PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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WHO's 11th GENERAL PROGRAM OF WORK

Eleventh General Program of Work of the World Health Organization (2006-2015)

1. The current general program of work of the World Health Organization ends in December 2005. It is intended that the 11th General Program of Work (GPW), which will cover the period 2006 to 2015, will present a long-term strategic vision for health and development and provide broad direction to the work of the Organization as the leader in global health and development. The longer time period of this GPW than the previous programs of work is intended to allow for full planning and delivery of the Millennium Development Goals by 2015.

2. Specifically, the general program of work will identify issues and challenges to be addressed by the Member States, the Secretariat, and partners, based on an analysis of the global health situation and health trends. It will elaborate a policy framework that includes goals and targets for the period covered, reflecting the Millennium Development Goals and other international targets, acknowledge commitment to health for all and the principles of primary health care, and set out the mission of the Organization and core functions of the Secretariat. It will also provide a program framework that includes the parameters for the biennial program budgets through definition of the program structure, objectives, and milestones.

3. Recognizing the relationship between the 11th General Program of Work and the proposed program budget 2006-2007 and the potential synergy arising from their joint preparation, the process for drawing up the two documents will be linked.

4. The two documents will be prepared through an iterative process that will endeavor to maximize country input while reconciling the priorities and needs of individual countries with those of the Member States as a whole. Country input based on national health strategies and priorities for WHO action as identified in country cooperation strategies or equivalent strategic planning will inform the process of preparing the two documents. Global health needs thus identified will be reflected in both of them, and will guide country work through the countries' operational plans.

5. Member States will be invited to provide input to the 11th General Program of Work and the proposed program budget 2006-2007 initially through the Executive Board and its Program Development Committee, and subsequently through the regional committees, before submission to the Fifty-eighth World Health Assembly (2005).

6. The mechanism for the preparation of the 11th GPW will be the following:

(a.) The Director-General will steer and provide the necessary oversight for the development of the GPW and program budget, receiving advice through the existing regular meetings with the Regional Directors and with the Assistant Directors-General.

(b.) The overall management and coordination of the GPW process, including preparation of drafts and recommendations for the attention of the Director-General, will be the responsibility of the Directors chaired by the Assistant Director-General (ADG)/General Management (GMG). They will work with and benefit from input provided by program managers at different levels of the Organization.

(c.) GMG/Department of Planning, Resource Coordination, and Performance Monitoring (PRP) will host a team which will coordinate the GPW and program budget (PB) processes. It will be supported by team(s) of additional staff that will do the primary drafting of the GPW for submission to the Coordination Group mentioned in item b.

7. Annex 1 contains the most recent draft annotated outline of the 11th General Program of Work (2006-2015). It is intended that the document will have two parts and six chapters. Each chapter includes the objective and rationale for the chapter. The annex lists the main issues to be covered in each chapter and possible issues/questions to be addressed (specific consultations, inputs from other papers/processes or specific reviews). The overall structure of the document will undergo changes as the work progresses.

8. This item has been included on the agenda of the Subcommittee on Planning and Programming to provide an opportunity for consultation in the Region of the Americas

early in the process of the formulation of the 11th GPW. It is intended to continue having this item on the agendas of the Executive Committee in June and the Directing Council in September, so the discussion on this topic and the regional inputs of Member States are maximized.

Annex

Outline

General Programme of Work 2006-2015
2nd Draft Outline(26/1/2004)

Foreword by the Director-General

The foreword will present the GPW and focus on the principle goals of WHO. Making health a priority, with other competing demands is a moral and ethical choice that the world is facing. The benefits of health for all and the political, human will focus on ensuring that health development benefits everybody in the world and that health inequalities decrease within and between countries. It will highlight the need for urgency in terms of achieving the MGDs, as internationally agreed goals within a much broader health and development agenda.

Part I - Health: a global concern

1. The Repositioning of Health

Objective of the chapter: To reaffirm the basic definition of Health (as stated in the WHO constitution) and to clearly position the health sector and the health agenda within the broad development context.

Rationale: The position of health and our understanding of it has evolved over time. Today different people/groups have a different understanding of the role of health in the present context, and what needs to be done to maintain and to improve it. It is important for WHO to state clearly the role and position of health within the broad development agenda, including poverty reduction, stewardship of the environment, human rights and global security.

What should/may be included in this chapter:

(i) Reaffirmation of the main definitions of health as expressed in the WHO Constitution, the Alma Ata Declaration and Health for All.

(ii) A discussion around health not only as a means but also as an end for development. Health has historically been valued in its own right, but also as an instrument for achieving social and economic development, justice and security.

(iii) The position of health in the broader development context. Relationships/connections between health and other perspectives on development (possible evidence) and cross sectoral linkages, including poverty reduction, equity, sustainable development, good governance, stewardship of the environment, human rights, global security.

