PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD Third meeting Provisional agenda item 3.2

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Medium-term strategic plan

- 1. Currently the biennial programme budget serves as the strategic plan for the activities of the Secretariat. However, its two-year time frame is seen as limiting its value as a planning tool and does not adequately reflect the more strategic nature of WHO's programmes. The current structure of the programme budget also is seen as a poor fit at country and regional levels, too vertical, and of little help in working across the Organization.
- 2. From the biennium 2008-2009, a six-year strategic plan encompassing three biennial budget periods will be incorporated into WHO's results-based management framework. The medium-term strategic plan 2008-2013 will provide the strategic direction for the Organization for the six-year period, advancing the health agenda established in the Eleventh General Programme of Work and providing a multibiennial framework to guide and ensure continuity in the preparation of the programme budget and operational plans across bienniums. Moving away from narrowly defined areas of work to broader, cross-cutting strategic objectives, the medium-term strategic plan will provide a programme structure that better reflects the functioning of country and regional offices, facilitating more effective coordination and collaboration across the Organization.
- 3. The programme budget 2008-2009, the first of the strategic planning period, will be drawn up in conjunction with the strategic plan; details of the process are set out in the Annex. The process of preparing the two subsequent programme budgets will be simpler.

ACTION BY THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE

4. The Committee is invited to note the report.

MEDIUM-TERM STRATEGIC PLAN – PROGRAMME BUDGET: A SINGLE PROCESS

1. INTRODUCTION

In order to improve its effectiveness and performance, WHO is committed to the development of a unified organization-wide results-based planning and performance monitoring system. The system is based on the principles of *Results-based Management*, applied to the Organization as a whole and at each level of the Organization.

In the results-based approach, the elements of the programme are developed in a coherent and interrelated structure following a logical framework approach. This is currently done in the biennial Programme Budget which also serves as the strategic plan for WHO.

However, there have been some limitations in implementation of this two year cycle which indicate the need to:

- adopt a more strategic approach. The two year time horizon of the Programme Budget had been seen as limiting its value as a strategic planning
 - document which does not adequately reflect the more strategic nature of many of the WHO programmes. The current programme budget structure also is seen as a poor fit at the country and regional levels. It is too vertical and does not facilitate working across the Organization
- reduce heavy workload due to overlapping processes. The experience of the developing the Programme Budget 2006-2007 revealed an burdensome workload due to overlapping processes all taking place at the same time namely, performance assessment reporting on the completed biennium; developing workplans for the current biennium and planning for the following biennium.

A SIX YEAR STRATEGIC PLAN, ENCOMPASSING THREE BIENNIAL BUDGET PERIODS

From the 2008-2009 biennium a six year strategic plan, encompassing three biennial budget periods will be incorporated into WHO's results-based management framework.

Medium-Term Strategic Plan Links to GPW Biennial Programme Budget 10 year GPW Provides strategic direction and define explicit medium term strategic objective for the work of WHO Makes a clear distinction between "strategy" and "budget" CCSs. etc. Strategic Plan Allows for longer term horizon and continuity across Bienniums Links to MTSP through Strategic Objectives Articulates programme budget along Necessitates a more thorough strategic analysis only once every 6 years and is a lighter process Strategic Objectives Details and costs OWERs for 2 years, with a qualitative assessment of resource evolution Provides an up-front indication of the resource envelope based on strateg objectives to guide budgeting process over 6 years Organization-wide Expected · Allows for a "light" budgeting process Results Allows for a review of the Medium Term Incorporates Organization-Wide Expected Results with 6-year targets Strategic Plan and possible re-prioritizations Workplans Workplans

Figure 2- Renewed WHO Results-based Managerial Framwork

The Medium-Term Strategic Plan 2008 – 2013 will:

- **provide the strategic direction** for the Organization for the six year period in advancing the health agenda established in the 11th General Programme of Work;

Figure 1 - Principles of Results-based management in WHO

- Programme and budget formulation revolves around a set of logically defined results which reflect a hierarchical results chain:
- Results form the basis for resource requirements, and justify resource allocation and mobilization
- Actual achievements are assessed against commitments for results, and are systematically measured using performance indicators.

