li>produce pandemic preparedness plans for unknown diseases (disease X), and guidelines and strategies for accelerating research on emerging pathogens;</li> <li>produce collaboratively evidence-based pandemic influenza preparedness packages, including guidance, standard operating procedures, training materials and platforms and continue to provide global influenza vaccine strain recommendations to inform the composition of the seasonal (or pandemic) influenza vaccine; and</li> <li>operationalize the WHO Advisory Committee on Variola Virus Research, and oversee the biosecurity inspections of the two global repositories of variola virus where the last remaining stocks of live variola virus have been held since the eradication of smallpox</li> </ul>	<ul style="list-style-type: none"> <li>WHO co-chairs the UN Bio-Risk Working Group, an inter-agency group charged with improving UN-wide coordination on the mitigation of bio-risks. The initial work of the Working Group has focused on system mapping, development of a guidance framework and stakeholder engagement, together with a table-top exercise to test current coordination capacities. The activities of the Working Group Will be broadened over the coming 12 months; and</li> <li>information knowledge-sharing through expert networks will remain critical to the rapid development of evidence-based guidance and control plans and there will be an increased focus on ensuring that guidance is specifically tailored to different contexts, as appropriate.</li> </ul>		0.03	0.03		0.03	0.03		0.0	0.0		0.0	0.0		0.07	0.1		0.1	0.1	2.1	2.3
<b>Output 2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>leading the global collaboration, known as EPI-BRAIN, to build a comprehensive ecosystem of applications, communities and semantically linked data, powered by and powering artificial and augmented</li> </ul>	<ul style="list-style-type: none"> <li>work collaboratively with a broad range of partners to advance the science of epidemic and public health intelligence;</li> <li>launch and operationalize the new Hub for Pandemic and Epidemic Intelligence,</li> </ul>		0.24	0.24		0.04	0.04		0.02	0.02		0.21	0.21		0.3	0.3		0.2	0.2	18.0	19.0

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>intelligence in order to support public health practices around the globe;</p> <ul style="list-style-type: none"> <li>• creating capability for epidemic and pandemic intelligence that focuses on the development of a global data ecosystem to produce timely insights and tools for policy-makers before, during and after epidemic and pandemic events. Concretely, WHO will deliver on the following: (a) building the fastest engine for detection of global risks and signals of health emergencies from diverse data, using advanced analytical technologies and interdisciplinary expertise; (b) leveraging these data-driven tools to rapidly produce actionable insights for policy-makers at local and global levels about pre-, intra-, and post pandemic events; and (c) transforming innovations in public health intelligence and risk analysis into sustainable global public goods through reliable partnerships;</li> <li>• continuing to advocate for and implement the improved interoperability of data-capture systems from multiple stakeholders, and to increasingly blend existing processes with automated extraction and reconciliation of official disease case counts from government websites, dashboards and social media accounts;</li> <li>• continuing to harness the power of innovative regional platforms, such as the online signal module piloted in the</li> </ul>	<p>located in Berlin, in order to rapidly expand the Epidemic Intelligence from Open Sources system to include data from outside the traditional public health sphere. The WHO Hub will enhance risk analysis and assessment by connecting information about disease occurrence with contextual information across different data sources and actors/communities across different disciplines, sectors and jurisdictions. This will significantly strengthen public health intelligence;</p> <ul style="list-style-type: none"> <li>• build a global early warning and alert system, facilitated by the WHO Hub for Pandemic and Epidemic Intelligence, that links strong, standardized and interoperable national capacities to global centres of technical and analytical expertise in order to harness the potential of technologies such as artificial intelligence and machine learning. This will enable a broader health emergency intelligence system to rapidly detect and understand threats and promptly act on such information to mount a rapid, coordinated, sustained and adaptable emergency response at any and all levels;</li> <li>• guide and advocate for the consolidation and institutionalization of the essential health emergency information and surveillance</li> </ul>																				

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	WHO Eastern Mediterranean Region and its respective countries, which supports the detection, risk-assessment and verification process, with links to national emergency operating centres; <ul style="list-style-type: none"> <li>• undertaking rapid risk assessments, in accordance with WHO's operational independence, and supporting access to relevant information by countries and subregional stakeholders; and</li> <li>• continuing to widely disseminate information on signals and the results of risk assessments through a variety of platforms and information products, including internal and public communications, scientific literature and social media.</li> </ul>	capacities that were strengthened and built at all levels in response to the COVID-19 pandemic; and <ul style="list-style-type: none"> <li>• develop and monitor the implementation of a global surveillance and intelligence strategy for public health emergencies.</li> </ul>																				
<b>Country support</b>	<ul style="list-style-type: none"> <li>• track and rapidly report public health events and emergencies; conduct outbreak investigations and risk assessments to manage and reduce acute public health risks; and work with countries to improve national surveillance systems, providing updated guidance for early warning, surveillance and response and the deployment of training, tools and solutions (such as Epidemic Intelligence from Open Sources (EIOS) initiative; the Early Warning, Alert and Response System; Go.Data; and the Outbreak Toolkit);</li> <li>• strengthen capacity at the national and subnational levels to collect and identify new, potentially threatening pathogens; strengthen public health emergency operations</li> </ul>	<ul style="list-style-type: none"> <li>• continue to strengthen systems and capacities to enable early warning, alert and rapid response for the verification of potential threats to public health;</li> <li>• enhance global and national capacities in field epidemiology and integrated disease surveillance under a One Health approach;</li> <li>• improve WHO's ability to source, leverage and share event information for maximum public health benefit;</li> <li>• to maximize the impact of data and analytical tools, the WHO Hub will ensure tools are informed by country needs and decision-makers' requirements. The WHO Hub will provide consulting.</li> </ul>	6.03	2.74	8.77	1.65	0.42	2.07	3.75	0.2	3.9		2.32	2.32	20.28	3.34	23.62	2.3	2.2	4.5	2.5	47.7

