

## **WHO reform**

### **Programmes and priority setting**

#### **Report by the Secretariat**

1. This document responds to the request from the Executive Board at its special session in November 2011 for a background document on programmes and priority setting<sup>1</sup> prior to the establishment of a Member State-driven process, to take place following the 130th session of the Board in January 2012. The Member State-driven process will result in the provision of recommendations on methods for programme and priority setting for the consideration of the Sixty-fifth World Health Assembly in May 2012.

2. In line with the Board's request, this document describes the current practice at the headquarters, regional and country levels of WHO and suggests ways, to be further considered by Member States, in which priority setting can be improved in the future. To provide additional background and to show the results of the current priority setting processes, a separate document<sup>2</sup> details the financial and human resources allocated to each level and cluster.<sup>3</sup>

3. The Eleventh General Programme of Work, 2006–2015 sets out an agenda for global health and highlights seven priority areas.<sup>4</sup> These priorities were designed to provide strategic guidance for the development of subsequent programme budgets. In practice, however, it is a challenge to maintain a link between priority setting at a strategic level and the practical realities of resource allocation.

4. In this regard, the request from the Board further emphasizes the fact that priority setting cannot be tackled in isolation. Priority setting is linked to resource allocation (between programmes, levels of the Organization and countries); resource allocation is also linked to funding modalities; and all three aspects are linked to the overall vision of what WHO seeks to achieve and how it measures its performance.

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<sup>1</sup> See decision EBSS2(1), subparagraph 2(b).

<sup>2</sup> Document EB130/5 Add.2.

<sup>3</sup> As further requested in subparagraph 2(b) of decision EBSS2(1).

<sup>4</sup> Investing in health to reduce poverty; building individual and global health security; promoting universal coverage, gender equality, and health-related human rights; tackling the determinants of health; strengthening health systems and equitable access; harnessing knowledge, science and technology; and strengthening governance, leadership and accountability.

5. The background paper is organized into three substantive sections that reflect these aspects, with a fourth that provides a timeline. The **first section** looks at priority setting per se, with a particular focus on exploring how greater responsiveness to country needs can help to frame the main headings of the next general programme of work. The **second section** looks at resource allocation from two perspectives: financing WHO's work in countries – linked to their specific needs; and financing work carried out at regional and headquarters levels – linked to the actual functions performed. The second section does not go into detail on new approaches to financing as these are covered in document EB130/5 Add.5. However, it does assume that a new, open approach to pledging will facilitate a better match between priority setting and resource allocation in future.

6. A fundamental purpose of setting priorities is to demonstrate how WHO seeks to make a difference in the world, both through its support to Member States, and through its normative and standard-setting role. The **third section**, therefore, examines the link between priority setting, the results chain that will form the backbone of the next programme budget, and the measurement of the impact of WHO's work.

7. The document does not set out any specific decision points at this stage. The aim has been to provide a framework to facilitate Member State discussions. The Board did, however, request a detailed proposal and timeline for the Member State-driven process that will take place between January and May 2012. This is provided in the **fourth section**. In addition, this final section shows the link between the discussion on priority setting and the timeline for development of the next general programme of work and the programme budget, as requested in decision EBSS2(3) subparagraph 3(c) on managerial reforms.

## 1. PRIORITY SETTING

### A more responsive approach to country needs

8. WHO works in two ways: directly supporting individual countries, and carrying out a wide range of normative and analytic work that is used by all countries and partner organizations or by specific groups of them. As part of the programme of reform, there is a clear demand by Member States that priority setting be driven primarily by an analysis of country needs. In other words, **the next general programme of work and programme budget should take individual country needs as their starting point**.

9. This reflects a significant change from current practice. At present, priorities in the general programme of work inform the major categories of the programme budget (currently organized around 13 strategic objectives). The process of preparing country cooperation strategies<sup>1</sup> has, in recent years, been made more inclusive and robust, and provides a measure of demand for those countries in which such a strategy has been prepared. Criteria for priority setting at country level include: opportunities for national capacity building; potential for long-term impact on national goals and strategies; WHO's comparative advantage and core functions; the magnitude of specific health problems; vulnerability of specific population groups; and current extent of national capacity and focus of other forms of international support. The aim is thus to assess major health needs as well as to identify areas in which WHO collaboration is particularly valued.

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<sup>1</sup> The country cooperation strategy is WHO's key instrument to guide its work in and with countries.

