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## **Eleventh General Programme of Work, 2006–2015**

1. The Eleventh General Programme of Work, 2006–2015, which was approved by the Health Assembly in resolution WHA59.4, provides a long-term perspective on challenges to health and the measures required for overcoming them. In this context, it sets forth a global health agenda for all stakeholders, highlighting the following priority areas: investing in health to reduce poverty; building individual and global health security; promoting universal coverage, gender equality, and health-related human rights; tackling the determinants of health; strengthening health systems and equitable access; harnessing knowledge, science and technology; and strengthening governance, leadership and accountability.
2. The Eleventh General Programme of Work also defines the broad direction for the work of WHO and sets out six core functions for the Organization, namely: providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation and dissemination 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; and monitoring the health situation and assessing health trends.
3. Resolution WHA59.4 requested the Director-General to use the Eleventh General Programme of Work as the basis for strategic planning, monitoring and evaluation of WHO's work during the period 2006–2015; to review and update the General Programme of Work, as needed to reflect the changing state of global health; and to report through the Executive Board to the Sixty-third World Health Assembly on the continued relevance and use of the Eleventh General Programme of Work. An earlier version of this report was considered in January 2010 by the Programme, Budget and Administration Committee of the Executive Board at its eleventh meeting and by the Board at its 126th session.<sup>1</sup> Comments and inputs received at that time have informed the preparation of the present report. In particular, it was noted that the process of monitoring and assessing the Eleventh General Programme of Work would require Member States' full commitment and would need to include an analysis of the achievements of the Organization and other stakeholders, as well as a consideration of the adequacy of the international response.
4. The long-term vision for health of the Eleventh General Programme of Work and its principles, values and priorities were translated into a Medium-term strategic plan for the period 2008–2013, and in particular into the plan's 13 strategic objectives. The Medium-term strategic plan 2008–2013 was endorsed by the Health Assembly in May 2007.<sup>2</sup>

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<sup>1</sup> See document EB126/2010/REC/2, summary record of the tenth meeting, section 1.

<sup>2</sup> Resolution WHA60.11.

5. The Medium-term strategic plan, in turn, guided the preparation of the programme budgets and associated operational plans for the bienniums 2008–2009 and 2010–2011. Throughout these processes, the changing state of global health has been taken into consideration and new emphases reflected. The Proposed programme budget 2010–2011 and amended Medium-term strategic plan 2008–2013, submitted to the Sixty-second World Health Assembly in May 2009, included a stronger emphasis on primary health care together with new areas of focus, namely, the response to threats to public health posed by climate change and the reduction of unsafe health care globally.

6. A formal assessment of the implementation of the Eleventh General Programme of Work is planned for 2013, and will include inputs from Member States and the international community. The assessment is an integral part of the preparation of the next General Programme of Work; as such, it will be discussed in conjunction with the development of the new General Programme by the Executive Board at its 134th session and by the Sixty-seventh World Health Assembly in January and May 2014, respectively. Lessons learnt from the implementation of the Eleventh General Programme of Work will also guide the development of a medium-term strategic plan for the period 2014–2019.

7. The Eleventh General Programme of Work is being monitored in conjunction with the monitoring and assessment of the Medium-term strategic plan 2008–2013 and biennial programme budgets. An in-depth assessment of the Medium-term strategic plan will be conducted in 2010 and will be submitted to the Executive Board at its 128th session and to the Sixty-fourth World Health Assembly in January and May 2011, respectively. As part of this assessment, a subset of indicators that have been defined as measures of achievement of the global health agenda will be reported on, thus enabling the monitoring of that agenda.

8. In addition, the focus and balance of WHO's work are being monitored and analysed with respect to the six core functions. In order to do this, outputs in biennial workplans have been categorized by core function.

