

STRATEGIC OBJECTIVE 1

To reduce the health, social and economic burden of communicable diseases

Scope

The work under this strategic objective focuses on prevention, early detection, diagnosis, treatment, control, elimination and eradication measures to combat communicable diseases that disproportionately affect poor and marginalized populations. The targeted diseases include but are not limited to: vaccine-preventable, tropical, zoonotic and epidemic-prone diseases, excluding HIV/AIDS, tuberculosis and malaria.

Links with other strategic objectives

- Strategic objectives 2, 3, 4, 6 and 9: in relation to integrated disease control, surveillance and harmonized research initiatives.
- Strategic objective 5: in relation to mutual support in field operations and health security.
- Strategic objective 8: in relation to the adoption of adequate solutions for management of health-care waste.
- Strategic objective 9: in relation to water and sanitation aspects of zoonotic diseases.
- Strategic objective 10: in relation to the implementation of programmes through financially sustainable health-system approaches.
- Strategic objective 11: in relation to access to safe and effective vaccines, medicines and interventions, as well as quality assurance of diagnostics and laboratory services.

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Effective collaboration with GAVI Alliance partners
- Global Poliomyelitis Eradication Initiative
- Partnership for the control of neglected tropical diseases
- Special Programme for Research and Training in Tropical Diseases
- Vaccine research partnerships
- Tri-partite Agreement WHO-FAO-OIE on avian influenza management and other emerging diseases

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>624.9</u>	<u>37.2</u>	<u>212.4</u>	<u>36.0</u>	<u>160.7</u>	<u>91.0</u>	<u>527.2</u>	<u>1689.4</u>

Resource breakdown for the strategic objective for 2010–2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>444.0</u>	<u>718.2</u>	<u>527.2</u>	<u>1689.4</u>
Percentage by level	<u>26.3%</u>	<u>42.5%</u>	<u>31.2%</u>	

Budget by Organization-wide expected result and location

<p>1.1 Policy and technical support provided to Member States in order to maximize equitable access of all people to vaccines of assured quality, including new immunization products and technologies, and to integrate other essential child-health interventions with immunization.</p>	INDICATORS						
	<p>1.1.1 <u>Number of Member States with at least 90% national vaccination coverage (DTP3)</u></p>	<p>1.1.2 <u>Number of Member States that have introduced <i>Haemophilus influenzae</i> type b vaccine in their national immunization schedule</u></p>					
	BASELINE 2010						
	130	135					
	TARGETS TO BE ACHIEVED BY 2011						
140	150						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>195.1</u>	<u>4.0</u>	<u>37.4</u>	<u>7.9</u>	<u>35.6</u>	<u>30.8</u>	<u>43.7</u>	<u>354.5</u>

<p>1.2 Effective coordination and support provided in order to achieve certification of poliomyelitis eradication, and destruction, or appropriate containment, of polioviruses, leading to a simultaneous cessation of oral poliomyelitis vaccination globally.</p>	INDICATORS						
	<p>1.2.1 <u>Percentage of final country reports demonstrating interruption of wild poliovirus transmission and containment of wild poliovirus stocks accepted by the relevant regional commission for the certification of poliomyelitis eradication</u></p>	<p>1.2.2 <u>Percentage of Member States using trivalent oral poliovirus vaccine that have a timeline and strategy for eventually stopping its use in routine immunization programmes</u></p>					
	BASELINE 2010						
	75%	0%					
	TARGETS TO BE ACHIEVED BY 2011						
95%	50%						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>231.4</u>	<u>3.1</u>	<u>72.5</u>	<u>5.1</u>	<u>52.1</u>	<u>5.3</u>	<u>112.6</u>	<u>482.1</u>

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<p>1.3 Effective coordination and support provided to Member States in order to provide access for all populations to interventions for the prevention, control, elimination and eradication of neglected tropical diseases, including zoonotic diseases.</p>	INDICATORS						
	1.3.1 <u>Number of Member States certified for eradication of dracunculiasis</u>	1.3.2 <u>Number of Member States that have eliminated leprosy at subnational levels</u>	1.3.3 <u>Number of reported cases of human African trypanosomiasis for all endemic countries</u>	1.3.4 <u>Number of Member States having achieved the recommended target coverage of population at risk of lymphatic filariasis, schistosomiasis and soil-transmitted helminthiases through regular anthelmintic preventive chemotherapy</u>			
	BASELINE 2010						
	79	10	10 000	15			
	TARGETS TO BE ACHIEVED BY 2011						
	82	13	8 500	20			
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>69.5</u>	<u>6.4</u>	<u>20.9</u>	<u>0.3</u>	<u>31.7</u>	<u>8.2</u>	<u>44.8</u>	<u>181.8</u>

<p>1.4 Policy and technical support provided to Member States in order to enhance their capacity to carry out surveillance and monitoring of all communicable diseases of public health importance</p>	INDICATORS						
	1.4.1 <u>Number of Member States with surveillance systems and training for all communicable diseases of public health importance for the country</u>	1.4.2 <u>Percentage of Member States for which WHO/UNICEF joint reporting forms on immunization surveillance and monitoring are received on time at global level in accordance with established time-lines</u>					
	BASELINE 2010						
	80	135					
	TARGETS TO BE ACHIEVED BY 2011						
	150	150					
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>32.5</u>	<u>4.9</u>	<u>40.3</u>	<u>7.6</u>	<u>15.1</u>	<u>10.8</u>	<u>13.4</u>	<u>124.6</u>

<p>1.5 New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases developed and validated, with scientists from developing countries increasingly taking the lead in this research.</p>	INDICATORS	
	1.5.1 <u>Number of new and improved tools or implementation strategies developed with significant contribution from WHO, introduced by the public sector in at least one developing country</u>	1.5.2 <u>Proportion of peer-reviewed publications based on WHO-supported research where the main author's institution is in a developing country</u>
	BASELINE 2010	
	4	55%
	TARGETS TO BE ACHIEVED BY 2011	
	9	58%

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>5.3</u>	<u>2.2</u>	<u>6.4</u>	<u>0.8</u>	<u>3.7</u>	<u>0.8</u>	<u>98.4</u>	<u>117.6</u>

<p>1.6 Support provided to Member States in order to achieve the minimum core capacities required by the International Health Regulations (2005) for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.</p>	INDICATORS	
	<p>1.6.1 <u>Number of Member States that have completed the assessment and developed a national action plan to achieve core capacities for surveillance and response in line with their obligations under the International Health Regulations (2005)</u></p>	<p>1.6.2 <u>Number of Member States whose national laboratory system is engaged in at least one external quality-control programme for epidemic-prone communicable diseases</u></p>
	BASELINE 2010	
	<u>130</u>	135
	TARGETS TO BE ACHIEVED BY 2011	
<u>160</u>	160	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>10.7</u>	<u>5.7</u>	<u>6.6</u>	<u>7.4</u>	<u>7.0</u>	<u>5.1</u>	<u>22.6</u>	<u>65.1</u>

<p>1.7 Member States and the international community equipped to detect, assess, respond to and cope with major epidemic and pandemic-prone diseases (e.g. influenza, meningitis, yellow fever, haemorrhagic fevers, plague and smallpox) through the development and implementation of tools, methodologies, practices, networks and partnerships for prevention, detection, preparedness and intervention.</p>	INDICATORS	
	<p>1.7.1 <u>Number of Member States having national preparedness plans and standard operating procedures in place for readiness and response to major epidemic-prone diseases</u></p>	<p>1.7.2 <u>Number of international coordination mechanisms for supplying essential vaccines, medicines and equipment for use in mass interventions against major epidemic and pandemic-prone diseases</u></p>
	BASELINE 2010	
	135	7
	TARGETS TO BE ACHIEVED BY 2011	
165	8	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>53.4</u>	<u>3.2</u>	<u>20.3</u>	<u>2.1</u>	<u>7.5</u>	<u>17.3</u>	<u>47.8</u>	<u>151.6</u>

