

**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.

**Total budget by location for the strategic objective for 2008-2009 (US\$ thousand)**

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
316 203	32 387	134 742	29 925	101 095	53 525	226 166	894 043

**Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)**

	Countries	Regions	Headquarters	TOTAL
<b>All financing 2008-2009</b>	<b>378 634</b>	<b>289 243</b>	<b>226 166</b>	<b>894 043</b>
Percentage by level	43	32	25	

**Budget by organization-wide expected result and location**

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.	<b>INDICATORS</b>						
	1.1.1 Number of developing countries with at least 90% national vaccination coverage and at least 80% vaccination coverage in every administrative unit	1.1.2 Number of developing countries supported to make decisions about appropriate changes and additions to the immunization schedule, including the introduction of new vaccines and/or new technologies	1.1.3 Number of essential child-health interventions integrated with immunization for which guidelines on common programme management are available	1.1.4 Number of countries that have established either legislation or a specified national budget line in order to ensure sustainable financing of immunization			
	<b>BASELINE</b>						
	39 countries	25 countries	1 intervention	166 countries			
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
90/165 countries	60/165 countries	5 interventions	180/193 countries				
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
58 291	3 104	26 629	7 681	19 641	8 138	30 100	153 584

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<b>1.2</b> 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.	<b>INDICATORS</b>						
	<b>1.2.1</b> Percentage of countries using oral poliomyelitis vaccine according to an internationally agreed time-line and process for cessation of routine use of oral poliomyelitis vaccine		<b>1.2.2</b> Percentage of final country reports or updates submitted to and reviewed by appropriate regional certification commissions		<b>1.2.3</b> Number of facilities worldwide storing or handling poliovirus after cessation of use of poliomyelitis vaccine globally		<b>1.2.4</b> Number of least-developed countries in which the WHO-funded infrastructure for surveillance of acute flaccid paralysis and experience contribute to national core-capacity building for the International Health Regulations (2005)
	<b>BASELINE</b>						
	0%		63% of reports		Between 1000 and 2000 facilities (estimated)		None
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
100% of 135 countries		75% of reports		About 1000 facilities		20 countries	
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
135 137	3 089	59 542	2 993	24 650	7 253	29 951	<b>262 615</b>

<b>1.3</b> 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.	<b>INDICATORS</b>						
	<b>1.3.1</b> Number of countries certified for eradication of dracunculiasis		<b>1.3.2</b> Number of countries that have eliminated leprosy at national and subnational levels		<b>1.3.3</b> Size of the target population at risk of lymphatic filariasis in endemic countries for mass drug administration or preventive chemotherapy		<b>1.3.4</b> Coverage of at-risk school-age children in disease-endemic countries with regular treatment against schistosomiasis and soil-transmitted helminthiases
	<b>BASELINE</b>						
	3 countries		6 countries		700 million		30% coverage
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
10 countries		22 countries		900 million		56% coverage	
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
54 472	7 396	8 677	299	24 127	7 790	28 908	<b>131 669</b>

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.	<b>INDICATORS</b>						
	1.4.1 Percentage of countries with integrated surveillance of all communicable diseases of public health importance	1.4.2 Number of countries receiving technical assistance from WHO to adapt generic surveillance and communicable disease-monitoring tools or protocols to specific country situations	1.4.3 Percentage of countries for which joint reporting forms on immunization surveillance and monitoring are received on time at global level in accordance with established time-lines	1.4.4 Percentage of countries supported by WHO to establish a system at district level to record, analyse and evaluate the quality and safety of vaccine/drug/ intervention delivery, including antimicrobial resistance and health-care associated infections			
	<b>BASELINE</b>						
	30% of countries	40 countries	50% of countries	Not currently monitored			
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
50% of 193 countries	65 countries	75% of 193 countries	25% of 193 countries				
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
23 486	3 049	18 252	5 087	8 674	5 365	15 755	<b>79 668</b>

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.	<b>INDICATORS</b>						
	1.5.1 Number of consensus reports published on global research needs and priorities for a disease or type of intervention	1.5.2 Number of new and improved tools (e.g. medicines, vaccines or diagnostics) receiving internationally recognized approval for use	1.5.3 Number of new and improved interventions and implementation strategies whose effectiveness has been determined and the evidence made available to appropriate institutions for policy decisions	1.5.4 Proportion of peer-reviewed publications based on WHO-supported research where the main author's institution is in a developing country			
	<b>BASELINE</b>						
	None	None	None	48% of publications			
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
3 reports	2 tools	3 interventions	55% of publications				
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
4 986	2 177	2 992	499	4 462	795	56 423	<b>72 334</b>

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<p><b>1.6</b> 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>	<b>INDICATORS</b>							
	<p><b>1.6.1</b> Number of countries that have completed the assessment or self-assessment of core capacities for surveillance and response, in line with their obligations under the International Health Regulations (2005)</p>		<p><b>1.6.2</b> Number of countries supported by WHO to develop national plans of action or strategy papers to meet minimum core capacity requirements for early warning and response in line with their obligations under the International Health Regulations (2005)</p>		<p><b>1.6.3</b> Number of countries whose national laboratory system is engaged in at least one internal and one external quality-control programme for epidemic-prone communicable diseases</p>		<p><b>1.6.4</b> Number of countries participating in training programmes focusing on strengthening early-warning systems or mechanisms, public health laboratories and outbreak-response capacities</p>	
	<b>BASELINE</b>							
	100 countries		80 countries		90 countries		100 countries	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>							
150 countries		115 countries		135 countries		150 countries		
<b>Budget (US\$ thousand)</b>								
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>	
10 611	6 842	5 086	8 079	9 571	8 584	27 712	<b>76 485</b>	

