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## **OUTLINE OF 11<sup>TH</sup> GENERAL PROGRAMME OF WORK 2006-2015**

The 11<sup>th</sup> General Programme of Work (GPW) of WHO will cover a ten-year period from 2006 to 2015 and will be a unique document in many respects. The time-frame of the GPW will permit taking a long-term strategic look at the world and the place of health rather than a short-term status of public health. The GPW would use the tools for 'futures' thinking and action, involving forecasting trends, exploring alternative scenarios on the future of health, establishing preferred 'futures' and shared visions, and formulating strategies to achieve the visions in the light of the scenarios.

The 11<sup>th</sup> GPW will act as a roadmap laying out different routes toward health. It will benefit from other visionary work such as Health for All and the Millennium Development Goals, as well as concrete issues documented in the recent World Health Reports, publications by the World Bank and other partners and academic institutions.

The development of the GPW will involve WHO staff at all levels, as well as consultation with Member States, partners, and external 'futures' and other experts. A draft outline of the GPW has been prepared by WHO headquarters, envisaging that the document will comprise 3 Parts and 6 Chapters, where each chapter will include the objective and the rationale for the chapter. It is expected that the structure of the document may undergo changes as the work progresses. WHO headquarters has also proposed the main milestones and dates for different stages in the development of the GPW.

The working paper sets out briefly the historical perspective and events leading up to the initial general programmes of work. The working paper was discussed by the CCPDM at its 41<sup>st</sup> meeting, held in July 2004, which took note of the progress of work and the preliminary draft outline of its broad contents.

The subject is submitted to the Regional Committee for noting the progress in the preparation of WHO's 11<sup>th</sup> General Programme of Work covering the period 2006-2015. The comments of the Regional Committee will be conveyed to WHO headquarters so that these are kept in view as the process of formulation of the GPW proceeds from stage to stage.





**Forty-first Meeting of the Consultative Committee  
for Programme Development and Management,  
WHO/SEARO, New Delhi, 19-21 July 2004**

***Agenda Item 4***

SEA/PDM/Meet.41/7  
12 July 2004

**REVIEW OF PROGRESS ON WHO 11<sup>TH</sup> GENERAL PROGRAMME  
OF WORK FOR THE PERIOD 2006-2015**

The General Programme of Work (GPW) of WHO is the policy guide to WHO's programme development and forms the basis for its Programme Budgets. In accordance with Article 28(g) of the WHO Constitution, the Executive Board is mandated to submit to the Health Assembly, for its consideration and approval, a general programme of work covering a specific period.

The historical perspective and events leading up to the initial general programmes of work have been briefly set out in the attached paper. The Tenth GPW, intended to be a policy guide to WHO's programme development, is now set to conclude in 2005 and steps have been initiated to formulate the Eleventh GPW.

As the work on formulation of the Eleventh General Programme Work 2006-2015 is progressing, the format of a preliminary draft outline of the contents of the GPW is presented to the CCPDM for noting. CCPDM's comments, if any, will be conveyed to the SEA Regional Committee and then to WHO Headquarters.



## **1. Introduction**

The General Programme of Work (GPW) of WHO is intended to establish medium-term goals and directions for the work of the Organization. The time period of the GPW is not fixed. The GPW forms the basis for WHO's Programme Budgets during the period covered by it. However, both the scope and format of the GPWs have varied in content and even time-frame.

To put the evolution of the General Programme of Work in its historical perspective, it may be recalled that the 'Global Strategy for Health for All by the Year 2000' was adopted by the Health Assembly in 1981, providing the policy framework for the worldwide health action and the framework for WHO's programme. Three general programmes of work were envisaged to outline in greater detail, for 1984-1989, 1990-1995 and 1996-2001, the global health policy framework as well as the framework for the work of the WHO Secretariat up to the year 2000. The Seventh GPW emphasized the systematic building-up of the operational infrastructure of health systems. The Eighth GPW stressed the action at country level.

The 9th GPW covered the period of 1996-2001 and was a 66-page document describing the goals of the entire organization including Member States. This included a section on the general principles of programme management. The 10th GPW covered the period of 2002-2005 and was a 10-page document. It was essentially the WHO Corporate Strategy with core functions and strategic directions of the WHO Secretariat. It set out organization-wide priorities for 2002-2003 and stated that these priorities would be revised for 2004-2005 after discussions with Member States.