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	centres; and improve compliance with the International Health Regulations (2005) in the areas of detection, verification, assessment and communication on the Event Information Site platform; <ul style="list-style-type: none"> <li>strengthen the implementation, monitoring and evaluation of early warnings, alerts and responses at country level, as an integrated element of routine surveillance, and implement information indicators to share for risk-assessment purposes; and</li> <li>conduct outbreak investigations and risk assessments to manage and reduce acute public health risks, including vaccine-derived poliovirus outbreaks as part of the polio transition</li> </ul>	training and services to build such capacities, work with policy-makers to identify needs, support efforts to show the value of preparedness at all levels and support the continued expansion and adoption of the EIOS initiative; <ul style="list-style-type: none"> <li>scale up the field epidemiological training program;</li> <li>support countries in detecting, conducting risk assessments, communicating and disseminating information related to acute public health events. For established acute events, support countries with field investigations, in establishing surveillance and carrying out epidemiologic monitoring; and</li> <li>scale up genomic surveillance capacity, in particular sequencing and bioinformatics analysis, through the accelerated roll-out of training and technical support, including through the use of targeted simulation exercises to test the capacity to detect and characterize new pathogens, as well as supporting quality improvement with the provision of quality assurance mechanisms; and</li> <li>promote and produce cutting-edge analytics for acute public health events, support countries to better conduct analyses, provide advanced and useful analytic insights, support the</li> </ul>																				



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
		development of analytical tools and dashboards, deploy analysts to emergencies to set up acute analytical/epidemiological cells, and provide GIS and data management support.																				
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• build on the existing suite of tools for scanning and verifying potential threats to public health in order to develop a global data ecosystem harnessing artificial intelligence to predict, detect and analyse health threats more effectively, enhancing global public health intelligence, and enabling evidence-based rapid action to save more lives;</li> <li>• alert the global community about emerging risks, provide public health agencies with access to information on disease risk and threats, improve information exchange and ensure early and accurate risk assessments, working through the Global Outbreak Alert and Response Network (GOARN), and other platforms;</li> <li>• publish a global early warning and surveillance strategy to advocate for and improve the harmonization of multistakeholder surveillance data and enhanced data-sharing in order to strengthen early detection at country level; and</li> <li>• commit to ensuring that technological solutions and algorithms that are developed under the EIOS initiative are open-source under appropriate open-access licensing models.</li> </ul>	<ul style="list-style-type: none"> <li>• managing epidemic and pandemic risks requires innovative and robust analytical tools and practices. The WHO Hub will facilitate experimentation, testing and scaling of innovations in data analytics and modelling in order to better inform decisions and policies before, during and after epidemics and pandemics. In line with the research and development agenda for surveillance that will be developed, WHO will help align funding for priority technologies and will implement a virtual and physical space for developing and nurturing innovations, while linking communities of practice; and</li> <li>• continue to strengthen health emergency information management by introducing public health surveillance tools such as District Health Information Software 2, the EIOS system and disease surveillance systems that record not only disease outbreaks in human populations but also information on potential risks at the human–animal interface and signals related</li> </ul>		0.06	0.06		0.01	0.01		0	0		0.05	0.05		0.07	0.1		0.05	0.05	21.4	21.6

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
		to climate change, industrial hazards and conflicts; and • develop norms and standards that will enable countries to rapidly and robustly investigate and assess the risk of public health events.																				
<b>Output 2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>developing and implementing strategic preparedness and response plans for all emergencies; enhancing the emergency operations platform and network for the coordination and management of incidents, including mobilization and deployment of expertise; providing emergency supplies and finances through the Contingency Fund for Emergencies to enable rapid response at country level; and providing technical assistance by developing strategic guidelines and standard operating procedures, based on evolving public health needs;</li> <li>coordinating global health emergency responses, through established incident management structures, with a broad range of United Nations and non-United Nations partners, as a key member of the Inter-Agency Standing Committee, as Lead Agency of the Global Health Cluster and as custodian of the International Health Regulations (2005);</li> <li>leading the development of a global, regional, and country-level emergency workforce, including rosters for surge capacity, and building</li> </ul>	<ul style="list-style-type: none"> <li>lead and coordinate the work to ensure that every country has a trained and equipped multidisciplinary health emergency workforce, based on subnational and national risk analyses; and</li> <li>for the benefit of each country and the world, coordinate a rapid, resourced and uninterrupted supply of essential commodities that unites upstream technical expertise and quality assurance with rapid, scalable deployment systems and financing instruments. This will require a charter for pandemic response for private sector partners with regard to the provision of goods and service aligned with the principles of humanitarian action, data-sharing protocols that enable the sharing of key information across partners and Member States and the generation, analysis and sharing of information related to critical markets, supply operations, tracing, gaps, needs and demands in order to ease coordination and foster collaboration in</li> </ul>		0.26	0.26		0.02	0.02		0.02	0.02		0.37	0.37					0.18	0.2	6.3	7.2