- define medium term objectives and approaches for the Organization providing a multi-biennial framework to guide and ensure continuity in the preparation of the biennial programme budgets and operational plans across biennium;
- provide a programme structure that better reflects how country and regional offices function facilitating more effective coordination and collaboration at all levels across the Organization; and
- **result in a more simplified two year budget process**, freeing up many of the technical units from heavy workload of planning every two years.

The 2008 – 2009 biennial programme budget, the first of the strategic planning period, will be developed as part of a single, seamless strategic planning process in which expected results covering the 6 year period of the strategic plan are developed.

The two subsequent biennial budgets will represent lighter processes limited to:

- **revisiting expected results** to ensure they reflect the current situation at that time;
- revisiting targets to reflect progress to date; and
- new costing made for the biennium and for the remaining period of the strategic plan.

2. OVERVIEW

The principle components of the Medium-term strategic plan and programme budget will include:

Domains - The domains noted in the 11th GPW reflecting the broad areas which define WHO's contribution to the global health agenda.

Strategic Objectives, indicators, baseline, and targets - Strategic objectives are the measurable change, expected at the end of the medium-term planning period, in terms of health status or determinants of health or health systems to which Member States are committed and the Secretariat will assist in the achieving through the expected results.

What Member States and the WHO Secretariat commit to achieve Strategic Objectives ["what" the Organization will do] Indicators, Baselines, Targets

Options Analysis Issues and Challenges [provides the rationale for adopting the strategic approaches]

Figure 3 Schematic of the Medium-term Strategic Plan

and Programme Budget

States and the WHO Secretariat will go about achieving the strategic objectives What the WHO Secretariat commits to achieve

The strategic objectives are:

- derived from the 11th GPW;
- guided by Governing Bodies' resolutions and informed by WHO's long-term agreements with partners, UN agencies etc;
- informed by an analysis of CCSs;
- relevant to all levels of the Organization; and
- "SMART" within a 6-year period through use of baselines and targets.

For each strategic objective there will be impact and outcome indicators with baseline and targets for the six year period.

Issues and Challenges of the Strategic Objectives – Drawing on the 11th GPW, this section provides a concise analysis with risk assessment and options analysis of the global problems, issues and trends in relation to the achievement of the strategic objective and challenges for WHO's response. It furnishes the rationale/justification for the strategic approach and the Organization-wide expected results the Secretariat is committed to achieve by the end of the six year period of the strategic plan.

Strategic approaches - Provides a concise statement of the specific approaches that the Member States and the WHO Secretariat will purse in achieving the Strategic Objectives; as such they will provide the parameters for formulating the organization-wide expected results. The approaches are identified on basis of the analysis undertaken in developing the issues and challenges section and reflect:

- WHO policies and strategies;
- the six core functions of the WHO Secretariat in the 11th GPW and the level at which those functions should be carried out; and
- the new ways of working identified in the GPW;

Organization-wide expected results, indicators, baseline, targets and cost estimates—The

Organization-wide expected results [OWERS] are what the Secretariat collectively (country offices, regions and headquarters) is to be held account for achieving during the period of the strategic plan that will affect the attainment of the strategic objectives. OWERS are what the Secretariat will be held accountable for in contrast to strategic objective which are a shared responsibility with the Member States. Hence for each OWER there will be a indicator, baseline and target and an estimated cost for its achievement. All OWERS for the 6 years of the strategic plan are developed. For OWERS that will require more than one biennium to be achieved, targets will be specified for 2, 4 and 6 years as necessary.

Figure 4 - Proposed Core Functions

In carrying out its activities WHO's Secretariat will focus on the following six core functions:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
- Articulating ethical and evidence-based policy positions
- Setting norms and standards, and promoting and monitoring their implementation
- Shaping the research agenda, and stimulating the generation, translation and dissemination of valuable knowledge
- Providing technical support, catalysing change and developing sustainable institutional capacity
- Monitoring the health situation and assessing health trends.

3. PREPARATION OF THE STRATEGIC PLAN INCLUDING PROGRAMME BUDGET

As an initial step in the preparation of the strategic plan a Reference Group was established with membership drawn from country office, regional and Headquarters levels to:

- advise senior management on the process for developing the Medium-Term Strategic Plan
- provide a leadership role and oversight of that process; and
- advise senior management on the content of the plan

An overview of the resulting iterative process involving all levels of the Organization in the preparation of the strategic plan is presented in Figure 5.

