

II. ORIENTATIONS 2006-2007 BY AREA OF WORK

COMMUNICABLE DISEASE PREVENTION AND CONTROL

ISSUES AND CHALLENGES	<p>Diseases covered by this area of work for intensified control include endemic tropical diseases such as Buruli ulcer, dengue fever/dengue haemorrhagic fever, enteric diseases, intestinal parasitoses, leishmaniasis, schistosomiasis, trypanosomiasis and zoonoses. The goal for dracunculiasis is eradication, and leprosy, lymphatic filariasis, onchocerciasis and Chagas disease are each targeted for elimination at global or regional level.</p> <p>These diseases affect almost exclusively poor and powerless people living in rural parts of low-income countries. They cause immense suffering and often life-long disabilities, and contribute significantly to the vicious cycle of poverty, but rarely kill. They therefore remain low on countries' public-health agendas and do not receive the level of attention afforded to high-mortality diseases.</p> <p>For most of these diseases, effective, safe and economical interventions are available. In the absence of a demand by disease-endemic countries for greater attention to be paid to these diseases, however, global resources remain scarce and progress toward their control, prevention and eradication or elimination is unacceptably slow.</p> <p>A major challenge is to increase access to drugs and interventions for targeted diseases while reinforcing health systems through innovative approaches within the framework of countries' priorities and strategic plans. Such approaches could include, for instance, delivery of interventions through the school system. Another major challenge is to develop new tools, including drugs, vaccines and diagnostic tests, and cost-effective strategies for those communicable diseases for which such instruments are still lacking. Countries facing emergencies also require attention. Further alliances of partners should be facilitated in order to work in synergy at global, regional and national levels to deal with endemic tropical diseases; the strong link with poverty and human rights needs to be highlighted and advantage taken of lessons learnt through the implementation of concrete actions against these diseases. Lastly, intense advocacy is needed to increase both commitment and resources from the international community, and political commitment within affected countries in order to scale up interventions for the intensified control of endemic tropical diseases.</p>
GOAL	To reduce the negative impact of endemic tropical diseases on health and on the social and economic well-being of all people worldwide.
WHO OBJECTIVES	<p>To reduce morbidity, mortality and disability through the prevention, control and, where appropriate, eradication or elimination of selected endemic tropical diseases using, where possible, a synergetic approach taking into consideration recent Health Assembly resolutions.¹</p> <p><i>Indicators</i></p> <ul style="list-style-type: none">• Number of countries with active national programmes targeting endemic tropical diseases• Number of countries progressing towards targets set by specific Health Assembly resolutions for the targeted diseases
STRATEGIC APPROACHES	Formulation and implementation of evidence-based strategies; provision of technical support to countries; capacity building; and involvement of relevant partners for implementation, including in countries facing emergencies; formulation of integrated disease-control strategies, including integrated case management, vector control and interventions through schools.

¹ Resolutions WHA50.29 on elimination of lymphatic filariasis as a public health problem, WHA51.15 on elimination of leprosy as a public health problem, WHA53.15 on food safety, WHA54.19 on schistosomiasis and soil-transmitted helminth infections, WHA55.17 on prevention and control of dengue fever and dengue haemorrhagic fever, WHA57.1 on surveillance and control of *Mycobacterium ulcerans* disease (Buruli ulcer), WHA57.2 on control of human African trypanosomiasis, and WHA57.9 on eradication of dracunculiasis.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.	<ul style="list-style-type: none"> Number of countries that have increased coverage of school-age children with regular treatment against schistosomiasis and soil-transmitted helminth infection to 40% with WHO's support Number of countries that have completed disease mapping and started mass drug administration to treat lymphatic filariasis with WHO's support Number of countries that have updated national programmes for the prevention and control of major zoonoses or food-borne disease with WHO's support Number of countries facing emergencies provided with effective support for applying appropriate prevention and control measures for communicable diseases 	20 46 50 8	30 55 80 10
2. Guidelines, policies and strategies developed for the integrated prevention, control and elimination of endemic tropical diseases, including case management and surveillance.	<ul style="list-style-type: none"> Number of countries implementing synergetic intensified control of endemic tropical diseases with WHO's support Number of endemic countries receiving support for implementation of integrated vector management Number of countries receiving support to adapt and implement integrated school-health interventions Number of countries receiving support to establish effective approaches for the surveillance, prevention and control of emerging enteric diseases 	10 15 80 30	20 30 105 80
3. Innovative partnerships developed and maintained to support health ministries for the control of targeted endemic tropical diseases.	<ul style="list-style-type: none"> Number of countries that have built effective partnerships with WHO's support, including with nongovernmental organizations, private providers, civil society or international organizations 	80	105
4. Increased access to innovative and cost-effective interventions, techniques and tools.	<ul style="list-style-type: none"> Number of new interventions, techniques and tools developed and tested and/or implemented for endemic tropical diseases, zoonoses and food-borne diseases 	2 for zoonoses and food-borne diseases and 2 for endemic tropical diseases	
5. Innovative and cost-effective interventions, techniques and tools devised and validated for implementation of prevention, control and elimination of communicable diseases in low-resource settings, including in complex emergencies.	<ul style="list-style-type: none"> Number of new integrated case-management strategies for control of neglected communicable diseases Number of new techniques and tools developed and tested for the surveillance, prevention and control of zoonotic, and water- and food-borne diseases 	- -	5 2

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		23 096	109 155	132 251	
TOTAL 2006-2007		20 059	132 924	152 983	
level at which allocated	country	7 364	56 117	63 481	42
	regional	6 242	44 734	50 976	33
	headquarters	6 453	32 073	38 526	25
	percentage by source of financing	13	87		

Communicable disease prevention and control is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease research

- New basic knowledge about determinants (biomedical, social, economic, health systems, behavioural and gender) and other factors of importance for prevention and control of infectious diseases, generated and accessible.
- New and improved tools, including drugs, vaccines and diagnostic tools, devised for prevention and control of infectious diseases.
- New and improved intervention methods for applying existing and new tools at clinical and population levels developed and validated.
- New and improved public-health policies for full-scale implementation of existing and new strategies for prevention and control framed and validated; guidance for application in national control settings accessible.

Epidemic alert and response

- Strategy for detecting and responding to epidemics updated and guidance on best ways to provide support to countries drawn up in close collaboration with WHO collaborating centres and international partners.
- Support provided to Member States for strengthening national communicable disease surveillance and response systems, including the capability for early detection, investigation of, and response to, epidemics, pandemics and emerging infectious disease threats.
- Appropriate alert and response to public health emergencies of international concern coordinated.

Health promotion

- Evidence validated and disseminated of the effectiveness of health promotion strategies and interventions to tackle communicable and noncommunicable diseases.
- Global partnership established to provide support to countries in implementing the recommendations of the Sixth Global Conference on Health Promotion (scheduled to be held in Bangkok from 7 to 11 August 2005) and its product, the Bangkok Charter for Health Promotion.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.
- Countries adequately supported in building capacity to manage environmental health information, and to implement intersectoral policies and interventions for protecting health from immediate and longer-term environmental threats.
- Environmental health concerns of vulnerable and high-risk population groups (particularly children, workers and the urban poor) addressed by global, regional and country-level initiatives that are implemented through effective partnerships, alliances and networks of centres of excellence.

Food safety

- Foodborne disease surveillance and food-hazard monitoring and response programmes strengthened and international networks established.
- Timely provision of scientific advice and guidance to developing countries in order to increase their capability to assess risk, and to enable them to participate actively in international risk assessment.
- Effective support provided to countries for the organization and implementation of multisectoral food-safety systems, focusing on health and participation in international standard-setting.

Child and adolescent health

- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.
- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Essential medicines

- Guidance provided on financing the supply and increasing the affordability of essential medicines in both the public and private sectors.
- Efficient and secure systems for medicines supply promoted in order to ensure continuous availability of essential medicines.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.
- Implementation of WHO's strategy on health and human rights initiated in order to advance globally the concept of health as a human right; capability strengthened at regional level to provide support to Member States for integrating a human-rights approach into health-related policies, laws, and programmes.

Health system policies and service delivery

- Guidance and direct technical support provided to countries on effective integration of health services with disease-specific programmes.

Health information, evidence and research policy

- Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.
- Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas.

COMMUNICABLE DISEASE RESEARCH

ISSUES AND CHALLENGES

Despite the continued resources and efforts put into their prevention, infectious diseases persist and contribute a major part of the disease burden in developing countries. They continue to impede social and economic development and disproportionately to affect poor and marginalized populations; they will therefore be major hindrances to attaining the health-related Millennium Development Goals. Effective tools have long been lacking for the control of some diseases. For others, tools, methods and strategies once considered sufficient for successful prevention and control are now failing: microorganisms have developed resistance to drugs; insect vectors have developed resistance to pesticides; ecological and social conditions change; or ensuring their sustainable implementation becomes difficult. Absence of commercial incentive and lack of appropriately directed research resources limit the engagement of both the private and the public sectors. As a result, there is no innovation or inadequate evaluation and implementation of new tools; many potentially valuable tools and methodologies have yet to be properly evaluated. Experience shows, however, that the public and private sectors and networks of researchers can, through appropriate mechanisms, cooperate efficiently to overcome many of these obstacles: the experience of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases is a case in point.

Numerous challenges remain. The biosocial, economic and political determinants of the persistence of the burden of communicable diseases need to be better understood. New knowledge being generated through modern science, such as genomics, has to be translated into development of new products (drugs, vaccines and diagnostic tools) that are acceptable, affordable and applicable to the circumstances that prevail in developing countries. Appropriate evidence needs to be generated in order to facilitate the work of countries in defining how best to use these products and new methodologies and to evaluate their use for assessment of implications for policy. A further challenge is to identify mechanisms for expanding those methodologies that are worthy of inclusion in policy. Capacity needs to be built and appropriately used in developing countries so that advances in knowledge and technology can be assimilated and applied in a sustainable manner. Finally, awareness needs to be raised among resource contributors and development partners of the need for and role of health research to achieve health-related Millennium Development Goals and to mobilize the resources required.

Success in all these endeavours requires building broad partnerships for research and product development, involving health systems, control programmes, industry, researchers and donors from both developing and developed countries.

GOAL

To foster research activities, to generate knowledge, and to create essential tools for preventing and controlling neglected infectious diseases.

WHO OBJECTIVES

To improve and develop tools and approaches which are applicable by developing countries for preventing, diagnosing, treating and controlling neglected infectious diseases, and to strengthen the capacity of disease-endemic countries to undertake the research required for developing and implementing new and improved disease-control approaches.

Indicators

- Accessibility to new and/or improved approaches for preventing, diagnosing, treating and controlling neglected infectious diseases in developing countries where they are endemic
- Extent of input of disease-endemic countries to communicable-disease research

STRATEGIC APPROACHES Strategic research directions based on sound and validated analysis and prioritization of the most critical areas of research on specific diseases and, where appropriate, multiple diseases; balancing of a portfolio between long-term, high-risk projects and shorter-term, low-risk projects, and the basis of innovation; organization, funding and management of research activities, combining functional areas of expertise with a disease focus and control needs; activities with defined milestones and criteria for success, and based on focused research questions, issues and objectives, that are undertaken in partnership (with academic scientists, pharmaceutical companies and disease-control experts); knowledge management, partnership building, and networking with disease-control and research communities in disease-endemic countries for strengthening research capacity, setting priorities and identifying solutions; particular emphasis on extending research so that it better links to, and integrates with, disease control and can aid programme and policy implementation.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. New basic knowledge about determinants (biomedical, social, economic, health systems, behavioural and gender) and other factors of importance for prevention and control of infectious diseases, generated and accessible.	<ul style="list-style-type: none"> Number of new, significant and relevant scientific advances in the biomedical, social, economic and public-health sciences 	500	500
2. New and improved tools, including drugs, vaccines and diagnostic tools, devised for prevention and control of infectious diseases.	<ul style="list-style-type: none"> Number of new and improved tools, such as drugs and vaccines, receiving regulatory approval and/or label extensions or, in the case of diagnostic tools, being recommended for use in controlling neglected tropical diseases 	3	5
3. New and improved intervention methods for applying existing and new tools at clinical and population levels developed and validated.	<ul style="list-style-type: none"> Number of new and improved intervention methods validated for prevention, diagnosis, treatment or rehabilitation, for populations exposed to or affected by infectious diseases 	0	4
4. New and improved public-health policies for full-scale implementation of existing and new strategies for prevention and control framed and validated; guidance for application in national control settings accessible.	<ul style="list-style-type: none"> Number of new and improved policies and strategies for enhanced access to proven public health interventions formulated, validated and recommended for use 	2	6
5. Partnerships established and adequate support provided for strengthening capacity for research, product development and application in disease-endemic countries.	<ul style="list-style-type: none"> Number of new research institutions in low-income disease-endemic countries strengthened 	4	3
	<ul style="list-style-type: none"> Proportion of new and significant scientific advances produced by scientists from disease-endemic countries 	49%	60%
6. Technical information and research guidelines accessible to partners and users.	<ul style="list-style-type: none"> Number of new research instruments and guidelines for infectious diseases developed and published 	13	15
	<ul style="list-style-type: none"> Number of new global research priority-setting reports for neglected infectious diseases published 	2	4

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		3 536	106 092	109 628	
TOTAL 2006-2007		3 757	104 700	108 457	
level at which allocated	country	487	2 788	3 275	3
	regional	450	5 947	6 397	6
	headquarters	2 820	95 965	98 785 ^a	91
	percentage by source of financing	3	97		

^a The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases is listed at headquarters level. However, about 70% of the Programme's total resources are spent in countries, following competitive proposal assessment processes. It is difficult to predict which institutions and scientists will receive grants before the assessment process is completed, and therefore the level at which resources will be allocated.

Communicable disease research is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Guidelines, policies and strategies developed for the integrated prevention, control and elimination of endemic tropical diseases, including case management and surveillance.
- Innovative and cost-effective interventions, techniques and tools devised and validated for implementation of prevention, control and elimination of communicable diseases in low-resource settings, including in complex emergencies.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.

EPIDEMIC ALERT AND RESPONSE

ISSUES AND CHALLENGES

Global health security (as referred to in resolution WHA54.14) is repeatedly threatened by the emergence of new or newly recognized pathogens, their possible deliberate or accidental release, and the resurgence of known epidemic threats. Although biological weapons represent the most visible threat to security, emerging or epidemic-prone communicable diseases (such as influenza, meningitis, severe acute respiratory syndrome, cholera or Ebola virus haemorrhagic fever) also threaten global health security because they frequently and unexpectedly challenge national health services and disrupt routine control programmes, diverting attention and funds.

Most outbreaks and epidemics are caused by known pathogens, but new infectious diseases continue to emerge, many of which appear to originate as zoonoses. Outbreaks and epidemics do not recognize national boundaries and, if not contained, can rapidly spread internationally. The evolving, unprecedented outbreak of H5N1 avian influenza in Asia represents a serious threat to human life. Unverified and inaccurate information on disease outbreaks often elicits excessive reactions from the media and authorities, leading to panic and inappropriate responses, which in turn may result in significant interruptions of trade, travel and tourism, thereby placing further economic burden on affected countries. Reliable and rapid laboratory diagnostic support is a prerequisite for effective and prompt response. At present many outbreaks remain undiagnosed. Inability to diagnose infections during the early phase of disease outbreaks leads to greater morbidity and mortality, which could have been averted.

Preparedness is crucial for improving global health security. National surveillance and response systems should provide ongoing surveillance of major diseases, and also function effectively to provide information for alert and response to outbreaks (whether natural, deliberate or accidental). To be sustainable, such systems should be integrated into national communicable disease surveillance, within the health information system.

The revised International Health Regulations provide a powerful tool for harmonizing public health action among Member States and a framework for notification, identification and response to public-health emergencies of international concern.

Despite considerable progress recently, major challenges for the biennium include the need for strengthened global partnership, advocacy and improved international cooperation to deal with epidemics and emerging-disease threats including pandemic influenza. Further, it is vital to update and implement national, regional and global surveillance and containment strategies for known epidemic diseases and to exploit new tools and knowledge. Mechanisms need to be reinforced to detect, verify and respond rapidly and effectively to unexpected outbreaks and epidemics at local, national, regional and international levels. National plans of action for epidemic alert and response need to be developed, implemented and evaluated within national communicable disease surveillance systems, and, as far as possible, using a multidisease approach. Finally, the revised International Health Regulations need to be implemented in order to provide a regulatory framework for global health security.

GOAL

To ensure global health security and foster action to reduce the impact of communicable disease epidemics and pandemics on health and the social and economic well-being of all people worldwide.

WHO OBJECTIVES

To detect, identify and respond rapidly to threats to national, regional and global health security arising from epidemic-prone, pandemic and emerging infectious diseases of known or unknown etiology, and to integrate these activities with the strengthening of communicable disease surveillance and response systems, national health information systems, and public health programmes and services.

Indicator

- Timely detection of and response to epidemics, pandemics and emerging-disease threats of national and international concern

STRATEGIC APPROACHES Sustaining of national and international interest and commitment for epidemic alert and response; support for policy and strategy formulation at regional and national levels for epidemic alert and response in accordance with the global strategy; reinforcing of WHO's unique role in leadership and coordination by strengthening the Global Outbreak Alert and Response Network and the WHO Global Influenza Surveillance Network; strengthening of national early warning, surveillance and response systems through improved laboratory capacity (including training), operational research and training in field epidemiology; setting up of appropriate mechanisms to implement the revised International Health Regulations.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Strategy for detecting and responding to epidemics updated and guidance on best ways to provide support to countries drawn up in close collaboration with WHO collaborating centres and international partners.	<ul style="list-style-type: none"> Number of new or updated regional plans of action for implementation of updated strategy 	2	6 (1 per region)
2. Support provided to Member States for strengthening national communicable disease surveillance and response systems, including the capability for early detection, investigation of, and response to, epidemics, pandemics and emerging infectious disease threats.	<ul style="list-style-type: none"> Proportion of low- and middle-income countries supported by WHO that have implemented WHO's recommendations for alert and response to epidemics 	40%	60%
3. Appropriate alert and response to public health emergencies of international concern coordinated.	<ul style="list-style-type: none"> Proportion of reported outbreaks that were investigated or followed up and verified through collaboration between Member States, the Secretariat, and partners in the Global Outbreak Alert and Response Network Proportion of requests for WHO's support to which response was provided through the Global Outbreak Alert and Response Network 	70% 95%	80% 100%
4. Effective partnerships formed at regional and global levels to support epidemic alert and response and, in that context, to raise interest and commitment and mobilize adequate resources.	<ul style="list-style-type: none"> Level of financial support for epidemic alert and response mobilized through partnerships at regional and global levels Level of technical partnership in key areas (biosafety, biosecurity, agriculture, communication) 	0 0	30% increase in financial support 10% increase in number of partners in key areas
5. Procedures established for administration of the revised International Health Regulations at national, regional and global levels.	<ul style="list-style-type: none"> Proportion of countries with fully operational focal point for International Health Regulations 	0	75%

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		35 130	57 819	92 949	
TOTAL 2006-2007		47 925	83 194	131 119	
level at which allocated	country	22 703	29 418	52 121	40
	regional	9 564	34 859	44 423	34
	headquarters	15 658	18 917	34 575	26
	percentage by source of financing	37	63		

Epidemic alert and response is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.
- Increased access to innovative and cost-effective interventions, techniques and tools.

Malaria

- Malaria-surveillance systems and monitoring and evaluation of control programmes functioning at country, regional and global levels.

Health and environment

- Environmental health concerns of vulnerable and high-risk population groups (particularly children, workers and the urban poor) addressed by global, regional and country-level initiatives that are implemented through effective partnerships, alliances and networks of centres of excellence.

Food safety

- Foodborne disease surveillance and food-hazard monitoring and response programmes strengthened and international networks established.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.
- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Health system policies and service delivery

- Guidance and direct technical support provided to countries on effective integration of health services with disease-specific programmes.

Emergency preparedness and response

- Operational presence in countries strengthened in order to collaborate with Member States and stakeholders in preparing and responding to the health aspects of crises and in formulating and implementing recovery, rehabilitation and mitigation policies.
- Systems and standard operating procedures for emergencies established, to permit a rapid and dependable response that emphasizes the health priorities of populations at risk from, or affected by, natural disasters, complex emergencies and protracted crises.

MALARIA

ISSUES AND CHALLENGES

Malaria causes annually 300-500 million cases of acute illness, of which more than a million are fatal, and contributes to the gap in prosperity between disease-endemic countries and the malaria-free world. Some 90% of the burden falls on tropical Africa, where the disease is a major cause of mortality and morbidity in children under five years of age. Almost 60% of all malarial deaths are concentrated in the poorest 20% of the world's population, the highest association of any disease with poverty. Resistance to formerly effective treatment is increasing and has contributed to increasing mortality. Other parts of the world also have significant prevalence of malaria and need continued support from WHO.

The Millennium Development Goals include combating malaria as one of the global targets for 2015, and 2001-2010 has been declared the Decade to Roll Back Malaria in Developing Countries, particularly in Africa. The year 2005 was the deadline for the commitment in the Abuja Declaration on Roll Back Malaria in Africa to achieve at least 60% coverage with the main malaria-control interventions; over the past few years progress towards these targets has been rapid.

Current malaria-control strategies are based on early and effective treatment (combination treatment, preferably artemisinin-based, for resistant falciparum malaria); prevention by vector control (in Africa, especially use of insecticide-treated nets); intermittent preventive treatment in pregnancy in areas where the epidemiological situation of malaria is stable; and prevention and control of epidemics. More than 40 countries have adopted highly effective artemisinin-based combination therapy to replace, as recommended by WHO since 2001, the failing, but much cheaper, treatments such as chloroquine. Major efforts to increase the use of insecticide-treated nets have been successful in many countries, notably Eritrea, Togo, Viet Nam and parts of the United Republic of Tanzania and Zambia.

The Roll Back Malaria project was initiated in 1998 with the goal of halving the number of malaria cases by 2010. WHO hosts the secretariat of the Roll Back Malaria Partnership, which brings together interested parties such as governments of malaria-endemic countries, donors, the private sector and civil society in order to pool their relative advantages in a common strategy for malaria control.

The Global Fund to Fight AIDS, Tuberculosis and Malaria allocated to malaria-endemic countries more than US\$ 961 million on a five-year basis in its first four rounds of grant-making; the World Bank and other bilateral donors are also making substantial contribution to malaria control. WHO will continue to provide technical cooperation for implementation at country level in collaboration with Roll Back Malaria partners in order to ensure the full and effective use of increased financial resources for achieving the goals and targets of the Roll Back Malaria movement and the malaria-related Millennium Development Goals.

GOAL

To halve the burden of malaria by 2010 compared to 2000 and to reduce it further by 2015. (*Millennium Development Goal 6, target 8: By 2015 "halt and begin to reverse the incidence of malaria..."*.)

WHO OBJECTIVES

To facilitate access of populations at risk to effective treatment of malaria; to promote the application of preventive measures against malaria for populations at risk; to build capacity for malaria control; to strengthen malaria-surveillance systems, and the monitoring and evaluation of control.

Indicators

- Death rates due to malaria among target groups
- Incidence of severe and uncomplicated cases of malaria among target groups
- Proportion of households having at least one insecticide-treated bednet
- Percentage of patients with uncomplicated malaria receiving correct treatment within 24 hours of onset of symptoms

STRATEGIC APPROACHES Support for health ministries in essential public-health functions related to malaria control; promotion of synergies with related health programmes, especially those for immunization, child and maternal health, pharmaceuticals and environmental health; promotion of the participation of communities and civil society; engagement of the private sector in delivery of prevention and treatment; identification of best practices and financing mechanisms for extending interventions; preparation of tools and support measures for district-level management; expansion of WHO capacity at country level, together with HIV/AIDS and tuberculosis programmes.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Access of populations at risk to effective treatment of malaria promoted and facilitated through guidance on treatment policy and implementation.	<ul style="list-style-type: none"> Number of malaria-endemic countries implementing policies on artemisinin-based combination therapy for falciparum malaria Number of malaria-endemic countries implementing home-treatment programmes for uncomplicated malaria 	40 18	50 35
2. Application of effective preventive measures against malaria for populations at risk promoted in disease-endemic countries.	<ul style="list-style-type: none"> Number of malaria-endemic countries in which at least 60% of target population have access to insecticide-treated nets Number of malaria-endemic countries implementing the WHO recommended strategy on malaria in pregnancy Number of malaria-endemic countries that use weekly malaria-surveillance data in >80% of epidemic-prone districts 	3 11 5	40 35 25
3. Adequate support provided for capacity building in malaria control in countries.	<ul style="list-style-type: none"> Number of malaria-endemic countries where national curriculum for training in malaria control has been updated Number of malaria-endemic countries using WHO human resource development guidelines to support malaria control 	2 2	18 18
4. Malaria-surveillance systems and monitoring and evaluation of control programmes functioning at country, regional and global levels.	<ul style="list-style-type: none"> Number of malaria-endemic countries with routine monitoring system for malaria cases and deaths, and reporting annually to WHO Number of malaria-endemic countries with population-based household surveys conducted for monitoring access to effective treatment within 24 hours Number of malaria-endemic countries with population-based surveys conducted for monitoring trends in coverage of insecticide-treated nets 	80 5 57	90 40 74
5. Effective partnerships established and maintained for implementing the global Roll Back Malaria work plan to maximize countries' malaria-control performance.	<ul style="list-style-type: none"> Number of malaria-endemic countries that have functional partnerships for Roll Back Malaria Number of malaria-endemic countries with a reported increase in financial allocations for malaria-control activities 	20 20	55 79

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		16 577	107 831	124 408	
TOTAL 2006-2007		15 085	122 424	137 509	
level at which allocated	country	6 487	49 280	55 767	41
	regional	3 293	43 874	47 167	34
	headquarters	5 305	29 270	34 575	25
	percentage by source of financing	11	89		

Malaria is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.
- Guidelines, policies and strategies developed for the integrated prevention, control and elimination of endemic tropical diseases, including case management and surveillance.
- Innovative and cost-effective interventions, techniques and tools devised and validated for implementation of prevention, control and elimination of communicable diseases in low-resource settings, including in complex emergencies.

Communicable disease research

- New basic knowledge about determinants (biomedical, social, economic, health systems, behavioural and gender) and other factors of importance for prevention and control of infectious diseases, generated and accessible.
- New and improved tools, including drugs, vaccines and diagnostic tools, devised for prevention and control of infectious diseases.
- New and improved intervention methods for applying existing and new tools at clinical and population levels developed and validated.

Epidemic alert and response

- Strategy for detecting and responding to epidemics updated and guidance on best ways to provide support to countries drawn up in close collaboration with WHO collaborating centres and international partners.
- Support provided to Member States for strengthening national communicable disease surveillance and response systems, including the capability for early detection, investigation of, and response to, epidemics, pandemics and emerging infectious disease threats.

HIV/AIDS

- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Child and adolescent health

- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.
- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Essential medicines

- Guidance provided on financing the supply and increasing the affordability of essential medicines in both the public and private sectors.
- Global norms, standards and guidelines for the quality, safety and efficacy of medicines strengthened and promoted.
- Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.

Health system policies and service delivery

- Evidenced, knowledge-based guidance and technical support provided to countries for strengthening delivery of health services centred on quality, equity and efficiency.

TUBERCULOSIS

ISSUES AND CHALLENGES

Although the impact of intensified control efforts is being felt in some regions, the tuberculosis epidemic continues to be a major public health problem globally, with currently 8.8 million new cases a year and about two million deaths worldwide. Some 80% of this morbidity and mortality falls on 22 “high-burden” countries. The internationally recommended tuberculosis-control strategy known as DOTS is widely proven and highly cost effective.¹ By 2003, 182 countries had introduced DOTS, but only 45% of all tuberculosis patients were cared for under this approach. Many small- to medium-sized countries are close to, or have achieved, the global control targets (namely, detection of 70% of infectious cases and 85% treatment success by 2005), but most populous countries with heavy case-loads of tuberculosis are falling short: either they adopted the strategy only recently or they have been slow to expand it, commonly because of lack of political commitment and of financial and human resources. In addition, weak primary health-care systems, failure to involve all care providers, both governmental and nongovernmental, in tuberculosis-control activities, and lack of social mobilization have hindered the application of DOTS. Furthermore, the HIV/AIDS epidemic, economic and social disruption in many poor countries, and the emergence of multidrug resistance have undermined tuberculosis control. In countries with a high prevalence of HIV infection, the number of tuberculosis cases has quadrupled in the past 15 years. Drug resistance is a serious problem in several countries, with the prevalence of multidrug-resistant tuberculosis reaching 10% or more in countries of the former Soviet Union in eastern Europe and central Asia and in parts of China.

The global partnership to stop tuberculosis has more than 325 partners, including organizations in countries with a high burden of disease, bilateral and multilateral bodies, nongovernmental organizations, academic institutions and the private sector. The Washington Commitment to Stop TB (2001) and the pledge made at the Stop TB Partners’ second forum (New Delhi, 24-26 March 2004) supported the massive expansion of DOTS in order to reach the global targets by the end of 2005. Millennium Development Goal 6 includes rates of case detection, cure, prevalence and mortality as indicators of progress. The Global Plan to Stop TB, launched in 2001, sets out the actions to be undertaken to reach these targets, including expansion of DOTS coverage, extending new strategies to deal with HIV-associated tuberculosis and multidrug-resistant tuberculosis, and research and development for new diagnostic tools, drugs and vaccines. Finances and collaboration have increased in each of these areas, but not fast enough. By 2004, the Global TB Drug Facility had already provided drugs to 58 countries to treat more than four million patients and to expand DOTS. The Green Light Committee that provides access to second-line drugs for the effective treatment of multidrug-resistant tuberculosis had enabled DOTS-Plus projects for its management to be initiated in 35 countries by 2004.

New strategies are needed to tackle the epidemic of tuberculosis, starting with engagement of all governmental services providing care and expanding to involve communities, nongovernmental organizations and private practitioners in national control programmes. In addition, broader obstacles to tuberculosis control (such as insufficient social mobilization, weak primary care services, and the crisis in human resources) are to be faced.²

The Global Fund to Fight AIDS, Tuberculosis and Malaria has made grants on an unprecedented scale to countries to tackle tuberculosis; the World Bank and some bilateral donors have also increased support. WHO and these partners will continue to work closely with countries to ensure effective use of these new resources.

GOAL

All countries to reach the global control targets of 70% detection and 85% treatment success rates and to sustain this achievement in order to halve the prevalence and death rates associated with tuberculosis by 2015.

¹ See *Global tuberculosis control: surveillance, planning, financing: WHO Report 2004*. Geneva, World Health Organization, 2004.

² See document WHO/HTM/STB/2004.28.

WHO OBJECTIVES To expand implementation of the DOTS strategy and strengthen tuberculosis control, by means including strategies and policies on tuberculosis/HIV coinfection and multidrug-resistant tuberculosis, and of increased involvement of communities, all health-care providers, nongovernmental organizations and corporate partners, through increased country support and by nurturing the Stop TB Partnership; to strengthen surveillance, monitoring and evaluation; and to promote and facilitate research on new diagnostic tools, drugs and vaccines.