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	operational capacity through integrated public health teams at all levels to strengthen WHO country and regional capacity to support emergency operations, including at the subnational level; <ul style="list-style-type: none"> <li>evolving and integrating its emergency management and response systems in a modular manner, using common reference data and document structures as well as permissions and access control – the Event Management Suite 2 (EMS2) initiative, enabling collaboration with partners and designed in a manner that allows for distribution to national systems in the future; and</li> <li>strengthening and expanding the global workforce of operational partnerships and networks, including the GOARN, emergency medical teams, the Global Health Cluster and standby partners to build emergency capacity and ensure rapid response when needed.</li> </ul>	responding to large-scale public health events.																				
<b>Country support</b>	<ul style="list-style-type: none"> <li>convene and make recommendations on emergency grading based on risk assessments as established in the emergency response framework;</li> <li>implement emergency response activities through effective planning, budgeting, risk management and identification of financing gaps, ensuring continuous resource mobilization efforts and supporting resource allocation decisions through the Event Management Suite 2 (EMS2) structure;</li> </ul>	<ul style="list-style-type: none"> <li>accelerate the scale-up of the global health emergency workforce, with a focus on training and coordination to ensure interoperable and deployable capacity for the effective management of health emergencies, based on known vulnerabilities at national and regional levels;</li> <li>expand, adapt and integrate the COVID-19 Partners Platform in order to enable a transparent, multipartner approach to support all Member States in acute crisis structure;</li> </ul>	17	2.93	19.93		0.26	0.26	2.8	0.2	3.0		4.1	4.1	10.0		10.0	2.8	2.1	4.9	0.9	43.1

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• redesign and adapt existing operations and supply chain and logistics platforms to manage large emergency events; and</li> <li>• strengthen linkages to regional and national emergency operations centres and national networks in order to ensure that such centres function as major strategic information hubs</li> </ul>	<p>readiness and response for future health emergencies;</p> <ul style="list-style-type: none"> <li>• continue to build the global emergency supply chain of essential commodities in health emergencies, with end-to-end capacity for technical support and quality assurance upstream that is seamlessly linked with targeted downstream delivery. WHO will continue to strengthen this operational mechanism in order to be flexible, responsive, scalable and deployable as a rapid first response and as a last resort; and</li> <li>• strong coordination of emergency operations within and between countries will require WHO to support Member States in using the new technological solutions and ways of working, as exemplified by WHO's Public Health Emergency Operation Centre Network. A modernized and connected network of national coordination centres, including all key decision-makers, will provide a reliable mechanism for countries responding to health emergencies to leverage the expertise, guidance and information offered by WHO and health partners.</li> </ul>																				

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• convene Emergency Committees under the International Health Regulations (2005), in the case of an extraordinary public health event, which will advise the Director-General on whether to declare a public health emergency of international concern;</li> <li>• strengthen the global emergency operations platform, building stronger national and regional networks with a focus on improving standardization and interoperability, sharing and analysing critical real-time information for strategic decision-making and coordinating, mobilizing and rapidly deploying surge personnel through GOARN, Emergency Medical Teams and other operational partnerships;</li> <li>• build the global, robust and multifaceted supply chain platform required to provide essential supplies in emergencies and strengthen the Organization's ability to rapidly initiate and sustain deep field operations by consolidating demand, coordinating purchasing, streamlining distribution, providing support on a continuum and building relevant resources at global, regional and country levels; and</li> <li>• develop rapid, evidence-based guidance during all emergencies, convening all relevant stakeholders to address evolving challenges.</li> </ul>	<ul style="list-style-type: none"> <li>• continue to innovate to implement adaptable, scalable and reliable models for contingency financing in the acute phase of health emergency response;</li> <li>• develop a training, coordination and deployment mechanism housed in WHO, with support from partners such as the GOARN and the Emergency Medical Teams initiative, in order to form a global health workforce that is able to rapidly respond to any acute public health event; and</li> <li>• expand on WHO's development and piloting of a specialized crisis management software suite that would provide WHO and Member States with a unified software platform that integrates all the data and functionality required for acute emergency responses, from alert verification to field deployment.</li> </ul>		0.07	0.07		0.01	0.01		0.01	0.01		0.09	0.09					0.05	0.05	7.5	7.7	

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>working with partners to mitigate the impact of protracted emergencies and prolonged disruption of health systems in fragile, conflict-affected and vulnerable settings by improving access to quality and sustainable health services based on expanding primary health care services. It will commit to accelerating work towards the 2030 Agenda for Sustainable Development, which is committed to leaving no one behind;</li> <li>contributing to the development of humanitarian response plans for countries in protracted humanitarian emergencies and strengthening the delivery of life-saving and life-sustaining emergency operations, while continuing to provide gender-responsive and disability-inclusive programming and promoting the Health for Peace approach through continued coordination with the Inter-Agency Standing Committee; and</li> <li>strengthening governance and coordination mechanisms for maintaining the continuity of essential health services during the response to emergencies, while leveraging polio infrastructure and assets, particularly at subnational level, as part of the polio transition.</li> </ul>	<ul style="list-style-type: none"> <li>advocate for sustained investments in leadership, operational and enabling capacities in order to plan for and address the growing health needs of vulnerable populations and overcome critical barriers, such as access, lack of sufficient funding to ensure sustainable and continuous life-saving health services, attacks on health care workers and facilities, and escalating field costs;</li> <li>lead collaborative efforts in fragile, conflict-affected and vulnerable settings to ensure that there is cross-sectoral planning and infrastructure in order to maintain essential health services and clinical care in emergencies, which includes ensuring access to scalable, life-saving and resilient clinical care (including emergency plans), resilient hospital infrastructure, trained field trauma teams and coordinated response plans with authorities; and</li> <li>create a common strategy for all levels of the Organization in order to support the evolution of approaches at country level so that the delivery of life-saving assistance increasingly contributes to local capacities and autonomy.</li> </ul>		0.13	0.13		0.01	0.01		0	0		0.05	0.05							3.02	3.2