10. The problem, however, is that while the country cooperation strategies themselves can provide an indication of individual country priorities, the development process is imperfect and the link with WHO's managerial framework and country programme budgets in particular, is weak. Moreover, there remain strong incentives to ensure that as many of the strategic objectives as possible are represented in each country cooperation strategy. An alternative approach, therefore, is not to base the structure of the general programme of work and programme budget on a top-down set of global priorities, but to reverse the process and frame the next generation of strategic objectives on an analysis of what countries want from WHO.

11. For a demand-led approach to work, two conditions need to be met. First, the needs of all countries have to be taken into account (including those in which WHO does not have a physical presence). Proportionately greater emphasis will continue to be given to the needs of low-income countries. Secondly, needs will vary considerably greatly according to country context. Thus, to refine the analysis, a typology of countries is needed, rather than looking at country needs in aggregate across all Member States.

12. Typologies or groupings of countries have been developed as a way of getting a better match between country needs and WHO's collaboration. They have also been used as a way of creating links between countries facing similar challenges across regional boundaries, thereby widening the scope for South-South collaboration. They have been based on five criteria: health achievements; health system and service coverage; level of development and economic growth; vulnerability; and geographical characteristics. The following groups were used to structure discussions at a recent global meeting of Heads of WHO Country Offices:

- Countdown countries<sup>1</sup>
- Small island developing States
- Countries in fragile circumstances
- Newly industrialized and middle-income countries (NICS, MICS and BRICS)
- OECD market economies.

13. No grouping is perfect and country circumstances change. It is therefore important to stress that the purpose of any typology is to refine the analysis of needs, not to act as a new organizing structure or mechanism for allocating resources. The key point is that there are many common concerns among, for instance, small island developing States (particularly in relation to the health impact of climate change and the burden of noncommunicable diseases). Similarly, countries in fragile circumstances place very different demands on WHO than do newly-industrialized middle-income countries that have strong local institutions and systems of governance. The needs of some OECD countries pose a particular challenge. On the one hand they may call upon WHO to provide support in the areas of evidence, norms and standards, and convening. At the same time, development agencies within the same governments, which are among the major financiers of WHO's work, may express needs in terms of WHO's support to furthering the objectives of their aid programmes in specific low-income

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<sup>1</sup> Countdown countries consist of 68 States that bear the highest burden of child and maternal mortality and whose progress towards achievement of the Millennium Development Goals is monitored by a group of United Nations agencies through the countdown process.

countries. Policy coherence between ministries in terms of priority setting and funding for WHO is required to address this particular challenge.

14. In further developing the criteria for priority setting at country level, some other factors need to be taken into account. WHO has a responsibility to identify future, emerging and unrecognized health needs as well as major current challenges. For example, tackling the growing burden of noncommunicable diseases is not always identified as an immediate need, despite the future social and economic impact of that burden. Similarly, if the health of particularly vulnerable population groups is threatened, WHO has a responsibility to advocate for change.

15. A further consideration concerns the work that WHO does with institutions in specific countries to develop new tools or to test new products and processes. Priority setting for this kind of development or normative work is discussed in more detail below. Nevertheless, working with and building the capacity of national institutions to develop new tools and technologies that will benefit others is an essential element of WHO's country collaboration.

### **Framing the next general programme of work**

16. An analysis of 140 country cooperation strategies and recent discussions of the needs of the different types of countries listed in paragraph 12, suggest that, taken together, country needs fall into a limited number of categories, in spite of the diversity presented by 194 Member States. Indeed, when country need is taken as the main driver of priority setting, the organizing structure for WHO's work needs fewer categories – not more.

17. The next step therefore links priority setting to the structure of the next general programme of work and programme budget. The proposal is to articulate the next generation of strategic objectives in a way that is informed by country needs (both in terms of substance and vocabulary<sup>1</sup>). Individual country priorities shape the suggested seven broader categories (below). The strategic objectives will then be articulated in relation to those categories. The categories thus provide **a framework** for the general programme of work as a whole, as well as a means of conducting more detailed priority setting at a managerial level.

18. **Seven categories** are suggested for the next general programme of work:

- (1) Supporting the achievement of the health-related Millennium Development Goals (primarily Goals 4, 5 and 6) will bring together HIV/AIDS, tuberculosis, malaria, and maternal and child health, with a focus on integrated service delivery.
- (2) Promoting risk reduction, prevention, treatment and monitoring of noncommunicable diseases, mental health, disability and injuries.
- (3) Strengthening the structure, organization and financing of health systems with a particular focus on achieving universal coverage, strengthening human resources for health and increasing access to medical technologies including medicines.