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1.8 Regional and global capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.	INDICATORS	
	1.8.1 <u>Number of WHO locations with the global event-management system in place to support coordination of risk assessment, communications and field operations for headquarters, regional and country offices</u>	1.8.2 <u>Proportion of requests for assistance from Member States for which WHO mobilizes coordinated international support for disease investigation and containment efforts, characterization of events, and sustained containment of outbreaks</u>
	BASELINE 2010	
	60	100%
	TARGETS TO BE ACHIEVED BY 2011	
90	100%	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>7.0</u>	<u>4.7</u>	<u>1.7</u>	<u>3.3</u>	<u>4.0</u>	<u>6.3</u>	<u>33.9</u>	<u>60.9</u>

1.9 Effective operations and response by Member States and the international community to declared emergencies situations due to epidemic and pandemic prone diseases.	INDICATORS	
	1.9.1 <u>Proportion of Member States' requests for assistance that have lead to effective and timely interventions by WHO, delivered using a global team approach, in order to prevent, contain and control epidemic and other public health emergencies.</u>	
	BASELINE 2010	
	95%	
	TARGETS TO BE ACHIEVED BY 2011	
100%		

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>20.0</u>	<u>3.0</u>	<u>6.3</u>	<u>1.5</u>	<u>4.0</u>	<u>6.4</u>	<u>110.0</u>	<u>151.2</u>

STRATEGIC OBJECTIVE 2

To combat HIV/AIDS, tuberculosis and malaria

Scope

Work under this strategic objective will focus on: scaling up and improving prevention, treatment, care and support interventions for HIV/AIDS, tuberculosis and malaria so as to achieve universal access, in particular for seriously affected populations and vulnerable groups; advancing related research; removing obstacles that block access to interventions and impediments to their use and quality; and contributing to the broader strengthening of health systems.

Links with other strategic objectives

- Strategic objective 1: particularly work related to delivery of interventions; strengthening research capacity and expanding access to new strategies and tools, such as vaccines; and strengthening systems for monitoring and surveillance of communicable diseases.
- Strategic objective 3: particularly work relating to HIV and mental health
- Strategic objective 4: particularly efforts related to supporting research and development of new tools and interventions; meeting specific needs of children, adolescents and women of child-bearing age; formulation and implementation of gender-sensitive interventions; and tackling sexually transmitted infections.
- Strategic objective 6: specifically relating to prevention of tobacco use and its relationship with tuberculosis; and prevention of unsafe sex.
- Strategic objective 7: specifically work relating to approaches that enhance equity and are pro-poor, gender-responsive, ethical and human rights based.
- Strategic objective 8: particularly relating to environmental health and its relationship with malaria
- Strategic objective 9: particularly work in the area of nutrition and its relationship to HIV/AIDS
- Strategic objective 10: particularly efforts related to organization, management and delivery of health services; areas of human resource capacity strengthening, integrated training and widening of service provider networks; work related to minimizing the potential of financial catastrophe and impoverishment due to out-of-pocket health expenses.
- Strategic objective 11: specifically work related to essential medicines, medical products and technologies for the prevention and treatment of HIV/AIDS, tuberculosis and malaria.
- Strategic objective 12: specifically work related to health knowledge and advocacy material made accessible to Member States.

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- HIV Vaccine Initiative (including AAVP)
- Special Programme for Research, Development and Research Training in Human Reproduction
- Special Programme for Research and Training in Tropical Diseases

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>241.7</u>	<u>48.1</u>	<u>104.5</u>	<u>30.5</u>	<u>52.1</u>	<u>53.1</u>	<u>200.9</u>	<u>730.9</u>

Resource breakdown for the strategic objective for 2010–2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>348.6</u>	<u>181.4</u>	<u>200.9</u>	<u>730.9</u>
Percentage by level	<u>47.7%</u>	<u>24.8%</u>	<u>27.5%</u>	

Budget by Organization-wide expected result and location

<p>2.1 Guidelines, policy, strategy and other tools developed for prevention of, and treatment and care for patients with, HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.</p>	INDICATORS						
	<p>2.1.1 Number of <u>low- and middle-income</u> countries that have achieved 80% coverage for <u>antiretroviral therapy and the prevention of mother-to-child transmission services</u></p>	<p>2.1.2 Proportion of <u>endemic countries that have achieved their national intervention targets for malaria</u></p>	<p>2.1.3 Number of <u>Member States</u> that have achieved the targets of at least 70% case detection and <u>85% treatment success rate for tuberculosis</u></p>	<p>2.1.4 Number of <u>countries among the 27 priority ones with a high burden of multidrug-resistant tuberculosis that have detected and initiated treatment, under the WHO-recommended programmatic management approach, for at least 70% of estimated cases of multidrug-resistant tuberculosis</u></p>	<p>2.1.5 Proportion of <u>high burden Member States that have achieved the target of 70% of persons with sexually transmitted infections diagnosed, treated and counselled at primary point-of-care sites</u></p>		
	BASELINE 2010						
	60	50%	100	3	52%		
	TARGETS TO BE ACHIEVED BY 2011						
	80		140	15			
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>53.3</u>	<u>8.5</u>	<u>11.4</u>	<u>5.9</u>	<u>3.5</u>	<u>11.2</u>	<u>43.8</u>	<u>137.6</u>

<p>2.2 Policy and technical support provided to countries towards expanded gender-sensitive delivery of prevention, treatment and care interventions for HIV/AIDS, tuberculosis and malaria, including integrated training and service delivery; wider</p>	INDICATORS		
	<p>2.2.1 Number of <u>targeted Member States with comprehensive policies and medium-term plans in response to HIV, tuberculosis and malaria</u></p>	<p>2.2.2 Proportion of <u>high burden countries monitoring provider initiated HIV testing and counselling in sexually transmitted infection and family planning services</u></p>	<p>2.2.3 Number of <u>countries among the 63 ones with a high burden of HIV/AIDS and tuberculosis that are implementing the WHO 12-point policy package for collaborative activities against HIV/AIDS and tuberculosis</u></p>
	BASELINE 2010		
HIV/AIDS: 131/131 Tuberculosis: 87/87 Malaria: 43	25%	15	

service-provider networks; and strengthened laboratory capacities and better linkages with other health services, such as those for sexual and reproductive health, maternal, newborn and child health, sexually transmitted infections, nutrition, drug-dependence treatment services, respiratory care, neglected diseases and environmental health.	TARGETS TO BE ACHIEVED BY 2011						
	<u>HIV/AIDS: 131/131</u> <u>Tuberculosis: 118/118</u>	50%				30	
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>86.8</u>	<u>16.9</u>	<u>38.4</u>	<u>12.1</u>	<u>28.1</u>	<u>19.6</u>	<u>26.6</u>	<u>228.5</u>

2.3 Global guidance and technical support provided on policies and programmes in order to promote equitable access to essential medicines, diagnostic tools and health technologies of assured quality for the prevention and treatment of HIV/AIDS, tuberculosis and malaria, and their rational use by prescribers and consumers, and, in order to ensure uninterrupted supplies of diagnostics, safe blood and blood products, injections and other essential health technologies and commodities.	INDICATORS						
	2.3.1 Number of new or updated global norms and quality standards for medicines and diagnostic tools for HIV/AIDS, tuberculosis and malaria	2.3.2 Number of priority medicines and diagnostic tools for HIV/AIDS, tuberculosis and malaria that have been assessed and pre-qualified for United Nations procurement	2.3.3 Number of targeted countries receiving support to increase access to affordable essential medicines for HIV/AIDS, tuberculosis and malaria whose supply is integrated into national pharmaceutical systems (the number of targeted countries is determined for the six-year period)	2.3.4 Number of Member States implementing quality-assured HIV/AIDS screening of all donated blood	2.3.5 Number of Member States administering all medical injections using sterile single use syringes		
	BASELINE 2010						
	<u>10</u>	<u>225</u>	<u>20</u>	<u>134</u>	<u>154</u>		
	TARGETS TO BE ACHIEVED BY 2011						
<u>15</u>	<u>300</u>	<u>75% of targeted countries</u>	<u>161</u>	<u>170</u>			
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>35.2</u>	<u>5.8</u>	<u>34.5</u>	<u>2.7</u>	<u>3.3</u>	<u>6.3</u>	<u>9.7</u>	<u>97.5</u>