<p><b>1.7</b> 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>	<b>INDICATORS</b>						
	<p><b>1.7.1</b> Number of countries having national preparedness plans that are funded and standard operating procedures in place for major epidemic-prone diseases (e.g. pandemic influenza)</p>		<p><b>1.7.2</b> Number of international support mechanisms for diagnosis and mass intervention (e.g. international laboratory surveillance networks and vaccine-stockpiling mechanisms)</p>			<p><b>1.7.3</b> Number of countries with basic capacity in place for safe laboratory handling of dangerous pathogens and safe isolation of patients who are contagious</p>	
	<b>BASELINE</b>						
	90 countries		5 mechanisms			70 countries	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
135 countries		7 mechanisms			100 countries		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
22 239	1 979	8 876	1 995	4 985	7 651	13 791	<b>61 516</b>

<b>1.8</b> 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.	<b>INDICATORS</b>						
	<b>1.8.1</b> Number of locations with global event-management system in place to support coordination of risk assessment, communications and field operations for headquarters, regional and country offices		<b>1.8.2</b> Number of partner institutions participating in the global outbreak alert and response network and other relevant regional subnetworks		<b>1.8.3</b> Proportion of requests for assistance from Member States for which WHO mobilizes comprehensive and coordinated international support for disease-control efforts, investigation and characterization of events, and sustained containment of outbreaks		<b>1.8.4</b> Median time to verification of outbreaks of international importance, including laboratory confirmation of etiology
	<b>BASELINE</b>						
	7 (headquarters and each regional office)		150 institutions		90% of requests		5 days
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
60 (headquarters, regional offices and selected country offices)		200 institutions		100% of requests		4 days	
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
6 981	4 751	4 688	3 292	4 985	7 949	23 526	<b>56 172</b>

**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 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 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.

**Total budget by location for the strategic objective for 2008-2009 (US\$ thousand)**

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
242 912	48 673	80 979	35 926	53 769	59 332	185 341	706 932

**Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)**

	Countries	Regions	Headquarters	TOTAL
<b>All financing 2008-2009</b>	<b>344 780</b>	<b>176 811</b>	<b>185 341</b>	<b>706 932</b>
Percentage by level	49	25	26	

**Budget by organization-wide expected result and location**

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	INDICATORS			
	2.1.1 Number of supported countries that have achieved the national intervention targets for HIV/AIDS consistent with the goal of universal access to HIV/AIDS prevention, treatment and care	2.1.2 Number of supported countries that have achieved the national intervention targets for malaria	2.1.3 Number of countries that have achieved the targets for detection (70% case detection) and treatment (85% success rate) of tuberculosis	2.1.4 Proportion of high-burden countries that have achieved targets for prevention and control of sexually transmitted infections (70% of persons with sexually transmitted infections at primary point-of-care sites appropriately diagnosed, treated and counselled)

coverage of the interventions among poor people, and hard-to-reach and vulnerable populations.	<b>BASELINE</b>						
	No country	5/107 countries	50/211 countries and territories	30% of high-burden countries			
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
	193 countries	53/107 countries	100/211 countries and territories	60% of high-burden countries			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
60 728	8 488	12 351	7 185	7 966	8 663	41 153	<b>146 534</b>

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 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.	<b>INDICATORS</b>						
	<b>2.2.1</b> Number of targeted countries with integrated/coordinated gender-sensitive policies on HIV/AIDS, tuberculosis and malaria	<b>2.2.2</b> Number of countries with sound national strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to the specific issues raised by HIV/AIDS, tuberculosis and malaria	<b>2.2.3</b> Number of countries monitoring access to gender-sensitive, good-quality health services for HIV/AIDS, tuberculosis and malaria	<b>2.2.4</b> Number of countries with plans for monitoring provider-initiated HIV testing and counselling in sexual and reproductive health (sexually transmitted infection and family planning services)			
	<b>BASELINE</b>						
	HIV/AIDS: to be established Tuberculosis: 63 countries Malaria: 32/43 countries	Baseline will be established in 2007 through a survey to determine the number of countries that have evidence-based health workforce policies/plans that incorporate response to HIV/AIDS, tuberculosis and malaria	HIV/AIDS: 30 countries Tuberculosis: 100/211 countries and territories Malaria: 43 countries	To be established			
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
HIV/AIDS: 74 countries Tuberculosis: 74 countries Malaria: 43/43 countries	The number of countries with evidence-based health workforce policies/plans that incorporate response to HIV/AIDS, tuberculosis and malaria increased by 30% (compared to the baseline that will have been established in 2007)	HIV/AIDS: 75% of all countries Tuberculosis: all 211 countries and territories Malaria: 43/43 countries	15 of 49 high-burden countries (30%)				
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
97 165	17 522	39 044	14 370	23 898	17 265	48 868	<b>258 132</b>

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<p><b>2.3</b> 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.</p>	<b>INDICATORS</b>							
	<p><b>2.3.1</b> Number of new or updated global norms and quality standards for medicines and diagnostic tools for HIV/AIDS, tuberculosis and malaria</p>	<p><b>2.3.2</b> Number of priority medicines and diagnostic tools for HIV/AIDS, tuberculosis and malaria that have been assessed and pre-qualified for United Nations procurement</p>	<p><b>2.3.3</b> 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)</p>	<p><b>2.3.4</b> Cumulative number of patients with tuberculosis for whom treatment has been provided through the Global Drug Facility</p>	<p><b>2.3.5</b> Number of countries implementing quality-assured HIV/AIDS screening of all donated blood and administering all medical injections with safe equipment as part of strategy to prevent transmission of HIV associated with health care</p>			
	<b>BASELINE</b>							
	Five global standards	150 products	10 countries	10 million	77 countries with high-quality HIV/AIDS screening of all donated blood and 115 countries providing all medical injections with safe equipment			
<b>TARGETS TO BE ACHIEVED BY 2009</b>								
10 new global standards	225 products	20 countries	14 million	134 countries with high-quality HIV screening of all donated blood and 154 countries where all medical injections are administered with safe equipment				
<b>Budget (US\$ thousand)</b>								
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>	
23 463	5 825	5 080	3 094	1 991	8 543	10 288	<b>58 284</b>	