Indicators

- DOTS coverage
- Case-detection and treatment-success rates
- Tuberculosis prevalence and mortality rates
- Level of implementation of new approaches targeting, for example, tuberculosis/HIV coinfection, multidrug-resistant tuberculosis, all health-care providers and communities
- Financial resources available for tuberculosis control

STRATEGIC APPROACHES Existence of coordinated plans for DOTS expansion, including tuberculosis/HIV interventions and DOTS-Plus for multidrug-resistant tuberculosis, in the high-burden countries and in other countries with high tuberculosis prevalence rates; innovative means of involving all health-care providers and communities; provision of high-quality drugs through the Global TB Drug Facility and rational use of second-line antituberculosis drugs; enhanced surveillance and monitoring, including of drug resistance; global advocacy and social mobilization to increase political commitment and engage communities; and resource mobilization through the global Stop TB Partnership.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. A global plan for DOTS expansion, geared to reaching Millennium Development Goal 6, implemented.	<ul style="list-style-type: none"> • Proportion of 22 high-burden countries having long-term plans to achieve Millennium Development Goal 6 • Global case detection rates • Global treatment-success rates • Global prevalence rate (per 100 000) • Global mortality rate (per 100 000) 	<p>5/22</p> <p>45%</p> <p>82%</p> <p>240</p> <p>24</p>	<p>15/22</p> <p>70%</p> <p>85%</p> <p>≤220</p> <p>≤22</p>
2. Implementation of long-term national plans for DOTS expansion and sustained tuberculosis control supported through functional national partnerships.	<ul style="list-style-type: none"> • Proportion of the 22 high-burden and other targeted countries with functional national partnerships against tuberculosis 	<p>26/87</p>	<p>43/87</p>
3. Global TB Drug Facility and the Green Light Committee maintained and supporting expanded access to treatment and cure.	<ul style="list-style-type: none"> • Cumulative number of patients treated with support from the Global TB Drug Facility • Number of countries receiving adequate support from the Green Light Committee 	<p>6 million</p> <p>35</p>	<p>10 million</p> <p>50</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
4. Political commitment sustained and mobilization of adequate resources ensured through nurturing of the Stop TB partnership and effective communication of the concept, strategy and progress of the Global Plan to Stop TB.	<ul style="list-style-type: none"> Proportion of targeted countries with internal and/or external financial resources sufficient to close the funding gap 	20/45	40/87
5. Surveillance and evaluation systems at national, regional and global levels maintained and expanded to monitor progress towards targets, resource allocations for tuberculosis control, and impact of control efforts.	<ul style="list-style-type: none"> Proportion of Member States submitting annual surveillance, monitoring and financial reports for inclusion in the annual global report on tuberculosis control Proportion of high-burden countries having assessed or measured impact of tuberculosis control on disease burden 	200/211 for monitoring; 134 for financial reporting	211 for monitoring; 150 for financial reporting
6. Adequate guidance and support provided to countries to tackle multidrug-resistant tuberculosis and to improve tuberculosis-control strategies in countries with high HIV prevalence.	<ul style="list-style-type: none"> Proportion of countries with heavy multidrug-resistant tuberculosis burdens with Green Light Committee-approved DOTS-Plus programmes Proportion of countries with data from drug-resistance surveillance Number of countries with heavy disease burden due to tuberculosis and HIV infection implementing joint activities that involve collaboration between tuberculosis and HIV programmes 	15/62 90/211 15	25/62 126/211 40
7. Better tuberculosis case-detection and cure rates promoted and supported through all public and private providers and community-based services, and integrated respiratory care implemented at primary level.	<ul style="list-style-type: none"> Proportion of targeted countries expanding tuberculosis care through diversified care networks, using public-private entities and community interventions Proportion of high-burden countries that have implemented strategies to mobilize societies for tuberculosis cure and control Number of countries with satisfactory tuberculosis-control services implementing integrated respiratory care at primary level 	20/87 5/22 22	40/87 15/22 32

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		11 822	111 415	123 237	
TOTAL 2006-2007		11 836	122 690	134 526	
level at which allocated	country	6 075	62 072	68 147	50
	regional	3 424	35 295	38 719	29
	headquarters	2 337	25 323	27 660	21
	percentage by source of financing	9	91		

Tuberculosis is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease research

- New basic knowledge about determinants (biomedical, social, economic, health systems, behavioural and gender) and other factors of importance for prevention and control of infectious diseases, generated and accessible.
- New and improved tools, including drugs, vaccines and diagnostic tools, devised for prevention and control of infectious diseases.
- New and improved intervention methods for applying existing and new tools at clinical and population levels developed and validated.

HIV/AIDS

- Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.
- Support provided to countries to ensure uninterrupted supply of HIV-related commodities and medicines, including ensuring quality through prequalification of medicines and validation of diagnostics.

Essential medicines

- Guidance provided on financing the supply and increasing the affordability of essential medicines in both the public and private sectors.
- Efficient and secure systems for medicines supply promoted in order to ensure continuous availability of essential medicines.
- Global norms, standards and guidelines for the quality, safety and efficacy of medicines strengthened and promoted.

Policy-making for health in development

- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.

HIV/AIDS

ISSUES AND CHALLENGES

Tackling the HIV/AIDS pandemic remains among the greatest challenges in international public health. At the end of 2004, an estimated 39.4 million people worldwide were living with HIV/AIDS, 95% of them in developing countries, and about 8000 people died of AIDS-related conditions daily. The impact of HIV/AIDS on development continues to be severe, especially in the health sector, where the disease is undermining countries' ability to tackle other pressing problems. Comprehensive HIV/AIDS interventions thus have the potential to advance progress significantly towards all four health-related targets of the Millennium Development Goals.

At the end of 2003, only 400 000 people had access to antiretroviral therapy, less than 10% of those in clinical need of it. WHO and UNAIDS therefore declared that the gap between high- and low-income countries in access to treatment was a public health emergency, and initiated a plan to treat at least half those in need in developing and middle-income countries – three million people – by the end of 2005. The “3 by 5” target was an interim step towards the ultimate goal of universal access to antiretroviral therapy.

During the 2004-2005 biennium, strong foundations were laid for the sustainable expansion of HIV/AIDS treatment and care and the simultaneous acceleration of prevention efforts. New funding for HIV/AIDS responses, including antiretroviral treatment, has been made available by a wide range of donors and through various financing instruments. Innovative partnerships provided opportunities for governments and the private sector to work through communities, including people living with HIV/AIDS, to extend comprehensive programmes to national levels.

The number of people on antiretroviral therapy in developing and middle-income countries increased to 700 000 in the second half of 2004. Many organizations contributed to this expansion, with WHO strengthening its presence and activities in more than 50 countries with heavy disease burden.

Sustained commitment to preventing HIV transmission has been essential. If the rate of new infections continues to increase, treatment of those in need will remain a hollow promise. Similarly, access to treatment is the foundation of successful prevention efforts. Current priorities include concerted efforts to reduce stigmatization and discrimination and to ensure that prevention and care services reach the most vulnerable populations, including injecting drug users, poor people in rural areas and women. Vaccines, microbicides and new diagnostic tools are urgently needed, and programmes must be rapidly adapted in the light of results of operational research as they are scaled up.

Countries require continuing technical support to plan and consolidate their HIV/AIDS programmes and surveillance mechanisms (including for antiretroviral drug resistance) and to implement evidence-based responses. Member States face the challenge of creating and managing strategic partnerships, strengthening procurement of drugs and diagnostics, mobilizing and absorbing funds, building human resource capabilities in the health sector, monitoring and evaluating progress, and ensuring that the response to HIV/AIDS is integrated within, and benefits, health systems as a whole.

GOAL

Effectively to control HIV/AIDS and mitigate its socioeconomic impact by accelerating prevention and providing universal access to HIV/AIDS care, including antiretroviral therapy, thereby contributing to the achievement of the health-related Millennium Development Goals.

WHO OBJECTIVES

Rapidly to expand access to treatment and care while accelerating prevention and strengthening health systems to make the health-sector response to HIV/AIDS more effective and comprehensive.

Indicators

- Number of developing and middle-income countries providing comprehensive HIV prevention and care programmes
- Percentage of people with advanced HIV infection receiving antiretroviral therapy
- Number of health-care facilities that have the capacity and conditions to provide HIV testing and counselling, HIV/AIDS care and antiretroviral treatment
- Percentage of health services delivering core prevention package

STRATEGIC APPROACHES Continuing global leadership and advocacy for universal access to HIV/AIDS prevention, treatment and care, including antiretroviral therapy, as a human right; brokering of new, and support for existing, partnerships as part of the comprehensive response to the pandemic, including promoting the involvement of affected communities; planning and capacity building for strengthening health systems in order to facilitate countries' expansion of HIV/AIDS responses; formulating and updating high-quality guidelines, tools and training packages; providing support to countries to secure an effective and reliable supply of HIV/AIDS-related medicines and commodities at a sustainable cost, and to mobilize the necessary resources for expanding prevention and treatment programmes; monitoring the pandemic and responses, with continuous documentation of lessons learnt and best practices and their dissemination for application.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Global and national commitment and available financial resources increased to expand HIV/AIDS treatment and accelerate prevention in countries.	<ul style="list-style-type: none"> Percentage increase in resources channelled to HIV/AIDS Number of countries provided support by WHO to access funds for HIV/AIDS from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other sources 	<p>0</p> <p>26</p>	<p>20%</p> <p>50</p>
2. Countries provided with support to expand treatment and care of HIV/AIDS equitably using a public health approach, and simultaneously to accelerate HIV prevention delivered through the health system.	<ul style="list-style-type: none"> Number of countries achieving national treatment targets for women, men and children receiving treatment according to WHO guidelines Number of countries delivering core prevention package in 80% of health facilities to contribute to Millennium Development Goal Target 7 Number of countries offering basic services for prevention of mother-to-child transmission of HIV to 80% of pregnant women, contributing to Millennium Development Goal Targets 5 and 6 	<p>5</p> <p>0</p> <p>5</p>	<p>20</p> <p>20</p> <p>20</p>
3. Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.	<ul style="list-style-type: none"> Number of countries provided support by WHO to develop and implement health workforce plans and strategies incorporating HIV/AIDS needs Number of countries implementing integrated/coordinated policies on tuberculosis/HIV infection Number of countries attaining national treatment targets 	<p>According to surveys conducted in 2005</p> <p>20</p> <p>25</p>	<p>Additional 15 countries</p> <p>30 to 40</p> <p>50</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
4. Support provided to countries to ensure uninterrupted supply of HIV-related commodities and medicines, including ensuring quality through prequalification of medicines and validation of diagnostics.	• Number of countries in which key stakeholders in the public and private sectors and nongovernmental organizations, receive biannual update with information on strategic procurement and supply management	40	140
	• Number of heavily burdened countries that receive substantial technical support from WHO or its partners to increase access to affordable essential medicines	20	40
5. Involvement of affected communities and other partners in health sector responses to HIV/AIDS increased.	• Number of partners engaged with WHO for attaining prevention, treatment and care targets	150	200
	• Number of organizations of people living with HIV/AIDS demonstrating greater knowledge about HIV and treatment issues and ability to convey that information to their constituents for access to treatment for those who need it, and/or community mobilization through assistance from WHO	60	100
6. Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.	• Number of countries using guidelines on Integrated Management of Adolescent and Adult Illness for HIV/AIDS prevention, treatment and care	20	60
	• Number of countries with WHO-supported operational research programmes	4	10
7. Global, regional and national reporting and surveillance systems strengthened to provide more accurate strategic information on the epidemic and the response to it.	• Number of countries that regularly collect, analyse and report surveillance, coverage and outcome data, using WHO's standardized methodologies	50	75
	• Number of countries reporting on surveillance and monitoring of HIV drug resistance based on WHO guidelines	5	40

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		17 546	199 252	216 798	
TOTAL 2006-2007		16 148	244 502	260 650	
level at which allocated	country	5 656	157 391	163 047	63
	regional	5 989	61 978	67 967	26
	headquarters	4 503	25 133	29 636	11
	percentage by source of financing	6	94		

HIV/AIDS is also supported by results expected to be achieved in other areas of work, as set out below.

Tuberculosis

- Adequate guidance and support provided to countries to tackle multidrug-resistant tuberculosis and to improve tuberculosis-control strategies in countries with high HIV prevalence.

Nutrition

- Technical and policy support provided to improve nutrition in crises and in special circumstances, including people living with HIV/AIDS.

Reproductive health

- Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Gender, women and health

- Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.

Essential medicines

- Implementation and monitoring of medicines policies based on the concept of essential medicines, monitoring the impact of trade agreements on access to quality essential medicines, and building capacity in the pharmaceutical sector all advocated and supported.
- Guidance provided on financing the supply and increasing the affordability of essential medicines in both the public and private sectors.
- Efficient and secure systems for medicines supply promoted in order to ensure continuous availability of essential medicines.

Essential health technologies

- Appropriate strategies promoted and support provided for blood safety and availability, injection safety and prevention of blood-borne infections, including HIV and hepatitis B and C, in health-care settings.
- Capacity strengthened and quality and safety of, and access to, appropriate diagnostics, medical devices, laboratory services (including basic laboratory tests and screening for HIV, hepatitis B and C) and cell, organ and tissue transplantation services improved.

SURVEILLANCE, PREVENTION AND MANAGEMENT OF CHRONIC, NONCOMMUNICABLE DISEASES

ISSUES AND CHALLENGES

The growing burden of chronic, noncommunicable diseases is a consequence of global trends, including urbanization, population ageing and behavioural change, and the failure of disease prevention, diagnosis and management. Common, preventable biological risk factors (such as high blood pressure, high concentrations of total cholesterol and overweight) and related behavioural risks (unhealthy diet, physical inactivity and tobacco use) lead to four major conditions: cardiovascular disease, cancers, chronic obstructive pulmonary disease and type 2 diabetes. Preventable visual and hearing impairment is estimated to affect more than 180 million and 250 million people, respectively. Mortality, morbidity and disability attributable to chronic, noncommunicable diseases caused 60% of all deaths – most (79%) in the developing countries – and 47% of the global burden of disease in 2001. Without action being taken, these figures are expected to rise by 2020 to 73% of all deaths and 60% of the global burden of disease. Effective interventions are available for the prevention and management of chronic, noncommunicable diseases, but are not used widely or equitably. Much of the cost of diagnosis and management will fall on developing countries, many still suffering from under-controlled communicable diseases, and the expected overall costs for countries suffering this double burden of disease are high. In total, chronic illness accounts for almost 70% of all medical spending, much of this in direct payment by patients, so contributing to family poverty. Meeting these challenges requires global commitment and comprehensive national responses combining surveillance, prevention and management.

For surveillance to be effective, standardized, comparable data need to be collected regularly and used for implementing appropriate health policies. WHO's STEPwise approach to surveillance supports, with outside technical collaboration, low- and middle-income countries in developing sustainable surveillance systems for chronic, noncommunicable diseases. This approach encourages countries to collect information on major risk factors with standardized methods. It is being applied in four WHO regions. Additional work is needed to include other countries and to compile this information in the global and regional databases for analysis and dissemination. A new challenge is to translate all the data being collected into information that leads to beneficial changes in national health policies.

National programmes are being established within the framework of the global strategy for prevention and control of noncommunicable diseases, as urged by the Health Assembly in 2000.¹ These programmes are linked by regional and global networks which facilitate the implementation of initiatives in countries and share available regional experience. WHO's recently endorsed Global Strategy on Diet, Physical Activity and Health² now needs to be implemented at national, regional and global levels, with the support of established and new regional networks. Successful prevention of chronic, noncommunicable diseases is based on a life-course approach and needs appropriate interventions, including health promotion, starting in childhood and adolescence and continuing throughout the lifespan, resulting in healthy ageing.

For disease-specific and generic interventions to be implemented, primary and secondary prevention strategies need to be integrated into health service programmes. Countries need policies, practical tools and instruments in order to adapt or strengthen the ability of health systems to deal with the increasing burden of chronic, noncommunicable conditions. A challenge is to foster relevant partnerships within countries in order to facilitate the changes in health-service delivery that will be necessary to implement effective disease-specific interventions.

GOAL

To reduce the burden of premature mortality and morbidity related to chronic, noncommunicable diseases.

¹ Resolution WHA53.17.

² Resolution WHA57.17.

WHO OBJECTIVES To build surveillance systems; to reduce exposure to the major risk factors; and to help health systems respond appropriately to the rising burden of chronic, noncommunicable diseases.

Indicators

- Regional burden of chronic, noncommunicable diseases
- Disability-adjusted life years related to avoidable blindness and deafness

STRATEGIC APPROACHES Comprehensive integrated and collaborative response by countries and WHO through surveillance, prevention and management of the main chronic, noncommunicable diseases and their common risk factors; availability of comprehensive, country-level data on chronic, noncommunicable diseases and their risk factors to all Member States through WHO regional offices; support to all Member States for incorporating evidence-based information on integrated prevention and control of chronic, noncommunicable diseases into the health policy; networks in all WHO regions to support the implementation of programmes based on integrated prevention and control policies for chronic, noncommunicable diseases; promotion of community participation in prevention and management; further development of genetic approaches to health improvement.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Support provided to countries for framing policies and strategies for prevention and management of chronic, noncommunicable diseases at national level, including integration of primary and secondary prevention into health systems.	<ul style="list-style-type: none"> • Number of targeted countries that have used WHO guidelines for the integration of primary and secondary prevention and management of chronic, noncommunicable diseases into health services • Availability of analysis of the status of chronic, noncommunicable diseases, and their prevention, management and control 	0 Global report on chronic, noncommunicable diseases (2005)	20 Follow-up report on chronic, noncommunicable diseases (2006)
2. Advocacy and provision of support for development of multisectoral strategies and plans to promote action on diet and physical activity in priority countries.	<ul style="list-style-type: none"> • Proportion of targeted countries that have adopted multisectoral strategies and plans on diet and physical activity in conformity with WHO's recommendations 	0%	10%
3. Support provided for strengthened capacity of targeted countries to eliminate avoidable visual and hearing impairment as a public health problem.	<ul style="list-style-type: none"> • Number of countries implementing national plans to eliminate avoidable visual and hearing impairment as a public health problem in accordance with WHO strategy 	60	120

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
4. Effective guidance and support provided for implementation of WHO's surveillance framework for chronic, noncommunicable diseases and their risk factors.	• Number of countries that regularly collect and analyse data on chronic, noncommunicable diseases and their risk factors and make results available to policy-makers according to WHO's recommendations	10	25
	• Number of low- and middle-income countries out of those with initial surveillance data collections that regularly collect surveillance data on chronic, noncommunicable diseases according to WHO's recommendations	0	5
5. Improved quality, availability, comparability and dissemination of data on chronic, noncommunicable diseases and their major modifiable risk factors.	• Availability of comparable data on risk factors for chronic, noncommunicable diseases in the report on surveillance of risk factors	No existing comparable data available for Member States in <i>Surveillance of Risk Factors Report 1</i>	Comparable data for all Member States, with projections of future prevalence in <i>Surveillance of Risk Factors Report 2</i>
	• Comprehensive availability of specific information on chronic, noncommunicable diseases and their risk factors in WHO global databases	Standardized information on stroke and diabetes available in the WHO global database	Standardized information on stroke, diabetes, cardiovascular diseases, oral health, respiratory diseases, genetic diseases, blindness and deafness available in the WHO global database

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		22 590	14 102	36 692	
TOTAL 2006-2007		30 728	25 375	56 103	
level at which allocated	country	15 411	9 608	25 019	44
	regional	8 450	6 532	14 982	27
	headquarters	6 867	9 235	16 102	29
	percentage by source of financing	55	45		

Surveillance, prevention and management of chronic, noncommunicable diseases is also supported by results expected to be achieved in other areas of work, as set out below.

HIV/AIDS

- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Health promotion

- Increased guidance for integrating health promotion into health plans, including healthy diet, physical activity, ageing and oral health.

Mental health and substance abuse

- Support provided to improve countries' capability to develop evidence-based strategies, programmes and interventions for prevention and management of mental and neurological disorders, including suicidal behaviours.

Tobacco

- Support provided for reflecting the provisions of the Framework Convention in national tobacco control policies and plans of action.

Nutrition

- New WHO growth standards implemented and global, regional and national nutrition surveillance systems strengthened.
- Technical and policy support provided to promote healthy diets, including the revision of food-based dietary guidelines, and to reduce obesity and other nutrition-related noncommunicable diseases in the context of the nutritional transition and the dual burden of deficiencies and diseases related to under- and over-nutrition.
- Innovative ways of supplementation and optimal food-fortification programmes with micronutrients of public health significance promoted to improve micronutrient status of populations.

Health and environment

- Countries adequately supported in building capacity to manage environmental health information, and to implement intersectoral policies and interventions for protecting health from immediate and longer-term environmental threats.

Reproductive health

- Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Gender, women and health

- Broader knowledge and evidence on linkages between gender-based issues (including violence) and health, and on successful interventions.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.
- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.

Essential medicines

- Efficient and secure systems for medicines supply promoted in order to ensure continuous availability of essential medicines.

Health system policies and service delivery

- Guidance and technical support provided on improved alignment of population-based public health policies and health service policies.
- Guidance and direct technical support provided to countries on effective integration of health services with disease-specific programmes.

Health information, evidence and research policy

- Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.

HEALTH PROMOTION

ISSUES AND CHALLENGES

Most countries are experiencing unprecedented societal transformation as a result of population growth and urbanization together with environmental and other changes. This process is often accelerated by globalization in trade and communication, and complex emergencies. New approaches are required in the light of these changes in order to address the broader determinants of health.

Within the context of primary health care, Health promotion is critical to improving outcomes in the prevention and control of both chronic and communicable diseases, and in meeting the health-related Millennium Development Goals, particularly among poor and marginalized groups. In order to accomplish these aims, WHO applies health promotion techniques to health and related social systems, and to a variety of risk factors, diseases and health issues, including oral health. Carrying out health promotion in settings where people live, work, learn and play is a creative and effective way of improving health and quality of life. Health promotion has a crucial role to play in fostering healthy public policies and health-supportive environments, enhancing positive social conditions and personal skills, and promoting healthy lifestyles.

The capacity and infrastructure for the planning and implementation of multisectoral health promotion policies and programmes need to be strengthened in most regions. Most countries lack the policies and the human or financial resources necessary for sustainable, effective health promotion to counter risks and their underlying determinants. For this reason, there is an urgent need to orient health systems more towards health promotion and to build their capacity to promote health (e.g., by providing guidance for incorporating integrated strategies for health promotion into national health plans, developing new and innovative ways for securing sustainable funding and accurate and updated health promotion profiles, strengthening education and training, and expanding the evidence base for health promotion).

Advocacy and social mobilization for policy in support of health promotion are also vital. Effective policies need to be multisectoral; they must draw upon a broad range of partners, including the wider community, for their development and implementation. Governments must play a stronger role in developing healthy public policies; health ministries need to take the lead by advocating for the development and adoption of these policies.

In accordance with resolutions WHA51.12 and WHA57.16, requesting that health promotion should be given top priority within WHO, and in line with the global conferences held in Ottawa (1986), Adelaide, Australia (1988), Sundsvall, Sweden (1991), Jakarta (1997) and Mexico City (2000), health promotion needs to be strengthened in all areas of work in order to support Member States more effectively.

GOAL

To improve equity in health, reduce health risks, promote healthy lifestyles and settings, and respond to the underlying determinants of health.

WHO OBJECTIVES

To develop and implement multisectoral public policies for health, integrated gender- and age-sensitive approaches that facilitate community empowerment together with action for health promotion, self-care and health protection throughout the life course in cooperation with the relevant national and international partners.

Indicators

- Degree of integration of health promotion into national health strategies and services and appropriate settings
- Sustainability of financing of health promotion interventions in countries
- Development of a general framework for health promotion strategy

STRATEGIC APPROACHES

Providing guidance for the development of health services that support health promotion and risk prevention; advocating and providing guidance for incorporating policies and integrated strategies for health promotion into national health plans; advocating for the sustainable financing and evidence base required for health promotion; increasing the knowledge base for tackling the broad determinants of health.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Increased guidance for integrating health promotion into health plans, including healthy diet, physical activity, ageing and oral health.	<ul style="list-style-type: none"> Number of countries supported by WHO that have integrated into their health plans strategies for the following: prevention and control of obesity among different age groups, active ageing and oral health 	19	25
2. Capacity for governance, stewardship, planning and implementation of multisectoral health promotion policies and programmes strengthened at country and regional levels, based on gender-sensitive approaches to promoting health and well-being throughout the life course.	<ul style="list-style-type: none"> Number of countries that have accurate and updated country profiles on health promotion and risk factors Number of university public health/health promotion degree programmes, at national or provincial level in low- and middle-income countries, with strengthened capacity 	48 40	54 44
3. Evidence validated and disseminated of the effectiveness of health promotion strategies and interventions to tackle communicable and noncommunicable diseases.	<ul style="list-style-type: none"> Number of intervention studies demonstrating the effectiveness of health promotion in low- and middle-income countries published in professional journals 	5	10
4. New and innovative approaches applied to sustainable financing of health promotion interventions and capacity building at national, local and community levels.	<ul style="list-style-type: none"> Number of health promotion foundations, or other means for financing health promotion, established in countries 	6	9
5. Global partnership established to provide support to countries in implementing the recommendations of the Sixth Global Conference on Health Promotion (scheduled to be held in Bangkok from 7 to 11 August 2005) and its product, the Bangkok Charter for Health Promotion.	<ul style="list-style-type: none"> Number of country profiles of health-promotion capacity mapped General framework for effective health promotion strategy developed to tackle risk factors and the underlying determinants 	10 0	120 1
6. Increased capacity of ministries of health, education and other sectors to plan, implement and evaluate settings-based programmes for reduction of risks associated with leading causes of death, disease and disability.	<ul style="list-style-type: none"> Number of countries that have implemented the Global School-based Student Health Survey, or the survey on Health Behaviour in School-aged Children Number of countries that demonstrate effectiveness of nationwide school health and HIV prevention training for teachers Number of functional regional healthy cities networks 	46 16 3	64 24 4

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		14 732	32 255	46 987	
TOTAL 2006-2007		14 577	37 569	52 146 ^a	
level at which allocated	country	9 208	9 497	18 705	36
	regional	4 243	6 059	10 302	20
	headquarters	1 126	22 013	23 139	44
	percentage by source of financing	28	72		

^a Including US\$ 12 000 for the Kobe Centre.

Health promotion is also supported by results expected to be achieved in other areas of work, as set out below.

Tobacco

- Support provided for reflecting the provisions of the Framework Convention in national tobacco control policies and plans of action.
- Support provided for reinforcing capacity for surveillance and research to back up tobacco control in the areas of health, economics, legislation, environment and behaviour.
- Advocacy and provision of support for raising awareness both of the dangers of tobacco through strong media coverage and comprehensive information on web site, and of tobacco-industry activities.
- Multisectoral collaboration on tobacco control increased through advocacy.

Nutrition

- Technical and policy support provided to promote healthy diets, including the revision of food-based dietary guidelines, and to reduce obesity and other nutrition-related noncommunicable diseases in the context of the nutritional transition and the dual burden of deficiencies and diseases related to under- and over-nutrition.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.
- Environmental health concerns of vulnerable and high-risk population groups (particularly children, workers and the urban poor) addressed by global, regional and country-level initiatives that are implemented through effective partnerships, alliances and networks of centres of excellence.

Reproductive health

- Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Gender, women and health

- Broader knowledge and evidence on linkages between gender-based issues (including violence) and health, and on successful interventions.
- Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.

MENTAL HEALTH AND SUBSTANCE ABUSE

ISSUES AND CHALLENGES	<p>The proportion of the global burden of disease attributable to mental and neurological disorders and those related to substance use is expected to rise from 12.3% in 2000 to 16.4% by 2020. Alcohol consumption alone is responsible for 4%. More than 150 million people suffer from depression at any point in time and nearly one million commit suicide every year. There are some 10 million injecting drug users worldwide and 4% to 12% of all HIV cases are transmitted through injecting drug use. The impact of mental and neurological disorders and those related to substance use will become particularly severe in developing countries, primarily because of the projected increase in the number of individuals entering the age of risk for the onset of such disorders. Most affected are vulnerable groups, such as people living in absolute and relative poverty, those coping with chronic diseases and those exposed to emergencies. There is a growing need to enhance country capacity to respond to the psychological needs of people affected by complex emergencies.</p> <p>Resolution EB115.R5 requested Member States, with support from WHO, to implement strategies for reducing the negative health and social consequences of harmful use of alcohol. As a result of other resolutions adopted on strengthening mental health, governments are now more aware of the negative impact of mental and neurological disorders and those related to substance use on families, communities, and individuals.¹ Nevertheless, governments need to give higher priority to mental health. Worldwide, a huge gap still exists between needs and the implementation of the cost-effective treatments that are available for most of those disorders. Reducing this gap and improving treatment rates will reduce the burden of disease and disability and health-care costs while increasing economic and social productivity. Cases of depression could be halved and a quarter of suicides could be prevented, for instance, if appropriate care were given. To bridge the gap, it is essential that innovative mental-health policies and legislation should be designed and integrated into health systems. Promoting mental health, preventing mental disorders, incorporating cost-effective interventions into the mainstream of primary health care, and engaging local communities are key components of these policies.</p>
GOAL	To reduce the burden associated with mental and neurological disorders and those related to substance abuse, and to promote mental health worldwide.
WHO OBJECTIVES	<p>To ensure that mental health and the consequences of substance abuse are taken fully into account in considerations of health and development; to formulate and implement cost-effective responses to the burden of mental and neurological disorders and those related to substance use; and to promote mental health.</p> <p><i>Indicators</i></p> <ul style="list-style-type: none">• Proportion of countries that have strengthened policies and services for reducing the burden of mental and neurological disorders and those related to substance use, and for promoting mental health• Proportion of countries that have taken specific measures to protect the rights of people with mental and neurological disorders and those related to substance use• Proportion of countries that have implemented evidence-based cost-effective intervention strategies for mental-health promotion, prevention and management of mental and neurological disorders and those related to substance use
STRATEGIC APPROACHES	Dissemination of information on the magnitude, burden, determinants and cost-effective services for the prevention and treatment of mental and neurological disorders and those related to substance use; provision of support to countries for formulating and implementing coherent and comprehensive policies, legislation and services for prevention and treatment of mental and neurological disorders and those related to substance use, for fighting against discrimination and abuse of the rights of people with such disorders, and for the development of human resources for mental health, including research capability, with emphasis on developing countries.

