



# WORLD HEALTH ORGANIZATION

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## General programme of work, 2002-2005

### Report by the Director-General

1. The general programme of work outlined below is the first major product of WHO's corporate strategy.<sup>1</sup> In contrast to some earlier programmes of work, it is shorter, concentrating on policy, and covers four, rather than six, years. This approach recognizes that the purpose of translating policy into practice is best served through the programme budget and operational plans, prepared closer to the time of implementation.
2. The text of the general programme of work is also reproduced in the policy framework section of the Proposed programme budget 2002-2003.

### THE CHANGING CONTEXT OF INTERNATIONAL HEALTH

3. The latter part of the twentieth century saw a transformation in human health unmatched in history. Yet, despite the remarkable achievements of recent decades, more than one thousand million people have been excluded from the benefits of economic development and the scientific advances that have increased the length and quality of life of so many others throughout the world. Health is a fundamental human right, still denied to more than one-fifth of humankind.
4. The past decade has been a time of significant change in international health.
5. **Understanding of the causes and consequences of ill-health is changing.** It is increasingly evident that achieving better health depends on many social, economic, political and cultural factors, in addition to health services. Moreover, there is a growing recognition of the role that better health can play in reducing poverty.
6. **Health systems are becoming more complex.** In many countries, the role of the State is changing rapidly, and the private sector and civil society are emerging as important players. In the developing world, a growing number of development organizations, international financial institutions, private foundations and nongovernmental organizations are active in the health sector. Worldwide, people's expectations of health care services are rising.
7. **Safeguarding health is gaining prominence as a component of humanitarian action.** A significant increase in the occurrence and impact of conflict and of natural disasters has highlighted the need to protect health in complex emergencies.

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<sup>1</sup> Document EB105/3.

8. **The world is increasingly looking for greater coordination among development organizations.** Reform in the United Nations system aims to make organizations more responsive to the needs of Member States, and to provide a rallying point for achievement of the International Development Goals. To rise to this challenge will require more emphasis on effectiveness through collective action and partnerships. This, in turn, will require more dynamic, and less bureaucratic, approaches to management.

9. Given the magnitude of the global health agenda, it is evident that WHO cannot do everything. Defining WHO's particular role in world health is therefore fundamental. It has required, among other efforts, greater concentration on areas in which WHO can demonstrate a clear advantage in comparison to other actors at international and national levels.

10. If WHO is to respond effectively to a changing international context, several new ways of working are called for that include:

- adopting a broader approach to health within the context of human development, humanitarian action, equity between men and women, and human rights, with a particular focus on the links between health and poverty reduction;
- assuming a greater role in establishing wider national and international consensus on health policy, strategies and standards – through managing the generation and application of research, knowledge and expertise;
- triggering more effective action to promote and improve health and to decrease inequities in health outcomes, through carefully negotiated partnerships and by making use of the catalytic action of others;
- creating an organizational culture that encourages strategic thinking, prompt action, creative networking, innovation and accountability, and strengthens global influence.

11. These overarching lines require WHO to devise new processes and modalities which draw on the respective and complementary strengths of headquarters, and of regional and country offices. They encompass the functions of WHO as set out in Article 2 of the Constitution, and build on the principles and values articulated in the Global Strategy for Health for All.

## **STRATEGIC DIRECTIONS**

12. WHO's goals are to build healthy populations and communities, and to combat ill-health. To realize these goals, four strategic directions will provide a broad framework for focusing WHO's technical work.

**Strategic direction 1:** reducing excess mortality, morbidity and disability, especially in poor and marginalized populations.

**Strategic direction 2:** promoting healthy lifestyles and reducing risk factors to human health that arise from environmental, economic, social and behavioural causes.

**Strategic direction 3:** developing health systems that equitably improve health outcomes, respond to people's legitimate demands, and are financially fair.

**Strategic direction 4:** framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

13. The four strategic directions are interrelated. Real progress in improving people's health cannot be achieved through one direction alone. Success in reducing excess mortality will depend on more effective health systems, and a reduction in exposure to risks and threats to health – many of which lie outside the reach of the health system itself. The effectiveness of work on health systems and risk reduction will in turn depend on the broader policy and institutional environment – globally and nationally – in which countries work to improve the health of their populations.

## CORE FUNCTIONS

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

- articulating consistent, ethical and evidence-based **policy** and **advocacy** positions;
- **managing information** by assessing trends and comparing performance; setting the agenda for, and stimulating, research and development;
- catalysing change through **technical** and **policy support**, in ways that stimulate cooperation and action and help to build sustainable national and intercountry capacity;
- negotiating and sustaining national and global **partnerships**;
- setting, validating, monitoring and pursuing the proper implementation of **norms** and **standards**;
- stimulating the development and testing of new **technologies, tools** and **guidelines** for disease control, risk reduction, health care management, and service delivery.

15. WHO's functions have often been described as falling into two categories: normative work and technical cooperation. Implicit in this division has been the idea that normative functions are carried out primarily at headquarters, and that technical cooperation describes the work of regional and country offices. Yet the six core functions describe the most important activities carried out at *all* levels of WHO. Technical cooperation does not appear as a single category. Rather, it is better described as a summary term covering many different combinations of the core functions carried out in specific countries. In this sense, technical cooperation (including between developing countries) will include advocacy, development of partnerships, encouragement of local research and development, and policy advice. Depending on the needs of the specific country, technical cooperation may involve staff from headquarters, as well as from regional and country offices.