A. Health and Poverty: poverty means not just low income but the undermining of a whole range of key human capabilities, including health. Ill health disproportionately afflicts poor people, and health shocks push people into greater poverty (medical poverty trap). A major strategy of WHO was to reduce the burden of excess mortality and morbidity suffered by the poor (WHR 1999). However poverty reduction is not enough to decrease health inequalities. Evidence shows that even in the most affluent countries people who are less well off have substantially shorter life expectancies and more illnesses than the rich. These differences are a social injustice, and they also show the sensitivity of health to the social environment and to what is now called "the social determinants of health" (Wilkinson and Marmot). Other important issues are inequities between groups, eg gender , between regions, rural/urban, ethnic groups, and legal status (citizenship etc).

B. Health and Development: Placing health in the context of Development. Taking note of the lessons from HIV/AIDS as an example of a health problem that made the development dimensions of health very clear. Health and Sustainable Development. The role of

health as it emerged from J-burg/UNCED. Health and Economic growth: the crucial role of health in economic growth. Health is at the same time an input and an output into the growth process, wealth leads to health and health leads to wealth (CMH). Health is an important objective of development? Health can be promoted through a process of economic growth which leads to an increasing real national income per capita, but advancement of health is also a goal on its own (A. Sen)? Without ignoring the importance of economic growth for health, we have to look well beyond it. Role of public expenditure particularly on health care.

C. Health and Human Security and Health and Social Justice: (Commission of Human Security, UN Charter: mission of the UN to protect security depends on the establishment of "conditions under which justice …. can be maintained"; WHR 2003). The WHO constitution identifies the "highest attainable standard of health" as "one of the fundamental rights of every human being without distinction".

(iv) Based on (i), (ii) and (iii), a statement on "repositioning health". The role and position of health and the implications on health policies as well as the development agendas. The aim will be to challenge stakeholders in terms of the position of health. Most of the broader development processes/perspectives actually aim at improving the well being and health of people. That should be made more explicit.

2. **Key Challenges in Health in the World during the next 10 years**

Objective of the chapter: To review, using a "WHO lens" what are the most important challenges in health.

Rationale: The list of challenges in international health is long, often without any order of importance or priority. However some challenges are more "essential" than others to achieve WHO vision. This chapter will present such an essential list and if feasible a framework for organising them.

What should/may be included in the chapter:

(i) What are the trends? Who is dying/disabled/sick? Why are they dying/disabled/sick? Who is healthy, who is not healthy? Why people are healthy or not? What are the key health problems? Risks to Health?

This part will review data on health and try to link the data with few important facts which influence health: sex/age, income and income distribution, social environment, education, physical environment, individual behaviour, health services, biology. And in that context, provide an overview of the current situation.

(ii) What are the key challenges?

A. Despite great improvements in health the poorest people still suffer under an intolerable burden of diseases. Most of this burden is due to a relatively limited set of conditions: maternal and perinatal mortality, vaccine-preventable diseases, ARI and diarrhoeal disease in children, malnutrition, malaria, tuberculosis, tobacco-related disease and HIV/AIDS. Most of them are amenable to interventions (CMH). Outbreak of new diseases and epidemics.

B. Inequalities in health and access to health care: Gaps are widening between regions, countries and within countries For instance, evidence shows a widening gap in adult mortality worldwide. Within countries, it seems very broadly that before the epidemiological transition, income determines mortality and that after this transition, income inequality determines mortality. Widening gaps in adult health (WHR 2003). The health needs of specific groups: the poor, the children, the indigenous populations.

C. The inadequacy of current levels of resources for making significant changes in the health of populations. The need to think in terms of the real costs of providing an adequate level of health care, and mobilise resources accordingly, rather than accepting current resource levels

and adopting a utilitarian approach to funding interventions and services.

D. The failure of Health Systems to effectively deliver appropriate health service. The lack of political leadership and governance in policy development. The chronic collapse of health systems due to neglect, under-resourcing, structural adjustment, social sector spending ceilings and civil service reforms. The role of the health sector in the context of stewardship needs to be highlighted. The (in)effectiveness of the private sector in delivering public health. The need to match the changing scenario of health and thus the types and quantity of staffing needed to address these emerging issues. The issue of effective use of resources through a redefining and redistribution of roles and responsibilities for core functions. Decreasing the gap in resource availability and making better use of resources, including ODA and global initiatives. Inequities in terms of financing.

E. The failure to rapidly put existing and new knowledge into practice. Need to close the gap between what we know works and has an impact, and what is current policy, and current practice. The need to accelerate the process by which new advances in health science become policy and are applied.

F. The impact of HIV/AIDs and the collapsing health systems. The need to take urgent actions to rebuild and revitalise these systems in terms of being able to respond to this challenge.

G. The need to tackle in a cost effective manner the double burden of diseases; the demographic and epidemiological trends; and an ageing population. The need to influence other sectors to improve the underlying determinants of health. Public Health Actions and Essential Public Health Functions

H. The impact of crises and emergencies on people's health (more than 50 countries in crisis in 2002-2003.

I. The need for greater involvement in health care of Communities and Civil Society

J. Health and Globalisation. Ethical challenges. Information technology and new scenarios for communication. The possible impact of trade liberalisation on health (impact on access to and cost of medicines; and on health commodities and services) as well as trade in Health

- Inputs from WHRs, CMH, regional analysis etc

3. The priorities for International Action

Objective of the chapter: To present priority actions to promote global health.