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<p>2.4 Global, regional and national systems for surveillance, evaluation and monitoring strengthened and expanded to keep track of progress towards targets and allocation of resources for HIV/AIDS, tuberculosis and malaria control and to determine the impact of control efforts and the evolution of drug resistance.</p>	INDICATORS						
	<p>2.4.1 Number of Member States providing WHO with annual data on surveillance, monitoring or financial allocation data for inclusion in the annual global reports on control of HIV/AIDS, tuberculosis or malaria and the achievement of targets</p>	<p>2.4.2 Number of Member States reporting drug resistance surveillance data to WHO for HIV/AIDS, tuberculosis or malaria</p>					
	BASELINE 2010						
	<p><u>HIV/AIDS: 65</u> <u>Tuberculosis: 192</u> <u>Malaria: 107</u></p>	<p><u>HIV/AIDS: 40</u> <u>Tuberculosis: 135</u> <u>Malaria: 107</u></p>					
	TARGETS TO BE ACHIEVED BY 2011						
<p><u>HIV/AIDS: 75</u> <u>Tuberculosis: 192</u></p>	<p><u>HIV/AIDS: 45</u> <u>Tuberculosis: 145</u></p>						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>36.2</u>	<u>8.5</u>	<u>12.5</u>	<u>4.7</u>	<u>7.0</u>	<u>8.0</u>	<u>16.3</u>	<u>93.2</u>

<p>2.5 Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of partnerships on HIV/AIDS, tuberculosis and malaria at country, regional and global levels; support provided to countries as appropriate to develop or strengthen and implement mechanisms for resource mobilization and utilization and increase the absorption capacity of available resources; and engagement of communities and affected persons increased to maximize the reach and performance of HIV/AIDS, tuberculosis and malaria control programmes.</p>	INDICATORS	
	<p>2.5.1 Number of Member States with functional coordination mechanisms for HIV/AIDS, tuberculosis and malaria control</p>	<p>2.5.2 Number of Member States involving communities, persons affected by the diseases, civil-society organizations and the private sector in planning, design, implementation and evaluation of HIV/AIDS, tuberculosis and malaria programmes</p>
	BASELINE 2010	
	<p><u>HIV/AIDS: 131</u> <u>Tuberculosis: 87</u> <u>Malaria: 50</u></p>	<p><u>HIV/AIDS: 131</u> <u>Tuberculosis: 87</u> <u>Malaria: 50</u></p>
	TARGETS TO BE ACHIEVED BY 2011	
<p><u>HIV/AIDS: 131</u> <u>Tuberculosis: 87</u></p>	<p><u>HIV/AIDS: 131</u> <u>Tuberculosis: 87</u></p>	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>19.0</u>	<u>2.5</u>	<u>4.4</u>	<u>3.7</u>	<u>6.5</u>	<u>5.3</u>	<u>21.0</u>	<u>62.4</u>

<p>2.6 New knowledge, intervention tools and strategies developed and validated to meet priority needs for the prevention and control of HIV/AIDS, tuberculosis and malaria, with scientists from developing countries increasingly taking the lead in this research.</p>	INDICATORS						
	<p>2.6.1 Number of new and improved tools (e.g. medicines, vaccines and diagnostic tools) receiving internationally recognized approval for use in HIV/AIDS, tuberculosis or malaria</p>	<p>2.6.2 Number of new and improved interventions and implementation strategies for HIV/AIDS, tuberculosis and malaria, whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions</p>	<p>2.6.3 Proportion of peer-reviewed publications arising from WHO-supported research on HIV/AIDS, tuberculosis or malaria and for which the main author's institution is based in a developing country</p>				
	BASELINE 2010						
	<p><u>HIV/AIDS: 3</u> <u>Tuberculosis: 3</u> <u>Malaria: 2</u></p>	<p><u>HIV/AIDS: 4</u> <u>Tuberculosis: 2</u> <u>Malaria: 1</u></p>	<p><u>HIV/AIDS: 55%</u> <u>Tuberculosis: 55%</u> <u>Malaria: 60%</u></p>				
	TARGETS TO BE ACHIEVED BY 2011						
<p><u>HIV/AIDS: 4</u> <u>Tuberculosis: 4</u></p>	<p><u>Tuberculosis: 4</u></p>	<p><u>HIV/AIDS: 58%</u> <u>Tuberculosis: 58%</u></p>					
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>11.2</u>	<u>5.9</u>	<u>3.3</u>	<u>1.4</u>	<u>3.7</u>	<u>2.7</u>	<u>83.5</u>	<u>111.7</u>

STRATEGIC OBJECTIVE 3**To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment****Scope**

The work under this strategic objective focuses on the following activities: policy development; programme implementation; monitoring and evaluation; strengthening of health and rehabilitation systems and services; implementation of prevention programmes and capacity building in the area of chronic noncommunicable conditions (including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, hearing and visual impairment – including blindness, and genetic disorders, mental, behavioural and neurological disorders, including those provoked by psychoactive substance use; injuries due to road traffic crashes, drowning, burns, poisoning, falls, violence in the family, the community or between organized groups; and disabilities from all causes).

Links with other strategic objectives

- Strategic objective 6: in relation to population-wide approaches to combating tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity as risk factors; and in relation to approaches directed at individuals at high risk from these risk factors, as well as approaches directed at the prevention of other risk factors.

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>20.7</u>	<u>11.9</u>	<u>16.3</u>	<u>14.9</u>	<u>19.0</u>	<u>17.1</u>	<u>65.1</u>	<u>165.0</u>

Resource breakdown for the strategic objective for 2010–2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>61.0</u>	<u>38.9</u>	<u>65.1</u>	<u>165.0</u>
Percentage by level	<u>37.0%</u>	<u>23.6%</u>	<u>39.4%</u>	

Budget by Organization-wide expected result and location

3.1 Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.	INDICATORS						
	3.1.1 Number of <u>Member States</u> whose health ministries have a focal point or a unit for injuries and violence prevention with its own budget	3.1.2 <i>The world report on disability and rehabilitation</i> published and launched, in response to resolution WHA58.23	3.1.3 Number of <u>Member States</u> with a <u>mental health budget of more than 1% of the total health budget</u>	3.1.4 Number of <u>Member States</u> with a unit in the <u>ministry of health or equivalent national health authority, with dedicated staff and budget, for the prevention and control of chronic noncommunicable conditions</u>			
	BASELINE 2010						
	<u>110</u>	<u>Draft prepared</u>	<u>150</u>	<u>90</u>			
	TARGETS TO BE ACHIEVED BY 2011						
	<u>140</u>	<u>Published in 6 languages</u>	<u>165</u>	<u>130</u>			
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>3.2</u>	<u>2.3</u>	<u>3.4</u>	<u>2.1</u>	<u>7.1</u>	<u>3.5</u>	<u>10.6</u>	<u>32.2</u>

3.2 Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable conditions, mental and <u>neurological</u> disorders, violence, injuries and disabilities together with visual impairment, including blindness.	INDICATORS						
	3.2.1 Number of <u>Member States</u> that have <u>national plans to prevent unintentional injuries or violence</u>	3.2.2 Number of <u>Member States</u> that have <u>initiated the process of developing a mental health policy or law</u>	3.2.3 Number of <u>Member States</u> that have <u>adopted a multisectoral national policy on chronic noncommunicable conditions</u>	3.2.4 Number of <u>Member States</u> that are <u>implementing comprehensive national plans for the prevention of hearing or visual impairment</u>			
	BASELINE 2010						
	<u>75</u>	<u>48</u>	<u>75</u>	<u>75</u>			
	TARGETS TO BE ACHIEVED BY 2011						
	<u>78</u>	<u>54</u>	<u>95</u>	<u>106</u>			
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>5.3</u>	<u>2.1</u>	<u>4.9</u>	<u>3.7</u>	<u>3.4</u>	<u>2.5</u>	<u>10.4</u>	<u>32.3</u>