<p><b>2.4</b> 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>	<b>INDICATORS</b>		
	<p><b>2.4.1</b> Number of countries that regularly collect, analyse and report data on surveillance coverage, outcome and impact using WHO's standardized methodologies, including appropriate age- and sex-disaggregation</p>	<p><b>2.4.2</b> Number of targeted countries providing WHO with annual data on surveillance, monitoring and financial allocation data for inclusion in the annual global reports on control of HIV/AIDS, tuberculosis and malaria and the achievement of targets</p>	<p><b>2.4.3</b> Number of countries reporting age- and sex-disaggregated data from surveillance and monitoring of HIV/AIDS, tuberculosis and malaria drug resistance</p>
	<b>BASELINE</b>		
HIV/AIDS: 48/132 low- and middle-income countries Tuberculosis: 100/211 countries and territories Malaria: 30/107 countries	HIV/AIDS: all countries Tuberculosis: 211/211 countries and territories Malaria: 107/107 countries	HIV/AIDS: 8 countries (January 2006) and 16 countries (January 2007) Tuberculosis: 133/211 countries and territories Malaria: 107/107 countries	

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
33 141	8 488	10 957	5 489	10 953	9 850	25 720	<b>104 598</b>

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
6 459	2 396	5 877	4 291	1 991	8 485	6 431	<b>35 930</b>

TARGETS TO BE ACHIEVED BY 2009				
INDICATORS	2.5.1	2.5.2	2.5.3	
<p><b>2.5</b> 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>	<p><b>2.5.1</b> Number of targeted countries with functional partnerships for HIV/AIDS, tuberculosis and malaria control</p>	<p><b>2.5.2</b> Proportion of targeted countries that receive WHO support in accessing financial resources or increasing absorption of funds for HIV/AIDS, tuberculosis and malaria</p>	<p><b>2.5.3</b> Proportion of countries 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			
	<p>HIV/AIDS: 85% of 126 low- and middle-income countries reporting in 2005 had national HIV/AIDS coordinating bodies Tuberculosis: 30 targeted countries Malaria: 10/46 targeted countries</p>	<p>HIV/AIDS: 70 countries by September 2006 Tuberculosis: all high-burden countries Malaria: 30% of countries requesting support</p>	<p>HIV/AIDS: all countries Tuberculosis: 30/87 countries Malaria: 30% of targeted countries</p>	
TARGETS TO BE ACHIEVED BY 2009				
<p>HIV/AIDS: all countries Tuberculosis: 43/87 countries Malaria: 33/46 targeted countries</p>	<p>HIV/AIDS: all high-burden countries requesting support Tuberculosis: all tuberculosis high-burden and high-incidence countries requesting support Malaria: 50% of targeted countries requesting support</p>	<p>HIV/AIDS: all countries Tuberculosis: 43/87 countries Malaria: 50% of targeted countries</p>		

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<b>2.6</b> 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.	<b>INDICATORS</b>						
	<b>2.6.1</b> 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		<b>2.6.2</b> 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			<b>2.6.3</b> 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	
	<b>BASELINE</b>						
	1		2			48% of all peer-reviewed publications	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
2 (cumulative)		4 (cumulative)			55% of all peer-reviewed publications		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
21 956	5 954	7 670	1 497	6 970	6 526	52 881	<b>103 454</b>

### STRATEGIC OBJECTIVE 3

To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries

#### 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 2008-2009 (US\$ thousand)

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
20 723	9 848	17 679	15 909	19 808	21 735	52 402	158 104

#### Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)

	Countries	Regions	Headquarters	TOTAL
<b>All financing 2008-2009</b>	<b>68 316</b>	<b>37 386</b>	<b>52 402</b>	<b>158 104</b>
Percentage by level	43	24	33	

#### Budget by organization-wide expected result and location

<b>3.1</b> 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.	<b>INDICATORS</b>						
	<b>3.1.1</b> Number of targeted countries whose health ministries have a focal point or a unit for injuries and violence prevention with its own budget	<b>3.1.2</b> <i>The world report on disability and rehabilitation</i> published and launched, in response to resolution WHA58.23	<b>3.1.3</b> Number of targeted countries whose health ministries have a unit for mental health with its own budget	<b>3.1.4</b> Proportion of targeted countries whose health ministries have a unit or department for chronic noncommunicable conditions with its own budget			
	<b>BASELINE</b>						
	80 targeted countries	No report	90 targeted countries	10% of targeted countries			
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
120 targeted countries	Draft report prepared	120 targeted countries	30% of targeted countries				
<b>Budget (US\$ thousand)</b>							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
3 108	1 516	4 616	1 989	1 981	4 347	8 280	25 837

## PROPOSED PROGRAMME BUDGET 2008-2009

<b>3.2</b> 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 behavioural disorders, violence, injuries and disabilities.	<b>INDICATORS</b>						
	<b>3.2.1</b> Number of targeted countries that have and are implementing national plans to prevent unintentional injuries and violence	<b>3.2.2</b> Number of targeted countries that have and are implementing national plans in respect of disability and rehabilitation	<b>3.2.3</b> Number of countries receiving and utilizing guidance on policies, strategies and regulations in respect of mental, behavioural and neurological disorders including those due to use of psychoactive substances	<b>3.2.4</b> Proportion of targeted countries that have and are implementing a nationally approved policy for the prevention and control of chronic noncommunicable conditions	<b>3.2.5</b> Proportion of targeted countries that have and are implementing comprehensive national plans for the prevention of hearing and visual impairment, including blindness		
	<b>BASELINE</b>						
	40 targeted countries	35 targeted countries	70 countries	10% of targeted countries	10% of targeted countries		
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
70 targeted countries	60 targeted countries	72 countries	30% of targeted countries	30% of targeted countries			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
4 560	1 872	3 536	3 977	4 951	3 260	8 284	<b>30 440</b>