16. This approach to describing WHO's core functions also recognizes that regional and country offices too play a role in normative work. Some regional offices may take on global leadership in a particular technical area. In addition, both regional and country offices will be involved in drawing up guidelines on best practice, and in testing new technologies or approaches to service delivery.

17. WHO's core functions provide a focus for planning the work of the Secretariat. They have been helpful in thinking about where WHO's advantages lie, and are particularly useful in appraising

whether the balance of functions is right in relation to specific areas of work. The core functions also played a part in formulating expected results.

## **ORGANIZATION-WIDE PRIORITIES**

18. Despite the orientation provided by the strategic directions and core functions, more specific areas of emphasis still need to be defined. Based on an analysis of major challenges in international health, they also reflect strategic choices with regard to areas in which WHO has an advantage compared to others, or where there is a need to build up capacity.

19. Criteria for identifying priorities include:

- potential for significant change in burden of disease with existing cost-effective interventions;
- health problems with major impact on socioeconomic development and a disproportionate impact on the lives of the poor;
- urgent need for new technologies;
- opportunities to reduce health inequalities within and between countries;
- WHO's advantages, particularly in relation to provision of public goods; building of consensus around policies, strategies and standards; initiation and management of partnerships;
- major demand for WHO support from Member States.

20. WHO's overall, Organization-wide priorities for 2002-2003 are set out below.

### **Malaria, tuberculosis and HIV/AIDS**

- Three major communicable diseases, which all pose a serious threat to health and economic development and have a disproportionate impact on the lives of poor people;
- all three urgently need new and affordable diagnostics, drugs and vaccines, requiring intervention by a global body such as WHO, capable of influencing private sector research and development in an area which would otherwise receive limited attention;
- tackling the three diseases requires not only cost-effective technologies, but also sustained efforts and effective mechanisms which bring together and mobilize the resources of diverse players – in the public and private sectors, within and beyond the health system.

### **Cancer, cardiovascular disease and diabetes**

- A growing epidemic in poor and transitional economies; a major threat, not least because of escalating costs of treatment, in the industrialized world;
- needs cross-national surveillance, and better epidemiology of risk factors.

## **Tobacco**

- A major killer in all societies and a rapidly growing problem in developing countries;
- not just a health issue – the economic case for tobacco control is strong;
- powerful vested interests have to be overcome if consumption is to be reduced, which argues for leadership from a global organization that unites the strength of its Member States.

## **Maternal health**

- The most marked difference in health outcomes between developed and developing countries shows up in maternal mortality data;
- closely linked to development of health systems – it is difficult to cut down maternal mortality without a well-functioning health system.

## **Food safety**

- A growing public concern, with potentially serious economic consequences;
- new developments in biotechnology pose increasingly difficult technical and ethical questions; problems may affect several countries when food is traded internationally;
- demand is increasing from Member States for impartial technical and scientific advice;
- consistent with WHO's broader approach to health: opportunities for working across sectors and in partnership with several other bodies.

## **Mental health**

- Five of the 10 leading causes of disability are mental health problems; major depression is the fifth contributor to the global burden of disease, and may be second by 2020;
- needs greater technical consensus in a highly contested and politicized field, and better epidemiological information; potential for public-private partnerships (new treatments) and public voluntary partnerships (provision of service and continuity of care) – all areas in which WHO has advantages compared to other organizations.

## **Safe blood**

- Both a potential source of infection and a major component of treatment: crucial in the fight against HIV/AIDS and for dealing with the growing disease burden among women (as a consequence of pregnancy), children, and accidents and trauma victims;
- a neglected area in many countries, requiring work not only on technical standard setting, but also on legislation, development of health systems, and creation of public, private and voluntary partnerships;

- major opportunity to establish a partnership with the International Federation of Red Cross and Red Crescent Societies and other nongovernmental organizations competent in blood safety.

### **Health systems**

- Development of effective and sustainable health systems underpins all the other priorities;
- WHO's work on tools and methods for assessing and comparing health systems will provide much needed evidence on the determinants of performance;
- demand is substantial from Member States for support and advice on health sector reform;
- different approaches to health financing have major implications for equity and efficiency;
- workforce management is a neglected area in many health systems and needs a more comprehensive approach;
- more effective mechanisms for resource allocation, budgeting and financial management are a key to ensuring successful implementation of priority programmes.

### **Investing in change in WHO**

- A prerequisite for WHO to become a more efficient and productive organization – and one capable of response within an increasingly complex international environment;
- development of new skills, systems and processes is central to the effective management of WHO's core functions;
- gender considerations are being incorporated in the planning and achievement of expected results in all areas of work.

21. These specific priorities are identified in the Proposed programme budget 2002-2003. They will be reviewed in consultation with Member States when the proposed programme budget for the 2004-2005 biennium is prepared.

### **ACTION BY THE EXECUTIVE BOARD**

22. The Board is invited to review the proposed general programme of work for 2002-2005 and, in accordance with Article 28 of the Constitution, to submit it to the Health Assembly for consideration and approval.

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