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<sup>1</sup> "For example, "outbreaks, emergencies and disasters" is widely preferred to "health security".

- (4) Surveillance of, and response to, disease outbreaks and acute public health emergencies, and the effective management of humanitarian disasters.
- (5) Work on health information, information systems, evidence for health policy-making, innovation, and research and monitoring of trends, to include analysis and strategies to address the social, economic and environmental determinants of health.
- (6) Convening governments and other stakeholders and facilitating partnerships in line with WHO's role as the coordinating and directing authority on international health work, with a particular focus at country level on the development of national policies and strategies.
- (7) Establishing effective corporate services that enable the efficient functioning of the whole Organization.<sup>1</sup>

19. The Annex provides a table which lines up these seven categories against the 22 functions set out in Article 2 of the WHO Constitution and further shows their relationship with the five core areas of work discussed by the Board at its special session.<sup>2</sup> The relationship with the WHO Constitution is particularly important, as Article 2 establishes the wide range of functions that WHO is expected to perform.

20. Priority setting should not be seen as a process of exclusion, limiting the breadth of WHO's work and deployment of its constitutional functions. It is the process through which the range of work to be accomplished within the framework gains focus and emphasis. At present, few areas of work are discontinued, and in those cases, cessation happens more by default (through lack of resources or staff departures) than by design. This framework can therefore be used to systematically review areas, within each major element of the programme budget, where WHO should do less or relinquish key functions to other actors.

21. Experience suggests that no single framework can ever provide a completely satisfactory division of the work of WHO. The suggested categories have the advantages of combining functions and technical topics, and of being strongly rooted in country needs, while also deriving their legitimacy from the WHO Constitution. In addition, the main headings of the general programme of work have to serve a purpose in terms of signalling specific priorities. Thus, while work on noncommunicable diseases, for example, is arguably related to integrated service delivery, it is important to single out noncommunicable diseases as a separate heading to give greater visibility to WHO's leadership role in this area.

22. It is also important to note that no matter how the categories are divided they are all underpinned by the core values of WHO: a concern for equity, gender and women's empowerment, and human rights. Moreover, they reflect the fact that WHO is concerned with health as being instrumental in achieving other societal goals (such as sustainable development and poverty reduction) as well as being an intrinsic good in its own right. Health as a right is a strong driving force in the access to medicines area and in reproductive health, where priorities are informed by the entitlement of all people to a better life.

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<sup>1</sup> The seven proposed areas also build on and refine the priorities contained in the General Programme of Work, 2006–2015.

<sup>2</sup> See document EBSS2/2.

23. The next steps in the Member State-driven process will be the review of the proposed structure for the general programme of work, and the refinement of the scope of the main objectives in the light of this review.

## **2. RESOURCE ALLOCATION**

24. There is currently a disconnect between priority setting and the allocation of resources. This is due in part to the proportion of WHO's income that is highly specified, reinforced by the other factors (such as a high proportion of fixed staffing costs) that contribute to budgetary inertia. Clear Organization-wide priorities will promote better alignment between WHO's objectives and voluntary funding. Furthermore, the transparency achieved through open pledging, as part of the proposed approach to increasing predictable financing (see document EB130/5 Add.5), should create a closer link between the responsibility for setting priorities and the responsibility for ensuring that they are adequately resourced.

25. The current principles guiding strategic resource allocation<sup>1</sup> were endorsed by the Executive Board in 2006 at its 118th session.<sup>2</sup> These principles have brought about a shift from resource-based to results-based planning; increased the focus on equity of allocation and the emphasis given to least developed countries and countries in greatest need; and, for the first time, have ensured that income from all sources is dealt with as part of a single, Organization-wide allocation process.

26. In order to put the principles into practice, the "validation mechanism" was developed to guide allocations across WHO. In brief, the mechanism was made up of a fixed component to finance the normative and statutory functions of headquarters and the regional offices (28% and 15% respectively); a small engagement component for regions varying according to the number of countries covered; and a needs-based component (55% of the total) based on gross domestic product and life expectancy adjusted for population size (to ensure that funds are not disproportionately allocated to a small number of populous countries). Out of this formula emerges a series of validation ranges for the seven major offices of WHO. The headquarters range (from 28.0% to 30.8%) has been used as a rationale to justify a 70:30 ratio for resource allocation between the regions and headquarters. Document EB130/5 Add.2 details the current distribution of resources and thus the impact of the use of this formula. For the biennium 2008–2009, 35% of resources were spent in headquarters, 20% in regional offices and 45% at country level. Thus the validation ranges have not yet been reached and the 70:30 principle remains aspirational.