<b>3.3</b> 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 behavioural disorders, violence, injuries and disabilities.	<b>INDICATORS</b>						
	<b>3.3.1</b> Number of targeted countries that have a published document containing a national compilation of data on the magnitude, causes and consequences of violence and injuries	<b>3.3.2</b> Number of targeted countries that have a published document containing a national compilation of data on the prevalence and incidence of disabilities	<b>3.3.3</b> Number of targeted countries establishing or substantially strengthening national or regional information systems on the magnitude, causes and consequences of mental, behavioural and neurological disorders, including those due to use of psychoactive substances	<b>3.3.4</b> Proportion of targeted countries with a national health reporting system and annual reports that include indicators of chronic, noncommunicable conditions	<b>3.3.5</b> Proportion of targeted countries documenting the burden of hearing and visual impairment, including blindness		
	<b>BASELINE</b>						
	40 targeted countries	60 targeted countries	24 targeted countries	10% of targeted countries	10% of targeted countries		
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
70 targeted countries	90 targeted countries	36 targeted countries	30% of targeted countries	30% of targeted countries			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
3 730	1 754	2 750	994	3 962	2 174	8 623	<b>23 987</b>

<b>3.4</b> Improved evidence compiled by WHO on the cost-effectiveness of interventions to tackle chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities.	<b>INDICATORS</b>						
	<b>3.4.1</b> Availability of evidence on the cost-effectiveness of widely available interventions for the management of selected mental, behavioural and neurological disorders including those due to use of psychoactive substances				<b>3.4.2</b> Availability of summarized evidence on the cost-effectiveness of a core package of interventions for chronic noncommunicable conditions together with an estimate of the global cost of implementation		
	<b>BASELINE</b>						
	No evidence made available				Evidence for individual interventions available		
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
Evidence made available for 4 interventions				Core package completed			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
2 694	1 491	2 357	1 989	3 962	3 260	7 947	<b>23 700</b>

<b>3.5</b> 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.	<b>INDICATORS</b>						
	<b>3.5.1</b> Number of guidelines published and widely disseminated on multisectoral interventions to prevent violence and unintentional injuries		<b>3.5.2</b> Availability of guidance on promotion of mental health and on prevention of selected mental, behavioural and neurological disorders including those due to use of psychoactive substances		<b>3.5.3</b> Proportion of targeted countries implementing strategies recommended by WHO for population-wide prevention of hearing and visual impairment, including blindness		
	<b>BASELINE</b>						
	4 guidelines published and disseminated		No guidance made available		10% of countries		
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
12 guidelines published and disseminated		Guidance on 2 disorders prepared and made available		30% of countries			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
2 694	1 573	1 768	1 989	1 981	2 174	9 297	<b>21 476</b>

<b>3.6</b> 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.	<b>INDICATORS</b>					
	<b>3.6.1</b> Number of targeted countries whose health-care systems are better able to respond to unintentional injuries and violence as a result of using WHO's guidelines	<b>3.6.2</b> Number of countries with strengthened rehabilitation services as a result of using the recommendations in <i>The world report on disability and rehabilitation</i> and in related WHO guidelines	<b>3.6.3</b> Number of countries conducting a systematic assessment of their mental health systems by means of WHO's assessment instrument for mental health systems, and using the information obtained to plan the strengthening of national mental health systems	<b>3.6.4</b> Proportion of targeted countries implementing integrated primary health-care strategies recommended by WHO in the management of chronic non-communicable conditions	<b>3.6.5</b> Number of countries with strengthened health-system services for the treatment of tobacco dependence as a result of using WHO's policy recommendations	

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<b>BASELINE</b>							
12 targeted countries		No country	48 countries	10% of targeted countries	No country		
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
30 targeted countries		10 countries	72 countries	30% of targeted countries	10 countries		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
3 937	1 642	2 652	4 971	2 971	6 520	9 971	<b>32 664</b>

**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.

**Total budget by location for the strategic objective for 2008-2009 (US\$ thousand)**

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
115 695	27 414	50 614	14 418	39 815	25 216	86 661	359 833

**Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)**

	Countries	Regions	Headquarters	TOTAL
<b>All financing 2008-2009</b>	<b>159 034</b>	<b>114 138</b>	<b>86 661</b>	<b>359 833</b>
Percentage by level	44	32	24	

**Budget by organization-wide expected result and location**

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	<b>INDICATORS</b>		
	4.1.1 Number of targeted countries that have an integrated policy on universal access to effective interventions for improving maternal, newborn and child health	4.1.2 Number of countries that have a policy on universal access to sexual and reproductive health	4.1.3 Number of countries that have a policy on the promotion of active and healthy ageing
	<b>BASELINE</b>		
	10 countries	20 countries	None

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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.	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
	20 countries			30 countries			25 countries
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
8 656	2 051	13 272	3 603	5 972	1 986	492	<b>36 032</b>

<b>4.2</b> 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 health, to promote active and healthy ageing, and to improve sexual and reproductive health.	<b>INDICATORS</b>						
	<b>4.2.1</b> Number of new research centres strengthened through comprehensive institutional development and support			<b>4.2.2</b> Number of completed studies on priority issues in the relevant field of health		<b>4.2.3</b> Number of new or updated systematic reviews on best practices, policies and standards of care	
	<b>BASELINE</b>						
	None			None		None	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
4 centres			12 studies		15 reviews		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
15 703	3 721	3 764	515	3 982	496	44 316	<b>72 497</b>

<p><b>4.3</b> 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.</p>	<b>INDICATORS</b>						
	<p><b>4.3.1</b> Number of countries with at least 50% of target districts implementing strategies to ensure skilled care for every birth</p>	<p><b>4.3.2</b> Number of countries adapting and utilizing policy, technical and managerial norms and guidelines on integrated management of pregnancy and childbirth</p>					
	<b>BASELINE</b>						
	10 countries	10 countries					
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
25 countries	25 countries						
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
30 182	5 315	7 825	1 854	6 967	6 353	6 893	<b>65 389</b>

