Draft twelfth general programme of work

Report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-sixth World Health Assembly

1. The eighteenth meeting of the Programme, Budget and Administration Committee was held in Geneva on 16 and 17 May 2013 under the chairmanship of Dr Jamal Thabet Nasher (Yemen). The Committee adopted its agenda.

2. The Director-General introduced the draft twelfth general programme of work, which provides the overall strategic vision that will guide the direction of WHO’s work for the next six years. The Director-General contrasted this with the programme budget, whose purpose is to translate that vision into a plan for a two-year time frame.

3. The Director-General noted that the leadership priorities are areas in which WHO’s leadership seeks to shape the global debate. These priorities were derived through the application of the priority-setting criteria agreed by Member States, and were informed by the areas where Member States have expressed the need for WHO’s leadership. The performance of WHO can be assessed through the results chain that links the Organization’s process of planning and budgeting, however, other tools are required to measure WHO’s effectiveness in relation to the leadership priorities.

4. Member States commended the draft twelfth general programme of work, and noted that it is the product of extensive Member State engagement and that it articulates the vision of the Organization for the 2014–2019 period. The Committee welcomed the manner in which the draft general programme of work incorporates both strategic considerations and concrete programmatic guidance, reflecting important resource shifts towards priorities such as the burgeoning challenge of noncommunicable diseases.

5. The Committee commented on the in-depth analytical examination of the current and foreseen context in which WHO functions, including social, economic, political, and environmental realities. The Committee also acknowledged the importance of the general programme of work in articulating the alignment of organizational priorities with new approaches to financing, with a view to stronger leadership in health.

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1 The list of participants is available in document EBPBAC18/DIV./1.
2 Document EBPBAC18/1.
6. The Committee requested further clarification on the work surrounding the matrix on roles and responsibilities of the Organization, as well as the process of reporting on progress towards achievement of the goals of the Organization as they are expressed in the general programme of work. A series of amendments to the text of the draft general programme of work were proposed (see Annex), for consideration by the Health Assembly. The Committee noted that the issue of antimicrobial resistance should be given more attention. The Director-General confirmed that inaccuracies or erroneous text would be amended by the Secretariat before final publication.

7. Describing the draft twelfth general programme of work as a living and progressive document, the Director-General noted that some level of refinement was anticipated, in view of the changing context in health. She confirmed that further work to define more clearly the roles and responsibilities of the three levels of the Organization in the context of its core functions would inform the development of future programme budgets, in order to project the vision of the general programme of work.

8. In relation to the proposed draft resolution, the Committee requested clarification of the process for reporting and evaluation of the achievement of the programme of work. The Director-General stated that an evaluation and summary of lessons learnt would be presented to the Seventy-third World Health Assembly, as noted in the draft resolution. The Committee proposed that any review or update of the general programme of work to reflect the changing state of global health should be undertaken in consultation with Member States.

RECOMMENDATION TO THE HEALTH ASSEMBLY

9. The Committee, on behalf of the Executive Board, recommended that the Sixty-sixth World Health Assembly adopt the following amended draft resolution:

The Sixty-sixth World Health Assembly,

Having considered the draft twelfth general programme of work, 2014–2019;

1. APPROVES the Twelfth General Programme of Work, 2014–2019;

2. REQUESTS the Director-General:

   (1) to use the Twelfth General Programme of Work as the basis for strategic planning, monitoring and evaluation of WHO’s work during the period 2014–2019;

   (2) to take into consideration the changing state of global health in implementing the general programme of work, in consultation with Member States;

   (3) to report, through the Executive Board, to the Seventy-third World Health Assembly on progress made during the period of the Twelfth General Programme of Work, 2014–2019.

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1 The amended text appears in bold type.

2 Document A66/6.
ANNEX

1. The United States of America, a Member of the Committee, proposed the following amendments to the draft twelfth general programme of work (changes in bold):

   **Chapter 1, Paragraph 32:**
   
   “Increasingly, it is recognized that a more holistic response is required to emergency risk management; one that integrates prevention, emergency risk reduction, preparedness, surveillance, response and recovery, and that addresses the needs of vulnerable populations including people with disabilities.”

   **Chapter 3, Paragraph 68:**
   
   “Better links between medical, social and long-term care have significant benefits in terms of care for noncommunicable diseases, maternal and child health, and for the health of ageing populations and persons with disabilities.”

   **Chapter 4, Paragraph 76:**
   
   “In tuberculosis, better access to uninterrupted first line treatment in all countries will remain key to preventing further drug resistance.”

   **Chapter 4, Paragraph 101:**
   
   “In practical terms, WHO will continue to promote rational procurement and prescribing and greater access to quality, affordable medicines, including through the promotion of generics.”

   **Chapter 4, Paragraph 101:**
   
   “It will promote research and development for the medical products needed by low-income countries, specific to developing countries in areas that existing R&D streams have not been able to produce, and continue with the implementation of the global strategy and plan of action on public health, innovation and intellectual property.”

   **Chapter 5, Paragraph 187:**
   
   “WHO will provide the technical support needed to promote widespread implementation of evidence-based packages of cost-effective “best buy” policy interventions.”

   **Annex to GPW12, page 43, row 5:**
   
   “Eradication of polio completed by the end of 2018”

2. Brazil, a non-Member of the Committee, proposed consistent use of the terminology “quality, safe and efficacious” (QSE) in relation to medical products throughout the text of the draft twelfth general programme of work, in place of the term “high-quality”.

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3. Brazil also proposed that in paragraph 64, the term “outcome statement” should be replaced by “outcome document” and should include the full title of the outcome document of the United Nations Conference on Sustainable Development, namely, “The Future We Want.”

4. Brazil also proposed that paragraph 101 should reflect the fact that the Health Assembly has already established mechanisms in relation to substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products.

5. Brazil also proposed the following amendment in relation to the title of the leadership priority related to social determinants of health (Box 2, page 17): “Addressing the social, economic and environmental determinants of health as a means to promote health outcomes and reduce health inequities within and between countries.”

6. Sweden, a non-Member of the Committee, proposed that the text describing the leadership priorities should reflect their ultimate purpose, namely increased survival and healthier lives.

7. Sweden also proposed that the draft twelfth general programme of work should include an impact goal related to healthy life expectancy.