With the Tenth GPW set to conclude in 2005, efforts have been put in place to formulate the Eleventh GPW. Shortly after assuming office, the WHO Director-General decided that the 11th GPW would cover, for the first time, a ten-year period from 2006 to 2015. One of the main reasons for doing this is that it would thereby coincide with the Millennium Development Goals (MDG) also to be completed in 2015. He wanted the GPW to provide a longer-term vision on the direction of global public health and have a broader scope covering not only WHO but international health in general. In developing the GPW, there should be wide participation in the process, including countries and regional offices.

Preliminary work began on the 11th GPW in the second half of 2003. It was decided in January 2004 that it was not possible to complete the GPW in time to be used for the 2006-2007 Programme Budget. The content and schedule for the development of the 11th GPW have been formulated with this in mind.

## **2. Principles Guiding the Development of the 11<sup>th</sup> GPW**

The 11th GPW is envisaged to be a unique document that will provide a long-term strategic look at the world and the place of health rather than a short-term status of public health. It plans to propose several scenarios for public health during this period and set forth the roles of various players, including WHO. In this way, the GPW may be seen as a road-map laying out different routes toward health. It would incorporate the values of other visionary work such as Health for All and the Millennium Development Goals, as well as key publications of the World Bank, other health development partners and academic institutions. It would be a document for Member States, the WHO Secretariat, NGOs and even corporate sector companies. The document would not spell out a specific path but assist in determining the most efficient routes to the destination.

The GPW should not be viewed as simply a planning document for WHO, even though it would be a strategic document charting out the future possible directions for the Organization. It

is expected that the GPW will inspire the global community and depart from the standard ways of thinking and respond to the situation of health and development.

### **3. Process to develop the GPW**

The process of developing the GPW is seen as being as significant and strategic for WHO as the document itself. It is hoped that it will lead to discussions on the positioning of the organization and the strategic direction of global public health.

The development of the GPW would be based on consultations with WHO staff at all levels, Member States, partners and external experts, including “futures” groups. During the first stage (lasting through December 2004) the emphasis would be to create and accumulate information from documents and experts, including inputs from the regions and countries.

The second phase would be the “convergence” process and would involve workshops and formal comments from governing bodies meetings, such as the Executive Board and the Regional Committee meetings. A full draft of the GPW would be prepared around April 2005 and presented to Regional Committees in September 2005. A final draft would be prepared for the Executive Board meeting in January 2006 and presented for review and approval by the World Health Assembly in May 2006. Publication and dissemination would take place after WHA approval.

### **4. Outline of the 11th GPW**

The format of a preliminary draft outline of the Eleventh General Programme of Work, as envisaged at present, is attached as Appendix to this paper. By its very nature, this outline is preliminary and is subject to evolution and amendment through a process of discussion and consultation.

The draft outline is presented to the CCPDM for its information and comments. Further developments, as these take place, will be shared with the governing bodies.

**APPENDIX**

**DRAFT OUTLINE OF THE**  
**ELEVENTH GENERAL PROGRAMME OF WORK 2006-2015**

- Foreword by the Director-General
- Vision of the GPW

***Part I – Health; a global concern***

*Chapter 1: The Position of Health* – The objective of this chapter is to reaffirm the basic definition of Health (as stated in the WHO Constitution) and to clearly position public health within the broad development context. It would include Health and Poverty, Health and Development, Health and Human Security and Health and Social Justice.

***Part II – The Future(s) of Health and Development***

*Chapter 2: Introduction to Key Challenges in Global Health* – This chapter would introduce the concept of futures and scenarios as a tool to better understand the future, mainly factors that will affect public health, and to assist in “choosing and creating the future”.

*Chapter 3: Plausible futures, different broad health scenarios* – The objective of this chapter is to present three different pictures of health over the span of ten years. The pictures may include certain diseases and conditions and classic epidemiologic and economic data, but will go further and present health as a co-influence on broader areas of development. Topics that may be introduced to illustrate varying scenarios that include: health systems and health outcomes in sub-Saharan Africa; better health in India and China; health in crises; LDCs; food inequity in access and outcome; AIDS, TB and malaria; etc.