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3.3 Improvements made in Member States' capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness.	INDICATORS						
	3.3.1 <u>Number of Member States that have submitted a complete assessment of their national road traffic injury prevention status to WHO during the biennium</u>	3.3.2 Number of Member States that have a published document containing national data on the prevalence and incidence of disabilities	3.3.3 <u>Number of low- and middle-income Member States with basic mental health indicators</u> annually reported	3.3.4 <u>Number of Member States with a national health reporting system and annual reports that include indicators for the four major noncommunicable conditions</u>	3.3.5 <u>Number of Member States documenting according to population-based surveys, the burden of hearing or visual impairment</u>		
	BASELINE 2010						
	<u>130</u>	<u>90</u>	<u>100</u>	<u>120</u>	<u>38</u>		
	TARGETS TO BE ACHIEVED BY 2011						
<u>150</u>	<u>115</u>	<u>120</u>	<u>140</u>	<u>44</u>			
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>4.3</u>	<u>1.9</u>	<u>2.1</u>	<u>1.0</u>	<u>1.9</u>	<u>1.7</u>	<u>8.3</u>	<u>21.2</u>

3.4 Improved evidence compiled by WHO on the cost-effectiveness of interventions to tackle chronic noncommunicable conditions, mental and neurological and substance-use disorders, violence, injuries and disabilities together with visual impairment, including blindness.	INDICATORS						
	3.4.1 <u>Availability of evidence-based guidance on the effectiveness of interventions for the management of selected mental, behavioural or neurological disorders including those due to use of psychoactive substances</u>			3.4.2 <u>Availability of evidence-based guidance or guidelines on the effectiveness or cost-effectiveness of interventions for the prevention and management of chronic noncommunicable conditions</u>			
	BASELINE 2010						
	<u>Published and disseminated for 4 interventions</u>			<u>4 Published and disseminated for 4 interventions</u>			
	TARGETS TO BE ACHIEVED BY 2011						
<u>Published and disseminated for 8 interventions</u>			<u>Published and disseminated for 6 interventions</u>				
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>1.5</u>	<u>2.3</u>	<u>2.0</u>	<u>2.2</u>	<u>3.3</u>	<u>2.4</u>	<u>8.2</u>	<u>21.9</u>

3.5 Guidance and support provided to Member States for the preparation and implementation of multisectoral, population-wide programmes to promote mental health and to prevent mental and behavioural disorders, violence and injuries, together with hearing and visual impairment, including blindness.	INDICATORS						
	3.5.1 Number of guidelines published and widely disseminated on multisectoral interventions to prevent violence and unintentional injuries		3.5.2 <u>Number of Member States that have initiated community-based projects during the biennium to reduce suicides</u>			3.5.3 <u>Number of Member States implementing strategies recommended by WHO for the prevention of hearing or visual impairment</u>	
	BASELINE 2010						
	<u>10</u>		<u>17</u>			<u>75</u>	
	TARGETS TO BE ACHIEVED BY 2011						
<u>14</u>		<u>27</u>			<u>106</u>		
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>3.3</u>	<u>1.6</u>	<u>2.8</u>	<u>1.7</u>	<u>1.4</u>	<u>1.8</u>	<u>11.5</u>	<u>24.1</u>

3.6 Guidance and support provided to Member States to improve the ability of their health and social systems to prevent and manage chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.	INDICATORS								
	3.6.1 <u>Number of Member States that have incorporated trauma-care services for victims of injuries or violence into their health-care systems using WHO trauma-care guidelines</u>		3.6.2 <u>Number of Member States implementing community-based rehabilitation programmes</u>		3.6.3 <u>Number of low- and middle-income Member States that have completed an assessment of their mental health systems using the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS)</u>		3.6.4 <u>Number of low- and middle-income Member States implementing primary health-care strategies for screening of cardiovascular risk and integrated management of noncommunicable diseases using WHO guidelines</u>		3.6.5 <u>Number of Member States with tobacco cessation support incorporated into primary health care</u>
	BASELINE 2010								
	<u>8</u>		<u>10</u>		<u>72</u>		<u>12</u>	<u>37</u>	
	TARGETS TO BE ACHIEVED BY 2011								
<u>14</u>		<u>25</u>		<u>96</u>		<u>30</u>	<u>40</u>		
Budget (US\$ million)									
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL		
<u>3.1</u>	<u>1.7</u>	<u>1.1</u>	<u>4.2</u>	<u>1.9</u>	<u>5.2</u>	<u>16.1</u>	<u>33.3</u>		

STRATEGIC OBJECTIVE 4

To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals

Scope

Work under this strategic objective will focus on action towards ensuring universal access to, and coverage with, effective public health interventions to improve maternal, newborn, child, adolescent, and sexual and reproductive health, with emphasis on reducing gender inequality and health inequities; development of evidence-based, gender-sensitive, coordinated and coherent approaches to addressing needs at key stages of life and improving sexual and reproductive health, using a life-course approach; fostering synergies between maternal, newborn, child, adolescent, sexual and reproductive health interventions and other public health programmes, and supporting action to strengthen health systems; and formulation and implementation of policies and programmes that promote healthy and active ageing for all individuals.

Links with other strategic objectives

- Strategic objectives 1 and 2: in relation to ensuring the effective delivery, in an integrated manner, of immunization and other interventions for the control of major infectious diseases through services for maternal, newborn and child and adolescent health and sexual and reproductive health.
- Strategic objectives 6 to 9, especially 6, 7 and 9: sufficient attention needs to be given to (a) social and economic determinants of ill-health that limit progress towards this strategic objective, (b) major risk factors, such as poor nutrition, and (c) human rights-based and gender-responsive approaches to ensure equitable access to key services.
- Strategic objectives 10 and 11: with attention to specific actions required to strengthen health systems so that they can rapidly expand access to effective interventions for maternal, newborn, child, adolescent and sexual and reproductive health, while ensuring a continuum of care across the life course and across different levels of the health system, including the community.

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Special Programme of Research, Development and Research Training in Human Reproduction

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>114.6</u>	<u>27.6</u>	<u>41.1</u>	<u>11.7</u>	<u>35.1</u>	<u>24.9</u>	<u>94.5</u>	<u>349.5</u>

Resource breakdown for the strategic objective for 2010–2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>164.4</u>	<u>90.6</u>	<u>94.5</u>	<u>349.5</u>
Percentage by level	<u>47.1%</u>	<u>25.9%</u>	<u>27.0%</u>	

Budget by Organization-wide expected result and location

<p>4.1 Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.</p>	INDICATORS						
	<p>4.1.1 Number of targeted <u>Member States</u> that have an integrated policy on universal access to effective interventions for improving maternal, newborn and child health</p>	<p>4.1.2 Number of <u>Member States that have developed, with WHO support, a policy on achieving</u> universal access to sexual and reproductive health</p>					
	BASELINE 2010						
	<u>20</u>	<u>30</u>					
	TARGETS TO BE ACHIEVED BY 2011						
<u>40</u>	<u>40</u>						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>13.7</u>	<u>2.1</u>	<u>6.7</u>	<u>6.2</u>	<u>6.1</u>	<u>2.4</u>	<u>0.6</u>	<u>37.8</u>

<p>4.2 National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent</p>	INDICATORS		
	<p>4.2.1 Number of research centres <u>that have received an initial grant for</u> comprehensive institutional development and support</p>	<p>4.2.2 Number of completed studies on priority issues that <u>have been supported by WHO</u></p>	<p>4.2.3 Number of new or updated systematic reviews on best practices, policies and standards of care <u>for improving maternal, newborn, child and adolescent health, promoting active and healthy ageing or improving sexual and reproductive health</u></p>
	BASELINE 2010		
<u>8</u>	<u>16</u>	<u>20</u>	

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health, to promote active and healthy ageing, and to improve sexual and reproductive health.	TARGETS TO BE ACHIEVED BY 2011						
	<u>12</u>	<u>32</u>	<u>40</u>				
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>16.3</u>	<u>3.8</u>	<u>2.7</u>	<u>0.1</u>	<u>0.4</u>	<u>1.0</u>	<u>45.8</u>	<u>70.1</u>