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			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific					
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
<b>Country support</b>	<ul style="list-style-type: none"> <li>strengthen national resilience to health risks and prevent, prepare for, respond to and recover from shocks, working within a “do no harm” approach, while reducing fragmentation and building on existing systems in fragile, conflict-affected and vulnerable settings;</li> <li>strengthen governance and coordination mechanisms in order to maintain the continuity of essential health services during the response to emergencies, while also supporting countries to strengthen the foundational capacities of their national systems and resources (such as their infrastructure, health workforce, medical supply chain management, health information systems, planning and financing);</li> <li>establish appropriate emergency response coordination mechanisms, as lead United Nations agency for the Global Health Cluster and in coordination with other clusters, and ensure appropriate coordination solutions in different emergency contexts that foster strategic, technical and operational connections with other emergency management and health development partner coordination platforms;</li> <li>develop and implement internal monitoring and evaluation tools for assessing progress, performance and impact, in accordance with existing national health</li> </ul>	<ul style="list-style-type: none"> <li>help build sustainable core emergency capacities in countries and strengthen and support national essential health services and systems in order to protect populations from compounding emergencies in the most challenging contexts;</li> <li>use the results of the pulse surveys, which indicate that despite some evidence of service restoration, substantial disruptions to essential health services persist across the globe nearly two years into the COVID-19 pandemic, in order to address the needs within specific countries to restore and support the provision of essential health services; and</li> <li>coordinate joint planning for priority countries and ensure that plans combine the health emergency and health systems' capacities while also continuing to provide technical advice to all settings with intersectoral humanitarian response plans; and</li> <li>incrementally build and evolve field approaches and interventions so that they shift from external substitutions to locally owned solutions.</li> </ul>	4.07	1.47	5.53		0.12	0.12	1.0	0.1	1.1		0.6	0.6	6.6		6.6				0.4	14.4	

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>information management systems and monitoring related to the Sustainable Development Goals;</p> <ul style="list-style-type: none"> <li>ensure that they have a clear and comprehensive system for monitoring routine essential health services in fragile, conflict-affected and vulnerable settings and the progressive expansion of the access, use and quality of an essential package of health services, allowing for course corrections and improvements when needed. Vulnerable populations must have access to costed essential packages of health services contextualized to their situation and health requirements, with special focus on immunization; sexual, reproductive, maternal, neonatal, child and adolescent health; mental health and psychosocial support; and noncommunicable diseases; and</li> <li>maintain and strengthen their essential health services in fragile, conflict-affected and vulnerable settings by providing them with integrated and context-specific programming. WHO will work with partners to conduct joint assessments and joint planning, identify collective outcomes and foster integrated programming and multiyear financing, based on conflict analyses, so that programming is conflict-sensitive and contributes to social cohesion, community trust and dialogue.</li> </ul>																					



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			HQ	TOTAL		
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific							
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total					
Normative work	<ul style="list-style-type: none"> <li>produce guidance on health, including mental health and psychosocial responses, in the context of fragile, conflict-affected vulnerable and other emergency settings, including on the minimum package of essential health services; health facility performance monitoring for quality improvement by partners and third party validation; health system analysis; treatment of people living with noncommunicable diseases in humanitarian emergencies; engagement and coordination of emergency medical teams and other forms of clinical response teams; and cash transfer programming for health and continuity of care for refugees. WHO will also continue monitoring and analysis of the use of COVID-19 pandemic guidance and best practices, as appropriate;</li> <li>produce technical guidance on mental health and psychosocial responses to public health emergencies and develop a minimum service package for mental health in emergencies; and</li> <li>implement the three pillars of the Attacks on Health Care initiative, including monitoring incidents of attacks, advocating for the prevention and protection of health care against attacks and documenting good practices of prevention, mitigation and protection. In addition, WHO will conduct research to identify the impact of attacks on the health of</li> </ul>	<ul style="list-style-type: none"> <li>develop guidelines on monitoring and sustaining essential health services in fragile, conflict-affected and vulnerable settings and the expansion of the access, use and quality of an essential package of health services that can be tailored to specific and complex contexts;</li> <li>provide an overall framework for the health approach in fragile, conflict-affected and vulnerable settings, together with a monitoring framework; and</li> <li>review and streamline the structure of WHO's country capacities for health emergency prevention, preparedness, response and recovery.</li> </ul>		0.03	0.03		0	0		0	0		0.01	0.01										3.6	3.6

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up/new deliverables)	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	populations and assess the impact of the COVID-19 pandemic on both monitoring the incidents of attacks on health care and the pattern and trend of attacks in 2022–2023.																					