Scenario A: *A Stable, Reasonably Predictable Future*

Scenario B: *An Uncertain Range of Futures*

Scenario C: *Radical Change*

### ***Part III – Acting Now for Influencing and Responding the Future of Health***

*Chapter 4: A Call to Action* – This chapter is to engage the reader in critical thinking about strategic directions WHO and various players should pursue in health. Using the scenarios, the chapter will explore and identify a range of strategic directions, alternative options or courses of action to achieve “preferable” future (vision) based on WHO values and principles.

*Chapter 5: Implications for WHO* - Discusses the implications for WHO of what has emerged in the previous chapter (visions, strategic directions, etc.) and to identify the role WHO should assume in health.

*Chapter 6: International Commitments and the International Community* – This chapter would describe international commitments and how WHO anticipates the role of Member States and other contributors to the status of health to develop.

- Conclusion – In some aspects, this should be a reiteration of the introduction, yet with a ‘call to action’ tone. While we cannot precisely predict the next years, but we can still strategically influence part of the future and be prepared for those factors we can not influence. The GPW is an attempt to assist us in shaping the future.

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WORLD HEALTH  
ORGANIZATION



REGIONAL OFFICE FOR  
SOUTH-EAST ASIA

**Forty-first Meeting of the Consultative Committee  
for Programme Development and Management,  
WHO/SEARO, New Delhi, 19-21 July 2004**

***Agenda item 4***

SEA/PDM/Meet.41/7-Inf.Doc  
12 July 2004

**WHO/HQ PAPER ON 11<sup>TH</sup> GENERAL PROGRAMME  
OF WORK FOR THE PERIOD 2006-2015**

(INFORMATION DOCUMENT)





## **11<sup>TH</sup> GENERAL PROGRAMME OF WORK 2006-2015**

The forthcoming WHO General Programme of Work (GPW) will be a unique document in several manners. For the first time, it will cover a ten year period. This is significant in that it provides a long-term strategic look at the world and the place of health rather than a short-term status of public health. This is considered necessary as health, either of an individual or of a population, does not exist outside the co-influence of national economies, development, national security, foreign policy, among others.

Second, the 2006-15 GPW would use the tools for futures thinking and action, involving forecasting trends, exploring alternative scenarios on the future of health, establishing preferred futures and shared visions, and formulating strategies to achieve the visions in light of the scenarios. It will also revisit the roles various players in global public health, including WHO need to play in response.

The GPW may be seen not as a New Vision for achieving health, but rather as a road map laying out different routes toward health. It would however, incorporate the values of other visionary work, such as Health for All and the Millennium Development Goals, as well as concrete issues as documented in the recent World Health Reports, and publications by the World Bank and other partners and academic institutions. Member states, WHO secretariat, NGOs and even corporate sector companies could all see themselves as drivers of vehicles of change as they read and consider the GPW. As each organization plays a distinct role, their path will alter accordingly with each impacting the other.

The development of the GPW it is hoped, will involve WHO staff at all levels as well as consultation with partners, member states, and external 'futures' and other experts. The preliminary phases of development include information gathering and literature searches to discover what processes and documents exist in public health and other disciplines to provide models for the GPW. Discussions with regional offices are expected to occur early on to learn about similar exercises and consultations and work that have either already taken place or are being planned and examine how they may complement the GPW model and vice-versa. Private organizations that specialize in future modelling will also be researched to assist in the process.

After adequate background is ascertained, consultations/workshops with each region will be conducted to gain perspective on issues relevant to the scenario building. These could be dynamic conversations, designed around the premise of creative thinking. To create a GPW that inspires the global community, we hope to be able to depart from our standard ways of thinking and responding to the situation of health

and develop ingenious models of action and roles for WHO which influence health. The latter phases of development would aim at converging the previous work into a coherent document. Along with internal consultation and consultation at regional level, global discussions may be held in well positioned strategic groups so that WHO is seen as an open and inclusive organisation, learning from partners.

The process of the development of the GPW is seen as being as significant and strategic for WHO as the document itself. The formulation of questions and hypothetical situations, it is hoped, would lead to broader discussions of organization positioning, the relevance of targets, and the synergistic and strategic direction of all contributors to global public health.