4.3 Guidelines, approaches and tools for improving maternal care applied at the country level, including technical support provided to Member States for intensified action to ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.	INDICATORS						
	4.3.1 <u>Number of Member States implementing strategies for increasing coverage with skilled care for childbirth</u>						
	BASELINE 2010						
	<u>25</u>						
	TARGETS TO BE ACHIEVED BY 2011						
	<u>50</u>						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>33.4</u>	<u>5.1</u>	<u>8.9</u>	<u>1.1</u>	<u>6.8</u>	<u>6.1</u>	<u>8.3</u>	<u>69.7</u>

4.4 Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress.	INDICATORS						
	4.4.1 <u>Number of Member States implementing strategies for increasing coverage with interventions for neonatal survival and health</u>						
	BASELINE 2010						
	<u>40</u>						
	TARGETS TO BE ACHIEVED BY 2011						
	<u>55</u>						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>8.6</u>	<u>5.1</u>	<u>3.4</u>	<u>0.7</u>	<u>5.2</u>	<u>2.0</u>	<u>6.9</u>	<u>31.9</u>

<p>4.5 Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.</p>	INDICATORS	
	<p>4.5.1 Number of <u>Member States</u> implementing strategies for increasing coverage with child health and development interventions</p>	<p>4.5.2 Number of <u>Member States</u> that have expanded coverage of the integrated management of childhood illness to more than 75% of target districts</p>
	BASELINE 2010	
	<u>40</u>	<u>30</u>
	TARGETS TO BE ACHIEVED BY 2011	
<u>40</u>	<u>45</u>	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>24.8</u>	<u>2.9</u>	<u>7.9</u>	<u>1.5</u>	<u>3.4</u>	<u>7.2</u>	<u>8.6</u>	<u>56.3</u>

<p>4.6 Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.</p>	INDICATORS	
	<p>4.6.1 Number of <u>Member States</u> with a functioning adolescent health and development programme</p>	
	BASELINE 2010	
	<u>40</u>	
	TARGETS TO BE ACHIEVED BY 2011	
<u>50</u>		

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>8.7</u>	<u>2.8</u>	<u>5.6</u>	<u>0.6</u>	<u>4.2</u>	<u>3.2</u>	<u>6.2</u>	<u>31.3</u>

<p>4.7 Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the</p>	INDICATORS	
	<p>4.7.1 Number of <u>Member States</u> implementing the <u>WHO reproductive health</u> strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health <u>agreed at the 1994 International Conference on Population and Development (ICPD), its five-year review (ICPD+5), the Millennium Summit and the United Nations General Assembly in 2007</u></p>	<p>4.7.2 Number of targeted <u>Member States</u> having reviewed their existing national laws, regulations or policies relating to sexual and reproductive health</p>

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strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.	BASELINE 2010						
	<u>30</u>			<u>8</u>			
	TARGETS TO BE ACHIEVED BY 2011						
	<u>40</u>			<u>12</u>			
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>7.1</u>	<u>4.5</u>	<u>5.2</u>	<u>1.1</u>	<u>7.8</u>	<u>2.7</u>	<u>16.7</u>	<u>45.1</u>

4.8 Guidelines, approaches, tools, and technical assistance provided to Member States for increased advocacy for consideration of ageing as a public health issue, for the development and implementation of policies and programmes aiming at maintaining maximum functional capacity throughout the life course and for the training of health-care providers in approaches that ensure healthy ageing.	INDICATORS						
	4.8.1 Number of Member States with a functioning active healthy ageing programme consistent with resolution WHA58.16 “Strengthening active and healthy ageing”						
	BASELINE 2010						
	<u>15</u>						
	TARGETS TO BE ACHIEVED BY 2011						
	<u>20</u>						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>2.0</u>	<u>1.3</u>	<u>0.7</u>	<u>0.4</u>	<u>1.2</u>	<u>0.3</u>	<u>1.4</u>	<u>7.3</u>

STRATEGIC OBJECTIVE 5

To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact

Scope

The joint efforts of the Member States and the Secretariat regarding this strategic objective involve the following: health-sector emergency preparedness; intersectoral action for reducing risk and vulnerability within the framework of the International Strategy for Disaster Reduction; responding to the health needs experienced during emergencies and crises (including nutrition-related needs as well as those concerning water and sanitation); assessing needs of affected populations; health actions during the transition and recovery phases following conflicts and disasters; health of migrants; fulfilling WHO's mandate within the framework of the reform process to enhance the United Nations humanitarian response; the global alert and response system for environmental and food-safety public health emergencies within the framework of the International Health Regulations (2005); risk reduction in respect of specific threats; and preparedness and response programmes for environmental and food-safety public health emergencies. In this way, WHO is making an important contribution to health security that also has critical implications for efforts to promote peace and responding to the Mandates of Member States contained in three relevant resolutions of recent World Health Assemblies (resolutions WHA58.1; WHA59.22 and WHA61.17).

Links with other strategic objectives

- Strategic objective 1: in relation to the International Health Regulations (2005) and responding to public health emergencies involving epidemics.
- Strategic objective 3: in relation to gender violence, responding to psychosocial needs of affected populations; responding to the health needs of the disabled; mass-casualty management; and health care for those suffering from chronic diseases.
- Strategic objective 4: in relation to the response to the health needs of vulnerable populations, especially mothers and children in emergency situations.
- Strategic objective 8: in relation to intersectoral action for emergency preparedness and risk reduction, and for dealing with environmental, chemical and radiological emergencies.
- Strategic objective 9: in relation to nutrition in emergency situations.
- Strategic objective 10: in relation to health of migrants, safe hospitals and health sector risk reduction measures

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

– Health and Nutrition Tracking Service

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>105.7</u>	<u>22.0</u>	<u>68.1</u>	<u>17.2</u>	<u>91.7</u>	<u>7.5</u>	<u>87.8</u>	<u>400.0</u>

Resource breakdown for the strategic objective for 2010–2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>266.4</u>	<u>45.8</u>	<u>87.8</u>	<u>400.0</u>
Percentage by level	<u>66.5%</u>	<u>11.5%</u>	<u>22.0%</u>	

Budget by Organization-wide expected result and location

5.1 Norms and standards developed, capacity built and technical support provided to Member States for the development and strengthening of national emergency preparedness plans and programmes.	INDICATORS	
	5.1.1 Proportion of <u>Member States</u> with national emergency preparedness plans that cover multiple hazards	5.1.2 Number of <u>Member States</u> implementing programmes for reducing the vulnerability of <u>health facilities to the effects of natural disasters</u>
	BASELINE 2010	
	<u>60%</u>	<u>40</u>
	TARGETS TO BE ACHIEVED BY 2011	
<u>65%</u>	<u>50</u>	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>3.3</u>	<u>4.1</u>	<u>6.3</u>	<u>3.4</u>	<u>2.7</u>	<u>1.7</u>	<u>10.7</u>	<u>32.2</u>

5.2 Norms and standards developed and capacity built to enable Member States to provide timely response to disasters associated with natural hazards and conflict-related crises.	INDICATORS	
	5.2.1 <u>Operational platforms for surge capacity in place in regions and headquarters ready to be activated in acute-onset emergencies</u>	5.2.2 Number of global and regional training programmes on <u>public health operations in emergency response</u>
	BASELINE 2010	
	<u>100%</u>	<u>16</u>
	TARGETS TO BE ACHIEVED BY 2011	
<u>100%</u>	<u>18</u>	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>9.8</u>	<u>2.7</u>	<u>3.9</u>	<u>0.7</u>	<u>3.1</u>	<u>1.3</u>	<u>8.8</u>	<u>30.3</u>

