



Setting technical priorities at country level

Summary

This explainer presents the global approach to programmatic priority-setting for the Proposed programme budget 2024-2025 and how WHO regional offices tailored this approach to their own strategic and operational specificities.

Contents

Introduction	1
A strengthened approach to priority-setting for the Proposed programme budget 2024–2025	2
Region-specific prioritization processes	4
Regional Office for Africa	4
Regional Office for The Americas.....	5
Regional Office for South-East Asia	5
Regional Office for Europe.....	6
Regional Office for the Eastern Mediterranean	7
Regional Office for the Western Pacific.....	8
Annex: Methodology for consolidation of the prioritization exercise.....	10

Introduction

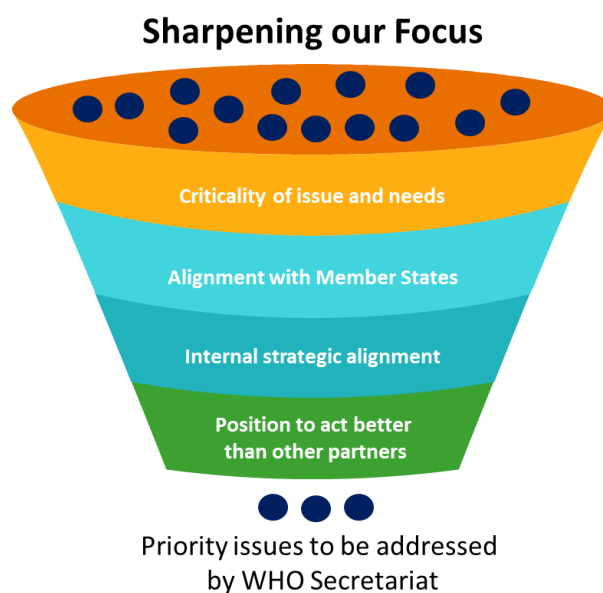
Strategic planning starts with further strengthening a robust bottom-up prioritization process, based on the principle that WHO should invest its limited resources in areas where it can maximize impact at the country level and drive progress towards meeting the triple billion targets.

This approach serves as the foundation of the Proposed programme budget 2024–2025, and aims at reinforcing country capacity, through local, regional and global priority-setting to inform its overall costing.

A strengthened approach to priority-setting for the Proposed programme budget 2024–2025

An iterative approach has been implemented, starting at the country/territory/area office level to ensure maximum alignment with local context and priorities. It was guided by the global and regional strategic directions, as well as available credible data, evidence and trends, especially at the country/territory/area level, and focused on those areas where WHO's added value is recognized (Figure 1).

Figure 1: Approach to priority-setting for the Proposed programme budget 2024-2025



Criticality of issues and needs

- Burden of Disease and other epidemiological information
- Gaps / progress towards the 3B targets and SDG's
- Global guidance on actions to close gaps

Alignment with Member States

- Member States willingness and commitment
- Political and policy environment

Internal strategic alignment

- Alignment with global/regional priorities and strategic plans, stocktake commitments, and Country Cooperation Strategies

Position to act better than other partners

- Capacities and resources (human, financial & innovations), knowledge of what works (evidence-based interventions and approaches)
- Value for money

Leadership in WHO country offices was responsible for convening prioritization consultations, engaging key government counterparts and relevant partners. Each regional office applied a tailored approach and process, while using a common set of minimum criteria:

The extent of contribution to:

- health outcomes that need priority attention, informed by credible data sources at global, regional or country levels; and
- accelerating progress in meeting the triple billion targets and indicators relevant to the country, defined by data and evidence.

The extent of alignment with:

- up-to-date national health strategic plans and other relevant national prioritization and planning instruments;
- up-to-date instruments that define the cooperation between WHO and the country (WHO country cooperation strategies or other cooperation agreements); and
- available United Nations common planning instruments (such as the United Nations Sustainable Development Cooperation Framework).