¹ Resolutions EB109.R8 and WHA55.10.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Support provided to priority countries and countries facing complex emergencies for institutional capacity strengthening in order to develop and implement policies and plans on mental health and substance abuse.	<ul style="list-style-type: none"> Number of countries receiving WHO support that have developed policies and plans for mental health (including alcohol and illicit drugs) with achievable targets Number of targeted countries that have received WHO support to deal with the mental-health consequences of emergencies 	45 18	69 30
2. Support provided for capacity building in countries in order to develop mental-health legislation, to protect rights of people with mental and neurological disorders and those related to substance use, and to reduce stigmatization and discrimination.	<ul style="list-style-type: none"> Number of countries receiving WHO support that have effectively reviewed or updated mental-health legislation and/or initiated projects to monitor observation of human rights 	34	52
3. Services, research capacity and information systems on mental health and substance abuse within Member States strengthened and supported.	<ul style="list-style-type: none"> Number of countries in which performance of mental-health systems and services has been monitored within WHO's framework of reference Number of global databases revised and updated on the basis of inputs from countries with gender-disaggregated data 	22 4	39 9
4. Support provided to improve countries' capability to develop evidence-based strategies, programmes and interventions for prevention and management of mental and neurological disorders, including suicidal behaviours.	<ul style="list-style-type: none"> Percentage of people with epilepsy in selected countries that are untreated Number of countries receiving WHO support that have developed effective gender-specific interventions for prevention of suicidal behaviours and/or management of mental and neurological disorders 	80% 27	60% 51
5. Guidance and support provided to countries for development of evidence-based strategies, programmes and interventions for prevention and management of disorders related to substance use and reducing the adverse health and social consequences of use of alcohol and other psychoactive substances.	<ul style="list-style-type: none"> Number of countries receiving WHO support that have trained staff and developed appropriate programmes for prevention and management of disorders related to substance use and integrated them within primary health care Number of countries receiving WHO support that have improved the coverage and quality of drug-dependence treatment directed towards HIV prevention and care for injecting drug users 	18 6	31 21

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		13 931	9 591	23 522	
TOTAL 2006-2007		12 772	16 992	29 764	
level at which allocated	country	4 938	8 758	13 696	46
	regional	3 651	5 008	8 659	29
	headquarters	4 183	3 226	7 409	25
	percentage by source of financing	43	57		

Mental health and substance abuse is also supported by results expected to be achieved in other areas of work, as set out below.

HIV/AIDS

- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Surveillance, prevention and management of chronic, noncommunicable diseases

- Support provided to countries for framing policies and strategies for prevention and management of chronic, noncommunicable diseases at national level, including integration of primary and secondary prevention into health systems.

Nutrition

- New WHO growth standards implemented and global, regional and national nutrition surveillance systems strengthened.
- Innovative ways of supplementation and optimal food-fortification programmes with micronutrients of public health significance promoted to improve micronutrient status of populations.

Violence, injuries and disabilities

- Adequate support provided to high-priority countries for implementation of information systems for the major determinants, causes and outcomes of violence, unintentional injuries and disabilities.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.

Health information, evidence and research policy

- Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.

TOBACCO

ISSUES AND CHALLENGES

Currently, 1300 million people use tobacco, and that number is expected to rise. Tobacco continues to be the second major cause of death in the world. Half today's tobacco users will eventually be killed by tobacco – most of them in developing countries. Tobacco also contributes to the continuing poverty of low-income households and countries because money is spent on tobacco rather than on food, education and health care.

With globalization, the tobacco industry has continued to expand its search for new markets in developing countries. In response to the consequent spread of tobacco use, the Health Assembly adopted WHO's first multilateral negotiated treaty, the WHO Framework Convention on Tobacco Control, in May 2003.¹ The treaty entered into force on 27 February 2005. As the interim secretariat for the Framework Convention, WHO provides technical support to Member States and will convene the first session of the Conference of the Parties within a year of the treaty's entry into force.

Building human and institutional capacity remains a major challenge for tobacco control worldwide. Few countries have the infrastructure that will enable them to implement the comprehensive measures needed to reduce tobacco use significantly. Many countries are still wary of the potential impact of tobacco-control measures on their national economies. Nevertheless, there exist many feasible and cost-effective interventions that dramatically cut tobacco consumption rates without harming economies. WHO's major task in 2006-2007 will be to recommend policies, promote interventions and develop and implement varied approaches to build capacity in those countries that are Parties to the Framework Convention, those that have signed but not ratified the treaty, and those that have not yet signed it. Low-income and least-developed countries will receive support for planning and implementation of tobacco control in the form of seed grants.

WHO will also work to counter the activities of the tobacco industry, which continues to use its considerable influence to undermine tobacco-control policies and programmes in many countries. Tobacco-product regulation will also need to be given attention, as tobacco products have so far enjoyed an unprecedented degree of freedom from the regulations that apply to other consumer products.

Coordination will be needed to ensure that tobacco control is integrated into other relevant technical areas of work such as Tuberculosis, Child and adolescent health, Health promotion and Surveillance, prevention and management of chronic, noncommunicable diseases. Lastly, WHO will continue to keep issues related to tobacco use in the public gaze by working with local, national and international nongovernmental and health professional organizations and by sponsoring awareness-raising and World No Tobacco Day campaigns. The work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control will also continue to be important in addressing the multisectoral aspects of tobacco control.

The Framework Convention process has created a dynamic that is leading to greater demands from Member States, especially developing countries, for technical support to plan, implement and monitor tobacco-control activities at country level.

GOAL

To protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

WHO OBJECTIVES

To reduce continuously and substantially both tobacco use and exposure to tobacco smoke, by putting in place effective tobacco-control measures and providing support to Member States in implementing the WHO Framework Convention on Tobacco Control.

Indicators

- Number of countries that are Parties to the Framework Convention
- Number of countries with effective tobacco-control policies and plans that take account of the provisions of the Framework Convention

¹ Resolution WHA56.1.

STRATEGIC APPROACHES Maximizing of the number of Member States becoming Parties to and implementing the Framework Convention; provision of secretariat service to the Framework Convention; maintenance of countries' awareness of tobacco-industry activities nationally and internationally; highlighting of the links between tobacco use and poverty; provision of support for research on economic interventions and promotion of behavioural change for tobacco control; collaboration with health professional organizations; reinforcement of countries' ability to implement strong, gender-sensitive tobacco-control measures through national capacity building in the areas of surveillance, research, legislation, economics, health education, tobacco-use cessation, advocacy, tobacco-product regulation and monitoring and assessment systems, recognizing the special needs of young people and indigenous communities and their members.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Advocacy and provision of support for ratifying, accepting, approving, formally confirming or acceding to the Framework Convention.	<ul style="list-style-type: none"> Number of Member States that are Parties to the Framework Convention 	40	70
2. Support provided for reflecting the provisions of the Framework Convention in national tobacco-control policies and plans of action.	<ul style="list-style-type: none"> Number of countries that have adopted legislation or its equivalent in relation to at least one of the following settings and articles: smoking bans in health-care and educational facilities, bans on direct advertising of tobacco products in national media, health warnings on tobacco products that meet the criteria set out in the Framework Convention, and the inclusion of tobacco-use cessation in national health-care programmes Number of tobacco-control success stories, and lessons learnt, published and disseminated by WHO 	40 35	80 50
3. Support provided for reinforcing capacity for surveillance and research to back up tobacco control in the areas of health, economics, legislation, environment and behaviour.	<ul style="list-style-type: none"> Number of countries that have completed the Global Youth Tobacco Survey at least twice Number of countries covered by a global information system on tobacco control Number of economic and intervention-based research studies supported by WHO 	40 60 12	80 120 20
4. Advocacy and provision of support for raising awareness both of the dangers of tobacco, through strong media coverage and comprehensive information on web site, and of tobacco-industry activities.	<ul style="list-style-type: none"> Number of countries that celebrate World No Tobacco Day Average number of web site hits per month Number of published results of country-specific research on tobacco-industry activities 	60 400 000 20	80 500 000 25
5. Knowledge of tobacco-product regulation improved in order to guide policy developments.	<ul style="list-style-type: none"> Number of recommendations published by the WHO Study Group on Tobacco Product Regulation 	8	10
6. Multisectoral collaboration on tobacco control increased through advocacy.	<ul style="list-style-type: none"> Number of new projects initiated under the umbrella of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control Worldwide membership of GLOBALink 	9 4 500	12 5 500

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		9 584	10 576	20 160	
TOTAL 2006-2007		13 856	15 337	29 193	
level at which allocated	country	5 688	7 090	12 778	43
	regional	4 690	4 514	9 204	32
	headquarters	3 478	3 733	7 211	25
	percentage by source of financing	47	53		

Tobacco is also supported by results expected to be achieved in other areas of work, as set out below.

Surveillance, prevention and management of chronic, noncommunicable diseases

- Effective guidance and support provided for implementation of WHO's surveillance framework for chronic, noncommunicable diseases and their risk factors.
- Improved quality, availability, comparability and dissemination of data on chronic, noncommunicable diseases and their major modifiable risk factors.

Health promotion

- Capacity for governance, stewardship, planning and implementation of multisectoral health promotion policies and programmes strengthened at country and regional levels, based on gender-sensitive approaches to promoting health and well-being throughout the life course.
- Increased capacity of ministries of health, education and other sectors to plan, implement and evaluate settings-based programmes for reduction of risks associated with leading causes of death, disease and disability.

Mental health and substance abuse

- Guidance and support provided to countries for development of evidence-based strategies, programmes and interventions for prevention and management of disorders related to substance use and reducing the adverse health and social consequences of use of alcohol and other psychoactive substances.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.

Reproductive health

- Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.

Gender, women and health

- Broader knowledge and evidence on linkages between gender-based issues (including violence) and health, and on successful interventions.
- Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.

NUTRITION

ISSUES AND CHALLENGES	<p>Hunger and malnutrition are intricately bound up with ill-health, poverty and underdevelopment. Food insecurity threatens 800 million people. Freedom from hunger and malnutrition is a basic human right, and their alleviation is a fundamental prerequisite for human and national development.</p> <p>The past decade has seen some measurable success in reducing the global burden of malnutrition. Nevertheless, nutritional deficiencies still remain responsible for massive mortality and morbidity, especially in pregnant women and young children, worldwide. Some 21 million babies are born every year with low birth weight. Fully 60% of the 10.9 million deaths among children aged under-five each year in developing countries are associated with underweight due to malnutrition, and 161 million preschool children suffer chronic malnutrition. One third of the world's population is affected by vitamin and mineral deficiencies and therefore subject to infection, birth defects and impaired physical and psycho-intellectual development. In countries facing emergencies, malnutrition affects nearly 40 million people and is one of the major causes of death and disability. The 40 million people living with HIV/AIDS are exposed to an increased risk of food insecurity and malnutrition, especially in poor settings, which may combine to aggravate their condition.</p> <p>At the same time, both industrialized and rapidly industrializing countries are seeing the large-scale emergence of overweight and obesity as a result of unhealthy diets and sedentary lifestyles. Some 1000 million adults and 20 million children are estimated to be overweight. More than half the world's population is affected by some form of diet- and nutrition-related chronic disease, which is increasing death rates and lost years of healthy life from cardiovascular diseases, type 2 diabetes and some cancers.</p> <p>A number of countries face the dual burden of both over- and under-nutrition in their populations, which places increased strain on health systems, reduces economic performance and impacts on social and economic development.</p> <p>WHO's fundamental role in tackling these challenges, and therefore contributing to the achievement of the health-related Millennium Development Goals, is to strengthen the ability of Member States to identify and reduce all forms of malnutrition, and to promote healthy nutrition and diet. In that respect, WHO has a unique strength through its work on setting norms and standards at global level and developing strategies to counter malnutrition, and through its close relations with national health authorities by means of its regional and country offices.</p>
GOAL	To promote healthy diets and improve nutritional status throughout the life course, particularly for vulnerable people, contributing to the achievement of the Millennium Development Goals.
WHO OBJECTIVES	<p>To promote healthy diets and optimal nutrition of people throughout the life course, particularly women and children, through the implementation, monitoring and evaluation of national policies and programmes.</p> <p><i>Indicators</i></p> <ul style="list-style-type: none">• Number of countries with effective policies and programmes to control malnutrition• Number of countries that have made progress towards the Millennium Development Goals related to nutrition
STRATEGIC APPROACHES	Evidence-based actions to tackle all forms of malnutrition throughout the life-course, and promotion of national nutrition policies and programmes by setting up norms and standards; providing technical support and guidance to countries; strengthening national nutrition-surveillance systems; promoting public advocacy and mobilization of public health authorities; and collaborating with organizations of the United Nations system, public- and private-sector bodies, and civil society.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. New WHO growth standards implemented and global, regional and national nutrition surveillance systems strengthened.	<ul style="list-style-type: none"> Number of countries that have initiated implementation of WHO's new growth standards Number of countries covered by global integrated nutrition database with comprehensive nutritional profiles including major forms of malnutrition 	0 79	20 99
2. Integrated national food and nutrition policies and plans developed or integrated and promoted in order to meet nutrition needs throughout the life course and to tackle nutritional transition.	<ul style="list-style-type: none"> Number of countries receiving WHO support that have revised, updated and/or developed integrated nutrition policies and plans 	5	15
3. Technical and policy support provided for the implementation of integrated strategies to improve maternal and child health and nutrition, including managing severe malnutrition, promoting fetal development, and ensuring adequate child growth, optimal breastfeeding and complementary feeding practices.	<ul style="list-style-type: none"> Number of countries using or adapting WHO guidelines on management of severe malnutrition Number of guidelines and recommendations finalized on integrated and multisectoral approach to optimizing fetal development Number of countries that have implemented at least 3 high-priority actions defined by WHO's global strategy for infant and young child feeding for protection, promotion and support, as appropriate 	30 0 30	40 1 60
4. Technical and policy support provided to promote healthy diets, including the revision of food-based dietary guidelines, and to reduce obesity and other nutrition-related noncommunicable diseases in the context of the nutritional transition and the dual burden of deficiencies and diseases related to under- and over-nutrition.	<ul style="list-style-type: none"> Number of countries receiving WHO support that have revised, updated and/or developed food-based dietary guidelines Number of countries receiving WHO support that have implemented activities to promote healthy diets, with emphasis on increasing fruit and vegetable consumption Number of WHO guidelines available on control of obesity, with emphasis on childhood obesity 	0 0 0	5 10 2
5. Innovative ways of supplementation and optimal food-fortification programmes with micronutrients of public health significance promoted to improve micronutrient status of populations.	<ul style="list-style-type: none"> Number of countries with national programmes on micronutrient-deficiency control assessed by WHO Number of countries that have implemented WHO guidelines on micronutrients 	4 5	6 10

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
6. Technical and policy support provided to improve nutrition in crises and in special circumstances, including people living with HIV/AIDS.	<ul style="list-style-type: none"> Number of countries receiving WHO support that have developed and implemented action plans on nutrition and HIV/AIDS Number of updated or revised WHO guidelines available on nutrition action in emergencies and post-emergencies 	3 4	35 6

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		9 209	10 839	20 048	
TOTAL 2006-2007		9 431	14 667	24 098	
level at which allocated	country	3 342	5 648	8 990	37
	regional	3 234	4 959	8 193	34
	headquarters	2 855	4 060	6 915	29
	percentage by source of financing	39	61		

Nutrition is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.
- Guidelines, policies and strategies developed for the integrated prevention, control and elimination of endemic tropical diseases, including case management and surveillance.

Surveillance, prevention and management of chronic, noncommunicable diseases

- Advocacy and provision of support for development of multisectoral strategies and plans to promote action on diet and physical activity in priority countries.

Health promotion

- Increased guidance for integrating health promotion into health plans, including healthy diet, physical activity, ageing and oral health.
- Evidence validated and disseminated of the effectiveness of health promotion strategies and interventions to tackle communicable and noncommunicable diseases.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.

Food safety

- Timely provision of scientific advice and guidance to developing countries in order to increase their capability to assess risk, and to enable them to participate actively in international risk assessment.
- Adequate support provided to high-priority countries for improving food-safety education, effectively communicating risk, and managing public-private partnerships.

Reproductive health

- Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Child and adolescent health

- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.
- International and national strategies and efforts coordinated in order to attain globally agreed goals for improving child and adolescent health.

Immunization and vaccine development

- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.

HEALTH AND ENVIRONMENT

ISSUES AND CHALLENGES

Environmental conditions, whether affected by global change or within a local setting, are a major direct and indirect determinant of human health. In developing societies, exposure to modern forms of urban, industrial and agrochemical pollution aggravates the burden of disease stemming from traditional health risks within the household and community. Breaking the vicious circle that links poverty, environmental degradation and ill-health, and redressing the continuing inequities related to gender and economic development remain major challenges.

Use of biomass fuel and coal for cooking and heating is estimated to be responsible for more than 1.6 million lives lost every year; almost 60% of the dead are children under five years of age. Safe and sufficient drinking-water is still not accessible to 1 100 million people, and 2400 million lack adequate sanitation. Reduced availability and degraded quality of water, related to population growth and exploitation of natural resources, lead to 3.4 million deaths a year, mostly among the poor and children. Chaotic urban growth has its price in terms of environmental health: lack of clean forms of energy, safe water, sanitation, and disposal of municipal and hazardous waste remains a problem in many regions.

Occupational diseases and injuries, which are grossly underreported, are responsible for more than one million deaths annually. Increased use of chemicals, their mismanagement and inappropriate disposal, particularly of pesticides in developing countries, lead to a significant burden of injury, ill-health and mortality.

Climate change and increased levels of ultraviolet radiation contribute to increasing the burden of disease. Impacts include a growth in health hazards, from greater intensity and number of extreme weather events such as heat waves, floods or droughts, to changing patterns in vector-borne diseases. Accidental releases or the deliberate use of biological and chemical agents or radioactive material that affect health require effective prevention, surveillance and response systems to contain or mitigate harmful outcomes. Essential health services and basic sanitary installations are often disrupted or devastated as a consequence of conflict or environmental disasters.

Political, legislative and institutional barriers to improving environmental conditions are numerous. The public-health impact of different policy options needs to be properly assessed and cost to the health system of diseases attributable to environmental exposures, estimated. Human resources adequately specialized in risk assessment and management, and public participation on those processes, are still lacking in many countries. National and local health authorities are thus often unable to collaborate with other socioeconomic sectors where health-protective measures need to be taken.

Agenda 21, adopted at the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992), the Plan of Implementation of the World Summit on Sustainable Development (Johannesburg, South Africa, 2002), together with the Millennium Development Goals and such regional initiatives as the series of ministerial conferences on environment and health, provide the necessary international policy framework for action. In supporting Member States to accelerate achievement of these health- and environment-related regional and international goals, WHO will continue to work with national and regional partners and bodies and specialized agencies of the United Nations system such as ILO, FAO, UNICEF and UNEP in order to address key health issues relating to the environment.

GOAL

To achieve safe, sustainable and health-enhancing human environments, protected from biological, chemical and physical hazards, and secure from the effects of global and local environmental threats.

WHO OBJECTIVES

To ensure effective incorporation of health dimensions into national policies and action for environment and health, including legal and regulatory frameworks governing management of the human environment, and into regional and global policies affecting health and environment.

Indicator

- Level of commitment to protection of environmental health reflected in policy declarations and development programmes, at national, regional and international levels

STRATEGIC APPROACHES Contribution to reducing the burden of excess mortality and disability by reducing risk factors to human health that arise from environmental causes; promotion, through the health sector, of interventions for health protection in the environment and other socioeconomic sectors; coordination of action across programmes within WHO, on the basis of proven strategies such as the “healthy settings” approach.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.	<ul style="list-style-type: none"> Number of countries using WHO guidance that have conducted risk assessment and management of key environmental risk factors Number of countries receiving WHO support that have developed legislation, standards or guidelines related to environmental health 	18 28	35 40
2. Countries adequately supported in building capacity to manage environmental health information, and to implement intersectoral policies and interventions for protecting health from immediate and longer-term environmental threats.	<ul style="list-style-type: none"> Number of countries implementing action plans on health and environment with WHO’s support Number of countries receiving WHO support that have strengthened health-sector capacity to manage environmental risk factors 	40 15	51 40
3. Environmental health concerns of vulnerable and high-risk population groups (particularly children, workers and the urban poor) addressed by global, regional and country-level initiatives that are implemented through effective partnerships, alliances and networks of centres of excellence.	<ul style="list-style-type: none"> Number of countries that have implemented partnership initiatives to tackle environmental health concerns in relation to children, women and workers Number of countries receiving WHO support to accelerate achievement of health- and environment-related regional or international goals 	3 countries per region in 2004-2005 3 countries per region in 2004-2005	Additional 4 countries per region Additional 4 countries per region

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		38 897	46 693	85 590	
TOTAL 2006-2007		36 799	53 613	90 412	
level at which allocated	country	15 848	22 439	38 287	42
	regional	11 142	14 805	25 947	29
	headquarters	9 809	16 369	26 178	29
	percentage by source of financing	41	59		

Health and environment is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.
- Innovative partnerships developed and maintained to support health ministries for the control of targeted endemic tropical diseases.
- Innovative and cost-effective interventions, techniques and tools devised and validated for implementation of prevention, control and elimination of communicable diseases in low-resource settings, including in complex emergencies.

Epidemic alert and response

- Effective partnerships formed at regional and global levels to support epidemic alert and response and, in that context, to raise interest and commitment and mobilize adequate resources.

Surveillance, prevention and management of chronic, noncommunicable diseases

- Effective guidance and support provided for implementation of WHO's surveillance framework for chronic, noncommunicable diseases and their risk factors.
- Improved quality, availability, comparability and dissemination of data on chronic, noncommunicable diseases and their major modifiable risk factors.

Health promotion

- Increased capacity of ministries of health, education and other sectors to plan, implement and evaluate settings-based programmes for reduction of risks associated with leading causes of death, disease and disability.

Food safety

- Foodborne disease surveillance and food-hazard monitoring and response programmes strengthened and international networks established.
- Timely provision of scientific advice and guidance to developing countries in order to increase their capability to assess risk, and to enable them to participate actively in international risk assessment.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.
- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.
- International and national strategies and efforts coordinated in order to attain globally agreed goals for improving child and adolescent health.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.

FOOD SAFETY

ISSUES AND CHALLENGES

Globally, unsafe food results in disease for at least one person in three every year, and in some regions the situation is considerably worse. Many cases result in long-term complications or death, and unsafe food, in addition to unsafe water, cause diarrhoeal diseases that kill an estimated 1.8 million people annually. These diseases also interact in a vicious circle with malnutrition, resulting in an even greater indirect burden of disease. In addition, foodborne chemical hazards still cause significant public-health problems, although their extent is difficult to estimate. There are clear indications that the incidence of foodborne disease is increasing. In addition, both the number and international importance of severe episodes of food contamination seem to be rising. These trends have substantial political implications, considerable changes to old food-safety systems are being contemplated throughout the world. Although food-safety issues have in the past been accorded low priority in many health systems, it is now recognized that serious health-sector involvement in food safety is necessary in order to guide interventions aimed at lowering disease incidence. Future food-safety systems and interventions need to be based on risk, that is start and end in relation to health.

Food-safety issues influence growth in international food trade because of their public health significance: food trade increases the potential to disseminate foodborne hazards. The need for international precaution in trade is evident. Such precaution requires a regulatory system based on objective and transparent criteria. In recent years several countries have lost significant export earnings from restrictions on food trade, yet no international system exists to tackle such challenges, or even to exchange information on food-related emergencies. Similarly, issues related to new technologies, such as food biotechnology, need to be recognized and resolved at international level.

In many countries the legislation and policies to guide food safety are either non-existent or outdated. Responsibility may be divided between a number of ministries with poor coordination; activities may not be based on risk nor with WHO/FAO guidance; there may be no surveillance of foodborne disease and education and training for food handlers and consumers in food safety is poorly developed.

WHO maintains close collaboration with FAO, including a coordinated approach to capacity building within the framework of the Joint FAO/WHO Food Standards Programme. This Programme is funded both through WHO's regular budget and by FAO, in relation to the Codex Alimentarius Commission's activities.

GOAL

To reduce the health effect of food contamination and to reform and strengthen existing food-safety systems to reduce the burden of foodborne disease.

WHO OBJECTIVES

To enable the health sector, in cooperation with other sectors and partners, effectively and promptly to assess, communicate and manage foodborne risks.

Indicator

- The increase in the number of countries providing data on foodborne diseases and food hazards, which demonstrates that they are developing a risk-based approach to food safety assessment, management and communication

STRATEGIC APPROACHES

Building of capacity nationally and internationally to obtain, use and share reliable data on foodborne diseases and food contamination; promotion of risk assessments and risk-based decisions; formulation of international food safety standards and guidelines; furtherance of effective participation of more countries in the work of the Codex Alimentarius Commission; promotion of concept of food safety as an intersectoral responsibility at both technical and policy levels; building of risk-communication capability in Member States; advocacy of a coordinated approach at international, regional and country levels in order to handle more effectively the shared responsibility for food safety from production to consumption.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Foodborne disease surveillance and food-hazard monitoring and response programmes strengthened and international networks established.	<ul style="list-style-type: none"> Percentage of WHO Member States participating in networks Percentage of Member States providing surveillance data to WHO on one or more foodborne diseases, or reporting data from monitoring of microbiological or chemical hazards 	60% Percentage of Member States reporting data at the end of 2005	100% At least 50% in each region
2. Timely provision of scientific advice and guidance to developing countries in order to increase their capability to assess risk, and to enable them to participate actively in international risk assessment.	<ul style="list-style-type: none"> Number of international risk assessments (microbiological and chemical) finalized by WHO and FAO Number of participants from developing countries in WHO/FAO expert advisory bodies 	Estimated 69 international risk assessments conducted in 2004-2005 Number recorded in 2004-2005	Double the number of risk assessments 25% increase
3. Adequate technical guidance provided to countries to assess and manage the risks and benefits associated with products of new food technologies.	<ul style="list-style-type: none"> Number of risk assessments, or tools, for risk assessment or management, validated and disseminated by WHO 	4 risk assessments of genetically modified foodstuff in developing countries	2 consultations held on risk assessment; one set of guidelines issued
4. Effective support provided to countries for the organization and implementation of multisectoral food-safety systems, focusing on health and participation in international standard-setting.	<ul style="list-style-type: none"> Percentage of countries in each region participating actively in international standard-setting (Codex Alimentarius Commission) Number of countries that, with WHO support, have established or amended policies, plans of action, legislation or enforcement strategies for food safety 	Percentage of countries in each region participating in standard-setting meetings in 2004-2005 3 countries per region in 2004-2005	At least 60% of countries in all regions participating in standard-setting meetings Additional 5 countries per region
5. Adequate support provided to high-priority countries for improving food-safety education, effectively communicating risk, and managing public-private partnerships.	<ul style="list-style-type: none"> Number of countries that have used and evaluated food-safety material based upon WHO's guidelines for safer food 	2 countries per region in 2004-2005	Additional 5 countries per region

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		9 147	12 979	22 126	
TOTAL 2006-2007		8 390	15 327	23 717	
level at which allocated	country	3 129	5 523	8 652	37
	regional	2 097	6 251	8 348	35
	headquarters	3 164	3 553	6 717	28
	percentage by source of financing	35	65		

Food safety is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.
- Innovative partnerships developed and maintained to support health ministries for the control of targeted endemic tropical diseases.
- Innovative and cost-effective interventions, techniques and tools devised and validated for implementation of prevention, control and elimination of communicable diseases in low-resource settings, including in complex emergencies.

Epidemic alert and response

- Effective partnerships formed at regional and global levels to support epidemic alert and response, including to raise interest and commitment and to mobilize adequate resources.

Nutrition

- Integrated national food and nutrition policies and plans developed or integrated and promoted in order to meet nutrition needs throughout the life course and to tackle nutritional transition.
- Technical and policy support provided to promote healthy diets, including the revision of food-based dietary guidelines, and to reduce obesity and other nutrition-related noncommunicable diseases in the context of the nutritional transition and the dual burden of deficiencies and diseases related to under- and over-nutrition.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.

Policy-making for health in development

- Increased capacity at country, regional and global levels and within the Organization to measure, assess and act on cross-border risks to public health in the context of globalization, focusing on implications for population health of multilateral and bilateral trade agreements.

VIOLENCE, INJURIES AND DISABILITIES

ISSUES AND CHALLENGES

Violence and injuries account for 9% of global mortality. Seven of the 15 leading causes of death for people between the ages of 15 to 44 years are injury-related. Children and young adolescents are also vulnerable. Injury rates vary by sex: for most types of injuries, death rates are higher for males, whereas females are at higher risk for burns, non-fatal sexual violence, or injury from an intimate partner. The burden imposed by violence and injury is particularly heavy on low-income families. The traditional view of injuries as “accidents”, suggesting that they are random, unavoidable events, has resulted in their historical neglect. Research has shown that injuries are preventable; innovative, cost-effective interventions are being introduced at work, at home or on roads.

About 600 million people in the world are disabled; most of them live in poverty. The population with disabilities is increasing because of injuries from road crashes, landmines or other causes, HIV/AIDS, malnutrition, chronic conditions, substance use, population growth, or medical advances that preserve and prolong life. Less than 10% of those in need have access to appropriate rehabilitation services.

The Health Assembly recognized the need for WHO to provide support in such areas as prevention of road-traffic accidents, disabilities and rehabilitation, prevention of violence, and use of anti-personnel mines.¹ Similar resolve is expressed in such international instruments as the United Nations Millennium Declaration, the Programme of Action of the United Nations Conference on the Illicit Trade of Small Arms and Light Weapons in All its Aspects (2001), and the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

The basis for WHO's activities is the *World report on violence and health*.² World Health Day 2004 on road safety and the *World report on road traffic injury prevention* have served as platforms to strengthen WHO's activities on road safety.³ Both reports are starting points for tackling some of the challenges involved, but it is often unclear where responsibility lies for problems and for devising and implementing the solutions. Further, political will may be lacking because of ignorance of the magnitude of the problem or the potential for prevention. In some countries there are no focal points for injury prevention, no pertinent public-health policies or appropriate training programmes, hence insufficient resources dedicated to finding solutions.

Information systems and research are needed in order to understand better the magnitude of violence, injury and disability and their causes, together with national prevention policies and programmes, training for public health personnel, establishment of networks for advocacy and exchange of information, and better services for victims.

GOAL

To prevent violence and unintentional injuries, promote safety and enhance the quality of life for people with disabilities.

WHO OBJECTIVES

To formulate and implement cost-effective, age- and gender-specific strategies to prevent and mitigate the consequences of violence and unintentional injuries, and disabilities, and to promote and strengthen rehabilitation services.

Indicators

- Number of countries that formulated policies and prevention programmes on violence and injuries
- Number of countries that formulated policies on disabilities and implemented plans for strengthening rehabilitation services

¹ Resolutions WHA27.59, WHA45.10, WHA49.25, WHA56.24 and WHA51.8, respectively.

² *World report on violence and health*. Geneva, World Health Organization, 2002.

³ *World report on traffic injury prevention*. Geneva, World Health Organization, 2004.