9. The Eleventh General Programme of Work also stated that progress towards achieving the Millennium Development Goals and other health-related targets would be assessed within the period 2006–2015. The Secretariat has been continuously monitoring this progress; the importance of such monitoring was noted by the Programme Budget and Administration Committee of the Executive Board at its seventh meeting in January 2008.<sup>1</sup>

10. The assessment process currently relies on the following agreed indicators: those set out in the report on monitoring implementation of the Eleventh General Programme of Work, considered by the Sixtieth World Health Assembly (reproduced in Annex 1 for ease of reference);<sup>2</sup> and those for the health-related Millennium Development Goals (attached at Annex 2).

11. It is envisaged that the assessment should also include a review of health in a changing global environment. The review would consider (i) whether international development assistance has been directed to countries in greatest need (making an assessment of the portion of that aid devoted to health); (ii) whether inequities in health have been tackled adequately; and (iii) whether global health partnerships have contributed to scaling up responses to health needs, particularly at country level.

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<sup>1</sup> Document EB122/3.

<sup>2</sup> Document A60/6.

12. As an integral part of the proposed monitoring and assessment process, it is planned to hold a series of consultations at global and regional levels in order to promote debate and allow exchange of lessons learnt. These consultations would involve the Member States together with health development partners, public and private institutions and civil society groups. It is also envisaged that Member States will further discuss these matters at regional committee meetings and at the Health Assembly. In both the consultations and the meetings of the Organization's global and regional governing bodies, the Member States would take the lead, including by providing focused contributions that would be chosen from a list of issues submitted for debate. These contributions, which would be made through national public health experts and official representatives, will be published and made available to all stakeholders.

13. The Eleventh General Programme of Work is essentially monitored through the assessment of the Medium-term strategic plan 2008–2013. In view of this fact, Member States' involvement in the forthcoming assessment of the plan – principally, a formal assessment carried out by all Member States on the basis of a common method and reporting format – will constitute a major contribution to the monitoring of the General Programme of Work. In this activity, Member States will assess their achievements in relation to the strategic objectives in the Medium-term strategic plan, including by evaluating the adequacy and effectiveness of the following: (1) national strategies and plans, and national health systems; (2) cooperation and collaboration with partners both within the country and at regional and global levels; and (3) the mobilization and management of resources for health. In addition Member States will assess the Secretariat's contribution, including the application of the strategic approaches set out in the Medium-term strategic plan and the core functions described in the General Programme of Work.

14. Globally, the relevance of the Eleventh General Programme of Work has been demonstrated by the major international consultations and conferences that have been held over the last four years. For example, the final report of the Commission on Social Determinants of Health<sup>1</sup> reaffirmed the importance of the General Programme's global health agenda. The importance of that agenda in providing the appropriate framework for action was further highlighted by recent WHO world health reports such as *The world health report 2008* on primary health care.<sup>2</sup>

15. Recently, the world has suffered three systemic shocks: the food crisis, the fuel crisis and the financial crisis. All three have had a negative impact on health. In this context, the Eleventh General Programme of Work has demonstrated its value by providing a clear and explicit identification of the strategic approaches needed in order to guide an effective global health response.

16. Although the seven items on the global health agenda remain valid, the new context has called for adjustments in terms of emphasis and effort. In particular, in the face of the financial crisis, the importance of maintaining investment in health is being emphasized by stakeholders. At the same time, the acceleration of the implementation of the International Health Regulations (2005) and the recent international cooperation in responding to the pandemic of influenza A (H1N1) 2009 both show that global health security is still high on the agenda. Effective health systems continue to play a vital role in improving health, and this has been underscored by the recent work of the High-Level

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<sup>1</sup> Commission on Social Determinants of Health. *Closing the gap in a generation: Health equity through action on the social determinants of health*. Final report of the Commission on Social Determinants of Health. Geneva, World Health Organization, 2008.

<sup>2</sup> *The world health report 2008: primary health care – now more than ever*. Geneva, World Health Organization, 2008.