The adherence to:

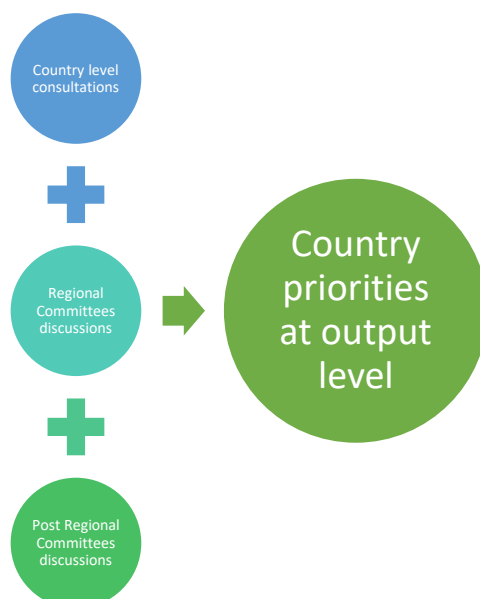
- relevant mandates and binding commitments made by the governing bodies of WHO.

The degree of WHO's comparative advantage, based on:

- WHO's positioning, compared to other partners, to achieve specific results, clear bottlenecks and provide support to countries in implementing their priorities or addressing crises; or
- critical or niche role played by WHO for specific deliverables in countries.

As displayed in Figure 2 below, a harmonized process has been rolled out to come up with greater country priorities while allowing for each regional offices to tailor fit the different stages as per their own governance process.

Fig. 2. Overall standardized process for country priority-setting across regions for WHO Secretariat's support in 2024-2025



The consultations at the country level have considered various inputs, including an analysis of available data and evidence. Countries received structured, specific data and evidence on health issues that have informed their priority-setting. National and regional level latest data and evidence was used to supplement the structured data set provided by the Secretariat

As defined priorities served as the foundation of the Proposed programme budget 2024-2025. During the consultation process, countries/areas/territories reviewed their programmatic priorities at the outcome level in the current GPW 13 results framework, which will drive WHO's public health agenda in the upcoming biennium in their own country.

The result is a set of programmatic outcomes and outputs, by country/territory/area, for which they would like to receive support from the WHO Secretariat. These outputs make it explicit how the Secretariat can provide support to Member States in achieving the outcomes. They will also ensure a closer linkage with what the Secretariat is accountable for delivering, and therefore define investment priorities of the Secretariat's resources. The information has been a key input in costing of the budget, which will also inform resource allocation and financing decisions and will be linked to monitoring of and reporting on implementation of the Programme budget.

The priorities of each country/territory/area have been reviewed at the regional level to guide the priorities of regional offices and contribute to the prioritization of work at the global level, particularly in terms of investments in country support and normative work.

The methodology for consolidation of the prioritization exercise can be found in the Annex.

Region-specific prioritization processes

To account for the differences across WHO regions, the prioritization process was decentralized and slightly adjusted across WHO regions, while still guided by a series of global principles (described above). Summaries of each regional priority-setting process are presented below.

Regional Office for Africa

The prioritization process followed an iterative approach, starting at the country office (CO) level to ensure maximum alignment with country situations and priorities. Guided by global and regional strategic directions including available credible data, evidence, and trends, especially at the country level, the process centered on areas where WHO's added value is recognized.

The overall process was Member State-driven involving engagement of the Ministry of Health counterparts by the CO to identify areas of concentration (outputs) in the next biennium aligned to national priorities based on analysis of available evidence that included data from Division of Data, Analytics and Delivery for Impact (DDI), Africa Health Observatory (AHO), etc. The dialogue included an articulation by Member States on how the Secretariat could achieve the prioritized outputs.

Accountability on the jointly agreed prioritization results was reinforced by an endorsement by the Minister or the delegated counterpart. Country level prioritization results were captured in the Tool for Africa Region (TAR 2) platform, visualized through dashboards illustrating output ranking by each country office.

The regional level process focused on analysis of output achievement using routine monitoring and evaluation data including other relevant sources by clusters. Through Output Delivery Teams (ODTs), Budget Centre results were reviewed and utilized to recommend GPW 13 priorities for the Proposed

programme budget 2024-2025. This subsequently contributed to the three level global ODT discussions in terms of investments in country support and normative work. Budget and financing decisions for the Proposed programme budget 2024-2025 will be premised on prioritization results to ensure the Organization is sharply focused on achieving the priorities set together with Member States.

Regional Office for The Americas

During the 30th Pan American Sanitary Conference, held 26 to 30 September 2022, information was shared with Member States on the development of the WHO Programme budget 2024-2025, including programmatic prioritization.