ANNEX V

**PROPOSED STRATEGIC DELIVERABLES AND THEIR CORRESPONDING COST BY MAJOR OFFICE, LEVEL AND PROGRAMME BUDGET OUTPUT FOR PILLAR 4: WORK IN PROGRESS**

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>working across all levels of the Organization and across programmes to: (i) strengthen and institutionalize the capacity of countries' data and health information systems, together with their national capacity to analyse, disseminate and use data and information; (ii) ensure that optimal and/or international standards are used to close data gaps in countries by leveraging global, regional and national partnerships; and (iii) lead the efficient streamlining of data and health information exchange between the Secretariat and Member States; and</li> <li>promoting the data and digital accelerator of the Global Action Plan for Healthy Lives and Well-being for All to address inequalities and use the Health Data Collaborative to align partners to support countries</li> </ul>	<ul style="list-style-type: none"> <li>establishment of Integrated Disease Surveillance and Response system;</li> <li>foundation of the health system towards health security; and</li> <li>will contribute strengthening the International Health Regulations (2005) core capacities.</li> </ul>														4		4			4	
<b>Country support</b>	<ul style="list-style-type: none"> <li>build capacity and partnerships in national health data governance;</li> </ul>	<ul style="list-style-type: none"> <li>expanding the implementation of the vaccine effectiveness studies in the regions;</li> </ul>							0.5	0.2	0.7					2.4	1.2	3.6		2	2	6.3

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• adapt and apply tools based on their unique context, and support the implementation of tools and standards;</li> <li>• strengthen and institutionalize their data and health information systems and analytics capacities;</li> <li>• broaden the dissemination and use of data and analyses, including data from surveillance and routine health data using geographical information system technology;</li> <li>• use optimal and/or international standards to close data gaps and strengthen local capacities through global, regional and national partnerships;</li> <li>• strengthen and institutionalize analytic capacity and data use, including data from surveillance and routine health data, with a focus on data disaggregation and inequality monitoring;</li> <li>• build capacity in big data and advanced analytics built on artificial intelligence and machine learning; and</li> </ul>	<ul style="list-style-type: none"> <li>• multiple countries in the WHO Eastern Mediterranean Region have expressed an interest in participating in epidemiological studies for estimating COVID-19 vaccine effectiveness in various epidemiological contexts. These studies allow estimating the effectiveness of vaccines in the field as compared with the reported efficacy from trials. This information is particularly important in identifying the potential impact of emergence of variants, country context and vaccination strategies. Conduct of vaccine effectiveness studies requires the involvement of an experienced and appropriately trained epidemiological team, the ability to recruit enough participants to achieve the minimum sample size needed and the ability to share data for multi-site analyses and regional pooling;</li> <li>• strengthen national health information system at secondary health care level (electronic medical records (EMRs) in public hospitals);</li> </ul>																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>define national digital health architecture blueprints or road maps and health data standards, and ensure the interoperability of health information systems at national and international levels.</li> </ul>	<ol style="list-style-type: none"> <li>provide the underlying ICT and network infrastructure;</li> <li>procure institutional services to build an EMR system in public hospitals, including an administration module, a medical services module, a patient records module, a pharmacy module, an inventory module, a laboratory module, a medical forms module and a statistics and report module;</li> <li>strengthen the capacity-building of ministry of health and ministry of health emergencies staff at central and hospital level on using and maintaining EMRs; and</li> <li>build the capacity of the Centre of Strategic Studies and Health Training since technical expertise and support to establish the Health research Observatory is greatly needed; and</li> </ol> <ul style="list-style-type: none"> <li>improve country capacity in health information and digital health systems based on global information standards and classifications to address regional and country-level health information systems gaps in order to inform policy; and improve implementation.</li> </ul>																				
<b>Normative work</b>	<ul style="list-style-type: none"> <li>establish data standards, guidance and tools such as the WHO Family of International Classifications, the SCORE for Health Data technical package and interoperability data exchange platforms;</li> <li>operationalize the SCORE for Health Data technical package components</li> </ul>	<ul style="list-style-type: none"> <li>support national digital health strategies and workplans, including implementation of the global strategy on digital health in Member States with EMRs.</li> </ul>													0.5	0.3	0.8			0		0.8

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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	such as the World Health Survey Plus platform, civil registration and vital statistics, causes of death reporting; and harmonized health facility assessments and routine health services data systems; • track national population health trends through flagship reports such as World Health Statistics, Global and Country-Specific Health Estimates and Monitoring of universal health coverage; • establish an impact focused knowledge hub to build data-driven implementation capacity.																					
<b>Output 4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries</b>																						
<b>Leadership</b>	<ul style="list-style-type: none"> <li>convening countries and regions to harmonize regional and global health research agendas and to widely disseminate good practices;</li> <li>coordinating with global partners in order to implement and promote research activities according to agreed priorities, including innovative policy approaches;</li> <li>initiating standard initiatives that coordinate health research in regions and countries;</li> <li>promoting a culture of innovation and aligning partners to pursue a needs-driven innovation agenda in order to accelerate positive country impact, and identifying and highlighting areas where innovations are lacking and promoting their development;</li> <li>conducting horizon-scanning to identify scientific and technological trends and their potential country impacts, as well as ready-to-scale innovations with the potential to help</li> </ul>	<ul style="list-style-type: none"> <li>health workforce capacity-building to prompt national regulatory authorities: drug and medical equipment, medical education etc.; and</li> <li>establishment of rapid response systems in the Eastern Mediterranean Region In line with the framework endorsed in resolution EM/RC66/R.5 in 2019.</li> </ul>																			5.2	