Taskforce on Innovative International Financing for Health Systems. The importance of promoting universal coverage, gender equality, and health-related human rights, and of tackling the determinants of health, was reaffirmed by the Report on the Commission of the Determinants of Social Health and by the follow-up actions undertaken. The continuing relevance of harnessing knowledge, science and technology was demonstrated by the adoption and finalization by the Health Assembly of the Global strategy and plan of action on public health, innovation and intellectual property.<sup>1</sup> Finally, the need to strengthen governance, leadership and accountability in global health has been further underlined as the financial crisis increases pressure for more efficiency in achieving outcomes and for clarity about the mandates and accountability of the actors in global health.

17. The principles and direction given to the Secretariat by the Eleventh General Programme of Work continue to guide organizational changes, ensuring that they are in line with the relevant mandates and commitments for results. Examples of such changes have included effective responses to the objective of health-system development and to the revitalization of primary health care. The six core functions defined in the General Programme of Work are still relevant for balancing the Secretariat's response to the priority needs of Member States and the international community.

18. On the basis of the experience of implementation to date, the Secretariat considers that the Eleventh General Programme of Work is still relevant and that it therefore remains suitable for guiding the work of the Organization.

#### **ACTION BY THE HEALTH ASSEMBLY**

19. The Health Assembly is invited to note this report.

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<sup>1</sup> Resolutions WHA61.21 and WHA62.16.

ANNEX 1<sup>1</sup>

**AVAILABLE INDICATORS FOR MONITORING THE  
GLOBAL HEALTH AGENDA: SUMMARY<sup>2</sup>**

INPUT/PROCESS	ACCESS/COVERAGE	RISK FACTORS	HEALTH STATUS
Total health expenditure per capita	Access to water and sanitation	Child stunting/ underweight	Life expectancy
Out-of-pocket spending on health and catastrophic expenditure	Immunization: coverage with three doses of diphtheria, tetanus and pertussis vaccine	Adult obesity and overweight adolescents and children	Adult mortality and causes of death in adulthood
Health worker density (doctors, nurses/ midwives)	Maternal care: skilled birth attendance	Use of solid fuels	Under-five mortality and causes of death in childhood
Availability and price of generic medicines	Family planning: contraceptive use	Nutritional wasting in emergencies and crises	Mortality in emergencies and crises
	HIV/AIDS: prevention of mother-to-child transmission of HIV and availability of antiretroviral therapy	Prevalence of tobacco use	HIV infection, tuberculosis, mental illnesses: incidence/prevalence/ consequences
	Tuberculosis: success rate of directly observed treatment with short-course chemotherapy	Harmful use of alcohol	Burden of disease: healthy life expectancy, environmental risks, noncommunicable diseases, mental illness
	Malaria: use of bed nets, intermittent preventive treatment, indoor spraying		
	Treatment coverage for acute childhood and chronic diseases		

<sup>1</sup> Originally issued as Table 1 in document A60/6.

<sup>2</sup> Equity dimensions to be used where appropriate: **gender** (wealth, social, special, age); **socioeconomic** (poverty, ethnicity, education, marginalization); **age** (children, adolescents, aged).

ANNEX 2<sup>1</sup>

**INDICATORS FOR THE HEALTH RELATED  
MILLENNIUM DEVELOPMENT GOALS**

<b>Millennium Development Goals (MDGs)</b>	
<b>Goals and Targets (from the Millennium Declaration)</b>	<b>Indicators for monitoring progress</b>
<b>Goal 1: Eradicate extreme poverty and hunger</b>	
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
<b>Goal 4: Reduce child mortality</b>	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of one-year-old children immunized against measles
<b>Goal 5: Improve maternal health</b>	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15–24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under five sleeping under insecticide-treated bednets 6.8 Proportion of children under five with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

<sup>1</sup> Based on the official list of indicators for the Millennium Development Goals (effective 15 January 2008), accessible online at <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>.

<b>Goal 7: Ensure environmental sustainability</b>	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO <sub>2</sub> emissions, total, per capita and per US\$1 GDP (purchasing power parity) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
<b>Goal 8: Develop a global partnership for development</b>	
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

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