The programmatic prioritization process for the 2024-2025 biennium was launched on 19 October 2022, as part of the development of both the PAHO/WHO Programme budget 2024-2025 and the WHO Programme budget 2024-2025. A Joint PAHO-WHO Virtual session on the GPW 13 extension and development of the WHO Programme budget 2024-2025 was convened with Member States on 25 October 2022, with one of two objectives being to provide information and clarification on the prioritization process with AMRO Member States.

The prioritization process, which was consultative with national authorities, utilized the PAHO-adapted Hanlon methodology approved by the PAHO 55th Directing Council (CD55.R2) to prioritize 25 of 28 outcomes in the PAHO/WHO Strategic Plan 2020-2025 (A few countries opted to do a strategic review of their prioritization results from 2019 and 2021, based on the PAHO-HANLON principles, and not the full PAHO-HANLON exercise). Teams were advised to start the consultation process with a common understanding of the health situation of the country and PAHO/WHO's technical cooperation. The country profiles in the recently published [Health in the Americas+](#) with updated information on the health situation in the country were provided as reference. As required, PAHO/WHO Representatives and their teams supported national authorities to convene and lead the consultation in their countries.

Respecting the commitment to Member States that they would complete the prioritization exercise only once for both the PAHO and WHO PBs, once available, the priorities for the PAHO Programme budget from each country were translated into the WHO outcomes and outputs using a standardized approach, considering the PAHO-WHO Outcome and Output Crosswalk.

28 Member States and Puerto Rico have completed the prioritization exercise as of 17 January 2023.

Regional Office for South-East Asia

Member States were informed on the process of development of the Programme budget 2024-2025 development at the Fifteenth Meeting of the Sub-committee on Policy and Programme Development and Management (SPPDM) held in July 2022 and in the subsequent 75th Regional Committee meeting held in September 2022. It was also informed that the Regional Office will convene a special Member States consultation to discuss the priorities for the Region for the Proposed programme budget 2024-2025, with the participation of the national planning focal points from Ministries of Health, planning focal points of the WHO country offices, technical directors and technical officers of the Regional Office.

Building on the Region's good practice of a bottom-up consultative approach to develop WHO Programme budget' operational biennial plans which involves Ministries of Health of Member States at the country and regional level, the Regional Office convened the regional consultation with Member States in New Delhi from 31 October to 2 November 2022. The overall objective of the

meeting was to discuss country priorities and draft the common Regional Priorities for the Proposed programme budget 2024-2025.

The preparation for the meeting was initiated at the country office level first with technical officers working on priorities based on data and evidence available while consulting their counterparts, especially from the Ministry of Health. WHO Representative then convened a country level consultation with the high-level officials of the Ministries of Health and other partners at country level to agree on the country level output and outcome priorities to be supported by WHO. The Division of Data, Analytics and Delivery for Impact and the regional department of Health Information Systems and Health Systems Development provided the required evidence and data on the GPW13 outcome indicators, triple billion and Sustainable Development Goals targets for each country as an input to be used with available country level data and evidence to facilitate in identifying priorities.

A standard tool was used across all WHO regions with regional specifications for the exercise. In the Region, set of criteria for output prioritization aligned to generic global criteria.

Member States were requested to review evidence and identify focus programmes needing acceleration and sustained efforts; then to identify clear and specific strategic deliverables to be supported by the Secretariat. This not only assisted in identifying the outputs but also provided further granularity to the country prioritization exercise and providing inputs to the global Programme budget development process.

Priority outputs, outcomes and strategic deliverables were received from all WHO country offices prior to the regional consultation meeting. The regional meeting started with review of GPW/SDG indicators and progress on regional flagship programme. Common regional priority strategic deliverables, and regional priority outputs and outcomes for Programme budget 2024-2025 were identified based on the country submission at the regional consultation with Member States as conducted from 31 October to 2 November 2022.

Regional Office for Europe

The European Regional Office embarked on the priority setting exercise for the development of the Programme budget 2024-2025 with a formal communication to the Member States after the Regional Committee meeting that took place mid-September 2022.

Traditionally, the Regional Office engages all Member States in the priority setting exercise, including those without country office. However, as part of the proposed interactive approach, for the first time a Member States briefing was held soon after the formal launch to maximize the alignment with the country needs and different stakeholders. The briefing was guided both by the WHO European Programme of Work (EPW) priorities and flagships and the global strategic directions as well as the country profiles to focus on the areas with recognized value added from WHO.