STRATEGIC APPROACHES Compilation and analysis of information on the magnitude and determinants of violence, injuries and disability; support for research and gathering of evidence on effective prevention strategies in developing countries, support for training and implementation of policies and strengthening of services for victims; advocacy for increased attention and a stronger focus on primary prevention; support for network development and capacity building.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Adequate support provided to high-priority countries for implementation of information systems for the major determinants, causes and outcomes of violence, unintentional injuries and disabilities.	<ul style="list-style-type: none"> Number of targeted countries that implement functional information systems on the determinants, causes and outcomes of violence, unintentional injuries or disabilities 	20	44
2. Multisectoral interventions to prevent violence and unintentional injuries validated and effectively promoted in countries.	<ul style="list-style-type: none"> Number of targeted countries that implement validated multisectoral interventions to prevent violence and unintentional injuries 	19	32
3. Guidance and effective support provided for strengthening of health-care systems for persons affected by violence and injuries.	<ul style="list-style-type: none"> Number of targeted countries that strengthen the prehospital and hospital care system for violence and unintentional injuries 	14	26
4. Effective support provided for strengthening of country capacity for integrating rehabilitation services into primary health care, and for implementation of policies on disability.	<ul style="list-style-type: none"> Number of targeted countries that implement strategies for integrating rehabilitation services into primary health care Availability of a global analysis of current knowledge on policies and programmes concerning disability 	4 No world report on disability	8 Work started on a world report on disability
5. Improved capacity in selected countries for framing policy on prevention of violence and injury or on managing disabilities.	<ul style="list-style-type: none"> Number of targeted countries that have national plans and implementation mechanisms to prevent violence and unintentional injuries Number of targeted countries that have policies on management of disabilities 	16 90	37 105
6. Strengthened training capacity in priority countries for prevention of violence and injury and for rehabilitation services.	<ul style="list-style-type: none"> Number of targeted countries that have schools of public health with training programmes on prevention and management of violence and unintentional injuries, and on rehabilitation 	13	34
7. Functional global and regional networks that effectively strengthen collaboration between health and other sectors, involving organizations of the United Nations system, Member States and nongovernmental organizations, including those of people with disabilities.	<ul style="list-style-type: none"> Number of global and regional multisectoral networks for prevention of violence and injury and for disability in place with WHO support 	8 networks	11 networks

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		4 844	12 360	17 204	
TOTAL 2006-2007		4 973	15 031	20 004	
level at which allocated	country	1 619	6 056	7 675	38
	regional	1 498	3 723	5 221	26
	headquarters	1 856	5 252	7 108	36
	percentage by source of financing	25	75		

Violence, injuries and disabilities is also supported by results expected to be achieved in other areas of work, as set out below.

Surveillance, prevention and management of chronic, noncommunicable diseases

- Improved quality, availability, comparability and dissemination of data on chronic, noncommunicable diseases and their major modifiable risk factors.

Health promotion

- Capacity for governance, stewardship, planning and implementation of multisectoral health promotion policies and programmes strengthened at country and regional levels, based on gender-sensitive approaches to promoting health and well-being throughout the life course.
- New and innovative approaches applied to sustainable financing of health promotion interventions and capacity building at national, local and community levels.
- Increased capacity of ministries of health, education and other sectors to plan, implement and evaluate settings-based programmes for reduction of risks associated with leading causes of death, disease and disability.

Mental health and substance abuse

- Support provided to improve countries' capability to develop evidence-based strategies, programmes and interventions for prevention and management of mental and neurological disorders, including suicidal behaviours.
- Guidance and support provided to countries for development of evidence-based strategies, programmes and interventions for prevention and management of disorders related to substance use and reducing the adverse health and social consequences of use of alcohol and other psychoactive substances.

Reproductive health

- Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines.

Gender, women and health

- Broader knowledge and evidence on linkages between gender-based issues (including violence) and health, and on successful interventions.
- Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.

Child and adolescent health

- Health-related issues reflected in country reports and recommendations of the Committee on the Rights of the Child, and translated into national policies, strategies and actions.
- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.
- International and national strategies and efforts coordinated in order to attain globally agreed goals for improving child and adolescent health.

Human resources for health

- Practical guidance and tools to ensure quality of education and training and its relevance to needs available to countries and used in targeted countries.

REPRODUCTIVE HEALTH

ISSUES AND CHALLENGES

Reproductive and sexual health is essential for individuals, couples and families, and fundamental to the social and economic development of communities and nations. However, good reproductive and sexual health continues to elude millions of men and women in all regions of the world. Pregnancy-related complications continue to claim the lives of more than half a million women each year. Neonatal mortality (the death of a baby during the first week of life), which is closely related to women's health and care during pregnancy, has not declined over the past two decades despite the progress made in reducing infant and child mortality. Access to, and use of, contraceptives are often quoted as examples of successes in the past few decades, yet more than 120 million couples in developing countries and countries in transition still have an unmet need for safe and effective contraception. This lack results each year in 80 million unintended pregnancies, some 45 million of which are terminated – 19 million in unsafe conditions. Forty per cent of these unsafe abortions involve young women, aged 15-24 years. Complications resulting from unsafe abortions account for 13% of all maternal deaths.

Maternal and perinatal mortality and morbidity, cancers, sexually transmitted infections and HIV/AIDS account for nearly 20% of the global burden of ill-health for women, and 14% for men. In addition to the five million new cases of HIV infection and countless numbers of other incurable viral sexually transmitted infections, an estimated 340 million new cases of curable non-viral sexually transmitted infections are contracted annually. More than one million women and men die from cancers of the reproductive system, including 240 000 women, most in developing countries, from cervical cancer. In addition, there are some 2.7 million stillbirths a year, and the substantial but underestimated consequences for reproductive and sexual ill-health of sexual violence, harmful practices such as female genital mutilation, menstrual abnormalities, infertility and other gynaecological morbidities.

WHO's work on these issues is grounded in the agreements adopted at the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995) and in the commitments made in the United Nations Millennium Declaration in 2000, as confirmed by the Health Assembly.¹ It is further underpinned by internationally agreed human rights instruments and other global consensus declarations, including the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so; the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including reproductive and sexual health, free of coercion, discrimination and violence; the right of access to relevant health information; and the right of everyone to enjoy the benefits of scientific progress and its applications. The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction is the focal point in the United Nations system for research in reproductive and sexual health. Its activities are implemented by and directly benefit researchers and institutions in all WHO regions; they are coordinated with Regional Offices and financially supported from a dedicated Trust Fund administered from headquarters.

For policy and technical cooperation with countries, the work in this area is implemented in close collaboration with UNFPA and other partners that apply WHO's technical guidance in their field activities.

GOAL

To make accessible, through the primary health-care system, reproductive health to all individuals of appropriate ages no later than the year 2015.

¹ Resolutions WHA48.10, WHA55.19 and WHA57.12.

WHO OBJECTIVES To provide the widest achievable range of safe and effective reproductive and sexual health services across the health system and integrate them into primary health care.

Indicators

- Number of countries that make reproductive and sexual health an integral part of national planning and budgeting
- Number of countries reporting at least one of the proxy indicators for use of reproductive and sexual health services

STRATEGIC APPROACHES Strengthening of the quality of care by ensuring that up-to-date practices are implemented throughout the health system; provision of evidence on causes, determinants, prevention and management of morbidity and mortality related to reproductive and sexual ill-health; identification and overcoming of obstacles to access to, and use of, reproductive and sexual health services; contribution to the empowerment of individuals, families and communities in order to increase their control over their reproductive and sexual health; creation of supportive regulatory frameworks at national and local levels; and creation of a dynamic environment of strong international, national and local support for rights-based reproductive and sexual health initiatives in order to overcome inertia, mobilize resources, and establish high standards and mechanisms for performance accountability.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines.	<ul style="list-style-type: none"> • Number of new or updated guidance documents to support national efforts to improve reproductive and sexual health validated and disseminated in countries 	Existing portfolio of tools and standards	8 new or updated
2. New evidence, products and technologies of global and/or national relevance available to improve reproductive and sexual health, and research capacity strengthened as necessary.	<ul style="list-style-type: none"> • Number of completed studies of priority issues in reproductive and sexual health • Number of new or updated systematic reviews on best practices, policies and standards of care • Number of new research centres strengthened through comprehensive institutional development support 	Existing evidence base Existing portfolio of systematic reviews More than 100 centres supported by Special Programme of Research Development and Research Training in Human Reproduction since 1972	40 new studies 15 new or updated systematic reviews 6 new centres
3. Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation.	<ul style="list-style-type: none"> • Number of targeted countries with new or updated strategies and plans for strengthening access to, and availability of, high-quality sexual and reproductive health care. • Number of countries completing operational research studies to evaluate approaches to provision of high-quality sexual and reproductive health care 	20 25 in previous two bienniums	20 additional 15 additional

4. Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.	• Number of targeted countries developing new or improved interventions to foster action at individual, family and community levels for better reproductive and sexual health	0 (new area)	5
5. Ability of countries to identify regulatory obstacles to provision of high-quality sexual and reproductive health care strengthened.	• Number of targeted countries having reviewed their existing national laws, regulations and policies relating to reproductive and sexual health and rights	2	3
6. International efforts for achieving international development goals in reproductive health, including global monitoring, mobilized and coordinated.	• Global report on progress towards achievement of international development goals in reproductive health submitted to the Health Assembly	1	2

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		8 777	55 970	64 747	
TOTAL 2006-2007		8 074	58 793	66 867	
level at which allocated	country	2 994	10 369	13 363	20
	regional	1 940	5 332	7 272	11
	headquarters	3 140	43 092	46 232	69
	percentage by source of financing	12	88		

Reproductive health is also supported by results expected to be achieved in other areas of work, as set out below.

HIV/AIDS

- Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.
- Support provided to countries to ensure uninterrupted supply of HIV-related commodities and medicines, including ensuring quality through prequalification of medicines and validation of diagnostics.

Health promotion

- Increased capacity of ministries of health, education and other sectors to plan, implement and evaluate settings-based programmes for reduction of risks associated with leading causes of death, disease and disability.

Nutrition

- Technical and policy support provided for the implementation of integrated strategies to improve maternal and child health and nutrition, including managing severe malnutrition, promoting fetal development, and ensuring adequate child growth, optimal breastfeeding and complementary feeding practices.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.
- Support provided to countries for strengthening monitoring and evaluation systems for maternal and neonatal health programmes and assistance for measuring progress towards the Millennium Development Goals.
- Operations research conducted and evidence gathered to inform implementation of intensified actions towards improving maternal and neonatal health.

Gender, women and health

- Broader knowledge and evidence on linkages between gender-based issues (including violence) and health, and on successful interventions.
- Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.
- Greater commitment of Member States to addressing gender-related health policies and strategies.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.
- International and national strategies and efforts coordinated in order to attain globally agreed goals for improving child and adolescent health.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.

Essential medicines

- Efficient and secure systems for medicines supply promoted in order to ensure continuous availability of essential medicines.

Essential health technologies

- Support provided to capacity building and to development of standard procedures, and model lists of essential medical devices used.

Policy-making for health in development

- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.
- Implementation of WHO's strategy on health and human rights initiated in order to advance globally the concept of health as a human right; capability strengthened at regional level to provide support to Member States for integrating a human-rights approach into health-related policies, laws, and programmes.
- Support provided at the three levels of the Organization for analysing the ethical aspects of health and research; support provided to countries through tools, standards, and guidelines for incorporating an ethical analysis into health services delivery, research and public-health activities.

Health system policies and service delivery

- Evidenced, knowledge-based guidance and technical support provided to countries for strengthening delivery of health services centred on quality, equity and efficiency.

Human resources for health

- Practical guidance and tools to ensure quality of education and training and its relevance to needs available to countries and used in targeted countries.

Health financing and social protection

- Information on best practices with respect to financing and social-protection policy, priority-setting and generation of key information provided to countries, and its use supported.

Health information, evidence and research policy

- Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.

MAKING PREGNANCY SAFER

ISSUES AND CHALLENGES

Reducing the number of women dying in pregnancy and childbirth by three quarters between 1990 and 2015 is one of the targets of the Millennium Development Goals. Actions to achieve this target will also contribute substantially to reducing newborn mortality, which in turn will play an important part in the achievement of the Millennium Development Goal of reducing child deaths. Complications of pregnancy and childbirth account for the deaths of 529 000 women a year and are the second most common cause of mortality in women of reproductive age after HIV/AIDS. This burden is unevenly distributed: while the greatest numbers of maternal deaths are found in large countries with high fertility rates, the highest maternal mortality ratios are found mainly in Africa. In these areas of high maternal mortality, women run more than 140 times the risk of dying from a pregnancy-related cause than in Europe.

Since the launch of the Safe Motherhood initiative in 1987, the international community has been trying to solve this problem. A few countries have managed to reduce maternal and neonatal deaths, but mortality ratios have remained virtually unchanged in the worst affected countries. Nevertheless, important lessons have been learnt: for example, strengthening emergency care for women with complications is important but not sufficient; and training traditional birth attendants has not yielded the results expected. The WHO Making Pregnancy Safer initiative provides a set of strategy directions that build on the lessons learnt. These directions concern the establishment of an effective continuum of care for all pregnant women and their newborn infants. The continuum of care runs through all the levels of the health-care system, linked with the care provided by women, their families and communities. Critically, this requires a functioning referral system to be in place with the necessary linkages between the different levels of care, to ensure that complications, especially life-threatening emergencies, are managed quickly and efficiently. WHO's work to make pregnancy safer aims at strengthening the capacities of 75 priority countries to build this continuum of care through close collaboration and partnership with governments, other United Nations agencies, such as UNICEF and UNFPA, the World Bank and regional development banks, bilateral agencies, nongovernmental organizations, professional organizations and other development partners.

Evidence of reduction in maternal and neonatal mortality, including that from case studies in Malaysia and Sri Lanka, has shown that, although poverty is an important determinant of maternal and neonatal ill-health, its effects can be overcome by improving access to, and quality of, care. In order to make these improvements, strong social and political commitment is needed. This is particularly true for actions in two areas, namely, improving the availability and utilization of skilled attendants for care throughout pregnancy, birth and the postnatal period, and providing improved health-care facilities for the management of obstetric and neonatal complications. Specific interventions and strategies for working with women, their partners and other family members and their communities have been identified in order to improve access to and use of skilled care and also to contribute to the empowerment of women and the community. Finally, strengthening health systems to ensure the continuum of care will also provide a crucial opportunity to make linkages between maternal and neonatal services and other primary health-care services such as those for HIV/AIDS, sexually transmitted infections, malaria control, family planning and child health. This area of work focuses primarily on strengthening support for countries, with related research and normative work being included in the reproductive health area of work.

GOAL

To achieve the Millennium Development Goal for maternal health by reducing maternal mortality by 75% from 1990 levels by the year 2015; and to contribute to lowering the infant mortality rate to below 35 per 100 000 live births in all countries by 2015, through a reduction in perinatal mortality.

WHO OBJECTIVES

To strengthen national efforts to implement cost-effective interventions so that health systems provide all women and newborn infants with a continuum of care throughout pregnancy, childbirth and the postnatal period.

Indicators

- Proportion of women seen by a skilled attendant at least once during the antenatal period
- Proportion of women assisted by a skilled attendant at childbirth

STRATEGIC APPROACHES	Fostering of political and social commitment and effective partnerships at global, regional and national levels; development and adaptation at all levels of evidence-based standards and guidelines for effective maternal and neonatal care, and provision of support to countries for dissemination and implementation; monitoring and evaluation of progress towards strategic goals and improved maternal and neonatal health; production of evidence for effective maternal and neonatal health programming; and provision of technical support to address the key interlinked elements required to build the continuum of care, namely: human resource development in maternal and neonatal health care; provision of accessible, high-quality maternal and neonatal health-care services; empowerment of individuals, families and communities to increase their control over maternal and neonatal health; and integration of other primary health-care programmes with maternal and neonatal health services.
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ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.	<ul style="list-style-type: none"> • Number of countries that established policies, strategies, and adopted WHO norms and standards for improving maternal and neonatal health • Number of countries that have initiated integration of maternal and neonatal health-care services with malaria, HIV/AIDS and nutrition programmes • Number of countries that achieved or are on track to reach the target on the proportion of births attended by skilled health personnel 	20 15 22	50 35 35
2. Support provided to countries for strengthening monitoring and evaluation systems for maternal and neonatal health programmes and assistance for measuring progress towards the Millennium Development Goals.	<ul style="list-style-type: none"> • Number of countries that have established a monitoring system for maternal and neonatal health at national and subnational levels 	15	30
3. Operations research conducted and evidence gathered to inform implementation of intensified actions towards improving maternal and neonatal health.	<ul style="list-style-type: none"> • Number of countries that have engaged in studies relevant to scaling up maternal and neonatal health services 	15	30
4. Advocacy for political and financial commitment increased and effective partnerships established to support countries in strengthening their maternal and neonatal health services.	<ul style="list-style-type: none"> • Number of advocacy events at international, regional and country levels conducted • Number of partnerships with joint action plans for maternal and neonatal health established and/or supported at the global, regional and national levels during the biennium 	0 10	25 30

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		13 039	25 081	38 120	
TOTAL 2006-2007		24 857	39 160	64 017	
level at which allocated	country	16 610	17 372	33 982	53
	regional	6 826	12 343	19 169	30
	headquarters	1 421	9 445	10 866	17
	percentage by source of financing	39	61		

Making pregnancy safer is also supported by results expected to be achieved in other areas of work, as set out below.

HIV/AIDS

- Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.
- Support provided to countries to ensure uninterrupted supply of HIV-related commodities and medicines, including ensuring quality through prequalification of medicines and validation of diagnostics.

Health promotion

- Capacity for governance, stewardship, planning and implementation of multisectoral health promotion policies and programmes strengthened at country and regional levels, based on gender-sensitive approaches to promoting health and well-being throughout the life course.

Tobacco

- Advocacy and provision of support for raising awareness both of the dangers of tobacco through strong media coverage and comprehensive information on web site, and of tobacco-industry activities.

Nutrition

- New WHO growth standards implemented and global, regional and national nutrition surveillance systems strengthened.
- Technical and policy support provided for the implementation of integrated strategies to improve maternal and child health and nutrition, including managing severe malnutrition, promoting fetal development, and ensuring adequate child growth, optimal breastfeeding and complementary feeding practices.
- Innovative ways of supplementation and optimal food-fortification programmes with micronutrients of public health significance promoted to improve micronutrient status of populations.

Reproductive health

- Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines.
- Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation.
- Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.
- Ability of countries to identify regulatory obstacles to provision of high-quality sexual and reproductive health care strengthened.
- International efforts for achieving international development goals in reproductive health, including global monitoring, mobilized and coordinated.

Gender, women and health

- Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.

Child and adolescent health

- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.
- International and national strategies and efforts coordinated in order to attain globally agreed goals for improving child and adolescent health.

Immunization and vaccine development

- Capacity in countries to implement policies and to ensure that immunization programmes use vaccines of assured quality and implement safe immunization practices adequately strengthened through technical and policy support.
- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Essential medicines

- Efficient and secure systems for medicines supply promoted in order to ensure continuous availability of essential medicines.
- Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.

Essential health technologies

- Appropriate strategies promoted and support provided for blood safety and availability, injection safety and prevention of blood-borne infections, including HIV and hepatitis B and C, in health-care settings.
- Guidance and support provided for implementation of safe, efficient and appropriate essential emergency and surgical care at first-level referral health facilities.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.

Health system policies and service delivery

- Evidenced, knowledge-based guidance and technical support provided to countries for strengthening delivery of health services centred on quality, equity and efficiency.
- Guidance and direct technical support provided to countries on effective integration of health services with disease-specific programmes.

Human resources for health

- Practical guidance and tools to ensure quality of education and training and its relevance to needs available to countries and used in targeted countries.
- Effective guidelines on accreditation, licensing and certification to support mechanisms and frameworks that ensure good-quality preparation and practice of health professionals made available to countries and in targeted countries.

Health financing and social protection

- Information on best practices with respect to financing and social-protection policy, priority-setting and generation of key information provided to countries, and its use supported.

Health information, evidence and research policy

- Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.
- Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas.

GENDER, WOMEN AND HEALTH

ISSUES AND CHALLENGES

Evidence is mounting of the differences between women and men with regard to the risk factors, biological mechanisms, clinical manifestation, causes, consequences and management of diseases and ill-health. These differences derive both from sex, i.e., biology, and from gender, i.e., the social construct of masculinity and femininity and the power relations between women and men. Both sex and gender are significant variables in the health of men and women.

The differences in power between women and men, however, have a special impact on women's health. Structural inequalities, often reflected in the legal, economic and political system, combined with unequal power relations affect women's ability to become, and stay, healthy. The health consequences of violence against women may be the most obvious example but there are also subtler effects. For instance, a woman might not have access to health care because it is provided by male doctors only and she requires permission from her husband to visit the doctor. Or a woman might be infected with HIV by her husband because she is unable to negotiate safer sex. A disproportionate burden of providing health care to children and family also falls on women, often without any support or guidance from the State or the health-care system.

Gender inequality, therefore, influences the ways in which men and women have access to, and make use of, prevention, treatment, rehabilitation and care-delivery services. To achieve equity in health, women and men, girls and boys, have to be treated equally when they share common needs, and equitably when their needs differ.

These goals of gender equality and health equity resonate with both the globally agreed targets of the Fourth World Conference on Women (Beijing, 1995) and the more recent Millennium Development Goals, which highlight the importance of gender equality in a nation's development.

Among the key challenges for WHO is the strengthening of the knowledge and evidence base. More scientific data are needed to illustrate the importance of gender and sex in public health, including evidence on successful experiences in integrating gender into public health programmes and policies, especially at the country level. Methods, policies, tools and indicators to deal with gender-based inequities in the health sector are needed to assist programmes and countries in integrating gender considerations into their work. Capacity needs to be built up significantly in order to integrate gender in health policies, plans, programmes and research, thus increasing competence in, and commitment to, tackling gender inequality throughout the health sector.

Policy-makers, donors, health-care providers and civil society need to be made aware of gender inequality in health. Translating the above challenges into concrete action at country level is essential. Success will depend to a large extent on how well gender considerations are integrated into other areas of work.

GOAL

To contribute to the achievement of health equity by promoting equality between women and men, and girls and boys through access to and use of quality health services.

WHO OBJECTIVES

To integrate gender considerations into health policies, programmes and research in order to address issues of gender inequality and inequity and to alleviate its impact on health.

Indicator

- Proportion of Member States and other health partners that are using one or more WHO tools for integration of gender in the development of health policies, strategies and programmes

STRATEGIC APPROACHES

Developing tools, and building capacity, for integrating gender in WHO programmes and policies at all levels, advocating for increased recognition and understanding at national level and in WHO of gender issues as they concern health; advocating for increased political commitment and acceptance of gender and gender-based health work to health ministries and WHO governing bodies; strengthening of partnerships with stakeholders such as civil society, academia, and United Nations agencies; increasing synergy of work in WHO on development issues such as human rights, poverty and equity; identifying ways in which gender roles affect men, their health and their role in the health of women and increasing their involvement in gender and health.

ORGANIZATION WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Broader knowledge and evidence on linkages between gender-based issues (including violence) and health, and on successful interventions.	<ul style="list-style-type: none"> Number of technical papers, case studies or reports on gender and health published and disseminated 	48	72
2. Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.	<ul style="list-style-type: none"> Number of tools and guidelines for integration of gender issues in health policies and intervention Progress in implementing a strategy on gender and health 	27 A WHO strategy on gender and health formulated	48 Approval of strategy by Health Assembly
3. Improved skills and capacities of WHO staff for integrating gender perspectives in their work.	<ul style="list-style-type: none"> Number of WHO programmes receiving technical support such as input into tools, policies, etc. Number of areas of work integrating gender considerations in their work plans or programme plans Number of courses, seminars and training activities conducted for WHO staff on gender perspectives 	25 12 15	41 33 33
4. Better public understanding of gender-based issues through a range of advocacy activities and products.	<ul style="list-style-type: none"> Number of international, regional or national events on gender issues Number of information products produced to increase public understanding of various gender and health issues Number of global and regional partnerships and networks on gender and health issues 	33 20 34	53 40 48
5. Greater commitment of Member States to addressing gender-related health policies and strategies.	<ul style="list-style-type: none"> Number of countries (health ministries) integrating a gender perspective in the health sector, supported by WHO 	34	47

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		3 921	10 773	14 694	
TOTAL 2006-2007		4 373	13 330	17 703	
level at which allocated	country	1 435	4 221	5 656	32
	regional	1 576	2 568	4 144	23
	headquarters	1 362	6 541	7 903	45
	percentage by source of financing	25	75		

Gender, women and health is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease research

- New basic knowledge about determinants (biomedical, social, economic, health systems, behavioural and gender) and other factors of importance for prevention and control of infectious diseases, generated and accessible.

HIV/AIDS

- Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.
- Involvement of affected communities and other partners in health sector responses to HIV/AIDS increased.
- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Health promotion

- Capacity for governance, stewardship, planning and implementation of multisectoral health promotion policies and programmes strengthened at country and regional levels, based on gender-sensitive approaches to promoting health and well-being throughout the life course.

Tobacco

- Advocacy and provision of support for raising awareness both of the dangers of tobacco through strong media coverage and comprehensive information on web site, and of tobacco-industry activities.
- Multisectoral collaboration on tobacco control increased through advocacy.

Violence, injuries and disabilities

- Multisectoral interventions to prevent violence and unintentional injuries validated and effectively promoted in countries.

Reproductive health

- Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.
- Ability of countries to identify regulatory obstacles to provision of high-quality sexual and reproductive health care strengthened.

Policy-making for health in development

- Implementation of WHO's strategy on health and human rights initiated in order to advance globally the concept of health as a human right; capability strengthened at regional level to provide support to Member States for integrating a human-rights approach into health-related policies, laws, and programmes.

CHILD AND ADOLESCENT HEALTH

ISSUES AND CHALLENGES

Newborn infants, children and adolescents make up almost 40% of the world's population; their health-related problems, and potential solutions to them, have been well documented. Nearly 11 million children under five years of age die every year – most in developing countries. The major killers remain unchanged; pneumonia, diarrhoea, malaria, measles, and HIV/AIDS cause half the deaths, with malnutrition underlying more than 50% of mortality for this group. There is a growing recognition of the particular vulnerability of newborn infants: deaths in the first month of life represent 60% of infant mortality and 40% of under-five mortality.

Cost-effective interventions are available and, when implemented on an adequate scale, they reduce child mortality significantly and improve child growth and development. Some interventions rely on properly functioning and well-supplied health services; others can be promoted through the community and civil society. However, the reach of these successful interventions is not currently sufficient to benefit those in greatest need, and should be increased.

During the coming decade, the number of adolescents in the world will rise to a record level. This group is exposed to multiple risks and multiple opportunities. Up to 70% of premature adult mortality has its roots in the adolescent period. An estimated 1.4 million adolescents lose their lives annually, mostly through injuries caused unintentionally, suicide and violence; pregnancy-related complications claim 70 000 adolescent lives a year. In addition, young people aged between 15 and 24 continue to have the highest rates of sexually transmitted infections (accounting for nearly 50% of all new HIV infections in 2002).

A set of positive factors that limit adolescents' risky behaviour has been identified. In addition to supporting the social environment of adolescents, key interventions include increasing access to age-appropriate information, skills and health services. In parallel with life-skills education WHO has a particular responsibility to strengthen the health sector's response to adolescent needs.

WHO has developed a number of interrelated strategies to respond to the health and development needs of children up to the age of 19 years. The strategic directions for child and adolescent health and development were endorsed by the Health Assembly; resolution WHA56.21 requests a report to be made to the Health Assembly in 2006 on WHO's contribution to implementation of the strategic directions, with particular emphasis on actions related to poverty reduction and the attainment of internationally agreed goals on child and adolescent health and development, such as the Millennium Development Goals.

Integrated management of childhood illness (endorsed by the Health Assembly in resolution WHA48.12) is a cost-effective health sector and community-based strategy that supports and complements other global initiatives to promote child survival, growth and development. The global strategy for infant and young child feeding (endorsed by the Health Assembly in resolution WHA55.25) supports interventions to improve feeding practices, reduce malnutrition, and improve growth and development. WHO's strategy for HIV and young people aims to strengthen and accelerate country-level health sector action by developing capacity, providing technical support, facilitating partnerships and mobilizing resources.

WHO continues to support strong collaboration among areas of work whose technical or population focus converges with child and adolescent health (e.g. reproductive health, making pregnancy safer, malaria, nutrition, essential medicines, and immunization). The Organization will maintain its strong partnerships with other organizations of the United Nations system, bilateral agencies, nongovernmental organizations, governments, the private sector and communities; and it will continue to guide international and national policies by means of its support to instruments such as the Convention on the Rights of the Child.

GOAL

To reduce by two thirds the rate of infant and child mortality by the year 2015 from the 1990 rate; to promote physical and mental health of adolescents; and to reduce by 25% HIV prevalence among young people aged 15 to 24 years by the year 2010.

WHO OBJECTIVES To enable countries to pursue evidence-based strategies in order to reduce health risks, morbidity and mortality along the life course, promote the health and development of newborn infants, children and adolescents, and create mechanisms to measure the impact of those strategies.

Indicators

- Proportion of cases receiving correct case management of diarrhoea and pneumonia
- Proportion of young people having access to health services

STRATEGIC APPROACHES Elaboration of cost-effective mechanisms and guidelines to deal with diseases and conditions that represent the greatest health burden to populations; implementation of such tools in countries with feedback for further research; efforts to meet international health outcome goals by extending interventions, ensuring quality of care, and strengthening national child health programmes, particularly in countries with high under-five mortality rates; provision of support for adolescent health programming and the promotion of protective factors; prioritizing human resources, collaboration with the private sector, family and community practices, and long-term political commitment and financial support.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Health-related issues reflected in country reports and recommendations of the Committee on the Rights of the Child, and translated into national policies, strategies and actions.	• Number of country reports of the Committee on the Rights of the Child that include specific health-related concluding observations and recommendations, reflecting WHO input	10	25
	• Number of countries implementing rights-based needs assessment and capacity building, in order to translate the health-related recommendations into policy, strategy, and action	8	18
2. Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.	• Number of countries having developed or implemented evidence-based policy recommendations and guidelines on protecting adolescents from major diseases and from behaviours and conditions that pose a risk to health	30	40
3. Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.	• Number of countries that have expanded geographical coverage of Integrated Management of Childhood Illnesses to more than 50% of targeted districts	25	50
	• Number of countries that have implemented strategies on Integrated Management of Childhood Illnesses or the Newborn Health Policy and Planning Framework to reduce newborn mortality	7	20
	• Number of countries that have integrated infant feeding counselling (including for infants of HIV-positive mothers) into child health services	30	50
	• Number of research projects supported by WHO that aim at influencing the formulation of strategic norms, standards and guidelines for improving neonatal and child survival	56	70

4. International and national strategies and efforts coordinated in order to attain globally agreed goals for improving child and adolescent health.	• Number of countries with child-health strategies established to facilitate coordinated action to implement child-health interventions	15	35
	• Number of countries applying WHO's strategic approach to HIV and young people	10	30

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		15 324	50 914	66 238	
TOTAL 2006-2007		27 453	73 047	100 500	
level at which allocated	country	17 388	25 381	42 769	42
	regional	5 926	28 096	34 022	34
	headquarters	4 139	19 570	23 709	24
	percentage by source of financing	27	73		

Child and adolescent health is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.

Malaria

- Access of populations at risk to effective treatment of malaria promoted and facilitated through guidance on treatment policy and implementation.
- Application of effective preventive measures against malaria for populations at risk promoted in disease-endemic countries.

HIV/AIDS

- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Health promotion

- Increased capacity of ministries of health, education and other sectors to plan, implement and evaluate settings-based programmes for reduction of risks associated with leading causes of death, disease and disability.

Tobacco

- Advocacy and provision of support for raising awareness both of the dangers of tobacco through strong media coverage and comprehensive information on web site, and of tobacco-industry activities.

Nutrition

- New WHO growth standards implemented and global, regional and national nutrition surveillance systems strengthened.
- Technical and policy support provided for the implementation of integrated strategies to improve maternal and child health and nutrition, including managing severe malnutrition, promoting fetal development, and ensuring adequate child growth, optimal breastfeeding and complementary feeding practices.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.
- Environmental health concerns of vulnerable and high-risk population groups (particularly children, workers and the urban poor) addressed by global, regional and country-level initiatives that are implemented through effective partnerships, alliances and networks of centres of excellence.

