Original: English

MEDIUM-TERM STRATEGIC PLAN 2008–2013 <u>Amended (Draft)</u>

This document represents the draft of an amended version of the Medium-term strategic plan 2008–2013, which is submitted for consideration by the Executive Board at its session in January 2009. It includes revisions of or additions to the explanatory text for several strategic objectives, as well as the refinement, replacement or deletion of indicators.

Some revisions and additions reflect the discussions at regional committee meetings held during the period September–October 2008.

In the resources tables, "Budget 2008–2009" refers to the budget approved by the Health Assembly in resolution WHA60.12; "Proposed budget 2010–2011" refers to the Proposed programme budget 2010–2011; and "Estimates 2012–2013" refers to initial estimate presented to the Sixtieth World Health Assembly in the Draft Medium-term strategic plan 2008–2013.

Throughout the document, underlining indicates that the text has been changed from the version of the Medium-term strategic plan that was endorsed by the Health Assembly in resolution WHA60.11.

The designations employed and the presentation of the material in this document do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

MEDIUM-TERM STRATEGIC PLAN 2008–2013 (AMENDED (DRAFT))

MEDIUM-TERM STRATEGIC PLAN 2008–2013

AMENDED (DRAFT)

CONTENTS

TEC	IC OBJECTIVES
1.	To reduce the health, social and economic burden of communicable diseases
2.	To combat HIV/AIDS, tuberculosis and malaria
3.	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment.
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
5.	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact
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
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
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.
9.	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.
10.	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research
11. 12.	To ensure improved access, quality and use of medical products and technologies To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set
13.	out in the Eleventh General Programme of Work. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.
re 1.	WHO's framework for results-based management
re 2.	Trend in the composition of WHO income
re 3.	Financing the Medium-term strategic plan: three sources of funding
e 4. e 5.	Stratification of voluntary income by flexibility
ıvJ.	monitoring, assessment and evaluation filst unitellity