

## **Draft Medium-term strategic plan, including Proposed programme budget 2008–2009**

### **Executive summary**

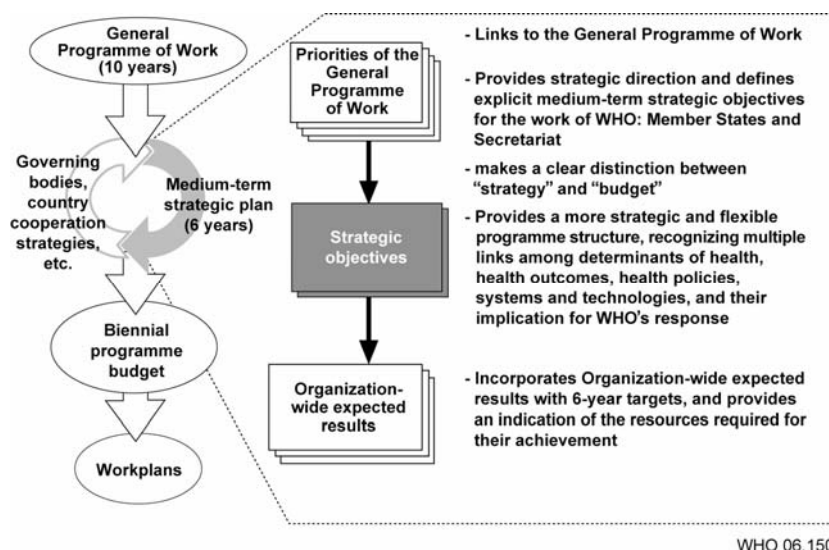
1. With a better understanding and positioning of health, combined with sustained political and financial support, many of WHO's goals and targets will become more attainable over the next six years. The challenge for the Organization is to continue to improve the quality of its work and to focus on its core functions in order to contribute to major health achievements.
2. Over the past 20 years, there have been major gains in life expectancy overall, but there are widening gaps in health; some countries have witnessed reversals of earlier gains because of such factors as infectious diseases, in particular HIV/AIDS, collapsing health services, and deteriorating social and economic conditions. Prospects for achieving the health-related Millennium Development Goals are not encouraging.
3. The past 10 years have seen a dramatic change in the global health environment, with an increase in the number of international partnerships in health. Global health partnerships offer the potential to combine the different strengths of public and private organizations, along with civil society, in tackling health problems. Demands on the United Nations system as a whole are increasing, as are demands for it to reform and show more clearly where value is added.
4. WHO is in a unique position to shape the global public-health agenda through consensus building and binding agreements. It will work to harmonize the health structure at country level and will engage in the reform process aimed at creating an effective country team under a common United Nations lead. It will also provide forums for the increasing number and type of entities involved in order to engage in dialogue on local and global health challenges. WHO's governing bodies will continue to play their lead role, in view of the increasing prominence of health on development and security agendas.
5. The Eleventh General Programme of Work provides a long-term perspective on determinants and measures required for improving health while setting forth a global health agenda that charts the broad strategic framework and direction for the work of WHO – Member States and the Secretariat – and partners.<sup>1</sup>

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<sup>1</sup> Document A59/25.

6. The Medium-term strategic plan, encompassing three biennial budget periods, is intended to improve WHO's results-based management. A longer term perspective and clearer and more focused objectives provide the framework for defining the expected results. Biannual reviews of the targets and the expected results will enable WHO to respond in a flexible and dynamic manner to a changing international health environment. See Figure 1.

**Figure 1. Medium-term strategic plan**



7. Within the framework of the Eleventh General Programme of Work, the strategic direction for WHO over the next three bienniums focuses on the following five main areas:

- providing support to countries in moving to universal coverage with effective public-health interventions
- strengthening global health security
- generating and sustaining action across sectors to modify the behavioural, social, economic and environmental determinants of health
- increasing institutional capacities to deliver health-system functions under the strengthened governance of ministries of health
- strengthening WHO's leadership at global and regional levels and supporting the work of governments at country level.