5.3 Norms and standards developed and capacity built to enable Member States to assess needs and for planning interventions during the transition and recovery phases of conflicts and disasters.	INDICATORS	
	5.3.1 Number of humanitarian action plans with a health component <u>formulated</u> for <u>ongoing emergencies</u>	5.3.2 Number of countries in transition <u>that have formulated a recovery strategy for health</u>
	BASELINE 2010	
	<u>12</u>	<u>15</u>
	TARGETS TO BE ACHIEVED BY 2011	
<u>15</u>	<u>18</u>	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
9.0	3.0	1.9	4.3	3.8	0.7	9.2	31.9

5.4 Coordinated technical support provided to Member States for communicable disease control in natural disaster and conflict situations.	INDICATORS	
	5.4.1 Proportion of acute natural disasters or conflicts where communicable disease-control interventions have been implemented, including activation of early-warning systems and diseases-surveillance for emergencies	
	BASELINE 2010	
	100%	
TARGETS TO BE ACHIEVED BY 2011		
100%		

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
1.8	2.1	0.9	0.1	0.0	0.0	1.7	6.6

5.5 Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.	INDICATORS	
	5.5.1 Proportion of Member States with national plans for preparedness, and alert and response activities in respect of chemical, radiological and environmental health emergencies	5.5.2 Number of Member States with focal points for the International Food Safety Authorities Network and for the environmental health emergencies network
	BASELINE 2010	
	60%	75
TARGETS TO BE ACHIEVED BY 2011		
65%	85	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
0.8	1.9	0.7	0.6	0.0	0.3	2.6	6.9

5.6 Effective communications issued, partnerships formed and coordination developed with other organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at the country, regional and global levels	INDICATORS	
	5.6.1 Proportion of Member States affected by acute-onset emergencies and those with ongoing emergencies and a humanitarian coordinator in which the Inter-Agency Standing Committee Humanitarian Health Cluster is operational in line with IASC cluster standards	5.6.2 Proportion of Member States with ongoing emergencies and a humanitarian coordinator having a sustainable WHO technical presence covering emergency preparedness, response and recovery
	BASELINE 2010	
	60%	60%
TARGETS TO BE ACHIEVED BY 2011		
80%	75%	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
8.9	2.2	0.6	0.3	0.5	0.7	9.7	22.9

5.7 Acute, ongoing and recovery operations implemented in a timely and effective manner.	INDICATORS						
	5.7.1 Proportion of acute-onset emergencies for which WHO mobilizes coordinated national and international action	5.7.2 Proportion of interventions for chronic emergencies implemented in accordance with humanitarian action plans' health components					
	BASELINE 2010						
	80%	100%					
	TARGETS TO BE ACHIEVED BY 2011						
90%	100%						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>72.1</u>	<u>6.0</u>	<u>53.8</u>	<u>7.8</u>	<u>81.6</u>	<u>2.8</u>	<u>45.1</u>	<u>269.2</u>

STRATEGIC OBJECTIVE 6

To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex

Scope

The work under this strategic objective focuses on integrated, comprehensive, multisectoral and multidisciplinary health-promotion and prevention processes and approaches across all WHO's relevant programmes; and on the prevention or reduction of the occurrence of six major risk factors: use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diet, physical inactivity and unsafe sex.

The main activities involve capacity building for health promotion across all relevant programmes, risk-factor surveillance, the development of ethical and evidence-based policies, strategies, interventions, recommendations, standards and guidelines for health promotion, prevention and reduction of the occurrence of the major risk factors.

Links with other strategic objectives

- Strategic objectives 2, 3, 4, 7, 8 and 9: although these seek to deal with the determinants of poor health and strengthen service provision, this strategic objective seeks in particular, to create healthy environments in order to enable individuals to make healthy choices.

Major WHO and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Special Programme of Research, Development and Research Training in Human Reproduction
- WHO Centre for Health Development (KOBHE)

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>25.7</u>	<u>13.8</u>	<u>17.2</u>	<u>10.8</u>	<u>20.8</u>	<u>25.0</u>	<u>66.0</u>	<u>179.3</u>

Resource breakdown for the strategic objective for 2010–2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>66.9</u>	<u>46.4</u>	<u>66.0</u>	<u>179.3</u>
Percentage by level	<u>37.3%</u>	<u>25.9%</u>	<u>36.8%</u>	

Budget by Organization-wide expected result and location

6.1 Advice and support provided to Member States to build their capacity for health promotion across all relevant programmes, and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.	INDICATORS						
	6.1.1 <u>Number of Member States that have evaluated and reported on at least one of the action areas and commitments of the Global Conferences on Health Promotion.</u>	6.1.2 <u>Number of cities that have implemented healthy urbanization programmes aimed at reducing health inequities</u>					
	BASELINE 2010						
	<u>30</u>	<u>12</u>					
	TARGETS TO BE ACHIEVED BY 2011						
	<u>42</u>	<u>24</u>					
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>12.7</u>	<u>4.0</u>	<u>3.3</u>	<u>1.7</u>	<u>6.4</u>	<u>6.9</u>	<u>22.5</u>	<u>57.5</u>

6.2 Guidance and support provided in order to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools and operating procedures and their dissemination to Member States where a high or increasing burden of death and disability is attributable to these risk factors.	INDICATORS						
	6.2.1 <u>Number of Member States with a functioning national surveillance system for monitoring major risk factors to health among adults based on the WHO STEPwise approach to surveillance</u>	6.2.2 <u>Number of Member States with a functioning national surveillance system for monitoring major risk factors to health among youth based on the Global school-based student health survey methodology</u>					
	BASELINE 2010						
	<u>50</u>	<u>50</u>					
	TARGETS TO BE ACHIEVED BY 2011						
	<u>60</u>	<u>60</u>					
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>4.0</u>	<u>2.0</u>	<u>1.4</u>	<u>2.2</u>	<u>2.1</u>	<u>0.6</u>	<u>3.7</u>	<u>16.0</u>

<p>6.3 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease and death associated with tobacco use, enabling them to strengthen institutions in order to tackle or prevent the public health problems concerned; support also provided to the Conference of the Parties to the WHO Framework Convention on Tobacco Control for implementation of the provisions of the Convention and development and implementation of protocols and guidelines.</p>	INDICATORS						
	<p>6.3.1 <u>Number of Member States having comparable adult tobacco prevalence data available from recent national representative surveys, such as the Global Adult Tobacco Survey (GATS) or STEPS</u></p>		<p>6.3.2 <u>Number of Member States with comprehensive bans on smoking in indoor public places and workplaces</u></p>			<p>6.3.3 <u>Number of Member States with bans on tobacco advertising, promotion and sponsorship</u></p>	
	BASELINE 2010						
	50		18			23	
TARGETS TO BE ACHIEVED BY 2011							
65		22			30		
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
3.6	2.9	10.5	2.4	4.9	12.4	19.5	56.2

<p>6.4 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed, and technical support provided to Member States with a high or increasing burden of disease or death associated with alcohol, drugs and other psychoactive substance use, enabling them to strengthen institutions in order to combat or prevent the public health problems concerned.</p>	INDICATORS	
	<p>6.4.1 <u>Number of Member States that have developed, with WHO support, strategies, plans and programmes for combating or preventing public health problems caused by alcohol, drugs and other psychoactive substance use</u></p>	<p>6.4.2 <u>Number of WHO strategies, guidelines, standards and technical tools developed in order to provide support to Member States in preventing and reducing public health problems caused by alcohol, drugs and other psychoactive substance use</u></p>
	BASELINE 2010	
	35	8
TARGETS TO BE ACHIEVED BY 2011		
50	10	

DRAFT PROPOSED PROGRAMME BUDGET 2010–2011

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>1.9</u>	<u>1.9</u>	<u>0.8</u>	<u>1.6</u>	<u>4.1</u>	<u>2.1</u>	<u>7.9</u>	<u>20.3</u>

<p>6.5 Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed and technical support provided to Member States with a high or increasing burden of disease or death associated with unhealthy diets and physical inactivity, enabling them to strengthen institutions in order to combat or prevent the public health problems concerned.</p>	INDICATORS	
	<p>6.5.1 <u>Number of Member States that have adopted multisectoral strategies and plans for healthy diets or physical activity, based on the WHO Global Strategy on Diet, Physical Activity and Health</u></p>	<p>6.5.2 <u>Number of WHO technical tools that provide support to Member States in promoting healthy diets or physical activity</u></p>
	BASELINE 2010	
	<u>50</u>	<u>14</u>
TARGETS TO BE ACHIEVED BY 2011		
65	16	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>2.7</u>	<u>1.9</u>	<u>1.0</u>	<u>1.4</u>	<u>2.5</u>	<u>1.5</u>	<u>4.7</u>	<u>15.7</u>

