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MEDIUM-TERM STRATEGIC PLAN 2008–2013

AND

PROGRAMME BUDGET 2008–2009

This document presents the Medium-term strategic plan 2008-2013 and Programme budget 2008-2009 following the adoption by the Sixtieth World Health Assembly of resolution WHA60.11 on the Medium-term strategic plan 2008–2013 and resolution WHA60.12, the appropriation resolution for the financial period 2008-2009. It includes corrections to the document submitted to the Health Assembly and amendments in response to advice given by Member States in the ensuing discussions.²

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.

Geneva, March 2008

¹ Documents A/MTSP/2008–2013/PB/2008–2009, A/MTSP/2008–2013/PB/2008–2009 Corr.1 and

A/MTSP/2008–2013/PB/2008–2009 Corr.2. ² Document WHASS1/2006–WHA60/2007/REC/3, summary record of the seventh meeting of Committee A, in press.

... I want us to be judged by the impact we have on the health of the people of Africa, and the health of women.

All regions, all countries, all people are equally important. This is a health organization for the whole world. Our work must touch on the lives of everyone, everywhere. But we must focus our attention on the people in greatest need.

... Our commitment to results is only relevant if we can demonstrate an impact in these two populations. ¹

I said these words in my acceptance speech to the special session of the World Health Assembly on being elected as Director-General, to demonstrate my personal commitment to making our work even more relevant and significant. All people benefit from the work of WHO. We must do our utmost to maximize these broad benefits, while never losing sight of those who need us most.

I have stressed the importance of knowing our strengths and concentrating on those activities that WHO is uniquely well suited to perform. To meet the increasing demands and challenges in international health requires reviewing ever more critically which expected results and core functions are the most important for WHO and the people we serve. By being selective, we can be more effective.

This commitment to "attaining results for health" is reflected throughout the proposed Medium-term strategic plan for 2008–2013, which provides the strategic direction for the Organization for the six-year period. This direction is based on the global health agenda and core functions identified in the Eleventh General Programme of Work. I view our global health agenda as especially important, as it brings cohesion to the work of our many partners implementing programmes within countries.

The six areas for results that I emphasized in my acceptance speech are clearly reflected in this proposed strategic plan: health development, health security, capacity, evidence, partnership, and performance.

Within the strategic objectives, several specific areas important to WHO during the coming six-year period are reflected as priorities in the plan. These respond both to emerging health concerns and to the priorities of Member States, as expressed in recent resolutions adopted by the Health Assembly. These areas include:

- implementing the International Health Regulations (2005) in order to respond rapidly to public health emergencies of international concern (including those caused by outbreaks of emerging and epidemic-prone diseases), building on eradication of poliomyelitis to develop an effective surveillance and response infrastructure
- addressing the epidemic of chronic noncommunicable diseases, with an emphasis on measures to reduce risk factors such as tobacco consumption, improper diet, and physical inactivity
- reducing maternal and child mortality, by scaling up activities aimed at universal access to, and coverage with, effective interventions, and strengthening health services
- improving health systems, focusing on human resources, financing and health information
- improving performance and building and managing partnerships to achieve the best results in countries.

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³ Document SSA1/DIV/6.

MEDIUM-TERM STRATEGIC PLAN 2008–2013 PROGRAMME BUDGET 2008–2009

The resources needed to achieve the expected results set out in the programme budget 2008–2009 amount to US\$ 4227 million, an increase of 15.2% over the expected expenditures in the previous biennium. This increase is a reflection of higher expectations of the Organization and corresponding demands arising from our governing bodies and from the growing number of partners working to make this world a healthier place.