8. The **core functions** of WHO will guide the work of the Secretariat in these five areas, influence approaches for achieving the strategic objectives, and provide a framework for assuring consistency and output at global, regional and country levels. The core functions are:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed
- shaping the research agenda, and stimulating the generation, dissemination and application of valuable knowledge

- setting norms and standards, and promoting and monitoring their implementation
- articulating ethical and evidence-based policy options
- providing technical support, catalysing change and building sustainable institutional capacity
- monitoring the health situation and assessing health trends.

9. Expected achievements over the period of the Medium-term strategic plan are described in 16 **strategic objectives**, reflecting the results-based management framework, and providing clear, measurable and budgeted expected results for the Organization. They promote collaboration across disease-specific programmes by capturing the multiple links among the determinants of health and health outcomes, policies, systems and technologies. The strategic objectives are:

1. to reduce the health, social and economic burden of communicable diseases
2. to combat HIV/AIDS, malaria and tuberculosis
3. to prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries
4. to reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, while improving sexual and reproductive health and promoting 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 the organization, management and delivery of health services
11. to strengthen leadership, governance and the evidence base of health systems
12. to ensure improved access, quality and use of medical products and technologies
13. to ensure an available, competent, responsive and productive health workforce in order to improve health outcomes
14. to extend social protection through fair, adequate and sustainable financing

15. to provide leadership, strengthen governance and foster partnership and collaboration with countries in order to fulfil the mandate of WHO in advancing the global health agenda set out in the Eleventh General Programme of Work

16. to develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.

10. Comprehensive reform is under way to improve management and administration in support of more efficient and effective programme implementation. Recognizing the critical role of managers, it aims at assuring that the Organization works efficiently across different, but related, programme areas, in and across its three levels, as a decentralized organization; with partners, and within the United Nations system.

11. Effective financing of the draft Medium-term strategic plan will require an overall budget of US\$ 4263 million<sup>1</sup> over the next two years. On the basis of expected expenditures in the biennium 2006–2007, the budget proposed for 2008–2009 would increase by 16%. Table 1 below summarized WHO's financial plan over the six-year period.

**Table 1. Financing of the Proposed programme budget: evolution during the period of the Medium-term strategic plan (US\$ million)**

Sources of income	Baseline, 2006–2007		Proposed programme budgets, 2008–2013		Estimates 2010–2011	Estimates 2012–2013
	Programme budget 2006–2007	Expected expenditure 2006–2007	Proposed programme budget 2008–2009	Increase over expected expenditure 2006–2007 %		
Assessed contributions 2008–2009	893	893	970	8.6		
Miscellaneous income	22	22	30	36.4		
<b>Total assessed contribution</b>	<b>915</b>	<b>915</b>	<b>1 000</b>	<b>9.3</b>		
Negotiated core	---	300	600	100.0		
Other voluntary	---	2 455	2 663	8.5		
<b>Total voluntary contributions</b>	<b>2 398</b>	<b>2 755</b>	<b>3 263</b>	<b>18.4</b>		
<b>Total financing</b>	<b>3 313</b>	<b>3 670</b>	<b>4 263</b>	<b>16.2</b>		

<sup>1</sup> The proposed 2008–2009 budget includes major partnerships and special programmes such as the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, and others, as was the case in the Programme budget 2006–2007.

12. The proposed increase is justified by the ambitious yet realistic targets to be achieved in response to the growing demands made on the Organization. It is primarily intended to address the following priorities: implementing the International Health Regulations (2005) in order to respond rapidly to outbreaks of known and new diseases and emergencies; 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, poor diet, and physical inactivity; using the future report of the Commission on Social Determinants of Health to address the broader aspects of health and its interaction with other sectors; reducing maternal and child mortality, by aiming at universal access to, and coverage with, effective interventions, and strengthening of health services; and improving health systems, focusing on human resources, financing and health information.

13. WHO has adopted a results-based management approach to determining resource requirements, with an integrated budget comprising all sources of funding. The costs of achieving specific results in a given time frame are therefore financed with funds from different sources.

14. WHO will finance the draft Medium-term strategic plan through three sources of funds: assessed contributions; negotiated core voluntary contributions; and other voluntary contributions.