<p>6.6 Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed and technical support provided to Member States to promote safer sex and strengthen institutions in order to tackle and manage the social and individual consequences of unsafe sex.</p>	INDICATORS	
	<p>6.6.1 <u>Number of Member States generating evidence on the determinants and/or consequences of unsafe sex</u></p>	<p>6.6.2 <u>Number of Member States generating comparable data on unsafe sex indicators using WHO STEPS surveillance tools</u></p>
	BASELINE 2010	
	<u>8</u>	<u>2</u>
TARGETS TO BE ACHIEVED BY 2011		
10	5	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>0.8</u>	<u>1.1</u>	<u>0.2</u>	<u>1.5</u>	<u>0.8</u>	<u>1.5</u>	<u>7.7</u>	<u>13.6</u>

STRATEGIC OBJECTIVE 7

To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches

Scope

The work under this strategic objective focuses on leadership in intersectoral action on the broad social and economic determinants of health; improvement of population health and health equity by better meeting the health needs of poor, vulnerable and excluded social groups; connections between health, poverty and various social and economic factors (labour, housing and educational circumstances; trade and macroeconomic factors; and the social status of various groups such as women, children, elderly people, displaced people and ethnic minorities); formulation of policies and programmes that are ethically sound, responsive to gender inequalities, sustainable, effective in meeting the needs of poor people and other vulnerable groups, and consistent with human-rights norms.

Links with other strategic objectives

Issues of health equity, ethical standards, gender, pro-poor approaches and human rights are relevant to all other strategic objectives.

- Strategic objectives 1 to 5: notwithstanding the technical complexities, it is firmly established that health outcomes are powerfully influenced by social and economic determinants, as well as by the availability and quality of clinical services.
- Strategic objectives 6, 8 and 9: the present strategic objective is primarily concerned with the underlying determinants and structural factors (such as labour markets, education system, and gender inequality) defining people's different positions in social hierarchies, which affect intermediate determinants such as the environment, including food (strategic objectives 8 and 9) and individual factors such as behaviours (strategic objective 6).
- Strategic objectives 10 and 11: health policies and systems need to include intersectoral action on health determinants. Coherent action on health inequities also depends on the availability of appropriately disaggregated health data and the capacity to analyse and use such data to develop policies and services that respond to the needs of different social groups and address structural factors.

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>9.1</u>	<u>6.8</u>	<u>4.8</u>	<u>7.6</u>	<u>13.3</u>	<u>2.0</u>	<u>29.7</u>	<u>73.3</u>

Resource breakdown for the strategic objective for 2010-2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>26.2</u>	<u>17.4</u>	<u>29.7</u>	<u>73.3</u>
Percentage by level	<u>35.7%</u>	<u>23.7%</u>	<u>40.6%</u>	

Budget by Organization-wide expected result and location

7.1 Significance of social and economic determinants of health recognized throughout the Organization and incorporated into normative work and technical collaboration with Member States and other partners.	INDICATORS																						
	7.1.1 <u>Number of WHO regions with a regional strategy for addressing social and economic determinants of health as identified in the Report of the Commission on the Social Determinants of Health endorsed by the Director-General</u>																						
	BASELINE 2010																						
	4																						
TARGETS TO BE ACHIEVED BY 2011																							
5																							
<p align="center">Budget (US\$ million)</p> <table border="1"> <thead> <tr> <th>Africa</th> <th>The Americas</th> <th>South-East Asia</th> <th>Europe</th> <th>Eastern Mediterranean</th> <th>Western Pacific</th> <th>Headquarters</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td align="center"><u>2.4</u></td> <td align="center"><u>1.8</u></td> <td align="center"><u>0.2</u></td> <td align="center"><u>1.9</u></td> <td align="center"><u>5.2</u></td> <td align="center"><u>0.5</u></td> <td align="center"><u>7.0</u></td> <td align="center"><u>19.0</u></td> </tr> </tbody> </table>								Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL	<u>2.4</u>	<u>1.8</u>	<u>0.2</u>	<u>1.9</u>	<u>5.2</u>	<u>0.5</u>	<u>7.0</u>	<u>19.0</u>
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL																
<u>2.4</u>	<u>1.8</u>	<u>0.2</u>	<u>1.9</u>	<u>5.2</u>	<u>0.5</u>	<u>7.0</u>	<u>19.0</u>																

7.2 Initiative taken by WHO in providing opportunities and means for intersectoral collaboration at national and international levels to address social and economic determinants of health, <u>including understanding and acting upon the public health implications of trade and trade agreements</u> , and to encourage poverty-reduction and sustainable development.	INDICATORS																						
	7.2.1 <u>Number of published country experiences on tackling social determinants for health equity</u>			7.2.2 <u>Number of tools to support countries in analysing the implications of trade and trade agreements for health</u>																			
	BASELINE 2010																						
	10			7																			
TARGETS TO BE ACHIEVED BY 2011																							
14			9																				
<p align="center">Budget (US\$ million)</p> <table border="1"> <thead> <tr> <th>Africa</th> <th>The Americas</th> <th>South-East Asia</th> <th>Europe</th> <th>Eastern Mediterranean</th> <th>Western Pacific</th> <th>Headquarters</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td align="center"><u>2.3</u></td> <td align="center"><u>1.5</u></td> <td align="center"><u>2.0</u></td> <td align="center"><u>3.6</u></td> <td align="center"><u>3.4</u></td> <td align="center"><u>0.3</u></td> <td align="center"><u>9.7</u></td> <td align="center"><u>22.8</u></td> </tr> </tbody> </table>								Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL	<u>2.3</u>	<u>1.5</u>	<u>2.0</u>	<u>3.6</u>	<u>3.4</u>	<u>0.3</u>	<u>9.7</u>	<u>22.8</u>
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL																
<u>2.3</u>	<u>1.5</u>	<u>2.0</u>	<u>3.6</u>	<u>3.4</u>	<u>0.3</u>	<u>9.7</u>	<u>22.8</u>																

7.3 Social and economic data relevant to health collected, collated and analysed on a disaggregated basis (by sex, age, ethnicity, income, and health conditions, such as disease or disability).	INDICATORS						
	7.3.1 <u>Number of country reports published during the biennium incorporating disaggregated data and analysis of health equity</u>						
	BASELINE 2010						
	<u>35</u>						
TARGETS TO BE ACHIEVED BY 2011							
<u>40</u>							
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>2.5</u>	<u>1.1</u>	<u>0.3</u>	<u>1.5</u>	<u>2.0</u>	<u>0.3</u>	<u>3.5</u>	<u>11.2</u>

7.4 Ethics- and human rights-based approaches to health promoted within WHO and at national and global levels.	INDICATORS						
	7.4.1 <u>Number of tools produced for Member States or the Secretariat giving guidance on using a human rights-based approach to advance health</u>			7.4.2 <u>Number of tools produced for Member States or the Secretariat giving guidance on use of ethical analysis to improve health policies</u>			
	BASELINE 2010						
	<u>28</u>			<u>12</u>			
TARGETS TO BE ACHIEVED BY 2011							
<u>37</u>			<u>16</u>				
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>1.0</u>	<u>0.9</u>	<u>0.7</u>	<u>0.1</u>	<u>0.8</u>	<u>0.4</u>	<u>4.2</u>	<u>8.1</u>

7.5 Gender analysis and responsive actions incorporated into WHO's normative work and support provided to Member States for formulation of <u>gender-responsive</u> policies and programmes.	INDICATORS						
	7.5.1 <u>Number of WHO norms and standards developed or updated that are gender responsive</u>			7.5.2 <u>Number of Member States supported by WHO that have conducted one or more gender-mainstreaming activities in health programmes</u>			
	BASELINE 2010						
	<u>54</u>			<u>107</u>			
TARGETS TO BE ACHIEVED BY 2011							
<u>64</u>			<u>131</u>				
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>0.9</u>	<u>1.5</u>	<u>1.6</u>	<u>0.5</u>	<u>1.9</u>	<u>0.5</u>	<u>5.3</u>	<u>12.2</u>

STRATEGIC OBJECTIVE 8

To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health

Scope

This strategic objective is to reduce a broad range of traditional, modern and emerging hazards to health and the environment. The work will encourage strong health-sector leadership for primary prevention of disease through environmental management and impart strategic direction and give guidance to partners in non-health sectors for ensuring that their policies and investments also benefit health.

