



# WORLD HEALTH ORGANIZATION

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## Eleventh General Programme of Work, 2006-2015

### Report by the Secretariat

1. Since the draft Eleventh General Programme of Work was prepared for submission to the Executive Board, three consultations have taken place with representative groups of civil society, with Member States of the European Region, and representatives from development partners, mainly bilateral donors. This report summarizes the major suggestions from these consultations for changes to the text.<sup>1</sup>

2. The main proposals were that the Eleventh General Programme of Work should be differentiated from previous such programmes by virtue of its being an advocacy document that lays out a global health agenda. It should link with the medium-term strategic plan and refer to broader relevant governance issues, such as the outcome of the 2005 World Summit (14-16 September, New York) and WHO's contribution to the Millennium Development Goals. It should provide a balanced, evidence-based view on areas such as the influences of globalization and the private sector on public health, and be shorter and simpler.

3. The text should present a more balanced discussion on the interplay of science, medicine and broader health determinants, and on the different time frames for tackling communicable and noncommunicable diseases. The following areas were not sufficiently covered: the urban and rural dimensions of health; information technology; role of health ministries and parliamentarians; the private sector, in particular trade (e.g. General Agreement on Trade in Services and Trade-Related Aspects of Intellectual Property Rights), medicines and for-profit health-care systems; climate change; nutrition and safe drinking-water; genetic diseases; occupational health; and consumers, patients and the role of individuals and communities in decision-making. Discussion of certain topics must use the accepted international terminology, for example "disability", "vulnerability", "private sector", "primary health care", "noncommunicable conditions", and terms related to "mental health". Recommendations were also made for specific changes to text.<sup>2</sup> The role of the many new players and public-private partnerships should be analysed in more detail, and the issue of gaps in knowledge must also cover the private sector.

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<sup>1</sup> Document EB117/16.

<sup>2</sup> For example, in sections on health actors (paragraph 27), the current health situation (paragraphs 31-33 and 36), gaps in responsibilities and synergies (paragraphs 55 and 58), closing the gaps (paragraph 72), a global health agenda (paragraphs 73, 74, and 84), tackle the social determinants of health (paragraph 108), ensure an adequate health workforce (paragraph 139), and the context for renewal (paragraph 167).

4. The global health agenda requires a clearer vision, with ordered priorities and objectives linked to a mechanism for monitoring and evaluation. References should be made to past Health Assembly resolutions and relevant international agreements, going back several years. The text should be more coherent, with examples and illustrations. Reproductive health rights should refer to mandates already given by the governing bodies. Mention of children, adolescents and the elderly should be more prominent. The section on ensuring an adequate workforce should acknowledge known constraints. The case for tackling poverty should be more compelling, and the issue of access needs to be better covered.

5. More information should be provided on: WHO's strengths, weaknesses, and past difficulties; how global priorities may change over time and how WHO will need to evolve with these changes; how WHO will prioritize use of its scarce resources; WHO's global role in advocacy and brokerage; WHO's engagement in the debate on the global public health architecture and the Paris Declaration on aid effectiveness: ownership, harmonisation, alignment, results and mutual accountability (2005); WHO's role in a changing United Nations; the strengthening of WHO's role in global negotiations in areas of importance to public health (e.g. trade) and with international financing institutions; WHO's ability to respond to emergencies, disasters and other unforeseen events of global importance (e.g. severe acute respiratory syndrome and avian influenza); WHO's core functions, with consideration of human resources for health as one specific core function; WHO's role at headquarters, regional and country levels; how to broaden the range of competencies within the Organization given the extent of the core functions; the case for more funding in face of the increasing demands on WHO; further plans for major pieces of normative work (i.e. the WHO Framework Convention on Tobacco Control); and future intentions for similar undertakings.

6. The role of external agencies and the mechanisms for their work with WHO should be clarified, and the health agendas of other international players (e.g. UNICEF, UNFPA, the World Bank and the Bill & Melinda Gates Foundation) should be taken into consideration.

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