Reproductive health

- Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines.
- New evidence, products and technologies of global and/or national relevance available to improve reproductive and sexual health, and research capacity strengthened as necessary.
- Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation.
- Adequate technical support provided to countries for better reproductive and sexual health through individual, family and community actions.
- Ability of countries to identify regulatory obstacles to provision of high-quality sexual and reproductive health care strengthened.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.
- Support provided to countries for strengthening monitoring and evaluation systems for maternal and neonatal health programmes and assistance for measuring progress towards the Millennium Development Goals.
- Operations research conducted and evidence gathered to inform implementation of intensified actions towards improving maternal and neonatal health.
- Advocacy for political and financial commitment increased and effective partnerships established to support countries in strengthening their maternal and neonatal health services.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.
- Capacity in countries to implement policies and to ensure that immunization programmes use vaccines of assured quality and implement safe immunization practices adequately strengthened through technical and policy support.
- Capacity in countries to ensure effective monitoring of immunization systems and assessment of disease burden related to vaccine-preventable diseases adequately strengthened through technical and policy support.
- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.
- Implementation of WHO's strategy on health and human rights initiated in order to advance globally the concept of health as a human right; capability strengthened at regional level to provide support to Member States for integrating a human-rights approach into health-related policies, laws, and programmes.

IMMUNIZATION AND VACCINE DEVELOPMENT

ISSUES AND CHALLENGES

Three WHO regions (the Region of the Americas, and the European and the Western Pacific Regions) were free of poliomyelitis by the end of 2003. Transmission of poliovirus continued into 2004 in the three other regions. Strong progress towards stopping transmission of poliovirus had been made in Asia and North Africa, but the success of the global initiative was being threatened by the resurgence of the virus in Africa. At the core of this epidemic was the outbreak of poliomyelitis in sub-Saharan Africa, which spread from the Niger-Nigeria reservoir into 13 previously poliomyelitis-free countries in 2003-2004.¹ Importations have resulted in re-established transmission in five of these countries: Burkina Faso, Central African Republic, Chad, Côte d'Ivoire and Sudan. As a result, planned supplementary poliomyelitis immunization activities were markedly expanded in 2005, and will continue to be so in 2006 and 2007, resulting in increased costs for the global initiative.

In 2006-2007, surveillance efforts in the countries covered by the Global Polio Eradication Initiative will focus on confirming interruption of all wild-type virus transmission so that the Global Commission for the Certification of the Eradication of Poliomyelitis can certify all Regions as poliomyelitis-free shortly thereafter. Additionally, any reintroduced or emergent circulating poliovirus will be rapidly detected and responded to.

Despite progress, by 2004 more than 33 million children born every year did not have access to safe immunization services. Annually, vaccine-preventable diseases cause over two million deaths, mostly in the poorest countries, including an estimated 610 000 children from measles, despite the availability of a safe, effective and low-cost vaccine. Strengthening immunization services, building managerial capacity at all levels of the health systems in each district to increase and sustain access to immunization services, and surveillance of vaccine-preventable diseases continue to be the major scope of WHO's technical support to countries and regions with its partners. Within the Global Alliance for Vaccines and Immunization WHO will continue to provide high-quality technical support to improve national capacity for assuring long-term financial sustainability, including increased resources from the national budget and from donors or debt relief; the purchase of all vaccines, including new ones that are deemed cost effective; and the use of auto-disable syringes in countries' routine immunization services.

WHO's work in the development and promotion of norms and standards for vaccines, together with the existence of a functional national regulatory authority, pave the way for each country to attain the goal of using vaccines of assured quality. WHO's support to countries will continue through provision of training and strengthening of regulatory capacity and expertise.

A critical challenge remains research on, and faster development of, new vaccines. Closing the gaps in knowledge will depend on how fast WHO can harness all research efforts in order to accelerate, where possible, the preclinical development and clinical testing of new vaccines.

GOAL

To protect all people at risk against vaccine-preventable diseases.

WHO OBJECTIVES

To promote the development of new vaccines and innovation in biologicals and immunization-related technologies; to ensure greater impact of immunization services, as a component of health delivery systems; to accelerate the control of high-priority vaccine-preventable diseases; and to ensure that the full humanitarian and economic benefits of such initiatives are realized.

Indicators

- Number of poliomyelitis cases due to wild-type or vaccine-derived poliovirus
- Estimated number of measles deaths and cases globally
- Percentage of countries achieving immunization coverage of 80% with three doses of diphtheria-tetanus-pertussis vaccine in all districts
- Coverage of children less than one year of age with three doses of hepatitis B vaccine

¹ Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Ghana, Guinea, Mali, Saudi Arabia, Sudan and Togo.

STRATEGIC APPROACHES Monitoring and surveillance at global, regional and country levels; coordination of global research and policy development; technical and strategic support to strengthen national and district capacity to increase access to affordable vaccines and to implement immunization strategies; strengthening and expansion of global partnerships.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.	<ul style="list-style-type: none"> Number of low- and lower-middle-income countries provided with data supporting evidence-based decisions about vaccine introduction against pneumococcal, rotavirus or human papillomavirus infection that introduced those vaccines early Number of priority developing countries with improved preparedness for introduction of HIV vaccine 	<p>6 of 34</p> <p>10 of 32</p>	<p>28 of 34</p> <p>15 of 32</p>
2. Norms and standards set for production control and regulation of vaccines and other biologicals, and reference standards established.	<ul style="list-style-type: none"> Proportion of priority vaccines and biologicals for which necessary regulatory research is under way or which have production and quality-control recommendations; establishment of candidate reference materials 	3 (20%) of 15 for priority vaccines and biologicals; 30% for studies on candidate reference materials from 4 WHO regions	15 (100%) of 15 for priority vaccines and biologicals; 50% for studies on candidate reference materials from 4 WHO regions
3. Capacity in countries to implement policies and to ensure that immunization programmes use vaccines of assured quality and implement safe immunization practices adequately strengthened through technical and policy support.	<ul style="list-style-type: none"> Proportion of Member States in which the national immunization programme uses only vaccines of assured quality (according to WHO criteria) Proportion of countries assuring sterile injection practices (according to WHO algorithm) 	<p>123 (64%) of 192</p> <p>132 (80%) of 165 target countries</p>	<p>150 (78%) of 192</p> <p>165 (100%) target countries</p>
4. Capacity of countries to assure the security of vaccines supply and to increase the financial sustainability of the national immunization programmes adequately strengthened through technical and policy support.	<ul style="list-style-type: none"> Proportion of targeted countries that have prepared and are implementing a financial sustainability plan 	32 (42%) of 75	41 (55%) of 75
5. Capacity in countries to ensure effective monitoring of immunization systems and assessment of disease burden related to vaccine-preventable diseases adequately strengthened through technical and policy support.	<ul style="list-style-type: none"> Proportion of Member States meeting targets for completeness of surveillance reporting from districts to national level Proportion of Member States with access to accredited laboratory for testing of measles specimens 	<p>96 (50%) of 192</p> <p>96 (50%) of 192</p>	<p>153 (80%) of 192</p> <p>153 (80%) of 192</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
6. Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.	<ul style="list-style-type: none"> Proportion of the infant cohort in all Member States protected by three doses of hepatitis B vaccine Proportion of Member States achieving >80% immunization coverage with three doses of diphtheria-pertussis-tetanus vaccine at district level in all districts or equivalent subnational administrative level Proportion of targeted Member States having eliminated maternal and neonatal tetanus Proportion of Member States achieving 90% childhood immunization coverage against measles 	<p>68%</p> <p>96 (50%) of 192</p> <p>15 (26%) of 57</p> <p>134 (70%) of 192</p>	<p>84%</p> <p>134 (70%) of 192</p> <p>28 (49%) of 57</p> <p>173 (90%) of 192</p>
7. Effective coordination and support provided to interrupt circulation of any reintroduced poliovirus, to achieve certification of global poliomyelitis eradication, to develop products for the cessation of oral poliovirus vaccine and to integrate the Global Polio Eradication Initiative into the mainstream of health delivery systems.	<ul style="list-style-type: none"> Number of countries and areas having reported endemic poliomyelitis during the previous three years in conditions of certification-standard surveillance Proportion of countries with all laboratories containing wild-type poliovirus and vaccine production facilities meeting Biosafety Level 3 poliomyelitis requirements Proportion of suspected poliomyelitis cases investigated and responded to through the Global Outbreak and Alert Response Network 	<p>6</p> <p>53 (25%) of 215 reporting countries</p> <p>25% of events</p>	<p>0</p> <p>215 (100%) reporting countries</p> <p>100% of events</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		15 913	417 928	433 841	
TOTAL 2006-2007		14 371	485 784	500 155	
level at which allocated	country	4 561	264 526	269 087	54
	regional	3 220	162 846	166 066	33
	headquarters	6 590	58 412	65 002	13
	percentage by source of financing	3	97		

Immunization and vaccine development is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Innovative and cost-effective interventions, techniques and tools devised and validated for implementation of prevention, control and elimination of communicable diseases in low-resource settings, including in complex emergencies.

Communicable disease research

- New and improved tools, including drugs, vaccines and diagnostic tools, devised for prevention and control of infectious diseases.

Malaria

- Application of effective preventive measures against malaria for populations at risk promoted in disease-endemic countries.

Tuberculosis

- Political commitment sustained and mobilization of adequate resources ensured through nurturing of the Stop TB partnership and effective communication of the concept, strategy and progress of the Global Plan to Stop TB.

HIV/AIDS

- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Reproductive health

- New evidence, products and technologies of global and/or national relevance available to improve reproductive and sexual health, and research capacity strengthened as necessary.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Child and adolescent health

- Technical and policy support provided for the development and implementation of improved policies, strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.

Essential medicines

- Global norms, standards and guidelines for the quality, safety and efficacy of medicines strengthened and promoted.
- Instruments for effective medicine regulation and quality-assurance systems promoted in order to strengthen national regulatory authorities.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.

Health information, evidence and research policy

- Guidelines and standards determined that ensure ethical conduct of health research and best practices disseminated within WHO.

ESSENTIAL MEDICINES

ISSUES AND CHALLENGES Essential medicines save lives, reduce suffering and improve health, but only if they are of good quality, safe, available, affordable and properly used. In many countries, however, not all these conditions are met. Almost 2000 million people, one third of the world's population, do not have regular access to essential medicines. Poor quality and irrational use of medicines are also causes of concern. Even when available, medicines may be substandard or counterfeit, if their regulation is weak. The use of traditional or complementary and alternative medicine, widespread in developing countries, is becoming increasingly popular in developed countries, and a source of growing expenditure globally.

The central priority remains expanding access to essential medicines, one of the health-related Millennium Development Goals to which the international community is committed. To achieve this goal and guided by the latest Health Assembly resolutions,¹ WHO will emphasize access to all essential medicines, with a focus on expanding access to antiretroviral agents to meet the "3 by 5" target. Within the Secretariat's medicines strategy for 2004-2007, new and continued priorities include strengthening the assessment of efficacy and quality of essential medicines for priority diseases for United Nations procurement (the prequalification project), the implementation of WHO's strategy for traditional medicine, promotion and monitoring of access to essential medicines as a human right, promotion of the application of policies on the use of generic medicines and ensuring a public health-oriented approach to national implementation of trade agreements.

GOAL To help save lives and improve health by ensuring the quality, efficacy, safety and rational use of medicines, including traditional medicines, and by promoting equitable and sustainable access to essential medicines, particularly for the poor and disadvantaged.

WHO OBJECTIVES To frame, implement and monitor national medicine policies aiming at: increasing equitable access to essential medicines, particularly for high-priority health problems and for poor and disadvantaged populations; ensuring the quality, safety and efficacy of medicines by developing international standards and supporting the implementation of effective regulation in countries; and improving rational use of medicines by health professionals and consumers.

Indicator

- Number of countries that have a national medicine policy, either new or updated, within the past 10 years

STRATEGIC APPROACHES In collaboration with major partners, gathering and dissemination of knowledge based on experience gained in countries, and strengthening of national capability to put it into practice.

ORGANIZATION-WIDE EXPECTED RESULTS

INDICATORS

BASELINES TARGETS

1. Implementation and monitoring of medicines policies based on the concept of essential medicines, monitoring the impact of trade agreements on access to quality essential medicines, and building capacity in the pharmaceutical sector all advocated and supported.

- Number of countries that have plans for implementing national medicines policy, either new or updated, within the past five years
- Number of countries integrating flexibilities for protection of public health in the Agreement on Trade-related Aspects of Intellectual Property Rights into national legislation

49 of 103

62

32 of 105

47

¹ Resolutions WHA55.14, WHA56.27 and WHA56.31.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
2. Adequate support provided to countries to promote the safety, efficacy, quality and sound use of traditional medicine and complementary and alternative medicine.	<ul style="list-style-type: none"> Number of countries regulating herbal medicines 	39 of 129	47
3. Guidance provided on financing the supply and increasing the affordability of essential medicines in both the public and private sectors.	<ul style="list-style-type: none"> Number of countries with public spending on medicines below US\$ 2 per person per year Number of countries with generic substitution allowed in private pharmacies 	24 of 80 99 of 132	16 106
4. Efficient and secure systems for medicines supply promoted in order to ensure continuous availability of essential medicines.	<ul style="list-style-type: none"> Number of countries with public-sector procurement based on a national list of essential medicines 	84 of 127	93
5. Global norms, standards and guidelines for the quality, safety and efficacy of medicines strengthened and promoted.	<ul style="list-style-type: none"> Number of international nonproprietary (generic) names assigned in the biennium Number of psychotropic and narcotic substances reviewed for classification for international control in the biennium Number of priority medicines assessed and inspected for United Nations procurement 	- - -	300 4 100
6. Instruments for effective medicine regulation and quality-assurance systems promoted in order to strengthen national regulatory authorities.	<ul style="list-style-type: none"> Number of countries operating a basic regulatory system 	90 of 130	96
7. Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.	<ul style="list-style-type: none"> Number of countries that have a national list of essential medicines updated within the past five years 	82 of 114	85

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		18 166	31 914	50 080	
TOTAL 2006-2007		17 029	44 939	61 968	
level at which allocated	country	6 810	18 426	25 236	41
	regional	3 909	7 139	11 048	18
	headquarters	6 310	19 374	25 684	41
	percentage by source of financing	27	73		

Essential medicines is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Strengthen national capacity to make substantial progress in the intensified control or elimination of targeted endemic tropical diseases.

Malaria

- Access of populations at risk to effective treatment of malaria promoted and facilitated through guidance on treatment policy and implementation.

Tuberculosis

- Global TB Drug Facility and the Green Light Committee maintained and supporting expanded access to treatment and cure.
- Adequate guidance and support provided to countries to tackle multidrug-resistant tuberculosis and to improve tuberculosis-control strategies in countries with high HIV prevalence.

HIV/AIDS

- Support provided to countries to ensure uninterrupted supply of HIV-related commodities and medicines, including ensuring quality through prequalification of medicines and validation of diagnostics.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.

Immunization and vaccine development

- Norms and standards set for production control and regulation of vaccines and other biologicals, and reference standards established.
- Capacity in countries to implement policies and to ensure that immunization programmes use vaccines of assured quality and implement safe immunization practices adequately strengthened through technical and policy support.
- Capacity of countries to assure the security of vaccines supply and to increase the financial sustainability of the national immunization programmes adequately strengthened through technical and policy support.
- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.

Emergency preparedness and response

- Systems and standard operating procedures for emergencies established, to permit a rapid and dependable response that emphasizes the health priorities of populations at risk from, or affected by, natural disasters, complex emergencies and protracted crises.

ESSENTIAL HEALTH TECHNOLOGIES

ISSUES AND CHALLENGES

Health technologies are the backbone of all health systems. Evidence-based health technologies are cost effective, meet well-defined specifications and have been validated through controlled clinical studies or rest on a widely accepted consensus by experts. They are essential tools in solving health problems. Even the most simple health system cannot function without at least some of them. Yet, most of the world's population is suffering from poverty and is denied access to adequate, safe and reliable solutions that health technologies can offer.

Some health-care technologies have only one application, whereas others are designed for multiple purposes, such as in services for blood transfusion, diagnostic imaging, clinical laboratory testing and surgery. A safe and reliable service based on these technologies relies on coherent policies and standards for safety, quality and quality control, access and use.

While developing countries face a growing diagnostic demand owing to the spread of both communicable and noncommunicable diseases, they experience a profound shortage of diagnostic-imaging, diagnostics and laboratory services. At the same time, about half the equipment available in such countries does not function because both economic and human resources are lacking.

The safety and efficacy of blood products and related in vitro diagnostic procedures rely on validated quality-assurance systems. Yet such systems are not everywhere in place: about 6 million of some 80 million units of blood donated annually are not tested in accordance with WHO recommendations on screening for infectious pathogens; inadequate safety cultures for injection, including blood-transfusion practices, cause 22 million cases of hepatitis B, 2 million cases of hepatitis C and 260 000 HIV infections. There is a clear need to strengthen national regulatory authorities and manufacturers in Member States. The decline in blood donation is another issue of concern, although the World Blood Donor Day campaign aims to encourage more people to give blood regularly.

The lack of skills to perform emergency and surgical procedures at first-referral health facilities and to implement globally-agreed practices in transplantation, including xenotransplantation, raises additional significant public health concerns.

WHO is providing support to Member States, through technical cooperation projects, to implement a number of recommendations for improving the use of essential health technologies, which are set out in basic operational frameworks.

GOAL

To strengthen the ability of national health systems to resolve health problems through the use of essential health technologies.

WHO OBJECTIVES

To establish safe and reliable services that apply essential health technologies and use biological products through the adoption of basic operational frameworks covering policy, quality, safety, access and use.

Indicator

- Number of countries making use of the basic operational frameworks for the integration of essential health technologies into their health systems

STRATEGIC APPROACHES

Development of norms, standards, guidelines, information and training material and fostering of research on essential health technologies in support of the establishment of effective health services by Member States; provision of support to Member States in establishing and optimizing the use of medical technologies; assignation of highest priority to three key initiatives that cut across these technologies: development of a list of essential medical devices, prevention of health care-associated HIV infections, and use of information technology in preventive and curative health care; performance of much of this work in association with WHO collaborating centres and other partners.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Appropriate strategies promoted and support provided for blood safety and availability, injection safety and prevention of blood-borne infections, including HIV and hepatitis B and C, in health-care settings.	• Number of countries having implemented national strategies on blood safety and availability, including 100% voluntary blood donation and 100% testing for HIV and hepatitis B and C viral markers	39 countries	12 additional countries
	• Number of countries having implemented national strategies on injection safety and related infection control for the prevention of blood-borne infections in health-care settings	No data available	6 additional countries
	• Number of regional networks for strengthening of national regulatory authorities for blood products involving priority countries	1 regional network established	2 regional networks established and strengthened
	• Number of WHO international biological reference materials established or under development	110	Additional 5
2. Capacity strengthened and quality and safety of, and access to, appropriate diagnostics, medical devices, laboratory services (including basic laboratory tests and screening for HIV, hepatitis B and C) and cell, organ and tissue transplantation services improved.	• Number of countries and partners using WHO's list of prequalified diagnostics	24 countries and 5 partners	30 countries and 8 partners
	• Number of laboratories participating in external quality-assessment schemes and percentage with good or improved performance	600	700 of which 50% with good or improved performance
	• Number of targeted countries with strengthened national regulatory systems on medical devices	6 countries	At least 1 country in each region
	• Number of targeted countries using WHO core standards as a basis of national transplantation standards	To be determined, as defined from the global allogeneic and xenogeneic transplantation database available in the last quarter of 2005	10% of targeted countries in each region
	• Number of targeted countries with access to basic transplantation services	Nil	10% of targeted countries in each region
3. Guidance and support provided for implementation of safe, efficient and appropriate essential emergency and surgical care at first-level referral health facilities.	• Number of targeted countries using training material on surgery and anaesthesia for training health providers at district hospitals	Training material prepared and tested	2 countries in each region
4. Support provided to capacity building and to development of standard procedures, and model lists of essential medical devices used.	• Number of centres in each region offering training in the recommended use of diagnostic imaging	3 centres in 2 regions	1 centre in each region
	• Number of WHO technical programmes that have adopted standard procedures for drawing up a list of essential medical devices	Nil	4 technical programmes

**ORGANIZATION-WIDE
EXPECTED RESULTS**

INDICATORS

BASELINES

TARGETS

	<ul style="list-style-type: none"> Number of WHO thematic lists of devices updated and refined 	Nil	4 lists
5. Establishment of appropriate components of electronic information for use in health-care systems promoted and effectively supported.	<ul style="list-style-type: none"> Number of countries adopting national policies on use of electronic information in support of health care Number of countries using guidelines for applications of electronic information for health-care delivery 	6 countries	10 countries
		6 countries	10 countries

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		13 614	10 426	24 040	
TOTAL 2006-2007		12 139	15 043	27 182	
level at which allocated	country	4 507	5 382	9 889	36
	regional	2 987	3 977	6 964	26
	headquarters	4 645	5 684	10 329	38
	percentage by source of financing	45	55		

Essential health technologies is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease prevention and control

- Innovative and cost-effective interventions, techniques and tools devised and validated for implementation of prevention, control and elimination of communicable diseases in low-resource settings, including in complex emergencies.

Communicable disease research

- New and improved tools, including drugs, vaccines and diagnostic tools, devised for prevention and control of infectious diseases.

Epidemic alert and response

- Strategy for detecting and responding to epidemics updated and guidance on best ways to provide support to countries drawn up in close collaboration with WHO collaborating centres and international partners.

HIV/AIDS

- Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.
- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Surveillance, prevention and management of chronic, noncommunicable diseases

- Support provided to countries for framing policies and strategies for prevention and management of chronic, noncommunicable diseases at national level, including integration of primary and secondary prevention into health systems.

Violence, injuries and disabilities

- Guidance and effective support provided for strengthening of health-care systems for persons affected by violence and injuries.
- Effective support provided for strengthening of country capacity for integrating rehabilitation services into primary health care, and for implementation of policies on disability.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Child and adolescent health

- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.

Immunization and vaccine development

- Capacity in countries to implement policies and to ensure that immunization programmes use vaccines of assured quality and implement safe immunization practices adequately strengthened through technical and policy support.

Essential medicines

- Global norms, standards and guidelines for the quality, safety and efficacy of medicines strengthened and promoted.
- Instruments for effective medicine regulation and quality-assurance systems promoted in order to strengthen national regulatory authorities.

Policy-making for health in development

- Strengthened capacity of Member States to formulate and implement legislation and regulations to protect and promote public health, through technical cooperation and information exchange at country, regional and global levels.

Health system policies and service delivery

- Guidance prepared and technical support provided to improve country capacity in national and local health-sector policy-making, regulation, strategic planning, implementation of reforms, and interinstitutional coordination.

Human resources for health

- Practical guidance and tools to ensure quality of education and training and its relevance to needs available to countries and used in targeted countries.

Health financing and social protection

- Strengthened country capacity to obtain information and use it to formulate plans and policies and guide interventions for improving systems of health financing and social protection.

POLICY-MAKING FOR HEALTH IN DEVELOPMENT

ISSUES AND CHALLENGES	<p>The way in which WHO seeks to influence a wide range of national and international policies, laws, agreements and practices has an impact on the functioning and effectiveness of health systems and the achievement of health outcomes. It reflects WHO's concern for human dignity, security, ethics, equity and social justice, and the need to maximize health opportunities by tackling social and economic barriers to health and health care. Work in this area will contribute to progress towards better health, poverty reduction, greater health equity and achievement of the relevant Millennium Development Goals and other internationally agreed development goals.</p> <p>The Millennium Development Goals provide an important opportunity to promote the incorporation of health priorities in national and international development processes (including those concerned with poverty reduction). The challenge for WHO is to translate this opportunity into policies and strategies that will increase health investments, focus on the poor and reduce health inequities, and to build institutional capability – both in national governments and in WHO's country offices – for their implementation. A further challenge will be to identify macro-level or national policy implications for the health sector from community-based work under way in many regions.</p>
GOAL	<p>To maximize the positive impact of processes related to socioeconomic development, poverty reduction and globalization on health outcomes; to raise awareness and advocate the role of better health, particularly of the poor, in achieving overall development objectives; and to bring ethical, legal, and human rights norms into the formulation of national and international health-related programmes, policies and laws.</p>
WHO OBJECTIVES	<p>To maintain and further secure the centrality both of health to a wide range of development processes at national, regional and international levels, and of ethical, economic, and human-rights analysis to the achievement of just and coherent policies and laws at national, regional and international levels.</p> <p><i>Indicators</i></p> <ul style="list-style-type: none"> • Recognition of the role of health in national development in political and development forums, and its translation into policies, plans and budgets at country level • Recognition of ethics, law, trade and human rights in WHO consultations and in political forums, and their translation into policies, plans and action at country level
STRATEGIC APPROACHES	<p>Provision of guidance, advocacy and technical support to countries on such issues as the relationship between health and human rights, poverty, aid instruments, macroeconomics, equity, ethics, globalization, trade and law; ensuring reflection of recommendations of national and international bodies in these areas in national development policies, plans and budgets and linkage between community-based initiatives in which WHO is involved into national policy; ensuring the capability of WHO – particularly through country offices – to provide support in these areas, through the development of policy, guidance and direct support; convening of bodies of experts and/or policy-makers at national and international levels to build consensus around different aspects of health and development, and to advance understanding and knowledge of the issues covered; commissioning and conduct of research and analysis that will inform decision-makers in ways that are congruent with WHO's overarching objective; assuring focus of WHO's contribution and leadership on achievement of the health-related Millennium Development Goals and other internationally agreed development goals.</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.	<ul style="list-style-type: none"> Proportion of low-income countries in which WHO has played an acknowledged role in enabling national authorities to develop Poverty Reduction Strategy Papers, national poverty reduction plans, sector programmes that include a coherent and costed approach to health of the poor Proportion of low-income countries in which WHO has made an acknowledged contribution to assessing equity in the preparation of national health plans 	<p>Less than 10% of eligible countries</p> <p>20% of eligible countries in 2 WHO regions (South-East Asia and Western Pacific)</p>	<p>50% of eligible countries</p> <p>40% of eligible countries in each region</p>
2. WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.	<ul style="list-style-type: none"> Proportion of low-income countries in which a set of indicators on effectiveness of aid for health, recommended by WHO, is applied Existence of global system for tracking of resources 	<p>Nil (no indicator on aid effectiveness at beginning of biennium)</p> <p>Nil (no system exists at beginning of biennium)</p>	<p>Indicators on aid effectiveness designed and applied to 60% of eligible countries</p> <p>Tracking system established and functional</p>
3. Endorsement by WHO's governing bodies of the recommendations of WHO's commission on equity and social determinants of health and adoption by countries.	<ul style="list-style-type: none"> Number of country programmes or activities that incorporate in their operations recommendations of WHO's commission on equity and social determinants of health Recommendations of WHO's commission on equity and social determinants of health endorsed by WHO's governing bodies 	<p>Nil</p> <p>Drawing up of recommendations</p>	<p>20 programmes or activities that incorporate the recommendations in their operations</p> <p>Recommendations endorsed by WHO's governing bodies</p>
4. Implementation of WHO's strategy on health and human rights initiated in order to advance globally the concept of health as a human right; capability strengthened at regional level to provide support to Member States for integrating a human-rights approach into health-related policies, laws, and programmes.	<ul style="list-style-type: none"> Extent of progress in implementing WHO's strategy on health and human rights 	<p>WHO's strategy on health and human rights formulated</p>	<p>Approval of the strategy on health and human rights by WHO's governing bodies</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
	<ul style="list-style-type: none"> Number of national partnerships forged, tools made accessible, and projects under way to integrate a human-rights approach into health development 	4 global tools available to regions and countries	<p>Staff tools and training available in 3 regional offices to support countries in implementing WHO's strategy on health and human rights</p> <p>Implementation of the strategy under way in 3 countries in each region</p>
5. Increased capacity at country, regional and global levels and within the Organization to measure, assess and act on cross-border risks to public health in the context of globalization, focusing on implications for population health of multi- and bi-lateral trade agreements.	<ul style="list-style-type: none"> Extent of capacity to assess and act on health implications of trade and globalization 	<p>Number of countries with ministerial mechanisms for trade and health</p> <p>Staff time in regions dedicated to issues related to trade and health</p>	<p>4 countries in each region with active interministerial mechanisms for trade and health</p> <p>Half-time trade and health adviser in 4 regional offices</p>
6. Support provided at the three levels of the Organization for analysing the ethical aspects of health and research; support provided to countries through tools, standards, and guidelines for incorporating an ethical analysis into health services delivery, research and public-health activities.	<ul style="list-style-type: none"> Number of global and regional programmes or activities that include ethics in plans, activities and products Extent to which countries integrate ethics into health programmes and policies 	<p>5 programmes or activities</p> <p>2-3 topics addressed in some 10% of countries</p>	<p>10 programmes or activities</p> <p>At least 5 topics addressed in some 40% of countries</p>
7. Strengthened capacity of Member States to formulate and implement legislation and regulations to protect and promote public health, through technical cooperation and information exchange at country, regional and global levels.	<ul style="list-style-type: none"> Number of countries that have formulated health law to meet contemporary public-health priorities Availability of model public-health legislation formulated in light of the Millennium Development Goals 	<p>To be established on the bases of a survey to be conducted in the last quarter of 2005</p> <p>Framework for model law defined</p>	<p>At least 2 countries in each region</p> <p>Model law completed</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		20 047	14 287	34 334	
TOTAL 2006-2007		16 160	23 373	39 533	
level at which allocated	country	7 859	11 441	19 300	49
	regional	5 334	5 218	10 552	27
	headquarters	2 967	6 714	9 681	24
	percentage by source of financing	41	59		

Policy-making for health in development is also supported by results expected to be achieved in other areas of work, as set out below.

Tobacco

- Support provided for reflecting the provisions of the Framework Convention in national tobacco control policies and plans of action.

Health and environment

- Countries adequately supported in building capacity to manage environmental health information, and to implement intersectoral policies and interventions for protecting health from immediate and longer-term environmental threats.

Reproductive health

- International efforts for achieving international development goals in reproductive health, including global monitoring, mobilized and coordinated.

Gender, women and health

- Evidence translated into standards and strategies for integrating gender into technical programmes and policies in the health sector.

Immunization and vaccine development

- Access to current, new and underutilized vaccines maximized and disease-control efforts accelerated in countries and areas by the provision of technical and policy support that effectively contributes to build capacity from district level upwards.

Health system policies and service delivery

- Guidance prepared and technical support provided to improve country capacity in national and local health-sector policy-making, regulation, strategic planning, implementation of reforms, and interinstitutional coordination.
- Guidance and technical support provided on improved alignment of population-based public health policies and health service policies.

Human resources for health

- Strengthened leadership, policy-making, public health, management and research capacities.

Health financing and social protection

- Key tools, information and knowledge to guide policy framing and implementation validated and their use supported.

Health information, evidence and research policy

- Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.
- Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas.

HEALTH SYSTEM POLICIES AND SERVICE DELIVERY

ISSUES AND CHALLENGES

It has become increasingly evident that in many countries a vast array of effective interventions are not being provided and delivered, as a result of problems related to both access and quality of care. The impetus given by the Millennium Development Goals and growing interest in the health sector in general has led to a remarkable increase in disease-specific programmes implemented by both international organizations and national bodies.