The GPW should not be viewed simply as a planning document for WHO, even though it would be a Strategic document for WHO, charting out the possible future directions for the Organisation. The questions posed in the GPW could be designed to both ignite ‘out-of-the-box’ planning discussions and serve as a reference/reflection document as the future actually unfolds and WHO’s role in the comprehensive view of health as a global issue evolves. The process to create the GPW would aim at not being ‘business as usual’, so nor would perhaps its utilization – both inside or outside the organization.

The outline document (Annex 1) is structured in 3 parts and 6 chapters. Each chapter includes the objective and the rationale for the chapter. It lists main issues to be covered in each chapter and possible issues/questions to be addressed (specific consultations, inputs from other papers/processes or specific reviews). The overall structure of the document will undergo changes as the work progresses.

The process paper (Annex 2) provides the main milestones in the development of the GPW.



## 11<sup>TH</sup> GENERAL PROGRAMME OF WORK

DRAFT OUTLINE (1/06/2004)

2006-2015

### *Options for Working Titles*

“Towards a Healthier World”	“Making Health a Priority”
“Choosing Health”	“Influencing Health”
“Transforming Health”	“Achieving the Health related MDG”
“Making the World more Healthy”	“Preparing for Health”
“Putting Health at the top of the Development Agenda”	

### *Foreword by the Director-General*

The foreword will present the GPW and focus on the principle goals of WHO. Making health a priority, with other competing demands is a moral and ethical choice that the world is facing. The forward will focus on the benefits of health for all and on the need to ensure that health development benefits everybody in the world and that health inequalities decrease within and between countries. It will highlight the need for urgency in terms of achieving the MGDs, as internationally agreed goals within a much broader health and development agenda.

### *Vision of the GPW*

*Objective:* To give an overview of the design and intent of the GPW. This section will be brief, but also contain elements of what the GPW is and is not (e.g. exercise of creating strategy, not implementing it; framework of health for others to consider their role within, rather than a WHO planning document; incorporating other models rather than creating a new vision, etc.); how it should be used and by whom; the wisdom behind and application of the scenarios approach; and, briefly, the development process. This section will also look at how the GPW has been used in the past and how the structure of the 2006-2015 GPW leads to a different *objective* as explained in the cover note.

## ***Part I - Health: a global concern***

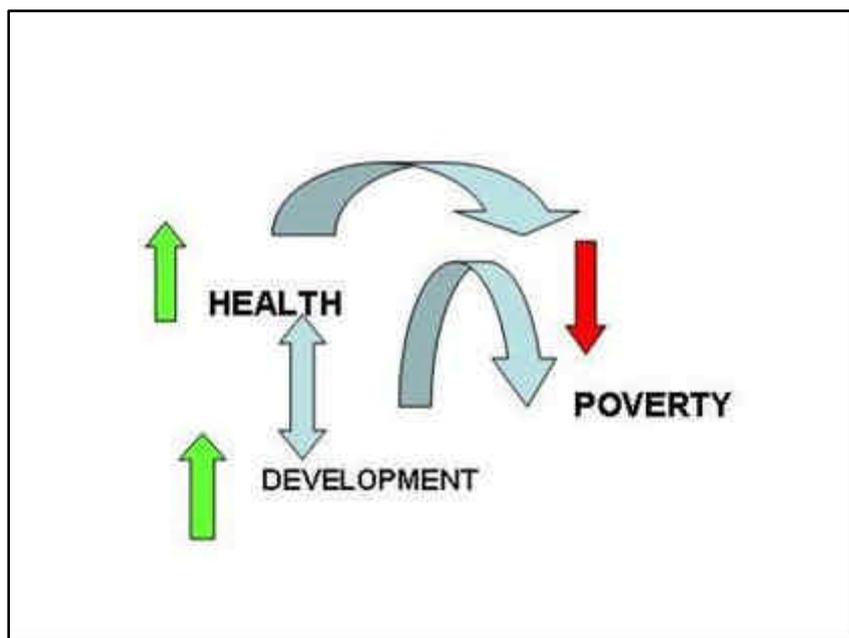
### **Chapter 1: The Position of Health**

***Objective of the section:*** To reaffirm the basic definition of Health (as stated in the WHO constitution) and to clearly position public health within the broad development context.

