

**Summary of Estimated Budget for THA RTG-WHO Country Cooperation
Strategies (CCS) Budgeting (USD '000)_5 Nov 10**

Strategic Objective/CCS		ACTIVITIES BUDGET (AC) (USD 000)										
		2010-2011 (approved)	2011 (proposed)		2012-2013 (approved)	2012-2013 (planned)		2014-2015 (planned)		CCS Priority programme (2011-2015)		
			Normative Function	CCS Priority programme		Normative Function	CCS Priority programme	Normative Function	CCS Priority programme			
SO1	To reduce the health, social and economic burden of communicable diseases	\$366	\$306		\$200	\$200		198				
SO2	To combat HIV-AIDS, tuberculosis and malaria	\$110	\$110		\$110	\$90		89.1				
SO3/NCD	To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment	\$155	\$75	\$80	\$200	\$50	\$150	49.5	148.5	\$379	NCD	
SO4	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.	\$0	\$0		\$30	\$30		29.7				
SO5/EPR	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	\$220	\$140	\$70	\$220	\$50	\$170	49.5	168.3	\$408	EPR	
SO6/RS	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	\$149	\$69	\$80	\$173	\$23	\$150	22.77	148.5	\$379	RS	
SO7	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.	\$0	\$0		\$60	\$40		39.6				
SO8	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.	\$170	\$90	\$80	\$200	\$150		148.5				
SO9	To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.	\$0	\$0		\$50	\$40		39.6				
SO10/CH	To improve health services through better governance, financing, staffing and management informed by reliable and accessible evidence and research.	\$556	\$546	\$10	\$300	\$100	\$200	99	198	\$408	CH	

				\$60							
SO11/ITH	To ensure improved access, quality and use of medical products and technologies.	\$100	\$90	\$10	\$100	\$0	\$200	0	198	\$408	ITH
	<i>total SO10-11/CCS (in yellow box)</i>	\$1,826	\$1,426	\$390	\$1,643	\$773	\$870	\$765	\$861	\$2,121	
	<i>TOTAL SO10-11/CCS (in yellow box)</i>			\$1,816			\$1,643		\$1,627		
SO12	To provide leadership, strengthen governance and foster partnership and collaboration in engagement with countries, The United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as setout in the Eleventh General Programme of Work.	\$75			\$86						
SO13	To develop and sustain WHO as a flexible, learning Organization, enabling it to carry out its mandate more efficiently and effectively.	\$487			\$560						
	TOTAL	\$2,388			\$2,289						

NB:

1. Budgets are shown in US\$ in thousands only
2. Budgets for CCS implementation is estimated around 50% of overall AC for technical activities (SO1-11) as to be provided out of: 2.1) current 2010-2011 biennium, 2.2) approved for 2012-2013 biennium, and 2.3) to be proposed for 2014-2015 biennium
3. Budget estimates of 2014-2015 biennium is based on 10% reduction.