This trend is creating new and complex challenges to health systems. Although these programmes are leading to considerable innovation and experimentation in strategies to increase coverage for specific diseases, governmental institutions responsible for the overall organization of the health sector are not being reinforced. Consequently, it has become necessary to understand and align better health-system planning with disease-specific initiatives in countries, and urgent for governmental institutions to exercise their steering function and ensure overall coherence of their health systems based on principles of primary health care.

This reinforcement is needed at several levels. At policy level there should be sufficient governance and regulatory capacity for governments effectively to exercise their steering role in the growing heterogeneity of most health systems. They need to play their part as “stewards” and maintain an overview of the entire health system; to plan and regulate coherently public and private delivery of health services; to ensure that public health functions are strengthened as well as health services; and to detect and counterbalance developments that will impact negatively on more vulnerable groups.

At managerial levels such as subnational, district and institutional levels a massive reinforcement of capacity is needed in order to handle the increasing complexity of health-care delivery and boost efforts to promote health, prevent disease and improve quality of care.

In this context Member States are increasingly requesting WHO to cooperate directly in their strategic policy-making, to establish a sound basis for those policy discussions by providing advice and guidance on the wide range of issues related to health-system organization, management, and financing, human resources, and information systems for health services. Such guidance needs to be adaptable to heterogeneous situations and both public and private health systems. In some countries the main issue will still be one of coverage and basic delivery, whereas in others there may even be excess capacity and inappropriate use of services. The challenge is therefore one of restructuring delivery in order to improve quality and efficiency.

GOAL

To improve the availability, quality, equity and efficiency of health services by strengthening their links with the broader public health functions and by strengthening the governance, organization and management of health systems.

WHO OBJECTIVES

To strengthen health-system leadership and capability for effective policy-making in countries, and to enhance the planning and provision of health services that are of good technical quality, responsive to users, contribute to improved equity through greater coverage, and make better use of available resources.

Indicators

- Number of countries that have adopted new governance approaches to health systems issues
- Number of countries implementing strategies and organizational approaches aimed at strengthening the delivery of health services in order to ensure good technical quality, responsiveness to users and equity while making better use of available resources

STRATEGIC APPROACHES Strengthening of WHO's support to countries for framing health-sector policy and implementing change, through more systematic collaboration in national strategic planning, health-system reform and interinstitutional coordination, in collaboration with other development organizations, and for reinforcing efforts to improve health service delivery, through analysis of constraints, and informed advice on innovative strategies for expanding or restructuring health services by improving the organization and management of different providers; guidance on different models of care which take into account the need for integrated health services across health institutions, and which ensure a continuum of care for patients; projects that strengthen consumer and patient involvement as active players in health-system development and service delivery, particularly on quality of care and patient safety; effective integration at country and international levels of health-systems work with disease-specific programmes in order to ensure better alignment between support to health system development and the more focused efforts to improve delivery of specific health interventions.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Guidance prepared and technical support provided to improve country capacity in national and local health-sector policy-making, regulation, strategic planning, implementation of reforms, and interinstitutional coordination.	<ul style="list-style-type: none"> Proportion of low-income countries in which WHO has played a key role through collaborating directly in redesigning health-sector policy Number of low-income countries engaged in implementing equity tools and methods at national and/or subnational levels Proportion of low-income countries where WHO has conducted capacity building exercises to develop methods and tools to improve equity in health 	<p>Estimated number of countries having received direct policy support in 2004-2005</p> <p>Number of countries engaged in conducting subnational analyses</p> <p>Less than 10% of eligible countries</p>	<p>10 countries having received support for health-system policy-making</p> <p>Double the number of countries conducting subnational analyses</p> <p>25% of eligible countries</p>
2. Organized approach developed for WHO's collaboration in health-sector reviews in countries, including an Internet-based mechanism for continuous provision of health-systems policy support; number of new, evidenced, knowledge-based policy briefs increased; strategies formulated for capacity building in health policy.	<ul style="list-style-type: none"> Number of countries using Internet briefs effectively for policy dialogue Number of WHO country-office staff trained by virtual and direct methods in strengthening of health systems Number of countries in which WHO, at national, regional or global level, has launched one development training activity for nationals on health systems 	<p>Nil</p> <p>All country offices in the African Region (46)</p> <p>5 countries</p>	<p>20 countries</p> <p>60 country offices</p> <p>15 countries</p>
3. Guidance and technical support provided on improved alignment of population-based public health policies and health service policies.	<ul style="list-style-type: none"> Extent of review of best practice for preparation of advice and guidance on integrating public health in health services, and on engaging public-health and management networks 	Existing guidance on integrating public health in health services and on new approaches to management development	Engagement of 10 international public-health and management associations; new approaches to training in public health and management in use in 5 leading public-health management schools

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
4. Evidenced, knowledge-based guidance and technical support provided to countries for strengthening delivery of health services centred on quality, equity and efficiency.	<ul style="list-style-type: none"> Number of WHO regions in which the renewed framework for health systems based on the principles of primary health care has been adapted, and support to countries initiated Number of pilot experiences on strengthened management development Number of low-income countries where bottlenecks in access to care and treatment, and delivery of services have been identified 	<p>1 region</p> <p>5 countries</p> <p>Framework for studying bottlenecks in access to care and treatment using country case studies</p>	<p>3 regions</p> <p>10 Millennium Development Goal target countries</p> <p>Application of framework to 7 interested countries</p>
5. Guidance and direct technical support provided to countries on effective integration of health services with disease-specific programmes.	<ul style="list-style-type: none"> Adequacy of guidelines, norms and tools for improved articulation between disease-specific programmes and health services 	Existing strategies for articulation between disease-specific programmes and health services	Acceptance by WHO's governing bodies of a framework for the effective integration of health services and disease-specific programmes; use of that framework in at least 7 countries

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		57 909	35 351	93 260	
TOTAL 2006-2007		43 302	69 548	112 850	
level at which allocated	country	23 204	33 908	57 112	50
	regional	13 720	18 771	32 491	29
	headquarters	6 378	16 869	23 247	21
	percentage by source of financing	38	62		

Health system policies and service delivery is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease research

- New and improved public-health policies for full-scale implementation of existing and new strategies for prevention and control framed and validated; guidance for application in national control settings accessible.

Epidemic alert and response

- Procedures established for administration of the revised International Health Regulations at national, regional and global levels.

Health promotion

- Capacity for governance, stewardship, planning and implementation of multisectoral health promotion policies and programmes strengthened at country and regional levels, based on gender-sensitive approaches to promoting health and well-being throughout the life course.

Reproductive health

- Adequate guidance and support provided to improve sexual and reproductive health care in countries through dissemination of evidence-based standards and related policy, and technical and managerial guidelines.
- Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation.
- Ability of countries to identify regulatory obstacles to provision of high-quality sexual and reproductive health care strengthened.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- WHO fully engaged in global dialogues and dissemination of best practices and processes on development, particularly in relation to the Millennium Development Goals and other partnership-based mechanisms with the aim of integrating health in the mainstream of development activities, increasing resources, and improving the effectiveness and equity of aid-delivery mechanisms in the health sector.
- Endorsement by WHO's governing bodies of the recommendations of WHO's commission on equity and social determinants of health and adoption by countries.

Human resources for health

- Guidance and support provided for effective analysis, planning and management of the health workforce in countries.
- Strengthened leadership, policy-making, public health, management and research capacities.
- Practical guidance and tools to ensure quality of education and training and its relevance to needs available to countries and used in targeted countries.
- Effective guidelines on accreditation, licensing and certification to support mechanisms and frameworks that ensure good-quality preparation and practice of health professionals made available to countries.

HUMAN RESOURCES FOR HEALTH

ISSUES AND CHALLENGES

There is an increasing recognition that to scale up major health interventions, provide good-quality services, and achieve the health-related Millennium Development Goals requires a health workforce that is sufficient in numbers, appropriate as to profiles, well educated and trained, and adequately deployed, managed and motivated. Furthermore, financial resources cannot be translated into more and better health services unless recipient countries can count on a functional workforce. Without a better understanding of the human-resources component of health systems, health-sector reform cannot be effective or sustainable. This component needs to be an integral part of health and development strategies such as poverty reduction and macroeconomic reforms.

The most crucial issue facing health systems is failure of domestic labour markets, resulting in a range of problems from absolute shortage, to underemployment, to oversupply. Migration of health personnel has considerable consequences for countries with small populations or health-system constraints. To tackle such problems, countries require strategies that focus on better alignment of education to practice, increase the motivation and productivity of health workers, identify underlying reasons for retention of personnel, and improve recruitment practices. Implementation of these strategies needs action at different levels and with different timeframes. At national level, weak information systems on human resources need to be strengthened and mechanisms put in place to facilitate dialogue and cooperation between different ministries and the public and private sectors. Development partners should undertake activities related to human resources for health in a country in ways more closely aligned to its needs. At international level, there is a need to take account of, and begin to act on, macroeconomic policies that have an impact on national health workforces, especially because the market for skilled health workers is global. This requires the development of strategies that actively engage IMF, the World Bank and WTO in seeking solutions outside current thinking.

To meet the challenges faced by countries and achieve necessary changes, significant investments are needed. These include investments to strengthen institutions that educate and train the health workforce; to build capability of ministries of health to manage their health-workforce issues; to improve the ability of regulatory systems to ensure quality of providers; to address issues of equity, gender, skill mix and distribution; to construct networks that will share best practices and support implementation; and to promote research in human resources for health so as to improve the knowledge base.

Tackling crucial issues of delivery such as HIV/AIDS treatment, responding to epidemiological and demographic changes, and assuring services in countries affected by conflict will require close attention to a broad range of health workers, from the specialist to the person providing support in the home. Training and education of health workers should be aligned with such delivery systems as primary health care and compatible with the strengthening of public health systems in the context of new actors and institutional arrangements. Further, countries need to find mechanisms to work with the growing number of stakeholders in the private not-for-profit and for-profit sectors. In pursuing the action plan for Africa adopted during the High-Level Forum on the Health Millennium Development Goals (Abuja, 2-3 December 2004), WHO is emphasizing country-based processes and the broad participation of stakeholders throughout the work.

Both *The world health report* and World Health Day in 2006 will focus on the health workforce, and will be planned and carried out in close collaboration with a broad range of stakeholders in order to identify and promulgate effectively key messages. Both will be conceived as part of worldwide efforts towards a health-workforce year or decade.

GOAL

To improve the performance of health systems through strengthening development and management of the health workforce in order to achieve greater equity, coverage, access and quality of care.

WHO OBJECTIVES

To contribute to managing effectively and creatively the interaction between the supply and demand for health workers.

Indicators

- Successful retention of an expanded health workforce in countries, reprofiled to meet health needs
- Strengthened national capacity for policy framing and management of the health workforce

STRATEGIC APPROACHES Development of guidance and best practices to support policy formulation and implementation by linking policy frameworks for human resources with other aspects of health-services delivery and health-systems development, starting with those areas in which WHO is providing support; design of activities through country dialogue; implementation led by countries, focused on solutions, and built upon existing information and policy-making processes.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Guidance and support provided for effective analysis, planning and management of the health workforce in countries.	<ul style="list-style-type: none"> Number of countries using WHO human-resources planning and management guidelines Number of countries using evidence-based tools to improve recruitment and retention of health workers 	<p>According to surveys to be carried out in 2005</p> <p>According to surveys to be carried out in 2005</p>	<p>At least 20 more countries</p> <p>At least 20 more countries</p>
2. Strengthened leadership, policy-making, public health, management and research capacities.	<ul style="list-style-type: none"> Number of countries in which WHO actively demonstrates institutional capacity for supporting leadership Number of evidence-based products developed to support and sustain leadership in human resources for health Functioning health leadership programme 	<p>According to surveys to be carried out in 2005</p> <p>10 at the start of the biennium</p> <p>At least 35 officers enrolled</p>	<p>At least 15 countries</p> <p>At least 10 disseminated globally</p> <p>At least 30 more officers enrolled</p>
3. Strategies to reduce the outflow of health workers promoted.	<ul style="list-style-type: none"> Number of countries with policies and strategies designed to reduce the outflow of health workers 	<p>According to surveys to be carried out in 2005</p>	<p>At least 25 countries</p>
4. Practical guidance and tools to ensure quality of education and training and its relevance to needs available to countries and used in targeted countries.	<ul style="list-style-type: none"> Number of countries in which WHO supports assessment of education of health professionals, including evaluation of training programmes and review of curricula Number of targeted countries in which tools, guidelines and methods for improving quality and standards of training and education of health professionals are used 	<p>According to surveys to be carried out in 2005</p> <p>According to surveys to be carried out in 2005</p>	<p>20 more countries</p> <p>50 countries</p>
5. Strengthened institutions and processes that will increase capacity for research on human resources for health in countries.	<ul style="list-style-type: none"> Number of institutions in developing countries with an active research programme on human resources for health 	<p>According to surveys to be carried out in 2005</p>	<p>At least 30 active programmes</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
6. Effective guidelines on accreditation, licensing and certification to support mechanisms and frameworks that ensure good-quality preparation and practice of health professionals made available to countries.	<ul style="list-style-type: none"> Mapping the existing regulations on accreditation, licensing and certification of health professionals Effective guidelines available to countries in at least three official languages Number of countries that adopt the guidelines for the development of national regulations 	<p>According to surveys to be carried out in 2005</p> <p>According to surveys to be carried out in 2005</p> <p>According to surveys to be carried out in 2005</p>	<p>At least 100 countries</p> <p>20 countries</p> <p>20 countries</p>
7. Regional observatories/alliances for human resources for health set up involving development partners, professional organizations and other institutions to tackle key issues at national and regional levels that contribute to strengthening national leadership and capacity for development of such resources.	<ul style="list-style-type: none"> Number of observatories/alliances established 	1 global, 0 regional	At least 2 regional alliances

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		52 488	22 582	75 070	
TOTAL 2006-2007		38 987	41 013	80 000	
level at which allocated	country	20 192	23 884	44 076	55
	regional	11 893	11 121	23 014	29
	headquarters	6 902	6 008	12 910	16
	percentage by source of financing	49	51		

Human resources for health is also supported by results expected to be achieved in other areas of work, as set out below.

HIV/AIDS

- Countries provided with support to strengthen the capacity of their health systems to respond to HIV/AIDS and related conditions, including support for health-sector policy development, planning, integrated training and service delivery with other health services, including maternal and child health, family planning, tuberculosis, sexually transmitted infections and drug dependence-treatment services.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.

Reproductive health

- Policy and technical support effectively provided to countries for the design and implementation of comprehensive plans for increasing access to, and availability of, high-quality sexual and reproductive health care, strengthening human resources, and building capacity for monitoring and evaluation.

Making pregnancy safer

- Technical support provided for development of policies, strategies, norms and standards for improving access, quality and use of maternal and neonatal health-care services.

Essential health technologies

- Guidance and support provided for implementation of safe, efficient and appropriate essential emergency and surgical care at first-level referral health facilities.

Policy-making for health in development

- Strengthened country capacity to ensure that national development plans and budgets, Poverty Reduction Strategy Papers, public sector reforms and sector programmes (including sector-wide approaches) and intersectoral mechanisms support increased investments in health and improved health outcomes, including achievement of the health-related Millennium Development Goals, and focus on the impact of any proposed measures on poor, vulnerable and marginalized people.
- Endorsement by WHO's governing bodies of the recommendations of WHO's commission on equity and social determinants of health and adoption by countries.

Health system policies and service delivery

- Guidance prepared and technical support provided to improve country capacity in national and local health-sector policy-making, regulation, strategic planning, implementation of reforms, and interinstitutional coordination.
- Organized approach developed for WHO's collaboration in health-sector reviews in countries, including an Internet-based mechanism for continuous provision of health-systems policy support; number of new, evidenced, knowledge-based policy briefs increased; strategies formulated for capacity building in health policy.
- Evidenced, knowledge-based guidance and technical support provided to countries for strengthening delivery of health services centred on quality, equity and efficiency.

Health financing and social protection

- Policy options, guidelines and recommendations on health financing and social protection developed consistent with WHO's commitment to universal coverage, and used in countries.
- Information on best practices with respect to financing and social-protection policy, priority-setting and generation of key information provided to countries, and its use supported.

Health information, evidence and research policy

- Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.
- Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas.

HEALTH FINANCING AND SOCIAL PROTECTION

ISSUES AND CHALLENGES

The way the health system is financed and organized is a key determinant of population health and well-being. Health financing has become a central issue to many governments as they seek to move towards universal coverage or improve their health systems. Policy debates cover the questions of how funds should be raised, pooled to spread risks and used to purchase or provide the services and programmes needed by their populations, and the appropriate mix between the public and private sectors. In some regions, the level of spending is still insufficient to ensure universal access to basic and essential health services and interventions, so a major concern is to ensure adequate and equitable resource mobilization for health. In some countries within these regions, external sources have recently provided substantial increases in resources for selected health interventions, leading to increased attention focused on how to ensure that these additional flows contribute to the development of sustainable financing systems and institutions. In other settings, health costs have been rising rapidly and a dominant concern is to reduce the rate of growth of health expenditure while maintaining the quality of the health system. Fragmentation of pooling arrangements and passive purchasing methods that generate inappropriate incentives for providers are characteristic of many countries. As fragmentation is also a constraint on the potential to cross-subsidize from the rich to the poor and from the healthy to the sick, many financing systems do not provide adequate levels of social protection. All countries are concerned with ensuring that the resources available to health are used efficiently and that they are distributed equitably, yet disparities in access to services between rural and urban areas and between the sexes remain in many settings. In all but a handful of countries, health financing heavily relies on out-of-pocket payments, placing large, sometimes catastrophic, financial burdens on households who can be pushed into poverty, or further into poverty, as a result. Moreover, the need to make such payments prevents people, especially those who are poor, from obtaining necessary care.

Incomplete data and information on the level and distribution of health expenditures hinder policy analysis, as does a lack of information on the effectiveness, and the costs and implications for equity, of different ways of using scarce resources. Many countries do not have sufficient skills in budgeting, financial planning and management, which impedes their potential to maximize health gains from available resources. International experience on the impact of different health-financing reforms has not yet been adequately reviewed and the information made readily available to policy-makers in a form they can use. The challenge is to work with countries and the variety of other partners to develop ways of obtaining key information, to use it as an input to the debate on policy and its implementation to improve health systems to ensure universal coverage, and to build capacity to obtain and apply this information.

GOAL

To develop systems of health financing that are equitable, efficient, protect against financial risk, promote social protection and can be sustained over time.

WHO OBJECTIVES

To formulate health-financing strategies that ensure universal coverage and are based on principles of equity, efficiency and social protection, and on the best available information and knowledge; to develop capacity to obtain key information and to use it to improve health financing and organizational arrangements as part of national policy.

Indicators

- Number of Member States that incorporate in their health-financing strategies the principles of equity, efficiency and social protection, together with an active search for the best available information and knowledge

STRATEGIC APPROACHES

Provision of policy support to countries in accordance with country needs; development of tools, information and knowledge to support policy dialogue and implementation; building of institutional, organizational and human capacity in collaboration with countries; provision of opportunities to share national and international experiences, evidence and best practices in implementing various financing and social protection options including the appropriate mix between the public and private sectors; development of partnerships with international and national institutions, and governmental and nongovernmental organizations and the private sector, where appropriate.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Policy options, guidelines and recommendations on health financing and social protection developed consistent with WHO's commitment to universal coverage, and used in countries.	<ul style="list-style-type: none"> • Availability of policy options and guidelines on key dimensions of financing and social protection policy, priority-setting, and ways of reducing the risks associated with out-of-pocket payments • Extent of the use of these policy options, guidelines and recommendations in countries to improve the social protection, efficiency and/or equity of their financing systems 	<p>14 policy-issue papers on financing and social-protection policy, contracting, priority-setting and use of cost-effectiveness analysis, cost of expanding interventions</p> <p>Use of policy papers in 10 countries, including by established commissions on macroeconomics and health and in sector-wide approaches in selected countries</p>	<p>Additional 8 policy-issue papers on financing and social-protection policy, contracting, priority-setting, use of cost-effectiveness analysis, financial cost of expanding interventions, nonhealth benefits of interventions</p> <p>Use of policy options, guidelines and recommendations in 17 countries, including by established commissions on macroeconomics and in sector-wide approaches in selected countries</p>
2. Information on best practices with respect to financing and social-protection policy, priority-setting and generation of key information provided to countries, and its use supported.	<ul style="list-style-type: none"> • Availability of policy briefs on key questions in health financing, social protection and priority-setting in a form that is readily accessible to policy-makers • Extent of use of policy briefs in national policy debate and to guide policy implementation 	<p>8 policy briefs available; no existing comparative case studies on priority-setting and insurance reimbursement</p> <p>Use in 10 countries, including in policy debate on financial-risk pooling</p>	<p>14 policy briefs available; comparative case studies on priority-setting and insurance-reimbursement decisions</p> <p>Use in 17 countries, including in policy debate on financial-risk pooling and social protection</p>
3. Key tools, information and knowledge to guide policy framing and implementation validated and their use supported.	<ul style="list-style-type: none"> • Availability of practical guides on national health accounts and resource tracking; availability of tools to describe and analyse arrangements for collection, pooling and purchasing, and associated issues of system structure, to help in setting priorities for available and new resources and to expand key interventions, to determine the extent and nature of financial risks and catastrophic expenditures, and to assess options to reduce financial risks and expand social protection 	<p>First version of tools on financial implications of financing arrangements, contracting, country contextualization for priority-setting, cost of expanding interventions; no existing tool for estimating nonhealth benefits of interventions</p>	<p>Improved tools on resource tracking, impact of financing arrangements and out-of-pocket payments, contracting, country contextualization for priority-setting, cost of expanding interventions; new tool for estimating nonhealth benefits of interventions</p>

	<ul style="list-style-type: none"> Extent of use of tools, guides and knowledge in countries 	<p>Use of tools for resource tracking, calculating financial risks to households, financing and contracting in 20 countries; country contextualization for priority-setting undertaken in 4 countries; integrated costing tool used in 4 countries; database available on effectiveness and costs of 300 interventions; no existing estimates of nonhealth benefits; annual reporting of summary ratios of health expenditures</p>	<p>Use of tools for resource tracking, calculating financial risks to households, financing and contracting in 30 countries; country contextualization for priority-setting undertaken in 12 countries; integrated costing tool used in 12 countries; database available on the effectiveness and costs of 400 interventions; estimates of nonhealth benefits available for 6 countries; annual reporting of summary ratios of health expenditures</p>
4. Strengthened country capacity to obtain information and use it to formulate plans and policies and guide interventions for improving systems of health financing and social protection.	<ul style="list-style-type: none"> Number of countries or regions benefiting from training programmes, conducted in collaboration with partners, on the use of the tools and guidelines; analysis of the results, followed by policy dialogue Existence of working networks of technical experts established for priority-setting, costing and cost-effectiveness 	<p>Training courses on national health accounts, priority-setting, costing, and catastrophic expenditures in 2 regions per year; training courses on implications of health financing and contracting in 5 countries</p> <p>2 working networks on national health accounts</p>	<p>New training courses on national health accounts, priority-setting, costing, risk protection and catastrophic expenditures in 2 regions per year; training courses on implications of health financing and contracting in 8 countries</p> <p>At least 1 working network on costing, cost-effectiveness, and financing policy, with participation of all regions</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		10 752	17 157	27 909	
TOTAL 2006-2007		16 145	26 830	42 975	
level at which allocated	country	5 823	14 041	19 864	47
	regional	4 143	8 102	12 245	28
	headquarters	6 179	4 687	10 866	25
	percentage by source of financing	38	62		

Health financing and social protection is also supported by results expected to be achieved in other areas of work, as set out below.

HIV/AIDS

- Normative guidelines and other tools and programme guidance used for HIV/AIDS prevention, treatment and care based on a public health approach and evidence from operational research and targeted evaluation.

Surveillance, prevention and management of chronic, noncommunicable diseases

- Support provided to countries for framing policies and strategies for prevention and management of chronic, noncommunicable diseases at national level, including integration of primary and secondary prevention into health systems.

Child and adolescent health

- Guidance and technical support provided and research conducted for increased coverage and intensified action towards improving neonatal and child survival, growth, and development.

Essential medicines

- Awareness raising and guidance on cost-effective and sound use of medicines promoted, with a view to improving use of medicines by health professionals and consumers.

Policy-making for health in development

- Endorsement by WHO's governing bodies of the recommendations of WHO's commission on equity and social determinants of health and adoption by countries.

Health system policies and service delivery

- Guidance prepared and technical support provided to improve country capacity in national and local health-sector policy-making, regulation, strategic planning, implementation of reforms, and interinstitutional coordination.

Health information, evidence and research policy

- Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas.

HEALTH INFORMATION, EVIDENCE AND RESEARCH POLICY

ISSUES AND CHALLENGES

Sound health information is the essential foundation of public health programmes, aiming to promote greater equity in health between and within populations. In many countries, and most particularly those with the highest burden of disease, however, basic systems are not in place for counting births and deaths, identifying cause of death, monitoring health status, or tracking use and effectiveness of programmes. Programme planners and managers do not have the information they need to use resources effectively, and at the same time are beset with demands from external agencies to provide data for monitoring the use of their funds. There is an urgent need to reform and strengthen the building of health information systems, including surveys, vital registration, surveillance and service statistics, as a joint effort between health and statistical constituents that can meet the needs of both planners and managers and donors at country and global levels. WHO will play a key coordinating, operational and technical role in this process, especially in the context of the Health Metrics Network, including reporting on progress in achieving the health-related Millennium Development Goals.

WHO has the constitutional mandate to establish and revise as necessary international classifications for diseases, causes of death and other public health parameters. The *International statistical classification of diseases and related health problems* and the *International classification of functioning, disability and health* are the two principal reference classifications. The main challenges are to enhance the access to, and use of, the classifications, especially in developing countries, and to work on revisions in close collaboration with WHO collaborating centres.

Health information and evidence should play a major role in directing resource flows and health programmes at country, regional and global levels. WHO plays a unique role in generating and consolidating knowledge and evidence on public health issues, including the publication of comparative and analytical reports and the promotion of multicountry studies on key public health topics. Failure to put existing and new knowledge rapidly into practice, in the broader context of building health systems, is a key challenge for the health-research community. The response calls for tackling the inequity that exists in access to health information and knowledge, and assuring that knowledge derived from research is accessible, disseminated and shared between the producers and users of research.

Such action requires a strong national health-research system based on a favourable enabling environment for research and for collaboration with regional and global research systems. Through its close interaction, mutual learning and integration within the health system, health research that is a tool enables countries to analyse, understand and operate the health system in an efficient manner. An effective and accountable health system must, among other features, be able to link research to health policy, put evidence into the practice of health-care delivery, and obtain people's support for, and participation in, the research endeavour.

Research aimed at improving the health system is the means through which knowledge is translated and applied to building better health systems but is a relatively neglected area compared to the huge investments made in the biomedical and clinical sciences. This imbalance was highlighted at the Ministerial Summit on Health Research (Mexico City, 16-20 November 2004) and needs to be corrected in order to make effective use of scientific knowledge to inform policy for improving health and health equity. WHO will play a leadership role in this regard in close collaboration with other organizations involved in health research, such as the Council on Health Research for Development and the Global Forum for Health Research. WHO will also play its part in institutional strengthening in countries through, for example, its network of collaborating centres, and in promoting a broader, multisectoral and cross-cutting view of health research which includes the social sciences, such as economics, demography, and behavioural sciences.

GOAL

To maximize the potential of health systems to improve health and to respond to health needs in a way that is equitable, effective and efficient on the basis of sound health information and scientific knowledge.

WHO OBJECTIVES To improve the availability, quality and use of health information at country level; to strengthen the evidence base at regional and global levels in order to monitor and reduce inequalities in health; to develop health-research systems, to build research capacity, and to use research findings to strengthen national health systems.

Indicators

- Production and use of accurate and timely health information in countries
- Ability of countries to report on the key health-related Millennium Development Goals
- Level of resources mobilized compared to the funding gap
- Equity of access to knowledge and health information

STRATEGIC APPROACHES Support for reform and strengthening of country health-information systems, including focus on the subnational level, use of data, and development and implementation of locally relevant tools; development and enhancement of the evidence base for health systems, by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas; global advocacy and promotion of health research to build better health systems; dialogue and coordination with interested partners at national, regional and global levels, in order to develop relevant activities and initiatives; fostering of cooperation between countries and regions to promote research and knowledge sharing; policy, technical and analytical activities in countries to strengthen health research and its interface with health systems at national and subnational levels; setting of standards of ethical conduct in health research; greater lay-public involvement in knowledge access and sharing for the right to better health.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Strengthened and reformed country health-information systems that provide and use quality and timely information for local health problems and programmes and for monitoring of major international goals.	<ul style="list-style-type: none"> • Number of countries with adequate health-information systems in line with international standards as defined within the Health Metrics Network • Number of countries adapting or using specific materials and tools, such as the International statistical classification of diseases and related health problems and the International classification of functioning, disability and health, and reviews of health status and health-systems metrics 	<p>Number of countries currently meeting the standard</p> <p>Number of countries currently using specific materials and tools</p>	<p>25 additional countries making significant progress towards achieving the standard for a sound health-information system</p> <p>At least 10 additional countries using specific materials and tools</p>
2. Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence and facilitation of knowledge generation in priority areas.	<ul style="list-style-type: none"> • Existence of a WHO database of core health indicators with metadata, focusing on health-related Millennium Development Goals • Number of areas in which WHO's work has generated new evidence to redirect health programmes or reinforce existing priorities 	<p>Partly harmonized databases in regional offices and headquarters</p> <p>Number of key areas in which WHO needs to generate new evidence through generation or consolidation of evidence</p>	<p>Harmonized and consistent high-quality databases with metadata available and well used</p> <p>All priority areas addressed through, for example, analytical reports or comparative analyses</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
3. Strengthened national health research for health-systems development, within the context of regional and international research and engagement of civil society; WHO programmes and initiatives in research for health-systems development and for access to, and use of, knowledge effectively developed and implemented on the basis of strategic priorities.	<ul style="list-style-type: none"> Number of targeted countries and collaborators using or adapting WHO guidelines and tools for analysis and strengthening capacity of national health-research systems Availability of a core set of health-system research priorities for WHO Effectiveness of WHO global programme in research for health-systems development Existence of initiative to build capacity in research consolidation in countries 	<p>10 to 15 developing countries having updated their strategies for strengthening national health-research systems using WHO guidelines and tools</p> <p>Draft framework of priorities</p> <p>Draft plan for programme</p> <p>No coordinated initiative in place</p>	<p>10 to 25 targeted developing countries updating health-research strategies and applying WHO tools</p> <p>Final list of priorities</p> <p>Programme launched and implemented in all regions</p> <p>Initiative implemented in selected countries</p>
4. WHO-led networks and partnerships established that improve international cooperation for health research, including a strong and effective Advisory Committee on Health Research at global and regional levels, WHO collaborating centres and expert advisory panels.	<ul style="list-style-type: none"> Functionality of mechanisms such as the Partners' Forum to promote strong partnerships and synergy between key organizations at global level Coverage of the network of national task forces on health research and health systems, that work in close cooperation with WHO global, regional and country counterparts Extent of networking between WHO collaborating centres in high priority areas Effectiveness and impact of WHO's policy for collaborating centres Number of initiatives commissioned by global Advisory Committee on Health Research 	<p>Minimal coordination, independent activities</p> <p>10 to 15 national task forces on health-research systems established in targeted countries</p> <p>Several networks in high-priority areas</p> <p>Draft of new policy agreed by all regions</p> <p>No significant initiatives developed or implemented</p>	<p>Effective mechanisms for partnerships and coordination of activities between key organizations</p> <p>10 to 20 additional national task forces on health research and health systems developed in targeted countries</p> <p>Larger number of networks in high-priority areas</p> <p>New policy fully implemented</p> <p>2-3 initiatives implemented in priority areas</p>
5. Guidelines and standards determined that ensure ethical conduct of health research and best practices disseminated within WHO.	<ul style="list-style-type: none"> Level of harmonization of ethics review procedures at headquarters and regional offices 	<p>Standard ethics review procedures established at headquarters</p>	<p>Ethics review procedures harmonized at headquarters and in the regions</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		19 625	27 439	47 064	
TOTAL 2006-2007		21 151	53 435	74 586	
level at which allocated	country	5 521	32 500	38 021	51
	regional	9 100	8 623	17 723	24
	headquarters	6 530	12 312	18 842	25
	percentage by source of financing	28	72		

Health information, evidence and research policy is also supported by results expected to be achieved in other areas of work, as set out below.