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>accelerate progress towards achieving the health-related Sustainable Development Goals in countries;</p> <ul style="list-style-type: none"> <li>• playing a leading role in helping to link country demand for innovation with ready-to-scale innovations supported by innovation funders;</li> <li>• co-leading Sustainable Development Goals/Global Action Plan research and development, innovations and the Access to COVID-19 Tools (ACT) Accelerator, and creating an active network of innovation focal points across the multilateral agencies active in the area of health;</li> <li>• forming a strategic partnership with development innovation funders through the International Development Innovation Alliance;</li> <li>• identifying areas that require WHO norms and standards and promoting their dissemination;</li> <li>• facilitating quality assurance, design for impact, dissemination and the monitoring of norms and standards;</li> <li>• coordinating rapid-review and evidence-synthesis activities, implementing a living guidance platform and providing project support to guidance development;</li> <li>• piloting innovative evidence-to-decision approaches for providing guidance to countries, such as through the precautionary principle and rapid advisory communications;</li> <li>• measuring production time, developing new ways to communicate progress and issuing more frequent alerts on critical novel solutions;</li> <li>• pursuing a modernization agenda by investing in digital production and industry-grade publication software and support;</li> </ul>																					

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>advancing open access to information and life-saving tools, including by ensuring that low- and middle-income countries have greater open access to digital resources and by seeking to refine key databases, leveraging resources such as regional databases and the WHO Academy;</li> <li>coordinating with global partners to implement digital transformation activities and advance international digital health cooperation and whole-of-society digital considerations in effective infodemic management;</li> <li>coordinating the collaborating centres by developing policies, procedures and tools in conjunction with technical programmes; and</li> <li>implementing a universal open call to make membership of WHO advisory groups more accessible to all.</li> </ul>																					
<b>Country support</b>	<ul style="list-style-type: none"> <li>build capacity for health research (institutional and individual), lead research initiatives, foster innovative research initiatives and generate reliable evidence;</li> </ul>	<ul style="list-style-type: none"> <li>addressing this gap requires significant capacity-building in areas related to civil registration and vital statistics systems, including implementation of the updated and fully electronic International Classification of Diseases 11th Revision (ICD-11), which has already been piloted in five countries with EMRs.</li> </ul>	7.12		7.12				1	0.3	1.3				1.9	0.78	2.7		0.4	0.4		11.5
	<ul style="list-style-type: none"> <li>strengthen ethical standards and oversight mechanisms that integrate public health and research ethics into health systems, with a focus on better preparedness and response to public health emergencies (such as the COVID-19 pandemic);</li> </ul>	Address the increased demands for data on total deaths and by cause of death in order to enable decision-makers to assess the progression of the pandemic;																				



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	<ul style="list-style-type: none"> <li>• build and enhance the capacity for acquiring, assessing, adapting and applying research evidence to promote and scale up its use in decision-making for impact, including during emergencies;</li> <li>• engage with local communities to address their needs and share the results and evidence generated with them;</li> <li>• use the tools that emerge from the ACT accelerator to expedite the development, production and provision of equitable access to COVID-19 diagnostics, therapeutics and vaccines;</li> <li>• link their demand for innovation to ready-to-scale innovations by creating a demand-side innovation network in regional and country offices;</li> <li>• increase their capacity for the implementation and adaptation of norms and standards;</li> <li>• engage with WHO collaborating centres with research excellence and facilitate stakeholder engagement to achieve an integrated digital health ecosystem at national levels;</li> <li>• effectively respond to health misinformation and strengthen systems for infodemic management through training activities, partnership mechanisms and communities of practice; and</li> </ul>	<ul style="list-style-type: none"> <li>development of a health knowledge management portal to collect, organize and disseminate updated and related evidence on the COVID-19 pandemic;</li> <li>• lead innovation initiatives to prepare for pandemics in areas such as governance (including regulation), manufacturing, technical transfer, monitoring and containment of biological and other threats by working with WHO collaborating centres, new partners and product innovators; and</li> <li>• scale-up research agenda and strategy to set WHO norms and standards for addressing post COVID-19 pandemic challenges at country level in order to make health systems resilient, in consultation with Member States.</li> </ul>																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	• use digital platforms to exchange guidelines and maintain consistent terminology.																					
<b>Normative work</b>	<ul style="list-style-type: none"> <li>• develop guidance on adopting legal and ethical frameworks to ensure patient safety, data security, the appropriate use and ownership of health data, privacy data recoverability and the protection of intellectual property rights;</li> <li>• develop standards and tools to increase the capacity for generating, translating, using and scaling up research evidence to policy and practice;</li> <li>• develop guidance on ethical issues that arise in relation to research and public health programmes, novel technologies and innovations (such as big data, artificial intelligence and genomics);</li> <li>• develop research agendas on infodemiology, in line with the WHO COVID-19 social science research agenda;</li> <li>• develop artificial intelligence-supported tools, methods and toolkits for monitoring and analysing infodemics and infodemic risk; develop the global factchecking and misinformation centre;</li> <li>• develop regional research and innovation information portals based on existing global portals;</li> </ul>	<ul style="list-style-type: none"> <li>• develop case studies and lessons learned through the Network of Institutions for Evidence and Data to Policy during the COVID-19 pandemic in order to support and help countries, as well as future policy-making efforts globally. This will also serve to support countries in future emergency responses; and</li> <li>•strengthen the capacities of five countries to generate evidence and develop innovations that prepare institutions to better prepare, detect early and respond to public health emergencies</li> </ul>		1.78	1.78										0.1	0.0	0.2					1.9