***Rationale:*** The position of health and our understanding of it have evolved over time. Today different people/groups have a different understanding of the role of health in the present context, and what needs to be done to maintain and to improve it. It is important for WHO to state clearly the role and position of health within the broad development agenda, including poverty reduction, stewardship of the environment, human rights and global security.

***What should/may be included in this section:***

- (i) Reaffirmation of the main definitions of health as expressed in the WHO Constitution, the Alma Ata Declaration and Health for All.
- (ii) A discussion around health not only as a means but also as an end for development. Health has historically been valued in its own right, but at a population level, it must also be seen as a dynamic instrument for achieving social and economic development, justice and security.
- (iii) The position of health in the broader development context. It will highlight the *synergistic* relationships between health and other aspects of development (possible evidence) and cross sectoral linkages, including poverty reduction, equity, sustainable development, good governance, stewardship of the environment, human rights, global security, etc. Illustrations will be used to visually represent how health and development co-influence each other.



Some issues are outlined below:

- a) Health and Poverty: poverty means not just low income but the undermining of a whole range of key human capabilities, including health. Ill health disproportionately afflicts poor people, and health shocks push people into greater poverty (medical poverty trap). A major strategy of WHO was to reduce the burden of excess mortality and morbidity suffered by the poor (WHR 1999). However poverty reduction is not enough to decrease health inequalities. Evidence shows that even in the most affluent countries people who are less well off have substantially shorter life expectancies and more illnesses than the rich. These differences are a social injustice, and they also show the sensitivity of health to the social environment and to what is now called “the social determinants of health” (Wilkinson and Marmot). Other important issues are inequities between groups, e.g. gender, between regions, rural/urban, ethnic groups, and legal status (citizenship etc).
  - b) Health and Development: Placing health in the context of Development; HIV/AIDS provides a good example of a health problem with important implications on development. Health and Sustainable Development: the role of health as it emerged from Johannesburg/UNCED. Health and Economic growth: the crucial role of health in economic growth. Health is at the same time an input and an output into the growth process, wealth leads to health and health leads to wealth (CMH). Health is an important objective of development, it can be promoted through a process of economic growth which leads to an increasing real national income per capita, but advancement of health is also a goal on its own (A. Sen). Without ignoring the importance of economic growth for health, the report will look well beyond it this aspect and will review the role of public expenditure particularly on health care.
  - c) Health and Human Security and Health and Social Justice: (Commission of Human Security, UN Charter: mission of the UN to protect security depends on the establishment of “conditions under which justice .... can be maintained”; WHR 2003). The WHO constitution identifies the “highest attainable standard of health” as “one of the fundamental rights of every human being without distinction”.
- (iv) Based on (i), (ii) and (iii), a statement on “positioning health”. The role and position of health and the implications of these on health policies and development agendas. The aim will be to challenge stakeholders in terms of the position of health. Most of the broader development processes/perspectives actually aim at improving the well being and health of people. However it should be made more explicit.

## ***Part II – The Future(s) of Health and Development***

### **Chapter 2: Introduction to Key Challenges in Global Health**

***Objective of the chapter:*** To introduce the concept of futures and scenarios as a tool to better understand the future, mainly factors that will affect public health, and to assist in "choosing and creating the future".

**Rationale:** A plethora of factors influence public health. Some, like an increased ageing population are predictable, others, like a new virus are not. Some, like improvement in the status of women or new vaccines, may yield positive influence, while others, like civil war or shortage of fresh water in some parts of the world, can be negative. While certain trends and conditions are not predictable, investigating potential scenarios (in the macro environment and in the health environment) can help to portray these factors and give insight as to how the global health community, and its players, can face the challenges posed by such trends.

**What should/may be included in the chapter:**

- (i) The rationale for using "health futures" approach: not only as a mean for forecasting the future (plausible futures), but more importantly as a mean for shaping the future (preferred future).
- (ii) The method used (trends, scenarios, vision/approaches, strategy), the difficulties encountered (limits of the method)?
- (iii) Introduction into the following chapter.

### **Chapter 3: Plausible futures, different broad health scenarios**

**Objective of the chapter:** To present three different pictures of health over the span of ten years. The pictures may include certain diseases and conditions and classic epidemiologic and economic data, but will go further and present health as a co-influence on broader areas of development, such as those mentioned in Part I.