<p><b>4.4</b> 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.</p>	<b>INDICATORS</b>						
	<p><b>4.4.1</b> Number of countries with at least 50% of target districts implementing strategies for neonatal survival and health</p>	<p><b>4.4.2</b> Number of countries that have adapted, and in which 50% or more of target districts are implementing, the packages of interventions for integrated management of both childhood illness and pregnancy and childbirth, which include those for the full newborn period</p>					
	<b>BASELINE</b>						
	20 countries	20 countries					
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
40 countries	40 countries						
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
21 789	5 163	6 141	1 545	6 967	3 276	5 909	<b>50 790</b>

<p><b>4.5</b> 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</p>	<b>INDICATORS</b>	
	<p><b>4.5.1</b> Number of countries implementing strategies for increasing coverage with child health and development interventions</p>	<p><b>4.5.2</b> Number of countries that have expanded geographical coverage of the integrated management of childhood illness to more than 75% of target districts</p>
	<b>BASELINE</b>	
	20 countries	10 countries
	<b>TARGETS TO BE ACHIEVED BY 2009</b>	
50 countries	30 countries	

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progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.							
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
12 180	2 886	7 627	1 854	3 982	6 354	6 893	41 776

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.	INDICATORS						
	4.6.1 Number of countries with a functioning adolescent health and development programme <sup>1</sup>						
	BASELINE						
	15 countries						
	TARGETS TO BE ACHIEVED BY 2009						
	50 countries						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
11 539	2 734	5 051	1 545	3 982	3 872	5 909	34 632

<sup>1</sup> A country with “an adolescent health and development programme” is defined as one that has officially established a programme focusing on the health of adolescents or young people, whether a stand-alone programme or a clearly-demarcated component of a health issue-specific programme such as the HIV programme. To be identified as “functioning”, the programme should have in place (a) a national-level plan of action, (b) a budget for activities, and (c) a record of activities undertaken during the past year.

4.7 Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the 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	INDICATORS	
	4.7.1 Number of countries implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health	4.7.2 Number of targeted countries having reviewed their existing national laws, regulations or policies relating to sexual and reproductive health
	BASELINE	
	20 countries	3 countries
	TARGETS TO BE ACHIEVED BY 2009	
30 countries	8 countries	

and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.							
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
11 154	4 479	5 844	2 472	5 972	2 879	15 264	<b>48 064</b>

<p><b>4.8</b> 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.</p>	<b>INDICATORS</b>						
	<p><b>4.8.1</b> Number of targeted countries that have implemented community-based policies with a focus on strengthening primary health-care capacity to deal with ageing issues</p>	<p><b>4.8.2</b> Number of targeted countries that have implemented multi-sectoral policies reflecting the Secretariat's active ageing policy framework</p>					
	<b>BASELINE</b>						
	None	None					
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
10 countries	15 countries						
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
4 492	1 065	1 090	1 030	1 991	0	985	<b>10 653</b>

**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; 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.

**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.

**Total budget by location for the strategic objective for 2008-2009 (US\$ thousand)**

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
66 021	19 931	24 356	20 914	40 912	16 722	29 557	218 413

**Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)**

	Countries	Regions	Headquarters	TOTAL
<b>All financing 2008-2009</b>	137 926	50 930	29 557	218 413
Percentage by level	63	23	14	

**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 countries with national emergency preparedness plans that cover multiple hazards	5.1.2 Proportion of countries where comprehensive mass-casualty management plans are in place	5.1.3 Proportion of countries in humanitarian emergencies that have norms, guidelines and strategies developed for reducing the impact of health emergencies on mothers, neonates and children	5.1.4 Number of countries developing and implementing programmes for reducing the vulnerability of health, water and sanitation infrastructures

<b>BASELINE</b>							
25% of countries		15% of countries		40% of countries		20 countries	
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
60% of countries		40% of countries		80% of countries		40 countries	
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
8 178	4 485	8 052	4 979	11 974	3 512	4 434	<b>45 614</b>

<b>5.2</b> Norms and standards developed, capacity built and technical support provided to Member States for a timely response to disasters associated with natural hazards and to conflict-related crises.	<b>INDICATORS</b>						
	<b>5.2.1</b> Proportion of emergencies for which health and nutrition assessments and tracking exercises are being implemented			<b>5.2.2</b> Number of global and regional training programmes on health operations in emergency response		<b>5.2.3</b> Proportion of emergencies for which interventions for maternal, newborn and child health are in place	
	<b>BASELINE</b>						
	15% of emergencies			5 training programmes		30% of emergencies	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
60% of emergencies			16 training programmes		75% of emergencies		
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
18 549	3 986	5 269	4 979	20 955	5 684	8 374	<b>67 796</b>

<b>5.3</b> Norms and standards developed, capacity built and technical support provided to Member States for assessing needs and for planning and implementing interventions during the transition and recovery phases of conflicts and disasters.	<b>INDICATORS</b>						
	<b>5.3.1</b> Number of post-conflict and post-disaster needs assessments conducted that contain a gender-responsive health component			<b>5.3.2</b> Number of humanitarian action plans for complex emergencies and formulation processes for consolidated appeals with strategic and operational components for health included		<b>5.3.3</b> Number of countries in transition or recovery situations benefiting from needs assessments and technical support in the areas of maternal and newborn health, mental health and nutrition	
	<b>BASELINE</b>						
	2 needs assessments			8 plans		5 countries	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
6 needs assessments			20 plans		15 countries		
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
14 561	3 986	4 076	2 988	7 983	3 512	9 359	<b>46 465</b>