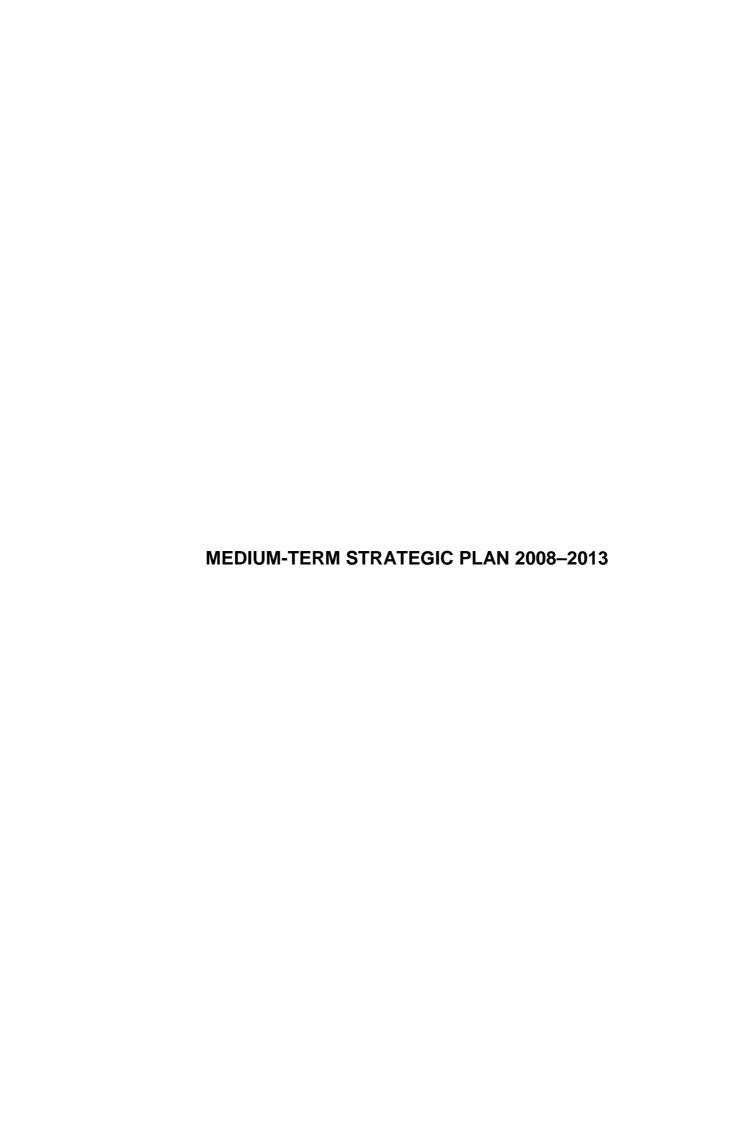
I am proposing changes in the way the programme budget is financed. A substantial part of the programme budget needs to be financed by assessed contributions, in order to demonstrate the shared commitment and responsibility of all Member States. By the end of the six-year period, we will have achieved a better balance between the different sources of financing. The changes will improve alignment between voluntary contributions and budgetary needs, promote efficiency, and enhance the integrity of the Organization's work. Management reform will continue, with results-based management at its core.

The fact that two thirds of the programme budget continues to be financed by voluntary contributions reflects the confidence and commitment of Member States and other partners. I sincerely appreciate this support and recognize its importance as we strive to attain results for health.

I am pleased to submit this Medium-term strategic plan 2008-2013 and programme budget 2008-2009.

Director-General

Mehan



CONTENTS

	JCTION SIC OBJECTIVES
1.	To reduce the health, social and economic burden of communicable
1.	diseases
2.	To combat HIV/AIDS, tuberculosis and malaria
3.	To prevent and reduce disease, disability and premature death from chronic
J.	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.	To ensure improved access, quality and use of medical products and technologies
12.	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
	out in the Eleventh General Programme of Work.
13.	To develop and sustain WHO as a flexible, learning organization, enabling it
	to carry out its mandate more efficiently and effectively.
SOLUT	TION WHA60.11
gure 1.	WHO's framework for results-based management
ure 2.	Financing the Medium-term strategic plan: three sources of funding
gure 3.	Monitoring and evaluation instruments