Work will focus on the assessment and management of environmental and occupational health hazards such as unsafe water and inadequate sanitation, indoor air pollution and solid fuel use, and vector transmission of diseases. Its scope also covers: health risks related to change in the global environment (e.g. climate change and biodiversity loss); development of new products and technologies (e.g. nanotechnology); consumption and production of energy from new sources and the increasing number and use of chemicals; and health risks related to changes in lifestyle, urbanization, and working conditions (e.g. deregulation of labour, an expanding informal sector and export of hazardous working practices to poor countries).

Links with other strategic objectives

- Strategic objective 5: preparedness and response to environmental health emergencies, crucial to achieving strategic objective 8, are linked with other aspects of emergency response.
- Strategic objective 1: strengthening health systems capacities to adapt to the health impacts of climate change, through enhanced early warning and strengthened communicable disease response capacities, will contribute to reducing vulnerability to public health security threats and will help reduce the potential health, social and economic impacts of climate change affected communicable diseases.
- Strategic objectives 2 to 4: given that eliminating environmental hazards to health can prevent up to a quarter of the global burden of disease, work will contribute especially to the reduction in disease burden among children (strategic objective 4), from vector-borne diseases (strategic objective 2) and from noncommunicable diseases (strategic objective 3)
- Strategic objective 10: occupational and environmental health services are a key part of the preventive function of health services.
- Strategic objectives 5, 6, 7, 9 and 12: influencing sectors of the economy to reduce risks and promote health through their investments and policy decisions is essential in terms of work on determinants of health (strategic objectives 5, 6, 7 and 9) and for establishing partnerships to advance the global health agenda (strategic objective 12).

Major WHO partnerships and collaborative arrangements contributing to the achievement of Organization-wide expected results, and included within the budgetary envelope

- Intergovernmental Forum on Chemical Safety

Total budget by location for the strategic objective for 2010–2011 (US\$ million)

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>19.1</u>	<u>12.0</u>	<u>14.9</u>	<u>20.2</u>	<u>16.3</u>	<u>13.0</u>	<u>50.3</u>	<u>145.8</u>

Resource breakdown for the strategic objective for 2010–2011 (US\$ million)

	Countries	Regions	Headquarters	TOTAL
All financing 2010–2011	<u>49.6</u>	<u>45.9</u>	<u>50.3</u>	<u>145.8</u>
Percentage by level	<u>34.0%</u>	<u>31.5%</u>	<u>34.5%</u>	

Budget by Organization-wide expected result and location

<p>8.1 Evidence-based assessments made, and norms and standards formulated and updated on major environmental hazards to health (e.g., poor air quality, chemical substances, electromagnetic fields, radon, poor-quality drinking-water and wastewater reuse)</p>	INDICATORS						
	<p>8.1.1 Number of Member States that have conducted assessments of specific environmental threats to health or have quantified the environmental burden of disease with WHO technical support during the biennium</p>	<p>8.1.2 Number of new or updated WHO norms, standards or guidelines on occupational or environmental health issues published during the biennium</p>					
	BASELINE 2010						
	<u>10</u>	<u>10</u>					
TARGETS TO BE ACHIEVED BY 2011							
<u>12</u>	<u>12</u>						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>3.0</u>	<u>2.1</u>	<u>3.6</u>	<u>2.9</u>	<u>7.0</u>	<u>2.6</u>	<u>16.3</u>	<u>37.5</u>

<p>8.2 Technical support and guidance provided to Member States for the implementation of primary prevention interventions that reduce environmental hazards to health, enhance safety and promote public health, including in specific settings (e.g. workplaces, homes or urban settings) and among vulnerable population groups (e.g. children)</p>	INDICATORS						
	<p>8.2.1 Number of Member States implementing primary prevention interventions in order to reduce environmental risks to health, with WHO technical support, in at least one of the following settings: workplaces, homes or urban settings</p>						
	BASELINE 2010						
	<u>8</u>						
TARGETS TO BE ACHIEVED BY 2011							
<u>12</u>							
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>9.0</u>	<u>2.2</u>	<u>5.5</u>	<u>4.4</u>	<u>2.4</u>	<u>2.0</u>	<u>5.3</u>	<u>30.8</u>

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8.3 Technical assistance and support provided to Member States for strengthening national occupational and environmental health risk management systems, functions and services	INDICATORS
	8.3.1 <u>Number of Member States that have implemented national action plans or policies for the management of occupational health risks, such as in relation to WHO's global plan of action on workers' health 2008–2017, with support from the Secretariat</u>
	BASELINE 2010
	<u>5</u>
	TARGETS TO BE ACHIEVED BY 2011
	<u>10</u>

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>2.6</u>	<u>2.5</u>	<u>1.9</u>	<u>2.1</u>	<u>2.1</u>	<u>2.6</u>	<u>6.3</u>	<u>20.1</u>

8.4 Guidance, tools and initiatives created in order to support the health sector in influencing policies in other sectors to allow policies that improve health, the environment and safety to be identified and adopted	INDICATORS
	8.4.1 <u>Number of Member States that have expressed interest in adopting healthy policies or frameworks proposed by WHO in other sectors than health</u>
	BASELINE 2010
	<u>3</u>
	TARGETS TO BE ACHIEVED BY 2011
	<u>5</u>

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>1.5</u>	<u>2.5</u>	<u>0.7</u>	<u>2.0</u>	<u>2.0</u>	<u>1.3</u>	<u>5.6</u>	<u>15.6</u>

8.5 Health-sector leadership enhanced for creating a healthier environment and changing policies in all sectors so as to tackle the root causes of environmental threats to health, through means such as responding to emerging and re-emerging consequences of development on environmental health and altered patterns of consumption and production and to the damaging effect of evolving technologies	INDICATORS		
	8.5.1 <u>Number of studies or reports on new and re-emerging occupational and environmental health issues published or co-published by WHO</u>	8.5.2 <u>Number of reports published or jointly published by WHO on progress made in achieving water and sanitation objectives of major international development frameworks, such as the Millennium Development Goals</u>	8.5.3 <u>Number of high-level regional forums on environment and health issues organized or technically supported by WHO biennially</u>
	BASELINE 2010		
	<u>5</u>	<u>6</u>	<u>4</u>
	TARGETS TO BE ACHIEVED BY 2011		
<u>7</u>	<u>8</u>	<u>5</u>	

Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>1.7</u>	<u>1.7</u>	<u>0.7</u>	<u>5.8</u>	<u>2.1</u>	<u>1.3</u>	<u>6.3</u>	<u>19.6</u>

8.6 Evidence-based policies, strategies and recommendations developed, and technical support provided to Member States for identifying, preventing and tackling public health problems resulting from climate change	INDICATORS						
	8.6.1 <u>Number of studies or reports on the public health effects of climate change published or co-published by WHO</u>	8.6.2 <u>Number of countries that have implemented plans to enable the health sector to adapt to the adverse effects on health of climate change</u>					
	BASELINE 2010						
	<u>25</u>	<u>10</u>					
	TARGETS TO BE ACHIEVED BY 2011						
<u>30</u>	<u>30</u>						
Budget (US\$ million)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
<u>1.3</u>	<u>1.0</u>	<u>2.5</u>	<u>3.0</u>	<u>0.7</u>	<u>3.2</u>	<u>10.5</u>	<u>22.2</u>