<b>5.4</b> Coordinated technical support provided to Member States for communicable disease control in natural disaster and conflict situations.	<b>INDICATORS</b>						
	<b>5.4.1</b> Proportion of emergency-affected countries where a comprehensive communicable disease-risk assessment has been conducted and an epidemiological profile and toolkit developed and disseminated to partner agencies				<b>5.4.2</b> Proportion of situations involving acute natural disasters or conflicts for which a disease-surveillance and early-warning system has been activated and where communicable disease-control interventions have been implemented		
	<b>BASELINE</b>						
50% of countries				60% of situations			

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TARGETS TO BE ACHIEVED BY 2009							
100% of countries				100% of situations			
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
9 674	1 993	2 187	2 988	0	1 672	4 434	22 948

<b>5.5</b> Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.	<b>INDICATORS</b>						
	<b>5.5.1</b> Number of expert networks in place for responding to food-safety and environmental public health emergencies	<b>5.5.2</b> Proportion of countries with national plans for preparedness, and alert and response activities in respect of chemical, radiological and environmental health emergencies	<b>5.5.3</b> Number of countries with focal points for the International Food Safety Authorities Network and for environmental health emergencies	<b>5.5.4</b> Proportion of food-safety and environmental health emergencies benefiting from intersectoral collaboration and assistance	<b>5.5.5</b> Proportion of countries achieving a state of preparedness and completing stockpiling of necessary items in order to ensure a prompt response to chemical and radiological emergencies		
	<b>BASELINE</b>						
	10 networks	30% of countries	50 countries	25% of emergencies	20% of countries		
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
20 networks	60% of countries	75 countries	65% of emergencies	50% of countries			
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
9 175	2 491	1 690	2 988	0	1 171	1 675	19 190

<b>5.6</b> 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.	<b>INDICATORS</b>						
	<b>5.6.1</b> Proportion of affected or pilot countries in which the United Nations Inter-Agency Standing Committee Humanitarian Health Cluster is operational (in addition to the functioning Health Cluster at global level) and that have annual action plans in place	<b>5.6.2</b> Number of emergency-related interagency mechanisms and working groups where WHO is actively involved	<b>5.6.3</b> Proportion of disasters and crises covered with a comprehensive communication strategy				
	<b>BASELINE</b>						
	60% of countries	8 mechanisms	35% of disasters and crises				
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
100% of countries	16 mechanisms	100% of disasters and crises					
Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
5 884	2 990	3 082	1 992	0	1 171	1 281	16 400

**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.

**Total budget by location for the strategic objective for 2008-2009 (US\$ thousand)**

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
25 566	13 862	14 590	9 959	24 809	31 729	41 542	162 057

**Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)**

	Countries	Regions	Headquarters	TOTAL
<b>All financing 2008-2009</b>	<b>73 864</b>	<b>46 651</b>	<b>41 542</b>	<b>162 057</b>
Percentage by level	45	29	26	

**Budget by organization-wide expected result and location**

<b>6.1</b> 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.	<b>INDICATORS</b>						
	<b>6.1.1</b> Number of countries receiving support to develop outcome-oriented health-promotion activities or strategies to expand the finance base of health promotion	<b>6.1.2</b> Level(s) at which multisectoral mechanisms or networks strengthened for health-promotion and prevention activities in respect of major risk factors at national level					
	<b>BASELINE</b>						
	24 countries	No partnership established					
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
50 countries	Global health-promotion partnership established						
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
6 596	3 962	4 042	1 693	5 954	7 932	9 700	<b>39 879</b>

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<p><b>6.2</b> 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.</p>	<b>INDICATORS</b>						
	<p><b>6.2.1</b> Proportion of eligible countries receiving support with, as a result, a functioning national surveillance system for major health risk factors in adults, or that are producing regular reports on such risk factors</p>				<p><b>6.2.2</b> Proportion of eligible countries receiving support with, as a result, a functioning national surveillance system for major health risk factors in youth, or that are producing regular reports on such risk factors</p>		
	<b>BASELINE</b>						
	10% of eligible countries				10% of eligible countries		
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
35% of eligible countries				35% of eligible countries			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
4 917	1 980	2 070	2 091	4 962	3 966	3 821	<b>23 807</b>

<p><b>6.3</b> 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>	<b>INDICATORS</b>							
	<p><b>6.3.1</b> Number of countries with legislation, or its equivalent, in relation to the following: smoking bans in health-care and educational facilities, bans on direct and indirect advertising of tobacco products in national media, and health warnings on tobacco products consistent with the relevant articles of the WHO Framework Convention on Tobacco Control</p>		<p><b>6.3.2</b> Number of countries with comparable national data – disaggregated by age and sex – on prevalence of tobacco use</p>		<p><b>6.3.3</b> Number of countries that have established or reinforced a national coordinating mechanism or focal point for tobacco control</p>		<p><b>6.3.4</b> Number of guidelines agreed and number of protocols adopted by the Conference of the Parties</p>	
	<b>BASELINE</b>							
	10 countries		10 countries		20 countries		1 output	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>							
30 countries		35 countries		40 countries		2 outputs		
<b>Budget (US\$ thousand)</b>								
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>	
3 933	2 970	2 859	2 191	5 954	6 941	13 618	<b>38 466</b>	

<p><b>6.4</b> 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>	<b>INDICATORS</b>						
	<p><b>6.4.1</b> Number of countries receiving support with, as a result, policies, plans and programmes for preventing public health problems caused by alcohol, drugs and other psychoactive substance use</p>	<p><b>6.4.2</b> Number of policies, strategies, recommendations, standards and guidelines developed according to WHO's procedures in order to provide support to Member States in preventing or reducing public health problems caused by alcohol, drugs and other psychoactive substance use</p>					
	<b>BASELINE</b>						
	25 countries	5 outputs					
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
50 countries	15 outputs						
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
3 597	1 980	1 183	1 494	2 977	3 966	5 781	<b>20 978</b>