Communicable disease research

- New basic knowledge about determinants (biomedical, social, economic, health systems, behavioural and gender) and other factors of importance for prevention and control of infectious diseases, generated and accessible.
- Technical information and research guidelines accessible to partners and users.

Health and environment

- Evidence-based normative and good-practice guidance developed or updated and promoted that effectively provide support for countries in assessing health impacts and in decision-making across sectors, in key environmental-health areas including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.
- Countries adequately supported in building capacity to manage environmental health information, and to implement intersectoral policies and interventions for protecting health from immediate and longer-term environmental threats.

Reproductive health

- New evidence, products and technologies of global and/or national relevance available to improve reproductive and sexual health, and research capacity strengthened as necessary.

Making pregnancy safer

- Operations research conducted and evidence gathered to inform implementation of intensified actions towards improving maternal and neonatal health.

Immunization and vaccine development

- Research supported, guidance provided, partnerships built and research and development capacity in developing countries strengthened for the development of vaccines against infectious diseases of public health significance.

EMERGENCY PREPAREDNESS AND RESPONSE

ISSUES AND CHALLENGES

Member States have repeatedly asked WHO to strengthen its work in emergency preparedness, response and humanitarian action, post-crisis rehabilitation and disaster risk reduction.¹ The 300 000 deaths from the earthquake and subsequent tsunami of 26 December 2004 further underlined the need for WHO to focus on this crucial area.

Crises and disasters – whether natural or man-made – have a devastating effect on what are often already fragile health systems and infrastructures. More than 30 countries are currently dealing with major crises within their borders. Another 20 countries are thought to be at imminent risk of a major crisis. In addition, crises often spill over into neighbouring countries, placing a heavy strain on their limited resources. Crises are associated with reduced – and unpredictable – clean water supplies and sanitation, food and shelter, security and public health. Health conditions that are normally easily treated become aggravated or even life-threatening because of the breakdown in health systems. Disabled and elderly people, and patients with chronic illness, are at greatest risk of death. Children and women, especially when very poor, are also vulnerable. It is estimated that during 2005 as many as 500 million people will face immediate threats to their survival as a result of crises. Altogether 2000 million – a third of the world's population – are at high risk: they are often described as living in *fragile states*. The Millennium Development Goals can only be achieved if due attention is paid to the health of people living in crisis conditions and in fragile states.

WHO faces two main challenges in 2006-2007. The first will be to increase provision of support to Member States in their efforts to prepare for emergencies. This will be done through the strengthening of WHO's key functions in a crisis: (a) conducting needs assessments and analyses; (b) identifying critical gaps and ensuring they are filled; (c) supporting Member States in coordinating action for health and building local capacity; and (d) revitalizing and building capacity of health systems for preparedness and response. WHO will also continue to work closely with other United Nations agencies, international organizations and nongovernmental organizations in order to plan and coordinate an effective joint response to crises. In addition, WHO will make a critical contribution to the repair, recovery and strengthening of local health systems, linking them with support from outside, reducing vulnerability and promoting equity.

WHO's second main challenge will be improving its ability to respond promptly and efficiently to major crises. In 2006-2007 WHO will concentrate on setting up rapid response teams, building up logistics services, stocks and equipment, and developing standard operating procedures to enable it to respond quickly. It will also strengthen its presence in countries in order to assist Member States to prepare for and respond to the health aspect of crises.

To respond to these challenges, WHO will improve partnerships with UNICEF, UNFPA, OCHA and other international partners and nongovernmental organizations to ensure that health is a priority high on donors' agendas and that appropriate resources are provided for health action to prepare for and respond to crises.

There has been a steep increase in extrabudgetary funding for emergency preparedness and response since 2002. This trend is expected to continue in 2006-2007. While global resources can be estimated with some confidence, the nature of the Secretariat's work makes it difficult to forecast regional distribution of these funds. Work will, however, continue to secure steady extrabudgetary funding for WHO's preparedness work and core presence in countries.

GOAL

To reduce avoidable loss of life, burden of disease and disability among populations affected by crises, emergencies and disasters, to optimize health at times of post-crisis transition, and to contribute to recovery and development.

WHO OBJECTIVES

To develop and implement policies, programmes and partnerships that increase the capacity to prepare, respond and mitigate the risks to health during crises, and support recovery and sustainable development.

¹ Resolutions WHA48.2 and WHA55.16.

Indicator

- Number of Member States with which WHO has partnerships for disaster-risk reduction, preparedness, response and recovery

STRATEGIC APPROACHES Establishing and operationalizing a system for improving WHO's performance, involving strengthened human and material capacity at country level; development of institutional knowledge and competence through performance monitoring and technical guidance; and dedicated rapid-response mechanisms, throughout Member States, at WHO country offices, with support of regional offices, at headquarters, and in WHO collaborating centres.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Operational presence in countries strengthened in order to collaborate with Member States and stakeholders in preparing and responding to the health aspects of crises and in formulating and implementing recovery, rehabilitation and mitigation policies.	<ul style="list-style-type: none"> • Number of countries with preparedness, response and mitigation programmes in place • Number of WHO country offices meeting agreed standard performance level for health action in crises • Percentage of crises in which preparedness measures were taken and adequate response was given, in accordance with agreed levels 	84 30 40	119 50 50
2. Greater emphasis on health issues within humanitarian activities through increased WHO participation and visibility in United Nations and interagency coordination mechanisms for disaster preparedness and response.	<ul style="list-style-type: none"> • Number of times WHO is represented in crisis – and disaster – assessment missions • Number of coordination mechanisms dealing with health in crises at country, regional and global levels run or supported by WHO 	18 30	36 40
3. WHO's capacity increased to support Member States' prompt and effective response to a wide range of health crises.	<ul style="list-style-type: none"> • Proportion of times rapid response teams deployed within 24 hours after a declaration of emergency 	20%	80%
4. Systems and standard operating procedures for emergencies established, to permit a rapid and dependable response that emphasizes the health priorities of populations at risk from, or affected by, natural disasters, complex emergencies and protracted crises.	<ul style="list-style-type: none"> • Number of standard operating procedures for emergencies agreed and implemented 	5	20

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		7 863	110 813	118 676	
TOTAL 2006-2007		9 035	100 402	109 437	
level at which allocated	country	3 056	76 772	79 828	73
	regional	3 694	17 050	20 744	19
	headquarters	2 285	6 580	8 865	8
	percentage by source of financing	8	92		

Emergency preparedness and response is also supported by results expected to be achieved in other areas of work, as set out below.

Epidemic alert and response

- Support provided to Member States for strengthening national communicable disease surveillance and response systems, including the capability for early detection, investigation of, and response to, epidemics, pandemics and emerging infectious disease threats.
- Appropriate alert and response to public health emergencies of international concern coordinated.
- Effective partnerships formed at regional and global levels to support epidemic alert and response and, in that context, to raise interest and commitment and mobilize adequate resources.

Mental health and substance abuse

- Support provided to priority countries and countries facing complex emergencies for institutional capacity strengthening in order to develop and implement policies and plans on mental health and substance abuse.

Nutrition

- Integrated national food and nutrition policies and plans developed or integrated and promoted in order to meet nutrition needs throughout the life course and to tackle nutritional transition.
- Technical and policy support provided to improve nutrition in crises and in special circumstances, including people living with HIV/AIDS.

WHO'S CORE PRESENCE IN COUNTRIES

ISSUES AND CHALLENGES

WHO maintains country offices in more than 140 countries under the leadership of WHO Representatives and Liaison Officers. This area of work covers not just the posts of these members of staff and the maintenance of the country offices they manage but also improvements in that core presence in countries and a broader set of changes to improve WHO's performance at country level.

The WHO Representative or Liaison Officer in a country play advisory, brokering and catalytic roles, supporting the government and engaging in strategic partnerships for health and development. They are also responsible for managing the country team – with staff funded from different sources under a range of areas of work relevant to the country – and the overall cooperation with the country, mobilizing the support of the entire Organization and promoting partnerships for attaining national health and development goals, and enabling the country to have a greater influence on regional and global public health actions.

Various studies have highlighted aspects of WHO's technical cooperation at country level that still need attention, including uneven progress in priority areas, lack of a strategic perspective on the health sector, poor coordination within the United Nations system and with other international bodies, insufficient mobilization of resources, and unsatisfactory clarification of the functions and status of WHO Representatives and Liaison Officers. In addition, WHO has not always provided a focused and coordinated "one-WHO" response from all levels of the Organization to country-specific needs.

Countries have to be placed at the heart of WHO's work. This commitment of the Director-General has major implications in terms of the increased responsibility, authority and resources allocated to country offices. The emerging public health challenges and the work at country level are increasingly complex. WHO needs to articulate its contribution to national health and development plans and processes, including those for attaining the Millennium Development Goals, poverty-reduction strategies, Sector-Wide Approaches for health and United Nations mechanisms such as the Common Country Assessment and United Nations Development Assistance Framework. There will thus be demands for increased technical and administrative capacity in country offices.

The main instrument for translating WHO's country focus into action is the country cooperation strategy. That strategy reflects a medium-term vision for cooperation with a given country, and defines a strategic framework for working with that country. The strategies serve as a basis for planning throughout the Organization and adapting WHO's core presence to countries' priorities. Steering and managing the agenda outlined in a country cooperation strategy, and formulating a single WHO plan and budget covering all that WHO will do in and with the country, are major challenges.

GOAL

To provide effective support to Member States for reaching their national health and development goals and to contribute to achievement of the health-related Millennium Development Goals through an adequate core presence of WHO at country level.

WHO OBJECTIVES

To ensure relevance and effectiveness of the Organization's work and its accountability to Member States through a core presence in countries based on WHO's strengths and adapted to each country's context as outlined in the specific country cooperation strategy; allocating technical and financial resources accordingly; and ensuring that country inputs guide WHO's policy, technical and advocacy work.

Indicator

- Number of countries in which the Organization has a well-defined core presence with a plan of work and the resources required for tackling priority issues identified in the specific country cooperation strategy

STRATEGIC APPROACHES Performance of WHO's core functions by maintaining and improving WHO's core presence in countries; review and implementation of country cooperation strategies in line with national and international development platforms; improving capacity of country teams; formulating, country by country, a single WHO plan and budget that makes best use of the Organization's strengths and abilities; promoting enhanced communication, coordination and understanding of roles and responsibilities across different levels and areas of the Organization; promoting strategic partnerships and coordination of external input to support national health development; monitoring of, and feedback on, the results of WHO's focus at country level.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. WHO offices maintained in countries.	<ul style="list-style-type: none"> Number of WHO country offices 	143	143
2. Improved WHO core presence and capability to implement WHO's strategic agenda at country level.	<ul style="list-style-type: none"> Competitive selection processes for WHO Representatives and Liaison Officers Systematic reprofiling of WHO country teams in response to needs outlined in specific country cooperation strategies Proportion of WHO Representatives and Liaison Officers having participated at least once in the biennium in global reference groups and consultations Introduction of programme implementation mechanisms to ensure consistent and coordinated technical support to countries across WHO levels and areas of work 	<p>Selection process set up in one region</p> <p>Methodology for reprofiling of WHO country teams under development in selected regions</p> <p>Proportion as given by survey at the end of 2005</p> <p>Coordinated programme implementation mechanisms started in a few regions</p>	<p>Selection process consistently applied in all regions</p> <p>Reprofiling of WHO country teams as part of routine WHO managerial process in all regions</p> <p>25% increase (end of 2007 survey)</p> <p>Coordinated programme implementation mechanisms put in place in all regions</p>
3. Country cooperation strategies developed and updated and used as a basis for planning the Organization's country work.	<ul style="list-style-type: none"> Number of country cooperation strategies aligned with national objectives and plans, and articulated with United Nations and other development agencies' platforms and processes at country level Application of a common system of joint planning for developing a single plan and budget based on the country cooperation strategy 	<p>133¹</p> <p>Common approach being developed based on regional experiences</p>	<p>143,¹ including 25% reviewed/updated</p> <p>Common system applied in all regions</p>

¹ Including one country cooperation strategy for the Organisation of Eastern Caribbean States and one for the 14 states and areas covered by the WHO Representative in the South Pacific.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
4. Mechanisms for effective implementation and monitoring of WHO country focus and decentralization policies strengthened.	<ul style="list-style-type: none"> • Availability of WHO management information for the country focus policy, including a core set of performance indicators for WHO at country level • Continuous sharing of best practices through meetings of WHO Representatives and Liaison Officers • Effective network of WHO country support units with participation from all levels of the Organization • Level of satisfaction among WHO Representatives and Liaison Officers with the technical support and back-up from regional offices and headquarters for their country cooperation strategies 	<p>Management information system for country focus designed</p> <p>One Organization-wide meeting, and, in each region, at least two regional meetings per biennium</p> <p>Functions of the country support units network carried out as indicated in the 2004 report of the network¹</p> <p>Results of the first qualitative survey on level of satisfaction of WHO Representatives and Liaison Officers (end 2005)</p>	<p>Management information on country focus produced and disseminated across the Organization</p> <p>One Organization-wide meeting, and, in each region, at least two regional meetings per biennium</p> <p>All functions of the network effectively carried out</p> <p>25% increase in level of satisfaction as measured by the second qualitative survey (end 2007)</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		114 409	37 508	151 917	
TOTAL 2006-2007		128 624	59 979	188 603	
level at which allocated	country	122 080	44 556	166 636	89
	regional	3 439	13 978	17 417	9
	headquarters	3 105	1 445	4 550	2
	percentage by source of financing	68	32		

¹ *Country Support Unit Network 2004*, Geneva, World Health Organization, 2005.

KNOWLEDGE MANAGEMENT AND INFORMATION TECHNOLOGY

ISSUES AND CHALLENGES

WHO from its inception has been a knowledge organization, and in recent years has taken strides to reorient itself to make better use of that aggregate knowledge internally and externally to promote better health in Member States. Management of knowledge concerns use of the most effective ways to create, share and apply an organization's knowledge assets, and the culture, processes and tools needed to do so. It is an Organization-wide approach that will enable WHO to maintain its position as an authoritative source of information and knowledge for diverse audiences on issues related to public health. The approach provides a framework within which knowledge elements of various types and in appropriate media (information, individual and collective experience, expertise, data, publications, effective practices, and lessons learnt) are better captured, organized, shared and applied to practical problem-solving.

Information and communication technology provides the platform which interconnects the three levels of the Organization in a network within which learning can thrive and operations run efficiently. Beyond the challenges of setting up and maintaining the required physical infrastructure, there are others related to the changes in organizational culture that will be needed in order for collaboration and knowledge sharing to take place effectively. The Organization also plays a crucial role in promoting and facilitating the application of effective knowledge management and information and communication technology for improving health within Member States. In this regard, it faces challenges in contributing to build up relevant capability in countries, fostering and monitoring progress in ability to use electronic information in support of health care, strengthening exchange of information, and promoting the effective use of information and communication technology in health care.

The linking of knowledge management and dissemination with information technology and communication reflects a holistic approach and puts into practice the values of cooperation and applied problem-solving that WHO promotes. The value of the experiential knowledge of individuals is recognized, as well as that of formally generated knowledge, and maximum effect is drawn from both. All parts of the Organization contribute to, and benefit from, its knowledge pool. To that end a comprehensive Organization-wide strategy is being implemented aimed at putting knowledge assets to best use for all. Challenges include ways to address inequities in information systems in countries, to create a uniform knowledge environment with common information-exchange standards, to enable and empower communities of practice to create, share and apply knowledge more efficiently and effectively, and to improve the Organization's own system for delivery of the information needed for the effective and efficient management and administration of its programmes, including in the country offices. In this regard, a global management system is being set up that meets the Organization's requirements and can be scaled to the size of each WHO office while providing it with the information needed to perform its role.

As the Organization becomes dependent on information and communication technology in the conduct of its work, it will, with its diverse and decentralized environment, become increasingly reliant on an information architecture that overcomes physical and organizational boundaries in order to share and promote knowledge and experience. In this context, issues of security (protection) and assurance (reliability and stability) of networks and related infrastructure are important.

GOAL

To foster, equip and support an environment that encourages the generation, sharing, effective application and dissemination of knowledge in Member States and within the Organization in order to promote health, using appropriate knowledge management and information and communication technology.

WHO OBJECTIVES To promote an organizational culture supported by an information technology infrastructure that responds to needs of users in Member States and within the Organization related to knowledge management and information technology.

Indicators

- Adequacy of needs-based knowledge management programmes in health systems in Member States and throughout the Organization
- Availability of an appropriate and cost-effective information and communication technology infrastructure that meets the needs of users throughout WHO
- Effective implementation of the Organization-wide global management system

STRATEGIC APPROACHES Strengthening country health systems through better knowledge and information management, and by building capability in Member States, and within the Secretariat; improving access to the world's health knowledge on the basis of a better understanding of the needs of constituents; driving cultural change to encourage and enable knowledge creation, capture, translation, sharing and reapplication; fostering networking and communities of practice; supporting eHealth in Member States.

Within the Secretariat, positioning information technology as a strategic tool for programmes; strengthening governance and capacity to maximize value of information technology, ensuring its broad and effective use throughout the Organization and in country cooperation programmes; protecting information and infrastructure through security and business-continuity practices, including a data centre; providing technology services to ensure the successful implementation of the Global Management System.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Knowledge management policies and strategies developed to enable learning in health systems and in the Organization.	<ul style="list-style-type: none"> • Availability of effective policies, practices, toolkits and training for knowledge management in Member States and the Organization • Existence of communities of practice to foster managerial and programmatic effectiveness 	<p>Policies, toolkits and training for knowledge management available in some offices</p> <p>Some communities of practice supported within the Organization</p>	<p>Access to effective policies, practices and toolkits by target health systems and the entire Organization; most target countries engaged in their development</p> <p>Thriving communities of practice in target health systems and throughout the Organization</p>
2. WHO's information products and health information and communication technology seamlessly integrated into learning systems.	<ul style="list-style-type: none"> • Extent of use of custom-organized interfaces for sharing information • Proportion of staff who contribute to and benefit from the collective knowledge pool 	<p>Suboptimal use of interfaces for sharing information</p> <p>Vertical knowledge sharing within the Organization</p>	<p>Better use of knowledge-sharing environments</p> <p>Knowledge sharing across institutional boundaries</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
3. Unified information management and technology architecture at WHO designed and implemented.	<ul style="list-style-type: none"> Percentage of key documents used by the Organization for decision-making that are captured, organized and stored electronically Degree of commonality of standards for information and communication infrastructure, across all WHO locations 	<p>Most current (but not less recent) documents captured and accessible electronically</p> <p>Base standard of compatible technology components available, founded on informal agreements</p>	<p>All key documents captured, organized and stored electronically</p> <p>An agreed set of standards and products to meet business requirements for information compatibility, enable sharing of expertise, and achieve economies of scale</p>
4. Appropriate technology infrastructure and information strategies in place to meet the business requirements of functionality, reliability and cost-effectiveness.	<ul style="list-style-type: none"> Reliability of access to information technology systems and information content Adequacy of information technology systems and information content at country level 	<p>Most WHO locations linked through a single supplier</p> <p>Variable levels of information technology infrastructure and service at country level</p>	<p>Demonstrated competitiveness of communications networks, compared to industry standards and agreed business requirements</p> <p>Strengthened country office infrastructure to meet a common service level</p>
5. WHO's information products and tools to use electronic information applied effectively and efficiently to address health issues in countries.	<ul style="list-style-type: none"> Accessibility of frameworks and tools to make it possible to apply relevant information, including electronic, in support of health care in countries Cost-effectiveness of the use at country level in support of health care of available information products and tools for use of electronic information 	<p>Limited availability of frameworks and tools in countries for applying information</p> <p>Suboptimal adoption and use of available information products</p>	<p>Frameworks and tools accessible and available for all priority WHO work in countries</p> <p>Greater adoption and more consistent use of available information products through training, outreach and cross learning</p>
6. Selected priority information products in relevant languages from headquarters and regional offices appropriately generated, disseminated and archived.	<ul style="list-style-type: none"> Availability of information in relevant languages and in collaboration with regional offices Number and distribution of visits to, and downloads from, WHO's web site Impact of WHO information products, as measured by citations in scientific literature, reviews, or mentions in the media 	<p>Most information products available in selected official languages</p> <p>Over 2.5 million visits and 2 million downloads per month</p> <p>Impact consistent with broad coverage by global media and international research literature</p>	<p>Priority information products available in most commonly spoken languages in countries</p> <p>Over 4 million visits and 3 million downloads per month</p> <p>Impact indicates more directed use in Member States through priority institutional initiatives</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
7. Cost-effective provision of existing technologies to the Organization.	<ul style="list-style-type: none"> Availability of corporate applications, supporting both health technical functions and administrative support functions, according to established business-service requirements 	<p>Continuity strategies limited</p> <p>Varying levels of systems availability and support, inconsistent with the business need</p>	<p>Compliance with agreed information technology service levels (including service continuity plans) funded and implemented to meet current business requirements in terms of security, accuracy and usability</p>
8. Core programmes sustained with appropriate streamlined business processes and control mechanisms; fully operational global management information system in place that facilitates the Organization's performance and can be scaled to the size of each WHO office.	<ul style="list-style-type: none"> Availability of global information for managerial and administrative purposes Level of required reconciliation of administrative data 	<p>Information available locally in fragmented form</p> <p>Fragmented information systems that require manual reconciliation</p>	<p>Comprehensive, timely information available electronically</p> <p>Reconciliation eliminated</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		53 877	62 017	115 894	
TOTAL 2006-2007		57 319	80 861	138 180	
level at which allocated	country	2 308	18 832	21 140	15
	regional	20 398	27 492	47 890	35
	headquarters	34 613	34 537	69 150	50
	percentage by source of financing	41	59		

PLANNING, RESOURCE COORDINATION AND OVERSIGHT

ISSUES AND CHALLENGES

WHO introduced results-based management for Programme budget 2000-2001. Since then, its application has been refined and extended across all levels of the Organization with each subsequent programme-budget cycle. These positive steps have led to a stronger emphasis on results, better targeting of resources, and greater accountability in support of the Organization's country focus. Nevertheless, various issues remain to be resolved if results-based management practices are to be applied consistently across all institutional levels and areas of work.

Difficulties experienced include ensuring consistency between strategic and operational planning, making adequate use of lessons learnt from performance assessments and properly reconciling the unique needs of countries and country workplans with the achievement of Organization-wide objectives and expected results. The timeframes for various managerial processes have been reviewed in the light of the need for mechanisms for closer consultation and coordination between headquarters, and regional and country offices.

The degree of acceptance and compliance with Organization-wide rules has varied considerably within headquarters, across regions, and in countries, hindering the integrated planning, monitoring and reporting necessary for more effective programme management. Offices have not internalized the culture of planning, performance monitoring, and reporting that is essential for implementing results-based management.

For the biennium 2006-2007, the main challenge will be to revise WHO's managerial framework in the light of recommendations arising from a review undertaken in 2004-2005 of its scope, periodicity and interlinkage of components, namely, strategic and operational planning reflecting country focus, an integrated programme budget covering all sources of funds, performance monitoring, quality assurance, evaluation and reporting. The revised framework will then be integrated into the day-to-day operations of programmes at all levels. There is also a need to improve intra-Organizational cooperation and to use shared processes and a management information system compatible throughout the Organization. An effective system for planning, mobilization, coordination and administration of voluntary resources will be extended to all levels of the Organization in order to realize a single programme budget that integrates all sources of funds and to meet the Director-General's commitment to moving resources from headquarters to regions or countries, with a target of 75% of resources to regions and countries and 25% to headquarters.

Organizational culture must continue to evolve so that programme managers and decision-makers at all levels effectively use the information generated by the managerial system to improve their performance. In order to facilitate this process, changes need to be made to harmonize administrative practices and procedures within a context of decentralization; and an integrated learning and support framework for results-based management needs to be introduced.

GOAL

To apply consistently across the Organization the principles of results-based management and related processes, namely, strategic and operational planning, resource planning and coordination, performance monitoring, quality assurance and evaluation, in support of WHO's leadership role in international health and its programme development and operations.

WHO OBJECTIVES

To implement fully functional Organization-wide systems and mechanisms for results-based management that provide effective support for WHO's accountability policy and country focus.

Indicators

- Proportion of expected results that are fully achieved at each organizational level
- Degree of integration of evaluation recommendations into WHO's managerial process

STRATEGIC APPROACHES Development of understanding of results-based management principles and compliance with WHO's managerial framework; strengthening of institutional and staff capacity for long-term strategic planning, biennial programming and budgeting, operational planning, performance monitoring, quality assurance, evaluation and reporting; strengthening of the Organization's programme management information system, including systems for resource planning and coordination; establishment of a regular system for the training and coaching of staff in the principles of results-based management.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. WHO's revised managerial framework and its related processes applied in a coordinated and consistent manner for strategic planning, biennial programming and budgeting, operational planning, performance monitoring and reporting, including support for the country focus.	<ul style="list-style-type: none"> At each organizational level, proportion of areas of work for which workplans have been developed and monitored and which are fully consistent with strategic plans and the programme budget 	50%	75%
2. Global system for planning, mobilization, coordination and administration of voluntary resources in support of results-based management and the country focus applied throughout the Organization.	<ul style="list-style-type: none"> Proportion of headquarters programmes, and regional and country offices in which the Organization-wide system for planning, mobilization, coordination and administration of voluntary resources is consistently applied 	None	100%
3. Capacity for quality assurance services strengthened and advice and assistance provided to make programme delivery across all levels of the Organization more relevant and cost effective.	<ul style="list-style-type: none"> Proportion of programme managers' requests for assistance in making programme delivery more relevant and cost effective fulfilled 	None	75%
4. Culture and practice of results-based management sustained at all levels of the Organization.	<ul style="list-style-type: none"> Proportion of professional staff, at each level of the Organization, trained in the principles and practices underlying the revised WHO results-based managerial framework (strategic and operational planning, performance monitoring, quality assurance, evaluation and reporting) 	10%	75%
5. A globally compatible programme management information system fully in operation, that integrates data from all levels of the Organization, and supports efforts to improve performance and accountability at all levels, and to focus on country work.	<ul style="list-style-type: none"> Proportion of agreed core data set that is provided in workplans at each level of the Organization and captured in the global database 	None	75%

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
6. WHO's work systematically evaluated to assess its medium-term impact and ensure good stewardship of the Organization's resources.	• Number of thematic and programmatic evaluations completed during the biennium in accordance with the framework on programmatic evaluation	None	8
7. Risks to the Organization identified and mitigated by controls designed to ensure good corporate governance.	• Level of implementation of annual audit plans	Fulfilment of annual audit plan	Fulfilment of annual audit plan

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		9 452	6 846	16 298	
TOTAL 2006-2007		12 213	13 479	25 692	
level at which allocated	country	1 712	2 900	4 612	18
	regional	6 089	3 434	9 523	37
	headquarters	4 412	7 145	11 557	45
	percentage by source of financing	48	52		

HUMAN RESOURCES MANAGEMENT IN WHO

ISSUES AND CHALLENGES	<p>As the world's leading public health agency, WHO needs a versatile, productive, skilled and motivated workforce, dedicated to the Organization's mission. The challenge to WHO is therefore to attract and retain the most talented women and men, from all Member States.</p> <p>Good planning of human resources, based on actual and projected needs, is essential to the effective management of staff. Managers need to have employment packages that are closely aligned to the type and duration of the function performed. Changes made in previous years will be evaluated to ensure that WHO has an appropriate range of contract choices at its disposal.</p> <p>WHO needs to promote continuously an organizational culture in which staff achieve high levels of performance through sound management and development; and in which they enjoy fair treatment, job security and safety, a healthy working environment, and staff/management relations based on mutual trust and respect.</p> <p>Following the full implementation of WHO's global competency framework during the biennium 2004-2005, the main challenge will be to ensure that human resources management fully assimilates the competencies and behaviours of the new management culture. WHO's new global management and leadership development programme is a key part of this process. The impact of increased investment in staff development and learning through creation of the global staff development fund, and the learning programmes it will support, should produce a measurable cultural shift across the Organization, leading to higher levels of satisfaction and better performance.</p> <p>In view of the global nature of its public health operations, the Organization needs staff members who have professional experience across regions and countries. This major challenge will be met by the introduction and implementation of a regulated system of mobility that will apply to all internationally recruited staff. The mobility programme will build on the experience of the voluntary scheme introduced in the 2004-2005 biennium, applying the lessons learnt. The new system will need to balance the interests of programmes and staff with those of the Organization.</p> <p>WHO will continue to participate actively in pay and benefits reforms, within the United Nations common system, with a view to making the compensation package more responsive to, and supportive of, the current needs of Member States, United Nations organizations and staff. The proposed reforms include introduction of performance-related pay, grouping of grade levels, and the establishment of a senior executive service.</p> <p>The recruitment strategy designed to broaden the diversity of the WHO workforce will be reviewed and amended as necessary.</p>
GOAL	<p>To apply best practice in all aspects of human resources management at all organizational levels, in support of WHO's leadership role in international health.</p>
WHO OBJECTIVES	<p>To provide the strategic direction, policies and procedures necessary to ensure that human resources services are delivered in a timely and effective manner in support of WHO's role to promote and protect health.</p> <p><i>Indicator</i></p> <ul style="list-style-type: none"> Operational excellence in the timely delivery of high-quality human resources services at headquarters and in regional and country offices
STRATEGIC APPROACHES	<p>Formulation of policy, design of systems and delivery of human resources services to meet current and future organizational goals through continuous improvement of technical and people-management capabilities, processes and systems.</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. New global human resources information system and streamlined, re-engineered procedures established, providing staff globally with improved quality and quantity of information and better access.	<ul style="list-style-type: none"> • Availability of internally consistent global information across offices • Degree to which organizational units can be reprofiled and analysis of gap between required and available skills and competencies can be undertaken 	<p>Lack of internally consistent human-resources information throughout the Organization</p> <p>Reprofiling limited due to lack of tools and information</p>	<p>Human resources module of the global management system implemented and operational</p> <p>All organizational units using reprofiling tools and skills-gap analysis</p>
2. Effective learning programmes that meet staff and organizational needs launched, ensuring the effective use of individual development plans across the Organization.	<ul style="list-style-type: none"> • Level of staff satisfaction with development opportunities offered at WHO • Level of satisfaction with management and leadership capacity at WHO reported by staff 	<p>Limited number of development opportunities</p> <p>Limited leadership and management learning programme available</p>	<p>Expanded availability of learning programmes based on assessed demand</p> <p>Leadership and management learning programme implemented for all senior and middle managers</p>
3. Rotation and mobility system fully implemented, based on a compendium of vacancies issued at least once a year.	<ul style="list-style-type: none"> • Proportion of staff having completed their maximum standard assignment length who participate in the rotation and mobility programme 	Limited voluntary rotation and mobility	80%
4. Conditions of service improved and staff-friendly policies implemented; WHO pay and benefits system brought into line with the United Nations field-oriented organizations' system.	<ul style="list-style-type: none"> • Degree of improvement in staff-friendly policies 	Special-operations living-allowance policy not applied; lack of a post-traumatic stress disorder programme and global counselling services	Implementation of special-operations living-allowance policy; post-traumatic stress disorder and stress management programmes in place
5. Procedures and systems maintained, enabling the Organization to recruit staff and meet its contractual obligations as an employer, while providing a caring and supportive environment for all staff.	<ul style="list-style-type: none"> • Proportion of timely and correct replies to queries and requests for assistance, and payments to staff and retirees according to their respective compensation/benefits package in accordance with entitlements rules • Frequency of appeals for non-compliance with the Organization's regulatory instruments 	<p>As per survey at end of 2005</p> <p>Completed survey on organizational climate</p>	<p>100%</p> <p>Improved yearly survey results</p>
6. Reliable staff security management systems in WHO in place to enable the effective and efficient conduct of activities while ensuring the security, safety and well-being of staff	<ul style="list-style-type: none"> • Percentage of WHO staff in headquarters and regions performing country duties who are adequately trained in United Nations security management procedures and personal security • Percentage of country offices that are equipped in conformity with the minimum operating security standards 	<p>95% of staff who travel to or are assigned to countries in security phase trained in basic security in the field</p> <p>50% of countries minimum operating security standards compliant</p>	<p>100%</p> <p>80%</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		21 884	26 833	48 717	
TOTAL 2006-2007		22 384	29 489	51 873	
level at which allocated	country	-	479	479	1
	regional	8 342	8 477	16 819	32
	headquarters	14 042	20 533	34 575	67
	percentage by source of financing	43	57		