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<ul style="list-style-type: none"> <li>• facilitate regular foresight exercises to anticipate innovations and develop global public health research agendas;</li> <li>• identify and highlight areas where innovations are lacking and promote their development;</li> <li>• conduct horizon-scanning to identify scientific and technological trends and their potential country impact, as well as ready-to-scale innovations in thematic clusters of health;</li> <li>• ensure that high-quality global public health goods are delivered in a timely way;</li> <li>• facilitate quality assurance, design for impact, dissemination and assessment of the impact of norms and standards at the country level;</li> <li>• deliver high-quality norms and standards products, coordinate rapid-review and evidence-synthesis activities, implement a living guidance platform and provide support for staging and finalizing guidance development;</li> <li>• develop software, digitalized guideline exchanges, terminology services and testing platforms to support the authoring of, collaboration on, validation of and adoption of smart guidelines;</li> <li>• develop norms and standards to assure the quality of methods used in developing norms and standards, including evidence synthesis, consensus, pilot testing, public consultation and assessment of dissemination, uptake and impact of each norm and standard at the country level;</li> <li>• develop digitalized guidance documents in collaboration with technical programmes; and</li> <li>• develop guidance to put people in the centre of digital health by focusing on families, communities and health</li> </ul>																					

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	workers, adopting gender, equity and human rights approaches and increasing accessibility for people with disabilities.																					
<b>Output 4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation</b>																						
	The Secretariat will continue to work towards a stronger culture of accountability, aiming to achieve best-in-class status for its accountability functions, including by implementing best practice policies and procedures that support robust tracking, monitoring, efficiency and transparency of all core business integrity operations. The Secretariat will continue to strengthen, promote and foster ethical principles as the basis of the work of WHO, improving its adherence to internal controls and its compliance with the regulatory framework, while also, in accordance with risk appetite, identifying and mitigating risks to the Organization's objectives and mandate that could affect the Secretariat's performance.																					

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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	The Secretariat will continue to strengthen its ethical framework through the implementation of the new policy on preventing and addressing abusive conduct, and by its staff-friendly automatic process for declarations of interest.	In the context of this deliverable, the Secretariat will (1) develop and implement a comprehensive victim- and survivor-centred approach for victims of sexual exploitation and abuse and sexual harassment linked to the WHO workforce; will ensure participation and alignment with relevant stakeholder groups; and will ensure accountability and transparency.	1.7	0.2	1.9	0.3	0.2	0.5	0.7	0.2	0.9	0.4	0.2	0.6	1.0	0.2	1.2	0.6	0.2	0.8	3.6	9.6
		In the context of this deliverable, the Secretariat will (2) ensure that all personnel, managers and leaders are aware of the Organization's expectations vis-à-vis its staff with regard to sexual misconduct, that they have access to appropriate, policy, guidance, capacity development and multidisciplinary expertise, and that they are held accountable for compliance.	1.9	0.4	2.3	0.4	0.4	0.7	0.8	0.3	1.1	0.5	0.3	0.8	1.1	0.3	1.4	0.7	0.3	1.0	1.5	8.9
		In the context of this deliverable, the Secretariat will (3) ensure the integration of PRSEAH considerations into the risk assessments and risk mitigation activities of country offices, programmes and operations.	2.5	0.2	2.7	0.5	0.2	0.6	0.9	0.2	1.1	0.5	0.2	0.7	1.6	0.1	1.7	0.8	0.2	1.0	1.8	9.5
		In the context of this deliverable, the Secretariat will (4) conduct evaluations, reviews and studies to enhance organizational learning and drive strategy,	0.6	0.1	0.7	0.1	0.1	0.2	0.2	0.1	0.3	0.1	0.1	0.2	0.4	0.1	0.4	0.2	0.1	0.3	1.2	3.3

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
		policy and procedure development, and promote a culture of continued learning. In the context of this deliverable, the Secretariat will (5) foster measures to address bystander culture related to sexual exploitation, abuse and harassment and build the skills of personnel to raise issues and concerns appropriately.	0.3	0.04	0.4	0.1	0.04	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.2	0.03	0.2	0.1	0.0	0.1	0.4	1.5
		In the context of this deliverable, the Secretariat will (6) engage proactively with UN-system stakeholders in order to create coherence and alignment and address the joint challenges faced in countries and communities. Development and delivery of a framework of specific measures for potentially high-risk sites/services to include: PSEAH assessment, action planning, and establishment of PSEAH networks at the facility level if required Extending the ombudsman activities and support functions with focus on increasing the bandwidth to respond to complaints about harassment, bullying or abusive conduct Implementation of PRSEAH zero tolerance campaigns in support of a workplace culture of accountability and transparency	0.3	0.03	0.3	0.1	0.03	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.2	0.02	0.2	0.1	0.0	0.1	1.3	2.3
				3.2	3.2							0.15	0.75	0.9	1.2	1.2						6.37

