A69/45
SIXTY-NINTH WORLD HEALTH ASSEMBLY
Provisional agenda item 20.1
3 May 2016








WHO PROGRAMMATIC AND FINANCIAL REPORT FOR 2014-2015

including audited financial statements for 2015

World Health Organization

CONTENTS

DIRECTOR-GENERAL's executive summary

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

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

Information on voluntary contributions by fund and by contributor for the year ended 31 December 2015 is available on the WHO programme budget web portal and the WHO website (http://www.who.int/about/finances-accountability/funding/voluntary-contributions/en/).

DIRECTOR-GENERAL's executive summary

FOREWORD

For the first time, the WHO financial report for 2014–2015 is being combined in a single document with an assessment of organizational performance during the biennium. This is a logical evolution at a time of ongoing reforms at WHO and in a health development climate that places a premium on transparency, accountability and measurable results. By drawing together material previously issued in separate reports, the document lets readers see how the financial resources requested by WHO are being used to make progress in achieving planned results.

Information is presented in two parts. The first part begins with an overview of the major health challenges that emerged during the biennium and how WHO responded. An assessment of organizational performance under the six leadership priorities, identified in the Twelfth General Programme of Work, 2014–2019, is also included. Failures as well as successes are frankly presented. The most extensive section uses selected activities to illustrate each programme area under the six categories of work. These illustrative examples let readers see WHO in action: shipping 1.5 billion doses of medicine for the neglected tropical diseases in a single year, setting up a system of nutrient profiling to serve as the evidence base for restricting the marketing of unhealthy foods and beverages to children, and sponsoring research to investigate options for improving the survival of preterm infants. Other examples show how WHO's normative and standard-setting functions translate into initiatives, often supported by partners, that bring results within countries. Each profile of programme activities is accompanied by a tabular breakdown of budget and expenditure for headquarters and the six regional offices.

The second part sets out the financial report for the biennium, including audited financial statements for 2015. More detailed information on the actual deliverables, challenges, and impediments experienced during the biennium is set out in the Programme budget web portal. During the financing dialogue introduced under WHO reform, Member States expressed their appreciation for the financial information available through the World Health Organization Programme budget web portal,[1] but also asked for more programmatic detail. Therefore, as part of my commitment to increased transparency, Member States are provided with two avenues to access the information they need.

This initial report should be viewed as a work in progress as WHO continues to implement the reforms requested by its Member States. The integration of financial and programmatic information will continue to be strengthened in future biennia, along with improvements in linking achievements in individual programme areas with outcomes and impact.

I submit this document to Member States as another instrument for holding WHO accountable for the resources invested in its work.

[1] See http://extranet.who.int/programmebudget/, accessed 4 April 2016.

OVERVIEW

Half of the 10 global impact targets[1] in the Twelfth General Programme of Work, 2014–2019, to which WHO's work contributes were aligned with the 2015 targets set for the Millennium Development Goals. Of these, the target of a 25% reduction in deaths from AIDS has been exceeded, but the 50% and 75% reductions in deaths from tuberculosis and malaria, respectively, have not yet been met. Child mortality has decreased by 53% since the statistical baseline year of 1990 and maternal mortality by 44%. Even though these figures fall short of the two thirds and three quarters declines that were targeted they are still significant achievements. One additional impact target with a 2015 deadline was the eradication of dracunculiasis[2]. While the task is not complete, there is a realistic prospect that no more new cases will be seen in three of the four remaining endemic countries. The 2015-dated impact targets will be updated so that they are aligned with Sustainable Development Goal targets when the monitoring framework is agreed.

At outcome level, which provides a more proximate measure of WHO's contribution, the picture is more mixed. In relation to HIV/AIDS, for example, one initial outcome target of getting 15 million people on treatment with antiretroviral medication has already been achieved[3]. Outcome targets for HIV/AIDS in the Programme budget 2016–2017 have therefore been revised. In many other programme areas, it is too early to assess outcome achievement. Thus, for each programme area, Part 1 of the report summarizes the achievement of outputs, and, to the extent possible, illustrates how outputs contribute to the achievement of outcomes.

In the absence of any other aggregate measure of achievement, this overview takes a different approach. It draws on the detailed reports submitted by category and programme area networks, but looks – selectively – at the work of WHO from a more macro perspective. It takes as its starting point the Twelfth General Programme of Work and assesses progress made during the first biennium of the six-year period. Specifically, it makes an assessment, predominantly in qualitative terms: (a) as to how WHO has responded to some of the global *challenges* outlined in Chapter 1 of the Twelfth General Programme of Work; (b) the extent to which WHO has fulfilled its *leadership* role in relation to the priorities highlighted in Chapter 3; and (c) the extent to which governance and managerial (and particularly financing) reforms in Chapters 4 and 5 have increased organizational effectiveness and performance.