**What should/may be included in the chapter:**

Topics that may be introduced to illustrate varying scenarios include (in no particular order, and not intended to be an exhaustive list): health systems and health outcomes in sub-Saharan Africa; better health in India and China; health in crises; LDCs; food inequity in access and outcome; reform in transitional economies; research and development; health in OECD countries, impact of accession countries on EU; AIDS, TB and malaria; etc.

The form that scenarios will take need to account for current realities, trends and forecasts that can be made with a fair degree of certainty, threats and opportunities, key drivers of change and the ways they exert their influence, and futures planning of other disciplines that interplay with health, including changes in the macro environment. This would include issues of peace and security scenarios, the impact of different economic determinants, impact of globalisation, good governance. The actors whose roles in health would be explored include: the corporate private sector; global multinational corporations, NGOs; regional multilateral institutions. The scenarios may also take into account the implications of a growing role for civil society; a changing role for the UN; and the growing partnerships in the international scene.

Each scenario picturing what the world may look like through 2016 should/may contain the following components:

- (i) What are the broader trends? What is their impact on the health of the world, specially the less developed countries and the poorest population.

- (ii) Who are dying/disabled/sick? Why are they dying/disabled/sick? Who is healthy, who is not healthy? Why people are healthy or not? What are the key health problems? What are the main risks to Health?
- (iii) What are the **key challenges**? Among others:
- a) Impact on the poor and vulnerable. The health needs of **specific groups**: the poor, the children, the indigenous populations. The poorest people still suffer under an intolerable burden of diseases. Most of this burden is due to a relatively limited set of conditions, most of them amenable to interventions.
  - b) **Inequalities** in health and access to health care: Gaps are widening between regions, countries and within countries. Evidence shows a widening gap in adult mortality worldwide.
  - c) Resource levels for making significant changes in the health of populations. This should be examined in terms of financial and human resources, amongst all players. The issue of effective use of resources through a redefining and redistribution of roles and responsibilities for core functions. Decreasing the gap in **resource** availability and making better use of resources, including ODA and global initiatives. Inequities in terms of financing.
  - d) The potential of **Health Systems** to effectively deliver appropriate health service. The level of political leadership and governance in policy development. The role of private/corporate sector in the stewardship of health.
  - e) The ability to put existing and **new knowledge** into practice. The gap between what we know works and have an impact, and what is current policy, and current practice.
  - f) The impact of **current situations** on health systems and the larger development community. These would include HIV/AIDS, the double burden of diseases, an ageing population, environmental and other crises and emergencies.
  - g) The need to influence **other sectors** to improve the underlying determinants of health.
  - h) Health and **Globalisation**. Ethical challenges. Information technology and new scenarios for communication. The possible impact of trade liberalisation on health (impact on access to and cost of medicines; and on health commodities and services) as well as trade in Health

### **Scenario A: A Stable, Reasonably Predictable Future**

**Objective:** To present a picture of a relatively stable, reasonably predictable future – the future assumed by traditional strategic planning exercises.

**Rationale:** This model will be an example of current planning processes and primarily serve as a reference model to the other two predictor models that show greater change.

### **Scenario B: An Uncertain Range of Futures**

**Objective:** To present a picture of a future with greater change than what is typically planned for. The environment is changing and new technologies or new diseases present differing tools and challenges.

**Rationale:** This model will be an example of a level of change, while not unrealistic, is above what is normally planned for.

### **Scenario C: Radical Change**

**Objective:** To present a picture of a future of great change and how it may influence health, or more upstream, how health may influence the change.

**Rationale:** When the health environment radically changes, so must WHO and the global health community. Changes of significant magnitude could be positive, such as a vaccine for HIV/AIDS or negative, such as a new, virulent pandemic. Envisioning such change of radical nature assists in the flexibility of systems to adjust to more minor changes.

## ***Part III – Acting Now for Influencing and Responding the Future of Health***

### **Chapter 4: A Call to Action**

**Objective of the Chapter:** To engage the reader in critical thinking about strategic directions WHO and various players should pursue in health. Using the scenarios, the chapter will explore and identify a range of strategic directions, alternative options or courses of action to achieve "preferable" future (vision) based on WHO values and principles.