15. An assessed contribution amounting to US\$ 970 million is proposed for the biennium 2008–2009 in order to maintain a reasonable balance between the assessed and voluntary sources of funding. This represents an increase of 8.6% compared to the biennium 2006–2007. Even at this level, assessed contribution would account for only 23% of the overall budget in 2008–2009. The total of assessed contribution and miscellaneous income proposed for the Programme budget 2008–2009 is US\$ 1000 million. The proposed programme budget, broken down by location and main source of funding, is indicated in Table 2 below.

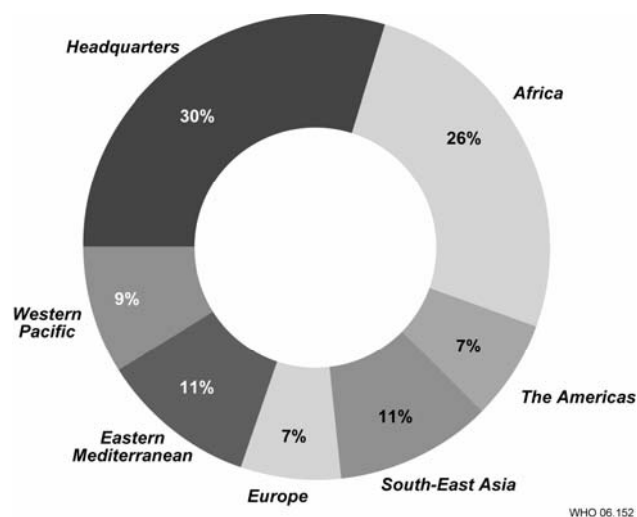
**Table 2. Proposed programme budget 2008–2009 compared to Programme budget 2006–2007 by office and main source of funding (US\$ million)**

Location	Programme budget 2006–2007			Proposed programme budget 2008–2009		
	Assessed contribution <sup>a</sup>	Voluntary contribution	Total	Assessed contribution <sup>a</sup>	Voluntary contribution	Total
Regional office:						
Africa	204	746	950	222	966	1 188
The Americas	78	121	199	85	197	282
South-East Asia	99	258	357	108	388	496
Europe	58	142	200	64	213	277
Eastern Mediterranean	87	294	381	96	373	469
Western Pacific	77	156	233	84	268	352
Headquarters	312	681	993	341	858	1 199
<b>Total</b>	<b>915</b>	<b>2 398</b>	<b>3 313</b>	<b>1 000</b>	<b>3 263</b>	<b>4 263</b>

<sup>a</sup> Includes miscellaneous income.

16. Figure 2 below illustrates distribution of the budget between regional offices and headquarters. Table 3 below shows the shift in distribution from 2006–2007 to 2008–2009, excluding the Poliomyelitis eradication initiative and WHO’s response to emergencies.

**Figure 2. Budget distribution between regional offices and headquarters**



**Table 3. Budget distribution between regional offices and headquarters<sup>a</sup> (US\$ million)**

Location	Approved 2006–2007	Percentage of total	Proposed 2008–2009	Percentage of total	Validation mechanism Ranges as a percentage	
					Minimum	Maximum
Regional office:						
Africa	<b>768.9</b>	26.5	<b>986.7</b>	26.0	<b>25.2</b>	<b>30.8</b>
The Americas	<b>181.6</b>	6.3	<b>258.1</b>	6.8	<b>6.3</b>	<b>7.7</b>
South-East Asia	<b>290.7</b>	10.0	<b>432.0</b>	11.4	<b>10.9</b>	<b>13.3</b>
Europe	<b>188.2</b>	6.5	<b>250.9</b>	6.6	<b>6.2</b>	<b>7.5</b>
Eastern Mediterranea n	<b>287.6</b>	9.9	<b>402.7</b>	10.6	<b>9.1</b>	<b>11.2</b>
Western Pacific	<b>222.7</b>	7.7	<b>327.2</b>	8.6	<b>7.1</b>	<b>8.7</b>
Headquarters	<b>962.7</b>	33.2	<b>1 132.5</b>	29.9	<b>25.2</b>	<b>30.8</b>
<b>Total<sup>a</sup></b>	<b>2 902.3</b>	100.0	<b>3 790.1</b>	100.0		

<sup>a</sup> Excludes the Global Poliomyelitis Eradication Initiative and WHO's response to emergencies, so as to facilitate comparison with the validation mechanism.

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