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	<p>The Secretariat will continue to conduct due diligence and risk assessments in accordance with the Framework of Engagement with Non-State Actors.</p> <p>The Secretariat will build a robust and “smart” compliance strategy, whereby effective controls are established and monitored in a harmonized way across the three levels of the Organization in order to mitigate risks without hampering the delivery of results.</p> <p>The Secretariat will continue to enhance its capacity for audits and investigations, including the capacity to respond to audit observations at the country level, particularly in country offices based in challenging operating environments.</p>	<p>Develop and implement training programs to address entrenched and discriminatory ideas on gender and to change organizational culture and attitudes.</p> <p>The Secretariat will continue to enhance its capacity for conducting sexual exploitation and abuse, sexual harassment and abusive conduct investigations, including its response to observations at the country level, particularly in austere operating environments. It will adopt a proactive investigative posture that takes a risk-based and data-driven approach to conducting investigative reviews involving all three levels of the Organization. Finally, in the context of the investigation of suspected misconduct involving allegations of offences against people, it will (through IOS) revise policies and procedures and strengthen resources for</p>																				
																					5	5

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																				
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL	
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
		improving the timeliness of the processing of cases in order to bring justice to those involved.																					
	<p>It will continue to conduct advisory reviews and assessments of WHO country offices, technical units at headquarters and in regional offices and cross-cutting areas of shared concerns, with the aim of improving the effectiveness of the processes that regulate risk management, control and governance.</p> <p>IOS will implement revised policies and procedures to reflect best-in-class practices and strengthen resources to improve the timeliness of the processing of cases and justice for those involved.</p> <p>The continued strengthening of the evaluation function across the three levels of the Organization, including in terms of staff capacity and financial resources, will be guided by the best-in-class study and a framework for decentralized evaluations, the purpose of which is to maximize the accountability and organizational learning value.</p> <p>The Secretariat will continue to firmly anchor organizational learning in its work, taking into consideration the consolidated findings, including successes, challenges and best practices, as well as recommendations made during audits, evaluations, reviews and reports, and will ensure that the lessons learned and recommendations for management are used in future policy- and decision-making.</p>	Evaluation and assessment of PRSEAH implementation (mandatory training, staff learning and external evaluation).								0.4	0.12	0.52											



Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																				
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL	
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total			
	The Secretariat will foster an institutional culture of respect, in which collective responsibility is promoted and a working environment is established in which, in the face of potential conflicts, those involved do not become passive bystanders but seek instead to engage with each other with a view to preventing escalation and finding informal avenues to address the matter at stake.	Establish an independent ombudsperson function to expand existing system for reporting and responding to complaints about harassment, bullying or abusive conduct.																		0.55	0.55		
<b>Output 4.2.5 Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda</b>																							
	To engage and empower the entire WHO workforce in this continuous improvement and transformation agenda, internal communications will focus on the corporate direction and workforce needs with a view to enhancing three-level alignment using the most appropriate technologies and channels.	Reshaping of the workplace culture and simplification of internal administrative processes. Develop and implement awareness campaigns to heighten knowledge on the prevention and response to SEA and on reporting mechanisms, including the need for people to intervene and speak up without fear of retaliation.				0.4	0.2	0.6												0.95	0.95		1.55

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
			Regional Office for Africa			Regional Office for the Americas			Regional Office for South-East Asia			Regional Office for Europe			Regional Office for the Eastern Mediterranean			Regional Office for the Western Pacific			HQ	TOTAL
			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
<b>Output 4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework</b>																						
	The Secretariat will continue to implement sound financial management practices and robust internal controls in order to manage, account for and report on the Organization's assets, liabilities, revenue and expenses. This will include a greater focus on quality assurance activities in country-level implementation mechanisms, such as direct financial cooperation, direct implementation and grant-letter of agreements. The Secretariat will manage the corporate treasury and all accounts in a transparent, competent and efficient manner and will ensure that it is delivering value for money in the Organization's financial management. It will further ensure that all contributions received by the Organization are properly accounted for, spent and reported in accordance with International Public Sector Accounting Standards and donor requirements.	Enhanced oversight and compliance to assess the internal control framework and effectiveness/strengthening of PRSEAH measures. Strengthening accountability functions								0.2	0.08	0.28		0.3	0.3						0.58	
<b>Output 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery</b>																						
	In order to implement GPW 13, the Organization needs to ensure that its workforce is flexible, mobile, high performing, fully trained and fit for purpose. Selection processes will be streamlined and made more efficient to allow the Organization to meet the staffing needs of programmes and enable corporate functions. Improved performance management, combined with career development and learning, will drive excellence and culture change and will be at the centre of the agenda in order to ensure that the Organization can rely on and retain a talented workforce. Staff mobility across the three levels of the Organization will enrich the capacity and knowledge of	Global Capacity building in cultural change management																				

Strategic shift	Approved Programme budget 2022–2023 output narrative/strategic deliverables	Proposed change to strategic deliverables of the approved Programme budget 2022–2023 (scale-up)/new deliverables	Cost of change proposed (US\$ millions)																			
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			CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total	CO	RO	Total		
	staff members and ensure that country needs are met effectively. The distribution of human resources will be in line with the country focus and organizational priorities set out in GPW 13. Diversity and gender balance will remain a priority.																					

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