BUDGET AND FINANCIAL MANAGEMENT

ISSUES AND CHALLENGES	<p>Budget and financial management are continuing functions that must be efficient and allow for sound internal control to support the work of the Organization at all levels. Flexibility is required in order to accommodate circumstances and needs particular to individual locations; consistency is also necessary to ensure that the correct balance is struck between service and control. Timely, accurate and relevant management information is vital to support the delivery of work across the Organization, while integrated reporting is necessary to improve the planning and monitoring processes of the Organization – meeting the needs of managers as well as the statutory and other requirements of Member States. The growth of voluntary contributions and the increasing complexity of donor agreements place increasing demands upon the Organization. There is therefore a need for appropriate strategies to ensure that the integrated programme budget is financed on a sound, sustainable basis. Staff involved in budget and financial management should have the necessary skills, expertise and capability to handle the increased volume and complexity of financial resources, associated reporting and other requirements that will result.</p> <p>A major challenge is to continue to improve budget and financial management through increased decentralization, including the development of appropriate policies, procedures and guidance. There is a need for new information technology systems that are simplified and streamlined and that respond efficiently to both changing programme requirements and the concerns of Member States. An internal control framework should also be maintained to promote accountability and minimize the risk of fraud.</p> <p>Appropriate use of financial information to support the health activities of the Organization is crucial to ensuring effective management by the technical areas in an accurate and timely manner. Financial information is one of the measures by which success in achieving objectives can be judged by Member States and others that provide financial resources or benefit from the output of the Organization. Relevant and effective support and guidance are necessary to implement policies.</p>
GOAL	<p>To apply best practice in all aspects of budget and financial management at all organizational levels within a sound internal control framework, in support of WHO's leadership role in international health.</p>
WHO OBJECTIVES	<p>To follow best practice in budget and financial management coupled with integrity and transparency, providing effective and efficient support for budget and financial administration across the Organization for all sources of funds, including relevant financial reporting at all levels, both internally and externally.</p> <p><i>Indicators</i></p> <ul style="list-style-type: none"> • Timely financial information and accessible analytical tools that allow managers at all levels of the Organization to make well-informed decisions on planning and operational matters • Budget presentation, implementation and monitoring, enabling Member States and other donors to judge financial performance • Acceptance by governing bodies of the biennial financial report, audited financial statements (including an unqualified audit opinion) and the interim financial report and statements • Response to internal and external audit report recommendations, leading to enhanced accountability and supporting appropriate internal control
STRATEGIC APPROACHES	<p>Formulation of relevant policies within a framework of financial integrity and continuous improvement in order to assure a seamless budgetary and financial process, efficient, effective operations, and a sound accountability framework, for all sources of funds and at all levels of the Organization; provision of a balanced response to the different, but equally important, requirements of Member States and donors as providers of funds, and of the Organization, at all levels.</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Policies and guidance prepared for implementation of new, streamlined functions under delegated authority to countries and regions in line with implementation of the new global management system.	<ul style="list-style-type: none"> Comprehension and implementation throughout the Organization of policies underpinning the global management system 	Updated WHO Manual and related procedures and appropriate training programme	Revised policy and procedures fully reflected in the WHO Manual and training programme carried out at all levels
2. Integrated budget estimates drawn up, including financing strategies; income and expenditure projections, monitoring and reporting carried out for all sources of funds on a fully integrated basis.	<ul style="list-style-type: none"> Timely and relevant submission of budget estimates to governing bodies Timely reporting to satisfy needs of internal management and requirements of Member States 	<p>Compliance with Financial Regulations</p> <p>Global consolidated database updated by 18th working day each month; ad hoc reports on financial implementation</p>	<p>Compliance with Financial Regulations</p> <p>Global consolidated database updated by 10th working day each month; monthly reporting by 15th working day</p>
3. Statutory and other financial reports prepared and submitted to the Health Assembly in accordance with WHO Financial Regulations and Financial Rules, policies and procedures.	<ul style="list-style-type: none"> Submission of interim financial report for biennium 2006-2007 to External Auditors by 31 March 2007 Submission of final financial report for biennium 2006-2007 to External Auditors by 31 March 2008 External audit opinion and recommendations 	<p>Interim financial report finalized by 31 March</p> <p>Final financial report finalized by 31 March</p> <p>Unqualified audit opinion</p>	<p>Interim financial report finalized by 28 February 2007</p> <p>Final financial report finalized by 28 February 2008</p> <p>Unqualified audit opinion</p>
4. Financing strategy for integrated budget management (income and accounts receivable) drawn up and effectively implemented.	<ul style="list-style-type: none"> Timely recording of income Accuracy of income database Level and timeliness of collection of receivables for all sources of funds 	<p>Income recorded within 5 days</p> <p>Chart of accounts aligned with programme budget</p> <p>Actual rate of collection 2004-2005</p>	<p>Income recorded within 2 days</p> <p>Chart of accounts aligned with programme budget</p> <p>Improved rate of collection compared with 2004-2005</p>
5. Expenditure and accounts payable managed in order to implement the integrated programme budget.	<ul style="list-style-type: none"> Accuracy of expenditure database Timely payment of suppliers and contractors according to contract terms 	<p>Chart of accounts aligned with programme budget</p> <p>Payment within 10 days of receipt of payment instruction</p>	<p>Chart of accounts aligned with programme budget</p> <p>Payment on due date of contract</p>
6. Funds of the Organization invested and foreign exchange risks managed within acceptable liquidity and risk parameters in order to maintain the necessary level of liquidity and maximize investment potential.	<ul style="list-style-type: none"> Level of investment earnings as compared to accepted benchmarks Efficiency of banking and payment operations Execution of hedging operations within budget appropriated by the Health Assembly 	<p>Actual performance 2002-2003 compared to benchmark investment percentage</p> <p>Level of bank charges for 2004-2005</p> <p>Rate of protection achieved for 2004-2005 within budget appropriation</p>	<p>Out performance of benchmark investment percentage by 0.25%</p> <p>No increase in level of bank charges</p> <p>Full exchange-rate protection achieved within budget appropriation</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		21 550	19 018	40 568	
TOTAL 2006-2007		21 827	21 050	42 877	
level at which allocated	country	-	288	288	1
	regional	11 158	10 669	21 827	51
	headquarters	10 669	10 093	20 762	48
	percentage by source of financing	51	49		

INFRASTRUCTURE AND LOGISTICS

ISSUES AND CHALLENGES	<p>The ability of WHO to deliver its health programmes throughout the world depends on the support and services it provides in infrastructure, which includes making safe and adequate office space available to its employees. United Nations facilities are potential targets for terrorist attack; constant attention is therefore needed to ensure the safety and security of all WHO staff. The Organization's various geographical locations affect the quality and choice of available infrastructure services, posing challenges for the provision of a safe, equitable and affordable service to all WHO staff. The broad challenge is to make sure that administrative support and security are appropriate yet economical; no resources should be directed unnecessarily from other essential programme activities.</p> <p>Infrastructure services cover a range of infrastructure and logistic support functions essential for all WHO sites: accommodation, office supplies and all matters related to office services and concessions; general building management and maintenance, including provision of utilities; servicing of conferences and meetings; production, printing and distribution of publications and technical, administrative and conference documents; records management and archives; mail services; security and safety of grounds and premises; information on travel and travel policy; and contracting and procurement.</p> <p>In addition to the procurement of drugs and medical supplies, other goods and services have to be purchased and delivered worldwide. A significant portion of this work is related to emergency and humanitarian aid, in situations where commercial alternatives are unavailable or unaffordable. Not only must contracting and procurement services be efficient and make effective use of resources, they must also be unusually flexible in order to cope with unpredictable demands. The challenge is to purchase these commodities and services in the most resource-effective manner, through umbrella agreements and electronic commerce facilities, and to ensure their timely delivery to the recipients concerned.</p>
GOAL	To apply best practice in all aspects of infrastructure and logistics support at all organizational levels, in support of WHO's leadership role in international health.
WHO OBJECTIVES	<p>To frame an enabling policy and creating an institutional environment to support the timely implementation of WHO's programmes in Member States.</p> <p><i>Indicator</i></p> <ul style="list-style-type: none"> • Appropriateness, timeliness, effectiveness in the use of resources and reliability of infrastructure and logistic support services at all organizational levels
STRATEGIC APPROACHES	Identification and sharing of best practices in infrastructure and logistics support drawn from across the Organization and the United Nations system; implementation of innovative and effective mechanisms to use fewer resources; drafting of service-level agreements that improve management of client expectations; fostering of collaboration and sharing of information with other organizations of the United Nations system whenever resource-sharing is viable.

ORGANIZATION-WIDE EXPECTED RESULTS

INDICATORS

BASELINES

TARGETS

1. Infrastructure support services operated in a resource-effective and efficient manner.	<ul style="list-style-type: none"> • Average cost of selected operational transactions for general building management and office services 	Average cost at end of 2004-2005 biennium	Not in excess of average cost in 2004-2005
2. Logistics support functions operated in a resource-effective and efficient manner.	<ul style="list-style-type: none"> • Average cost of selected logistics support functions for printing and distribution, travel and communications 	Average cost at end of 2004-2005 biennium	Not in excess of average cost in 2004-2005

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
3. Global governing bodies and technical meetings provided with effective infrastructure and logistic services.	<ul style="list-style-type: none"> Number of services that need to be refined 	Number of services revised and adapted in previous year	Decrease in number of issues addressed and zero recurrence
4. Health supplies of the highest quality at the best price procured for Member States and technical programmes.	<ul style="list-style-type: none"> Increase in the proportion of direct procurement carried out using negotiated agreements (such as UN Web Buy) 	Percentage of direct procurement as at end of 2005	10% increase in direct procurement
5. Security and safety of grounds and premises improved.	<ul style="list-style-type: none"> Number of WHO sites that comply with minimum operating security standards 	Complying sites as at end of 2005	All sites
6. Real estate facilities improved.	<ul style="list-style-type: none"> Availability of an updated 10-year rolling master plan of real estate projects Proportion of projects implemented with financing from the Real Estate Fund that deviate from recognized best practice for local construction and environmental norms 	<p>Master plan of previous biennium</p> <p>Percentage of implemented projects that deviate from best practice at end of 2005</p>	<p>10-year rolling master plan adopted</p> <p>Less than 10% of implemented projects that deviate from best practice</p>

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		67 881	52 312	120 193	
TOTAL 2006-2007		68 524	61 259	129 783	
level at which allocated	country	434	2 007	2 441	2
	regional	30 070	26 337	56 407	43
	headquarters	38 020	32 915	70 935	55
	percentage by source of financing	53	47		

GOVERNING BODIES

ISSUES AND CHALLENGES

The formal contribution of Member States of WHO to its work takes place within a series of governing bodies at global and regional levels. The work of WHO also contributes to, and is influenced by the United Nations system as a whole, and the linkage of WHO governing bodies to those of relevant parts of the system is important.

As the framing of appropriate public-health policy becomes more complex and crucial, WHO's governing bodies and those of relevant bodies of the United Nations system must be provided in the most efficient and effective way with both the input and the setting required for informed decision-making at global and regional levels. Careful and deliberate selection of the most pertinent issues, and greater participation and transparency, are essential in order to sharpen the focus of debate during shorter governing body sessions with less documentation. In drawing up agendas and prioritizing topics for consideration, dialogue between Member States and between regional- and global-level governing bodies must be maintained in order to bring about consensus on technical and policy matters.

As the number of governing body sessions has grown, the level of attendance has increased, and requirements for documentation and information have been more complex, and so too has the demanding, skilled and highly pressured work performed by the language, documentation, document production, and meeting services. Moreover, in view of the importance of plurality of languages for assuring access of all Member States to accurate and concise scientific and technical information and for improving health policies in the world, a considerable volume of material has to be edited, translated and made available in all official languages of the Organization. New technologies facilitate the dissemination of documentation, making it possible, for example, rapidly to issue documentation for governing body sessions on the Internet; yet distribution of printed material is still needed in order to assure availability of documentation everywhere.

The issue of multilingualism throughout WHO needs to be viewed in the context of the Organization's communications with Member States and the world.

The rise in the number of governing body subsidiary sessions and increased need for language services has meant that costs in this area of work have grown considerably. The high cost of individual sessions, especially at regional level, has meant that only a few countries could consider hosting meetings.

GOAL

To ensure sound policy on international public health and development that responds to the needs of Member States.

WHO OBJECTIVES

To assure the good governance of WHO through efficient preparation and conduct of the regional and global governing body sessions, and effective policy-making processes.

Indicator

- Greater consensus in deliberations of the Health Assembly, Executive Board and regional committees

STRATEGIC APPROACHES

Expansion and improvement of communication and coordination channels between Member States, regional and global governing bodies, and the Secretariat; more effective use of technology and better control throughout preparation process in order to speed up provision of concise and accurate documentation; careful review of the agendas of governing body meetings to ensure their relevance to WHO policy development; development of methods to encourage participation of Member States, organizations of the United Nations system and other intergovernmental bodies in the work of governing bodies.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Resolutions adopted that focus on policy and strategy and provide clear orientations to Member States and the Secretariat on their implementation.	<ul style="list-style-type: none"> Proportion of resolutions adopted that focus on policy and can be implemented at global, regional and national levels Appropriateness of health contents in resolutions or policies of other bodies in the United Nations system Effectiveness of governing body processes, as assessed against outcomes of Executive Board sessions and Health Assemblies 	<p>85%</p> <p>Nil</p> <p>Nil</p>	<p>90%</p> <p>At least 1 new area of health interest included per year in meetings of bodies of the United Nations system</p> <p>Assessment of the role of the Programme, Budget and Administration Committee by the Executive Board</p>
2. Communication between Member States, Executive Board members and the Secretariat improved.	<ul style="list-style-type: none"> Frequency of effective use of communication channels between Member States and governing bodies at global, regional and country levels, concerning the work of WHO 	1 major intergovernmental consultation per year by electronic means	2 major intergovernmental consultations per year by electronic means
3. Governing body meetings held in all the official languages of WHO at global level and in agreed official languages for the regional committees.	<ul style="list-style-type: none"> Proportion of governing body meetings held in appropriate official languages Timeliness of documentation in the official languages Improvements in multilingualism in WHO 	<p>100%</p> <p>90%</p> <p>Top pages of headquarters' web site in the 6 official languages</p>	<p>100%</p> <p>95%</p> <p>Additional material on headquarters' web site in the 6 official languages</p>
4. Communication and coordination in establishing the work programmes of regional and global governing bodies improved.	<ul style="list-style-type: none"> Degree of congruence of agendas and resolutions of the regional and global governing bodies 	Agendas and resolutions of global governing bodies considered by regional committees when establishing their own agendas	Officers of the Executive Board consider regional committee agendas and resolutions when planning the Board's agenda (January)

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		23 895	5 920	29 815	
TOTAL 2006-2007		24 933	10 446	35 379	
level at which allocated	country	-	48	48	0
	regional	7 492	3 534	11 026	31
	headquarters	17 441	6 864	24 305	69
	percentage by source of financing	70	30		

EXTERNAL RELATIONS

ISSUES AND CHALLENGES

In promoting integration of a health dimension into social, economic and environmental development, WHO seeks to achieve greater impact through its Member States, as well as by joining forces with other bodies of the United Nations system and a range of institutions offering knowledge and experience in other fields. WHO's corporate approach to cooperation with current and future partners is implemented through its external relations.

To that end, WHO maintains operational linkages with intergovernmental, governmental and nongovernmental partners, regional political bodies, and parliamentary groups. Cooperation with development banks and with institutions of the European Union has developed and needs to be further strengthened. WHO leads major initiatives to coordinate health-related activities in the United Nations system, and has striven to assure the prominence of health on the agenda of the international community.

Member States provide the Organization's core resources through assessed contributions and increasing voluntary contributions. The corporate approach to sustainable financing of WHO activities has resulted in better alignment of voluntary contributions with WHO's programme budget. Several governments have moved to multiyear commitments, thereby assuring predictability and coherence. A formal consultative exercise for interested parties covers the work of WHO as a whole. In the rapidly changing environment for development cooperation, the donor base will be expanded in order to meet the requirements of WHO activities. Targeted approaches to foundations, including in the context of global alliances, also produce a significant increase in support.

Recognition is growing of the benefits of greater collaboration with the private sector in order to improve public health outcomes. WHO is increasingly engaged in public-private partnerships and global alliances which involve a variety of stakeholders.

WHO's work on public-private interactions for health will emphasize cooperation with companies to improve access to health-related commodities; promote research and development; redress company practices that have a negative impact on public health; and provide support to Member States on interaction with the private sector. Guidelines have been drawn up to provide a framework to technical programmes. The Committee on Private Sector Collaboration reviews all proposals in order to advise the Director-General.

Nongovernmental organizations play a growing role in shaping and implementing both global and national health policies. Their contribution is reflected in the various kinds of interaction they have with WHO. In addition to maintaining a system for formal relations with such organizations, WHO needs to make collaborative arrangements more coherent and efficient, improve dialogue with civil society, and work more efficiently with and through organizations in advocacy and outreach efforts at country level.

The growth in interactions with partners throughout the Organization raises the question of both strategic management for a corporate approach, and increasing risk of conflicts of interest. Existing rules and methods for the establishment of partnerships need to be developed further, especially in terms of governance, respect of WHO's mandate, and promotion of public health.

Relations with the media and the provision of information to the general public are important for raising awareness of health issues and creating a positive image of WHO. Ensuring that WHO "speaks with one voice" will reinforce the impact of a common message, based on evidence, and enhance WHO's image.

In collaboration with nongovernmental organizations and the private sector, and through WHO's regional offices, efforts are being made to improve support for community public health using the Health Academy project, advocacy, and documentation of external partners' activities at country level.

GOAL

To ensure that health goals are incorporated in overall development policies, and that resources for health are increased.

WHO OBJECTIVES To negotiate, sustain and expand partnerships for health globally; to strengthen WHO's collaboration with intergovernmental and governmental bodies, civil society organizations, the private sector and foundations; and to secure the Organization's resource base.

Indicator

- Effectiveness of interaction with governmental, intergovernmental and other multilateral agencies, the private sector and civil society

STRATEGIC APPROACHES Promoting the programme of work adopted by the Health Assembly; facilitation of exchange of information between major target groups in health information marketplace; greater promotion of the health agenda in political and socioeconomic spheres; improvement of staff members' awareness of issues related to collaboration with the private sector, including questions of conflict of interest.

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
1. Sustained and expanded partnerships for health globally; strengthened collaboration with intergovernmental and governmental bodies, civil society organizations, the private sector and foundations.	<ul style="list-style-type: none"> • Number of consultation and briefing sessions with WHO's sister agencies, other organizations and interested parties in the health sector • Number of policy areas where there is congruence with other stakeholders 	<p>Annual, biennial and ad hoc meetings with UNDP, UNICEF, UNFPA, European Commission, World Bank and other bodies such as the Global Alliance for Vaccines and Immunization or the Global Fund to Fight AIDS, Tuberculosis and Malaria</p> <p>Congruent policies on family health and on immunization</p>	<p>Periodic meetings with WHO's sister agencies and health-related organizations</p> <p>At least 2 new policies framed per biennium</p>
2. Effective cooperation within the United Nations system including the Bretton Woods and regional institutions that influence the role of health in development.	<ul style="list-style-type: none"> • Availability of mechanism for formal policy dialogues and consultations within the United Nations system, Bretton Woods and regional institutions 	<p>Mechanism agreed</p>	<p>Mechanism implemented; 1 formal annual meeting with each institution</p>
3. Resource base for WHO secured.	<ul style="list-style-type: none"> • Level of voluntary contributions 	<p>Funding level of Programme Budget 2004-2005</p>	<p>Full funding of the Proposed programme budget 2006-2007</p>
4. Effective mechanism for coordination of input to and feedback from important international forums, including major United Nations conferences and summits, and the Millennium Development Goals.	<ul style="list-style-type: none"> • Degree of reflection of WHO's health goals and priorities in final declarations and plans of actions of global, regional and national conferences, and development agendas 	<p>Work of WHO included in the Secretary-General's report on the Millennium Development Goals to the United Nations General Assembly in 2005</p>	<p>Inclusion of health goals adopted by the Health Assembly in the outcome of appropriate global policy meetings</p>

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
5. Added value of private sector involvement in public health programmes improved through a selective approach towards partners.	<ul style="list-style-type: none"> Constructive interaction with private sector entities WHO's capability to develop constructive partnerships with public and private sector entities Assessments, advisory inputs and recommendations on relationships with the private sector, including managing conflict of interests, provided to the Committee on Private Sector Collaboration and to senior management Proportion of nongovernmental organizations in official relations with WHO on which essential information such as membership and financing is available 	<p>Adapted guidelines on interaction with the private sector</p> <p>Review of health partnerships involving WHO</p> <p>150 assessments, advisory inputs and recommendations provided per biennium</p> <p>Less than 10%</p>	<p>Application throughout the Organization of guidelines on interaction with the private sector</p> <p>Policy conclusions and recommendations on WHO's role in public-private partnerships</p> <p>Facilitation provided including introduction of measures to manage conflict of interest with the private sector</p> <p>30%</p>
6. Transparency improved and access increased to knowledge about nongovernmental organizations in official relations and interactions with nongovernmental and other civil society organizations.	<ul style="list-style-type: none"> Proposal for a revised policy for relations with nongovernmental organizations and other partners 	Health Assembly decision on new policy for WHO's relations with nongovernmental organizations	Revised policy for WHO's relations with nongovernmental organizations
7. Health Academy programme extended to pilot Member States in all regions.	<ul style="list-style-type: none"> Number of Member States in which the Health Academy is established 	Health Academy established in 12 countries	Health Academy established in 20 countries (in all regions)

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		17 720	15 875	33 595	
TOTAL 2006-2007		17 783	15 043	32 826	
level at which allocated	country	572	1 396	1 968	6
	regional	7 355	5 266	12 621	38
	headquarters	9 856	8 381	18 237	56
	percentage by source of financing	54	46		

DIRECTION

ISSUES AND CHALLENGES	<p>The overarching theme for the Organization will continue to be “results in country”. This presents a challenge to senior management to implement activities in such a way that they reflect the priorities and concerns of Member States, and draw on the synergistic strengths of headquarters, and the regional and country offices.</p> <p>The Organization must continue to increase the proportion of resources allocated at country level, while maintaining stewardship of its technical agenda. In doing so, an appropriate balance needs to be struck between the provision of global public goods and support to country-level action.</p> <p>As a whole, WHO will aggressively pursue measurable health outcomes, particularly as related to the Millennium Development Goals. Following the shift to results-based planning and budgeting, the Organization will engage more thoroughly in results-based auditing to assure the greatest level of efficiency and accountability.</p> <p>As the number and types of organizations involved in global public health continues to increase, WHO must provide the political and technical leadership necessary to maintain the provision of health services, development and refinement of health infrastructure, and the implementation of public health policy.</p> <p>Lastly, WHO must create an organizational culture that produces sound results by means of strategic thinking, prompt and effective action, teamwork, flexibility, networking, and innovation.</p>
GOAL	To advance global public health and contribute to attainment of the Millennium Development Goals, particularly directing efforts at country level.
WHO OBJECTIVES	<p>To direct the work of the Organization within the overall framework of WHO’s Constitution, so as to maximize Organization-wide contribution to the work of Member States in achieving significant gains in health status.</p> <p><i>Indicator</i></p> <ul style="list-style-type: none"> Extent of delivery of all areas of work set out in the Programme budget, as reflected in the end-of-biennium performance assessments, and programmatic and thematic evaluations
STRATEGIC APPROACHES	Close and permanent interaction with Member States and partners; collaborative institutional development and coordination of actions between headquarters and regional and country offices; due diligence in stewardship, governance and oversight of resources; all these approaches carried out in accordance with WHO’s Constitution and to the effect of realizing results at country level.

ORGANIZATION-WIDE EXPECTED RESULTS

INDICATORS

BASELINES

TARGETS

1. Effective direction and management of the Organization.	<ul style="list-style-type: none"> Level of endorsement of reports submitted to the governing bodies 	Endorsement of all regular reports on implementation of resolutions and decisions	Endorsement of all regular reports on implementation of resolutions and decisions
2. Coherence and synergy between the work of the different parts of the Organization.	<ul style="list-style-type: none"> Degree of collaboration and coordination for Organization-wide programme planning and implementation; and communication of policies and strategies during meetings of senior management across the Organization 	All global planning coordinated between senior managers of headquarters and regional and country offices	All global planning coordinated between senior managers of headquarters and regional and country offices

ORGANIZATION-WIDE EXPECTED RESULTS	INDICATORS	BASELINES	TARGETS
3. Legal status and interests of the Organization protected through timely and accurate legal advice and services.	<ul style="list-style-type: none"> • Responsiveness to requests for legal advice and services 	All legal inquiries addressed and documented	All legal inquiries addressed and documented
4. Awareness of Member States and global partners of the work and role of WHO, and its contribution to significant developments in public health infrastructure, services, policy and outcomes.	<ul style="list-style-type: none"> • Accuracy of representation of WHO's work in major international, regional and country media 	All WHO priority programmes accurately reported to relevant media	All WHO priority programmes accurately reported to relevant media
5. Catalytic and start-up funds provided for programmes of particular need under the purview of the Director-General and Regional Directors.	<ul style="list-style-type: none"> • Strategic allocation of the Director-General's and Regional Directors' development funds toward activities and initiatives that advance the mission of the Organization 	Funds allocated as directed by the Director-General and Regional Directors	Funds allocated as directed by the Director-General and Regional Directors

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		27 364	10 077	37 441	
TOTAL 2006-2007		26 787	11 417	38 204	
level at which allocated	country	-	488	488	1
	regional	9 679	1 805	11 484	30
	headquarters	17 108	9 124	26 232	69
	percentage by source of financing	70	30		

OTHER**Exchange rate hedging****PURPOSE**

In adopting the appropriation resolution for 2002-2003, the Fifty-fourth World Health Assembly also approved a new exchange rate hedging mechanism in lieu of the former exchange rate facility.¹ This new mechanism complies with the provisions of Financial Regulation 4.4 which states that ... *The purpose of the facility shall be to make it possible to maintain the level of the budget so that the activities that are represented by the budget approved by the Health Assembly may be carried out irrespective of the effect of any fluctuation of currencies against the United States dollar at the official United Nations exchange rate.* ... It is proposed that a similar procedure be followed for 2006-2007 in respect of both the regular budget and that part of other sources represented by the Special Account for Servicing Costs.

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		15 000	5 000	20 000	
TOTAL 2006-2007		15 000	5 000	20 000	
level at which allocated	country	-	-	-	0
	regional	-	-	-	0
	headquarters	15 000	5 000	20 000	100
	percentage by source of financing	75	25		

Real Estate Fund**PURPOSE**

The Real Estate Fund was established by the Twenty-third World Health Assembly² in order to make funding available to meet the costs of acquisition of land and buildings, major repairs of and alterations to the Organization's office buildings and the maintenance, repair and alteration to selected staff housing. In accordance with the revised Financial Regulations and in order to increase transparency regarding the cost of the Organization's real estate operations, the regular budget now covers funding of the Real Estate Fund which previously had come directly from Miscellaneous Income (formerly Casual Income).

¹ Resolution WHA54.20, section A.

² Resolution WHA23.14.

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		6 000	-	6 000	
TOTAL 2006-2007		7 509	6 061	13 570	
level at which allocated	country	-	620	620	5
	regional	1 509	5 441	6 950	51
	headquarters	6 000	-	6 000	44
	percentage by source of financing	55	45		

Information Technology Fund

PURPOSE The Information Technology Fund was established by the Director-General in 2001, in line with Financial Regulation 9.3, to cover the Organization's requirements for a global management system. In accordance with Financial Regulation 3.2, an amount reflecting the expected contributions from the regular budget is proposed for inclusion in the Information Technology Fund and is reflected in the proposed programme budget for 2006-2007.

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		10 000	25 000	35 000	
TOTAL 2006-2007		10 000	15 000	25 000	
level at which allocated	country	-	-	-	0
	regional	-	-	-	0
	headquarters	10 000	15 000	25 000	100
	percentage by source of financing	40	60		

Security Fund

PURPOSE In line with Financial Regulation 9.3 the Security Fund was set up by the Director-General for financing in 2002-2003 WHO's share of the costs of the United Nations system's security arrangements at field locations. In pursuance of the concept of a gross budget, as foreseen in Financial Regulation 3.2, this item has been included in the proposed programme budget for 2006-2007.

RESOURCES (US\$ thousand)

		Regular budget	Voluntary contribution	All financing	Percentage by level
TOTAL 2004-2005		3 000	6 000	9 000	
TOTAL 2006-2007		3 000	20 000	23 000	
level at which allocated	country	-	-	-	0
	regional	-	-	-	0
	headquarters	3 000	20 000	23 000	100
	percentage by source of financing	13	87		