Rationale: It is WHO role to lead the world in health matters and to define what should be done to achieve "health for all" etc.

What should/may be included in the chapter:

A. The recognition of Health as a Human Right, and as an end as well as a mean to Development. The importance of reducing inequities in Health .

B. The need for leadership and governance in health. Making the moral chose of giving priority to health or not more explicit. The health consequences of different political decisions.

C. Addressing excessive mortality, morbidity and disability burden. Scaling up of access to prevention and service when interventions and strategies are available.

D. Tackle constraints relating to Health Systems, especially Human Resources and Financing. Increasing financial resources available for health (domestic and international resources)

E. Strengthening and rebuilding of health systems and effective provision of health services.

F. Addressing underlying Social Determinants of Health. Multisectorial action in practice involving Communities and Civil Society

G. Readiness to respond to new Diseases and Epidemics

H. Special groups; the poor, women and children, the youth, elderly, ethnic minorities

I. Action in Crisis and Emergencies

J. New knowledge. Investments in Research. Development of new products/Global Public Goods.

4. International Commitments and the International Community

Objective of the chapter: To describe international commitments and what WHO expects Member States and other partners to do to implement those and how donors and governments can make development assistance for health more effective and in line with the WHO vision. And to describe how we (WHO) see ourselves in this context and what will be our role.

Rationale: This chapter will assist the reader to better understand the international context and what has already been agreed by governments in the pursuit of health. If the document is to be a guide for the world, there is a need to define division of "labour" among the various stakeholders.

What should/may be included in the chapter:

i. Brief description (including goals and targets, tables) and analysis of the relevance and progress of the various agreements: MDGs, UNGASS, ICPD, TFC etc

ii. Discussion around roles and responsibilities. The "map" of actors has changed during the last 10 years. What is expected from various partners/actors at the global and local level.
   - Role and responsibilities of Member States.

- Role and responsibilities of the other partners (UN, Civil Society/NGOs, ODA, Private sector) based on their comparative advantage.

iii. Mandate and overall role of WHO (global health governance, etc.), WHO cannot do everything, what is WHO's particular role and responsibility forworld health. Key functions and what we will deliver

iv. Core principles for how to work effectively together: evidence based (?) and learning from experience (?), partnership, ownership, harmonisation, primary responsibility for setting priorities, urgency and sustainability, accountability, development is a process and changes take time, etc.

Inputs from possible review/study of the changed environment of partners at country and global level

Part II - WHO

5. Strategic Direction 2006-2015

Objective of the chapter: The chapter should set the strategic directions for the WHO Secretariat and provide the framework for the Organization's future programmes, which will be developed through successive Programme of Work and Budget..

The chapter will review core functions of WHO and roles/responsibilities/characteristics of each level of the organisation.

What should/may be included in the chapter:

- How WHO will respond to the key challenges and the priorities for international action.

- Goals and strategic objectives.
- WHO strategic directions: strategies to address Members' needs and strategies to address cross-organisational issues (e.g. broadening partnerships) (?).
- Values (?): competence, independence, partnerships, commitment, etc.

- Criteria for priority setting: conformity to the WHO mandate, comparative advantage, usefulness to …, likelihood to achieve impact, burden of disease, country focus (everything begins and ends in countries), decentralisation, urgency, accountability, delegation of authority, etc.
- Core Functions: The core functions of WHO may need to be revisited/reshaped to become real operational tools and reflect main roles of WHO, including advocacy for health, global health governance, normative work and technical cooperation. Being more strategic relates as much to the functions WHO performs as to its areas of activity. An harmonised typology of core functions that is sensitive to country requirements needs to be agreed upon and used consistently across the organisation.
- Role and responsibility of HQ, RO and CO. How we work together to acheive effectiveness
- Which areas does WHO have a comparative advantage and can thus be more effective.
- All country and regional settings are different; options for actions.
- How WHO is going to put this vision into practice: what are we going to change, new ways of working, etc. This may include programmatic and managerial changes. Criteria/principles for change: results at country level, clearer definition of what needs to be done by WHO directly and what WHO wants others to do (division of labour), not to be driven by ever-increasing and cumulative demands from Member States, etc.

Link to the decentralization agenda

6. Monitoring and evaluation

Objective of the chapter: To provide an overview on how this "new" vision will be monitored, evaluated and reviewed.

Rationale: To show the seriousness of WHO in relation to effectiveness and impact.

What should/may be included in the chapter:

- Result based management.
- Monitoring and evaluation of long term goals for the world: What? How? Who?
- Learning, institutional development within WHO.
- GPW: frequency and method for reviewing and evaluating the GPW.
- WHO activities: What? How? Who?

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