**Rationale:** The scenarios presented will deal with plausible futures (positive or negative), they will allow the reader to understand what is emerging and more importantly to identify what should be done and assess the approaches for moving forward. Each scenario will require action to make it happen and to respond to its occurrence, action by WHO and by other players. However the action should be based on WHO core values and deep purpose. (Vision statement to affect positive change).

**What should/may be included in the chapter:** visions and strategies linked to trends and scenarios.

### **Chapter 5: Implications for WHO**

**Objective of the Chapter:** To discuss the implications for WHO of what has emerged in the previous chapter (visions, strategic directions, etc.) and to identify the role WHO should assume in health.

**Rationale:** Action will be required by WHO in various roles, these roles have to be discussed and defined.

***What should/may be included in the chapter:***

- (i) *Leadership*: Is there a role for global leadership in health? What form and in what domains should this leadership be expressed? What are likely to be the main challenges/challengers? What capacities need to be developed to exert this leadership more effectively? What are we doing to develop the next generation of leaders at all levels?
- (ii) *Country-level work*: What have we learnt about WHO's role at country level? What is expected of us? Are we doing it? What does it imply in terms of skill development, recruitment, etc?
- (iii) *Positioning Health*: What are the choices we have to make in terms of positioning health? How do we concretely act on choices while maintaining flexibility to respond to the unexpected. How do we define and implement our choices to influence the determinants of health?
- (iv) *Development Policies*: Can we be more effective in influencing development policies? Which policies? In which direction? Are we equipped to do so? How would we know if it happened? Are there hidden consequences of supporting/influencing policies? How to discover them and incorporate them into our decision making process?
- (v) *Relationships with Governments*: How do we work more effectively with governments in different parts of the world? Where do we make our main links? How do we move our current set of relationships? What are there hidden consequences of working with governments? How to discover them and incorporate them into our decision making process?
- (vi) *Setting Priorities*: How does this kind of analysis help us set priorities? What is the practical meaning of priorities? How are these priorities manifested? How do priorities relate to targets? What is the impact of target – the development process, achievement (or not), and evaluation? How does this model fit within the core principles and vice versa?
- (vii) *Monitoring and evaluation*: How do we monitor and evaluate the role (core functions) of WHO and of other partners? What are the core functions to monitor and how? Who should do it and when?

**Chapter 6: International Commitments and the International Community**

***Objective of the chapter:*** To describe international commitments and how WHO anticipates the role of Member States and other contributors to the status of health to develop.

***Rationale:*** This chapter will assist the reader to better understand the international context and what has already been agreed by governments in the pursuit of health. Because this document is designed for broader influence than just WHO, questions relating to additional partners will be posed.

***What should/may be included in the chapter:***

- (i) Brief description (including goals and targets, tables) and analysis of the relevance and progress of the various agreements: MDGs, UNGASS, ICPD, TFC, etc.
- (ii) Discussion around roles and responsibilities. The “map” of actors has changed during the last 10 years. What is expected from various partners/actors at the global and local level?
  - Role and responsibilities of Member States.
  - Role and responsibilities of the other partners (UN, Civil Society/NGOs, ODA, and Private sector) based on their comparative advantage.
- (iii) Mandate and overall role of WHO (global health governance, etc.), WHO cannot do everything, what is WHO’s particular role and responsibility for world health. Key functions and what we will deliver.
- (iv) Core principles for how to work effectively together: evidence based and learning from experience, partnership, ownership, harmonisation, primary responsibility for setting priorities, urgency and sustainability, accountability, development is a process and changes take time, etc.
- (v) What is the role for new and non-traditional partners? How are those roles discovered/developed? Should roles be mutually exclusive or over-lap and to what extent?
- (vi) Role and responsibilities of corporate society: a new area for partnerships? What are the consequences (positive/negative) of this?
- (vii) Specific examples of how the document can be used both inside and outside WHO.

***Conclusion –***

In some aspects, this should be a reiteration of the introduction, yet with a ‘call to action’ tone. It should highlight that while many questions were posed, likely many are without clear answers. We can not precisely predict the next ten years. But we can still strategically influence part of the future and be prepared for those factors we can not influence. The GPW is an attempt to assist us in shaping the future.