WHO Leadership (Heads of country offices and/or strategic desk offices) liaised and convened the relevant stakeholders to consult on the respective priorities, based on the global criteria for prioritization.

A special briefing session for the European Region Member states, held as an aftermath of the regional committee meeting, provided directions for the Region and several meetings and briefings were conducted to further discuss the priorities.

A special open session of the regional governing body, the Standing Committee for the Regional Committee, was held to present the results of the regional efforts in the priority setting exercise: the

consolidated set of prioritized outputs and outcomes for an unprecedented number of countries within three priority tiers – high, medium, and low.

Despite the delayed formal launch of the exercise in the Region, an unprecedented level of response was received.

Regional Office for the Eastern Mediterranean

The prioritization process for the Proposed programme budget 2024-2025 in EMRO has been consistent, consultative and dynamic as follows:

Consistent

The process was launched via a high-level letter jointly sent by the Director-General and Regional Director to all 22 member states in the region, setting the context and the objectives of the process and suggesting the general approach for undertaking the exercise.

The regional office management led by the Director of the Programme Management (DPM) and supported by the Planning, Budget, Monitoring and Evaluation (PME) unit provided the required guidance and support to the WHO Representatives (WRs) and their teams in all country offices.

The above-mentioned guidance and support included 1) sharing process guidance documents to ensure common approach is followed, 2) development of a tool to support the outputs and outcomes prioritization using the regionalized globally-agreed criteria to ensure consistency, 3) holding briefing sessions to country offices teams to further clarify the process and answer questions and 4) arranging one-to-one support sessions with some country offices to provide more tailored guidance specific to the country context.

The consistent prioritization process included 1) Reviewing country progress towards achieving the triple billion targets and Eastern Mediterranean Regional Office's Key Performance Indicators concluding the areas which need attention, 2) Reviewing priorities agreed in the Country Cooperation Strategy (CCS) and United Nations Sustainable Development Cooperation Framework (UNSDCF) and National Health Policies, Strategies and Plans (NHPSPs), 3) Reflecting on COVID-19 response and agree on priority actions to strengthen country's preparedness and response for future emergencies. 4) Considering the regional and global commitments through Regional Committees and World Health Assemblies resolutions and decisions and incorporating their implications to the country and 5) The WHO comparative advantage has been a key element in the criteria aiming to identify the priority areas nominated to benefit from the WHO focused support and expertise.

Consultative

At the individual country level, and following the agreed criteria, country priorities were reviewed and identified jointly by the country office teams and the government officials after scoring the relevant outputs in the prioritization tool to suggest the priority level of each output (High, Medium, or Low), which was then aggregated to the outcome level. This was concluded by formal endorsement of the identified priorities by the Ministry of Health in most of the countries in the Region.

At the regional level, and during the Regional Committee, the Member States reviewed and discussed the aggregated results of the country prioritization as well as the data-driven identified regional priorities and analyzed the alignment of the resulted priorities with the strategic visions of the organization including analysis of the alignment with the WHO GPW13 five priorities, the "Vision

2023” midterm push forward review, and the regional progress towards achieving the health-related Sustainable Development Goals (SDG) targets.

The regional Output Delivery Teams (ODTs) also had a key role in providing technical consultations to the country office teams to guide the priority setting process.

Dynamic

The process went through few iterations and revisions of the identified priorities based on the feedback of the consultations with the Member States, the discussions in the Regional Committee, and the reviews by the ODTs and Programme, Monitoring and Evaluation (PME) team.

More iterations are yet to come during the next phases of the Proposed programme budget 2024-2025 development process including during the operational planning allowing countries to continue reviewing the health situations and accommodate the emerging changes.

Regional Office for the Western Pacific

At the global level, the country prioritization process was set to be conducted after the 2022 sessions of the regional committees. This sequence would allow regional strategic discussion to kick-start and inform the country-level discussion.

In the Western Pacific Region, the above-mentioned sequence had to be slightly adapted given the seventy-third session of the Regional Committee was held in late October, just one week before the deadline for submission of the country prioritization outcome to the global level. Hence, to stay within the tight time frame, the country-level consultations were conducted prior to the Regional Committee meeting from 29 August to 8 October 2022. The outcome of the process was presented during the seventy-third session of the Regional Committee.

While country and area consultations have been an integral part of the Western Pacific Region’s practice in previous biennia, the process has been further strengthened, refined and harmonized, in alignment with global recommendations.