<p><b>6.5</b> 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>	<b>INDICATORS</b>						
	<p><b>6.5.1</b> Number of countries receiving support and, as a result, completing the development and implementation of policies, plans and programmes for improving diets and increasing physical activity, including the Global Strategy on Diet, Physical Activity and Health</p>	<p><b>6.5.2</b> Number of policies, strategies, recommendations, standards and guidelines developed according to WHO's procedures in order to provide support to Member States in promoting healthy diets and physical activity</p>					
	<b>BASELINE</b>						
	20 countries	4 outputs					
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
50 countries	15 outputs						
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
3 548	1 980	2 760	1 295	2 977	3 966	3 821	<b>20 347</b>

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<b>6.6</b> 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.	<b>INDICATORS</b>						
	<b>6.6.1</b> Number of countries with evidence available on the determinants and consequences of unsafe sex permitting the identification of effective interventions and subsequent preparation of guidelines	<b>6.6.2</b> Number of countries receiving support that have initiated or implemented new or more effective interventions at individual, family and community levels in order to promote safer sexual behaviours					
	<b>BASELINE</b>						
	5 countries	5 countries					
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
Research implemented on determinants and consequences of unsafe sex in order to develop 3 evidence-based guidelines for promoting safer sexual behaviours	10 countries supported in developing evidence-based interventions and in assessing the implementation of interventions at individual, family and community levels in order to promote safer sexual behaviours						
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
2 975	990	1 676	1 195	1 985	4 958	4 801	<b>18 580</b>

**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 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, and ethnic minorities); formulation of policies and programmes that are ethically sound, responsive to gender inequalities, 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 2008-2009 (US\$ thousand)**

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
9 116	6 937	4 838	5 975	11 975	2 496	24 568	65 905

**Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)**

	Countries	Regions	Headquarters	TOTAL
<b>All financing 2008-2009</b>	<b>26 300</b>	<b>15 037</b>	<b>24 568</b>	<b>65 905</b>
Percentage by level	40	23	37	

## Budget by organization-wide expected result and location

<b>7.1</b> 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.	<b>INDICATORS</b>						
	<b>7.1.1</b> Number of countries that have implemented key policy recommendations of the Commission on the Social Determinants of Health	<b>7.1.2</b> Number of countries whose WHO Country Cooperation Strategy documents include action on the social and economic determinants of health			<b>7.1.3</b> Number of WHO regions with a strategy for action on the social and economic determinants of health		
	<b>BASELINE</b>						
	8 countries		7 countries			2 regions	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
12 countries		14 countries			5 regions		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
1 535	2 204	1 185	1 195	4 491	624	6 580	<b>17 814</b>

<b>7.2</b> Initiative taken by WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic determinants of health and to encourage poverty-reduction and sustainable development.	<b>INDICATORS</b>						
	<b>7.2.1</b> Number of countries whose health policies target the social and economic determinants of health on an intersectoral basis	<b>7.2.2</b> Number of subregional, regional and global forums organized (alone or with other international organizations) for policy-makers, programme-implementers and civil society on intersectoral actions to address the social and economic determinants of health and to achieve the Millennium Development Goals			<b>7.2.3</b> Number of tools developed and disseminated for assessing the impact of non-health sectors on health and health equity		
	<b>BASELINE</b>						
	2 countries		1 forum			None	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
10 countries		2 forums			1 tool		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
972	1 549	1 086	2 489	4 091	374	5 938	<b>16 499</b>

<b>7.3</b> 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).	<b>INDICATORS</b>						
	<b>7.3.1</b> Number of countries having health data of sufficient quality to assess and track health equity among key population groups	<b>7.3.2</b> Number of countries with at least one national policy on health equity that incorporates an analysis of disaggregated data			<b>7.3.3</b> Number of countries with at least one national programme on health equity that uses disaggregated data		
	<b>BASELINE</b>						
	39 countries		None			None	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
45 countries		27 countries			27 countries		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
3 752	1 092	790	1 693	2 395	374	3 314	<b>13 410</b>

<b>7.4</b> Ethics- and rights-based approaches to health promoted within WHO and at national and global levels.	<b>INDICATORS</b>						
	<b>7.4.1</b> Number of tools and guidance documents produced for Member States and other stakeholders on use of human rights to advance health and to reduce gaps in health equity				<b>7.4.2</b> Number of tools and guidance documents produced for Member States and other stakeholders on use of ethical analysis to improve health policies		
	<b>BASELINE</b>						
	20				8		
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
28				12			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
1 235	864	790	0	100	499	3 935	<b>7 423</b>

<b>7.5</b> Gender analysis and responsive actions incorporated into WHO's normative work and support provided to Member States for formulation of gender-sensitive policies and programmes.	<b>INDICATORS</b>						
	<b>7.5.1</b> Number of publications that contribute to building evidence on the impact of gender equity on health and on effective strategies to address it			<b>7.5.2</b> Number of tools and guidance documents produced for Member States on use of gender analysis in health		<b>7.5.3</b> Number of WHO staff and partners who have participated in WHO capacity building courses on gender and health	
	<b>BASELINE</b>						
	50			20		446	
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
56			25		991		
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
1 622	1 228	987	598	898	625	4 801	<b>10 759</b>

**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 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).

**Total budget by location for the strategic objective for 2008-2009 (US\$ thousand)**

Budget (US\$ thousand)							
Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters	TOTAL
18 749	12 057	13 827	17 951	16 358	12 364	39 150	130 456

**Resource breakdown for the strategic objective for 2008-2009 (US\$ thousand)**

	Countries	Regions	Headquarters	TOTAL
All financing 2008-2009	56 585	34 721	39 150	130 456
Percentage by level	43	27	30	