Building upon country and region input provided through the GPW consultations, an initial set of strategic objectives has been developed to be discussed during step 1 by senior staff at country, regional office and Headquarters.

Figure 5 - Preparation of the Medium-term Strategic Plan and Programme Budget

Phase 1 - Refinement of draft strategic objectives and development of draft indicators, targets, baseline, strategic approaches and resource outlook – February 2006

Presentation of domains, draft strategic objectives to ADGs and DPMs and other senior staff at country, regional office and Headquarters. DG's informal sign-off on draft strategic objectives; Designation of Organization-wide strategic objective focal points; regional and headquarters strategic objective focal points and technical teams

The organization-wide focal point for each strategic objective, regional focal points and their technical teams refine draft strategic objectives and Develop indicators, baseline and targets and elaborate strategic approaches Senior management identifies high/medium/low investment for each Strategic Objective



Phase 2 - Development of proposed OWERS, indicators baseline, targets and costs OWERs - March 2006

Organization-wide focal points for each strategic objective and their technical team and agree to OWERS [organization-wide expected results], related indicators, baseline, targets and costs; strategic objective statements developed.

Costs of regional and headquarters contributions to achieving all strategic objectives cross checked against validation mechanism



Phase 3 - Organization-wide Peer review and finalization of draft strategic objective statements - April 2006

Review teams drawn from country, regional office and headquarters review individual strategic objective statements and discuss across strategic objectives to ensure they form a coherent plan for the Organization Strategic objective focal points refine and finalize strategic objective statements with revised costs for OWERs.



Formal governing body approval process beginning with submission of the draft proposed MTSP to the Regional Committees in 2006 followed by submission to EB Jan 2007 and /WHA May 2007

4. DRAFT STRATEGIC OBJECTIVES

Domain 1: Health outcomes: Ensuring the maximum attainable level of health gains in terms of sustaining health, preventing illness and disability, controlling and containing disease and reducing health inequalities

- To halt by 2015 and begin to reverse the spread of HIV/IDS, tuberculosis, malaria.
- Reduce the burden of vaccine-preventable and other communicable diseases.
- Prevent and reduce disease, disability and death from chronic non-communicable conditions, including mental ill-health, violence and injuries.
- Improve newborn, infant, child, maternal and reproductive health outcomes, in ways that contribute to reductions in avoidable morbidity and mortality across the entire life cycle.
- Build and support society-wide responses to emerging and acute threats to life and health.

Domain 2: Determinants of Health: Generating and sustaining action in collaboration with relevant sectors and partners to address the behavioural, social, economic and environmental determinants of health

- Lead effective action to minimize lifestyle related risk factors, including tobacco, substance abuse, alcohol, physical inactivity and unhealthy diet.
- Tackle the broad social and economic determinants of ill health, including poverty and equity, gender, human rights and violence.
- Promote a healthier physical environment, including water and sanitation, workplace conditions, housing and human settlements, air pollution and climate.
- Contribute to optimal nutrition, food safety and food security.

Domain 3: Health policies, system and technologies: supporting action and mobilizing all relevant sectors and actors to achieve universal coverage and equitable outcomes

- Achieve universal access to population-based and personal services through health systems oriented to equitable health gains that respond to peoples' needs, legitimate demands and expectations.
- Ensure improved quality (with an emphasis on safety and efficacy) of appropriate health technologies, interventions and products.
- Develop and institutionalize capacities for more effective leadership and governance, coordinated policies and management, appropriate workforce and infrastructure, and knowledge and information for professional and public decision-making.
- Extend social protection through fair, adequate and sustainable financing of health systems.

Domain 4: Global health agenda and WHO response to needs, demands and expectations: developing action to advance the global health agenda and implementing policies and measures to enable WHO Secretariat to carry out its functions effectively and efficiently

- Advance the global health agenda through strong leadership and governance and more effective engagement with countries and partners
- Institute policies and measures to enable the WHO Secretariat to efficiently and effectively carry out its core functions

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