1. RESPONDING TO A RAPIDLY CHANGING GLOBAL ENVIRONMENT

(a) New political, economic and social realities

The geography of poverty

The Twelfth General Programme of Work makes the point that while a significant proportion of the world's absolute poor live in countries that are classified as middle-income, there are still many people living in the world's most unstable and fragile countries – countries that remain dependent on external technical and financial support. To what extent has WHO's country financing mirrored that of others donors and increasingly concentrated on the poorest countries? How has WHO's work adapted to address the issues of poor or otherwise disadvantaged people in middle- and high-income countries?

- On financing, two trends are apparent. First, WHO's spending at country level has increased in absolute terms from US$ 1.7 billion in 2010–2011 to US$ 2.3 billion in 2014–2015 and in relative terms from 46% of total expenditure in 2010–2011 to 52% in 2014–2015. However, rather than reflecting a systematic shift in resources, evidence suggests that the aggregate increase is in part a function of highly-specified funding from the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria in several countries, and expenditures on polio and emergencies and disasters in a more limited number.

[1] See the Twelfth General Programme of Work 2014–2019 annex on impact targets.

[2] See programme area 1.4, Neglected Tropical Diseases.

[3] See programme area 1.1, HIV/AIDS.

- With economic progress, what countries need and demand from WHO changes. Where support for programme implementation may have been a priority in the past, the focus shifts towards advocacy for neglected health problems and populations; strategic advice on health policy and strategy; and facilitating exchanges of experience with countries at similar levels of development. These changes have implications for staffing levels and the skill mix. A recent independent evaluation of country presence suggests that in some regions (notably the Western Pacific Region) such changes are beginning to be implemented. However, there is still no *systematic* process in place for matching country office capacities to the changing needs.

Economic uncertainty: pressure on public spending in donor countries

Many of the predictions in the Twelfth General Programme of Work of what would follow the economic and financial crisis have been borne out. The annual year-on-year increases that saw a threefold increase in development assistance for health over a period of 10 years have now ceased. What was less predictable is that already constrained aid budgets would be used to finance new priorities – notably health security – and issues of major concern to donor countries themselves, such as migration. One result is that it has been increasingly hard to fund new priorities, such as noncommunicable diseases, at country level from external resources: progress will therefore depend on domestic financing.

At the same time, many countries have enjoyed consistent economic growth and thus no longer need, or are eligible for, concessional financing. While external finance will remain important, albeit for a decreasing number of countries, WHO's work needs to respond to these trends:

- Ensuring that aid is used effectively in the 20–30 countries that are still dependent on external financial assistance is seen as increasingly important. To this end, the International Health Partnership[1] is now focusing on these countries, but also broadening its scope in order to coordinate work on universal health coverage.

- Although eligibility for external funds is based on economic trends alone, there is no guarantee that health and other social indicators will track economic growth consistently. Ensuring that such countries have continued access to affordable prices for key commodities, such as vaccines, has therefore been an important safeguard. WHO works with the GAVI Alliance to prepare transitional plans of action, which help determine continuing eligibility for GAVI prices. Countries that are no longer eligible can access advice on market prices and procurement procedures online through WHO's Price Transparency Initiative.

- The key response, however, is that WHO is increasingly becoming a vital source of information and advice on *national spending for health*. The shift in focus that started with the *World health report 2010* has now gained momentum, so that the prime concern in a growing number of programmes is less the US$ 28 billion for health in external financing and more the US$ 6.5 trillion that is spent on health largely from domestic resources.

Shifts in the relative power of the State, the private sector and civil society

The report will highlight many examples of how WHO has worked productively with both the private sector and civil society, with demonstrable benefits to people's health. Examples include the negotiation of the Pandemic Influenza Preparedness Framework, new vaccine development and recent work on road safety.

While the Twelfth General Programme of Work makes the point that it is hard to imagine significant progress on the major challenges facing the world – including health – without the involvement of the private sector and civil society, WHO's main interlocutors are still primarily national governments.

- Broadening the range of WHO's interactions with other stakeholders that influence health outcomes is an area where the views of Member States remain deeply divided. While all agree on the need to maintain and protect the integrity of WHO's normative work, progress in defining the rules of engagement with non-State actors has been much slower than anticipated.

[1] See http://www.internationalhealthpartnership.net/en/

Rapid evolution of technology

Developments in technology feature in many of the programme areas in this report. The Twelfth General Programme of Work, however, singled out the growing importance of information and communications technology, and within this area, the power of social media[1].

- At the beginning of the biennium, WHO had about 1.4 million subscribers on two social media channels. Two years later that figure had risen to more than 5.3 million with 2.7 million followers on Twitter alone. Across 11 social media channels, there are now 6.74 million subscribers, so that WHO's health messages reach millions of people – worldwide – every day.

- Innovation in the way messages are framed, targeted and disseminated has continued, notably during emergencies and outbreaks. External recognition has come for using the Twitter social media channel more effectively than any other international organization in Geneva in 2015.

(b) More complex health problems

From Millennium Development Goals to Sustainable Development Goals

The negotiation of a new set of global development goals has preoccupied the global health community for the past four years. The final result puts health in a prominent position and most of new Sustainable Development Goal priorities were anticipated in the Twelfth General Programme of Work. Moreover, several health targets follow from the unfinished Millennium Development Goal agenda and much of the critique (around feasibility, precision and measurability) that has been directed at the Sustainable Development Goals as a whole can be relatively easily countered when it comes to the health goal, even though the agenda is now more ambitious.