## **11<sup>TH</sup> GENERAL PROGRAMME OF WORK 2006-2015 THE PROCESS PAPER (1/06/2004)**

### **Conceptual framework for the GPW Process**

- The GPW process is conceived as having a divergent opening up process during this year (2004) in order to create and accumulate information. This part of the process would contain different scenarios, inputs from external consultants, academics and other experts. It would also include similar inputs from the regions and countries, including from the Regional Committees.
- Then a convergent process during 2005 which would include using the Executive Board and WHA, etc. The convergent process would necessarily be more participatory than the divergent one. The divergent process is more technical and the convergent may be more political.

### **Organisational Set Up**

The work on the GPW is managed by a small team located in GMG/PRP and led by a Task Manager. The team is assisted by a Task Force, a Coordinating Group and Oversight Groups.

The Task Force is composed of WHO staff. Its mandate is to: assist in managing the process for development of the GPW; to ensure an interactive internal and external consultative process; to monitor progress in consultation with the regional focal points and suggest ways to improve process and contents.

The Coordinating Group is composed of the DPMs from the six regions and chaired by the ADG/GMG. This group is not a new group but is using existing mechanisms of the Meeting of DPMs. Its mandate is the overall management and coordination of the General Programme of Work process, including reviewing and finalizing drafts prepared by the Task Force; ensuring that the GPW is informed by the needs and interests of WHO Member States; proposing ways to ensure that the final product is owned by WHO and all its partners; and recommendations for the attention of the Director-General. The Group works with and benefits from input provided by programme managers at different levels of the organization.

The Oversight Groups will be the Meeting of the Director-General and the Asst. Directors-General and the meeting of the Director -General with the Regional Directors. These groups will periodically review the progress of the development of the GPW and provide strategic oversight.

## **Roadmap**

- Regular meetings of the Task Force and of the Coordinating Group
- Map and compile relevant documents across WHO, including RO and COs to serve as background documentation, and link to existing processes (e.g. MDGs)
- Identify experts on futures to work on scenarios' development (process and content) and
- Hold regional consultations with a limited number of people to check the scenarios and develop strategies/roadmaps for the future before end 2004
- Present the outline and the process to the regional Committees in 2004 for comments and suggestions
- Support case studies in a selected number of countries on plausible future and role of MOH, partners and WHO
- Plan one or more global consultations end of 2004-early 2005 with partners, to be organized in relation with other meetings
- Present latest outline and process paper to the Executive Board for consultation in January 2005
- Organize consultations during 2005 for "ownership building" and developing strategies for the use of GPW
- Review by the Regional Committees fall 2005
- Finalize the document for January 2006.

<b>Some of the Critical Dates in the Development of the 11<sup>th</sup> GPW</b>	
<b><i>June 2004</i></b>	Brief outline of the process and draft outline of the GPW forwarded to regions for distribution to Regional Committees
<b><i>September 2004</i></b>	Process and outline of GPW discussed by Regional Committees
<b><i>October 2004</i></b>	Partners consultations
<b><i>October 2004</i></b>	<b><i>11-13 October – DPMs review the outline of GPW based on comments from the Regional Committees.</i></b>
<b><i>November 2004</i></b>	<b><i>1 November – ADGs and RDs review the process and outline of GPW</i></b>
<b><i>January 2005</i></b>	Process and outline of the GPW to be reviewed by the EB 115 via the Programme, Budget and Administration Committee
<b><i>March 2005</i></b>	Partners consultations
<b><i>April 2005</i></b>	<b>Full Draft of the GPW discussed by ADGs, RDs and DPMs</b>
<b><i>June 2005</i></b>	<b>Full Draft of the GPW forwarded to regions for discussions in Regional Committees</b>
<b><i>September 2005</i></b>	Draft Proposed GPW commented on by Regional Committees
<b><i>October 2005</i></b>	<b>DG revisions of draft Proposed GPW based on comments from the Regional Committees.</b>  <b><i>Mid-October - Director-General approves revised version of Proposed GPW to be reviewed by the EB 117 via the Programme, Budget and Administration Committee.</i></b>
<b><i>January 2006</i></b>	Proposed GPW to be reviewed by the EB 117 via the Programme, Budget and Administration Committee
<b><i>May 2006</i></b>	Review and approval of 11 <sup>th</sup> GPW by the World Health Assembly – WHA59.
<b><i>June 2006</i></b>	Subsequent to the review and approval by the World Health Assembly (WHA 59), the approved versions of the GPW document will be published and disseminated.