In late August 2022, the WHO Regional Office for the Western Pacific launched official consultations with countries and areas to identify their priorities. During these consultations, a robust prioritization exercise was conducted to identify and define the deliverables needed by countries and areas, under the umbrella of the *For the Future* vision and alignment with GPW 13 outputs. As a bottom-up process, the first step links the deliverables to the *For the Future* thematic priorities and the second step to GPW 13 global outputs.

While the *For the Future* thematic priorities are straightforward, it is important to recall the structure of the GPW 13. The GPW 13 results framework includes 42 outputs, of which 31 are technical. In total, 30 technical outputs apply to the Western Pacific Region. (Output 2.3.3 “Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings” is not relevant to any country or area context).

Building on the Western Pacific Region’s tradition of the “One Team” approach, the consultation process involved internal discussion between WHO country offices and technical divisions of the Regional Office, as well as formal and informal consultations, meetings and workshops with ministries of health, health development partners and other stakeholders, taking into consideration the following elements:

- overall contribution and alignment to the *For the Future* vision, GPW 13 and the Sustainable Development Goals (from a country-level perspective);

Proposed programme budget 2024-2025

- country needs and country-level foresight, as well as anticipated political, economic and social development;
- national health policies, plans and strategies over the next two years and beyond;
- WHO country cooperation strategies;
- the United Nations Development Assistance Framework;
- regional priorities and contributions to regional and global commitments;
- changes in the health landscape in view of COVID-19 and other events; and
- the comparative advantage of the Secretariat to deliver on the particular area (where the Secretariat is best placed as compared to other entities to achieve the specific results, unlock bottlenecks and support the country/area implement its priorities or address crises).

Annex: Methodology for consolidation of the prioritization exercise

Following up a highly consultative, bottom-up approach, the country prioritization exercise had Member States and the Secretariat discussing the areas of joint responsibility (programmatic outcomes) that must drive WHO's public health agenda in 2024-2025 in their own country, followed by the identification of the specific programmatic outputs that would mark the main Secretariat's contributions to results at country level for the upcoming biennium. Priorities were then aggregated at regional and global level.

1. Ranking of outputs at the country level

During the prioritization process, each output was ranked according to a three-level scale: high, medium, or low within each country/territory/area. The priority ranking (high, medium or low) does not indicate the importance of a specific result but rather the level of technical cooperation that Member States can expect from WHO, considering WHO's mandate to work towards the achievement of all outcomes and outputs. Outputs ranked of high and medium priority indicate where the Secretariat's technical support is most needed in a particular country during the biennium.

Outputs that were not prioritized in this exercise are considered to not be focus areas for WHO Secretariat's support in 2024-2025 in a specific country.

This process resulted in a dataset of prioritized outputs within each country, territory and area that took part in the exercise, across all regional offices. Subsequently, priority outputs were consolidated in two ways:

2. Consolidation across all countries within a region or globally

This methodology is meant to derive a priority level for each output within a region overall. To arrive to this, the following applied:

Each output gets a score determined by how many times it was given a certain priority level across all countries, territories and areas. The score corresponds to the average of the priority levels assigned, according to the following scale: high equals 3, medium equals 2, low equals 1 and not prioritized equals 0, such that:

$$\text{Output X score} = \frac{(\# \text{ of highs} * 3) + (\# \text{ of mediums} * 2) + (\# \text{ of lows} * 1) + (NA * 0)}{\# \text{ of countries, territories and areas}}$$

Where:

- # of highs, mediums and lows refers to the number of times a specific output was chosen as high, medium or low priority.
- # of countries, territories and areas refers to the total number of offices that provided prioritization data within a specific region.

This formula results in a score potentially ranging from 0 to 3 for each output. Based on this score, a priority level was applied as follows:

- Score > 2 = High
- 2 > Score > 1.5 = Medium
- Score < 1.5 = Low

This results in a general priority level for each output across all country offices within each region.

Global output prioritization was derived according to the same methodology, based on the initial dataset at the level of each country/territory/area (as opposed to using regional priorities to derive global priorities). This means that they reflect priorities across all WHO's offices on the ground without giving more weight to a region or another depending on its number of offices.

The above-mentioned methodology was used across all regions, with the exception of The Americas, which applied the [PAHO-adapted Hanlon methodology](#), as approved by the PAHO 55th Directing Council (CD55.R2).