At the same time, it is important to recognize the breadth of the new agenda: one that sees health not only as ensuring healthy lives and promoting well-being for all at all ages, but also one in which health and its determinants influence, and are influenced by, other goals and targets as an integral part of sustainable development.

- WHO has started a dialogue about the implications of the Sustainable Development Goals for how WHO provides support to countries. The text of the declaration – *Transforming our world: the 2030 agenda for sustainable development* – provides a good starting point by placing universal health coverage as the target that underpins, and is key to the achievement of, many of the others.

  > *"To promote physical and mental health and well-being and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind …"*

- A recent WHO publication[2] shows this relationship diagrammatically (see Figure 1). It further argues that achieving the new health targets cannot rely on business as usual. One of the acknowledged problems of the Millennium Development Goal era was the fragmentation of country health systems that resulted from the establishment of separate programmes, each focusing on its own targets, with little consideration for the impact on the health system as a whole.

- With 13 health targets covering most national health concerns, an approach to national health development that focuses on individual programmes in isolation will be counterproductive. There is now a growing consensus that to respond to the new agenda, individual programme areas need to contribute to, and work within, the framework of a country's overall health plan or strategy.

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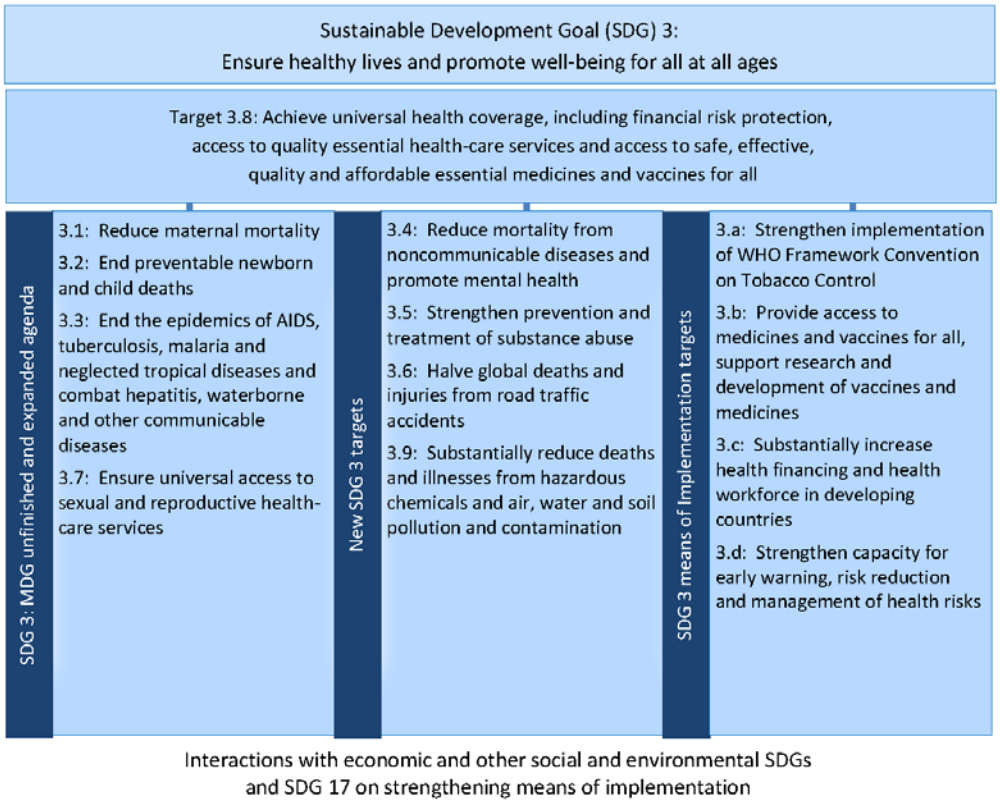
[1] See programme area 6.5, Strategic Communications.

[2] Health in 2015: from MDGs to SDGs. Geneva: World Health Organization; 2015.

Figure 1. A framework for Sustainable Development Goal 3 on good health and well-being and its targets in the 2030 Agenda for Sustainable Development



Complex problems require cross-sectoral solutions

While universal health coverage is a vehicle for bringing the health sector together, one major difference between the Sustainable Development Goals and the Millennium Development Goals is the greater focus on health problems that are not amenable to purely technical solutions and that do not fit neatly into single sectoral boxes. This is particularly true of the noncommunicable disease agenda, which is discussed in more detail under the leadership priorities below. However, two of the most pressing cross-sectoral issues facing global health received little attention in the United Nations General Assembly declaration on the Sustainable Development Goals, adopted in resolution 70/1.[1] Antimicrobial resistance appears, almost as an afterthought in the health paragraph of the declaration, but is absent from the targets. Similarly, the health challenges of

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https://www.yunbaogao.cn/report/index/report?reportId=5_27009