**Budget by organization-wide expected result and location**

8.1 Evidence-based assessments made, and norms and guidance formulated and updated on major environmental hazards to health (e.g., poor air	INDICATORS			
	8.1.1 Number of new or updated assessments of risk and/or environmental burden of disease	8.1.2 Number of new or updated norms, standards and good practice guidelines	8.1.3 Number of monitored Millennium Development Goal indicators relating to environmental hazards	8.1.4 Number of international environmental agreements whose implementation is supported by WHO

quality, chemical substances, electromagnetic fields, radon, poor-quality drinking-water and waste-water reuse); technical support provided for the implementation of international environmental agreements and for monitoring progress towards achievement of the Millennium Development Goals.	<b>BASELINE</b>						
	3 assessments per year	5 outputs per year	3 Millennium Development Goal indicators monitored/reported each year	2 agreements supported technically			
	<b>TARGETS TO BE ACHIEVED BY 2009</b>						
	10 assessments per year	10 outputs per year	3 Millennium Development Goal indicators monitored/reported each year	4 conventions or international policy frameworks supported technically			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
493	3 272	3 457	1 995	7 435	1 236	15 072	<b>32 960</b>

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 and among vulnerable population groups.	<b>INDICATORS</b>						
	8.2.1 Establishment of global or regional initiatives for primary prevention of environmental health hazards in specific settings (workplaces, homes, schools, human settlements and health-care settings) in targeted countries with WHO technical and logistic support	8.2.2 Number of new or maintained global or regional initiatives to prevent occupational and environmentally-related diseases (e.g. cancers from ultraviolet irradiation or exposure to asbestos, and poisoning by pesticides or fluoride) that are being implemented with WHO technical and logistics support	8.2.3 Number of studies evaluating the costs and benefits of primary prevention interventions in specific settings that have been conducted and whose results have been disseminated	8.2.4 Number of target countries following WHO's guidance to prevent and mitigate emerging occupational and environmental health risks, promote equity in those areas of health and protect vulnerable populations			
	<b>BASELINE</b>						
	Global strategy for reducing risk in 1 setting established	3 regional initiatives on occupational health	Results of 2 cost-benefit studies disseminated	No target country; activities in support of environmental health for children developed in one region			
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
Global strategies to reduce risk in at least 3 settings established, with country support actions in at least 20 locations	2 global interventions (on asbestosis and hepatitis B) and 2 regional initiatives (on occupational health and silicosis) started and maintained, with WHO support	5 cost-benefit studies conducted and results disseminated	5 countries; activities in support of environmental health for children developed in at least two regions				
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
11 841	2 178	6 122	4 986	694	3 710	5 677	<b>35 208</b>

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<b>8.3</b> Technical assistance and support provided to Member States for strengthening occupational and environmental health policy-making, planning of preventive interventions, service delivery and surveillance.	<b>INDICATORS</b>						
	<b>8.3.1</b> Number of high-priority countries receiving technical and logistical support for developing and implementing policies for strengthening the delivery of occupational and environmental health services and surveillance				<b>8.3.2</b> Number of national organizations or universities implementing WHO-led initiatives to reduce occupational risks (e.g. among workers in the informal economy, to implement the WHO global strategy for occupational health for all, or to eliminate silicosis)		
	<b>BASELINE</b>						
	No country receiving specific support for strengthening environmental health services; 5 countries receiving advice on strengthening surveillance				2 organizations		
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
10 countries receiving advice on strengthening occupational and environmental health services; 10 countries receiving advice on strengthening surveillance				10 organizations			
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
1 974	2 442	1 877	1 995	2 082	3 709	7 145	<b>21 224</b>

<b>8.4</b> Guidance, tools and initiatives created in order to support the health sector to influence policies in priority sectors, assess health impacts, determine costs and benefits of policy alternatives in those sectors, and select investments in non-health sectors that improve health, the environment and safety.	<b>INDICATORS</b>						
	<b>8.4.1</b> Establishment of initiatives to frame and implement at global and national levels policies in other sectors that take health into account using WHO's technical and logistical support		<b>8.4.2</b> Production and promotion in target countries of sector-specific guidance and tools for assessment of health impacts and economic costs and benefits and promotion of health and safety		<b>8.4.3</b> Establishment of networks and partnerships to drive change in specific sectors or settings, including an outreach and communications strategy		<b>8.4.4</b> Number of regional or national events conducted with WHO's technical support with the aim of building capacity and strengthening institutions in health and other sectors for improving policies relating to occupational and environmental health in at least 3 economic sectors
	<b>BASELINE</b>						
	Initiatives implemented globally for 1 sector and nationally in 2 countries		Tools and guidance produced for 1 sector		Networks established for 1 sector		One regional event conducted
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
Initiatives implemented globally for 3 sectors and nationally in at least 10 countries		Tools and guidance produced for 3 sectors		Networks established for 3 sectors, with communications strategy implemented		10 regional or national events conducted with WHO technical support	
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
987	2 424	1 383	2 992	5 651	2 473	5 090	<b>21 000</b>

<b>8.5</b> 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, climate change, and altered patterns of consumption and production and to the damaging effect of evolving technologies.	<b>INDICATORS</b>						
	<b>8.5.1</b> Establishment of a research institute on key emerging and re-emerging occupational and environmental health concerns in development		<b>8.5.2</b> Impact, in terms of coverage by mass media, of outreach and communications strategy on occupational and environmental issues implemented globally and in partnership		<b>8.5.3</b> Availability of biennial report on trends, scenarios, and key development issues and their health impacts		<b>8.5.4</b> Organization of a regular high-level forum on health and environment for global and regional policy-makers and stakeholders
	<b>BASELINE</b>						
	No institute		Mass media citation of work by WHO or partners on priority issues in occupational and environmental health in 2007		No report		No global forum; three regional forums held
<b>TARGETS TO BE ACHIEVED BY 2009</b>							
Institute under development		5% increase in citations		First "Global Environmental Health Outlook" published		First global forum and 4 regional forums held	
<b>Budget (US\$ thousand)</b>							
<b>Africa</b>	<b>The Americas</b>	<b>South-East Asia</b>	<b>Europe</b>	<b>Eastern Mediterranean</b>	<b>Western Pacific</b>	<b>Headquarters</b>	<b>TOTAL</b>
3 454	1 741	988	5 983	496	1 236	6 166	<b>20 064</b>