27. Looking to the future, two key weaknesses in the current approach need to be addressed. First, the validation mechanism does not stipulate how funds should be distributed between regional and country level operations. Secondly, the component for headquarters and regions was not based on any real analysis of the functions at each level or of their actual costs.

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<sup>1</sup> See document EB118/7.

<sup>2</sup> For discussion, see the summary record of the fourth meeting, document EBSS–EB118/2006/REC/1, section 4.

## Financing WHO's work with countries

28. Starting from the perspective of resource allocation to countries: two distinct questions need to be addressed. What proportion of WHO's resources should be allocated for work in countries? And, what criteria should guide resource allocation to individual countries?

29. Details of funding to individual countries can be found in document EB130/5 Add.2. The Table below shows all resources currently allocated to country offices, regional offices and headquarters, by strategic objective for 2008–2009 with estimates for 2010–2011.

30. In line with the overall thrust of reform it is proposed that the Board set a target of increasing the proportion of WHO funds spent at country level to at least 50% of total revenues in any biennium (i.e. an increase of between 5%–10%).

31. The next step will be to ensure that resources are allocated to countries on the basis of their individual needs. This represents a change from the current practice, which is based on regional allocations. While the validation mechanism does take account of the characteristics of countries in the region, the process and criteria through which the regional allocation is actually passed on to individual countries varies between regions.

32. More work will be needed following the 130th session of the Executive Board and as part of the Member State-driven process to define criteria for human and financial resource allocation for individual country operations. This work may also consider different ways of funding country operations, including, for instance, enabling country offices to use some of their funds to draw on expertise from other parts of WHO or from other institutions. The net effect, however, should be to increase transparency, accountability and equity in respect to the cost and effectiveness of WHO's country operations, while ensuring that regional funding is more closely linked to the actual functions performed at regional and subregional level. Funding for regional offices and headquarters is further discussed in the following section.

**Table: Expenditure by strategic objective and location for all budget segments (%)**

<b>2008–2009</b>				<b>2010–2011 projection</b> (based on the Financial Management Report as at September 2011)			
<b>Strategic objective</b>	<b>Country office</b>	<b>Regional office</b>	<b>Headquarters</b>	<b>Strategic objective</b>	<b>Country office</b>	<b>Regional office</b>	<b>Headquarters</b>
1	58	14	29	1	46	9	45
2	43	19	38	2	41	17	42
3	33	28	39	3	35	25	41
4	34	17	49	4	34	15	51
5	82	6	11	5	71	7	22
6	30	31	39	6	26	28	46
7	31	30	39	7	29	31	40
8	26	35	40	8	28	36	37
9	24	26	50	9	25	26	49
10	35	27	38	10	32	27	41
11	18	21	61	11	17	14	69
12	36	24	40	12	31	27	42
13	18	34	48	13	25	33	42
<b>Total</b>	<b>45%</b>	<b>20%</b>	<b>35%</b>	<b>Total</b>	<b>40%</b>	<b>17%</b>	<b>43%</b>

## **Financing headquarters and regional offices: country support, normative work and corporate services**

33. The functions carried out by regional offices and headquarters are not clearly distinguished in the current programme budget structure. Similarly, each category in the proposed structure for the general programme of work includes both normative work and technical support. In defining the roles (and thus the resource needs) of regional offices and headquarters it is useful to distinguish three sets of functions: norms, standards and conventions;<sup>1</sup> support to country offices; and corporate services functions.<sup>2</sup> Costing these functions should provide the basis for allocating resources to regional offices and to headquarters.

34. While the focus of this paper has been priority setting in relation to country needs, it is equally clear that WHO's work in countries is supported by a wide range of normative and analytic functions carried out – primarily but not exclusively – at headquarters and regional offices. It is self-evident that normative work should respond to country needs, but country needs alone are an insufficient basis for priority setting. Indeed, part of the purpose of normative work is to enable WHO to be ahead of the curve and to provide guidance on future trends and threats. Moreover, given the current breadth of work in this area, priorities must be set and focus increased within the different areas of normative work.

35. Given the need to set the many aspects of WHO's normative work on a firmer footing, it is proposed that further work be done in the context of the priority setting exercise, to better define the boundaries, purpose, institutional arrangements and costs of WHO's normative and standard-setting activities. This should include an assessment of how the results and effectiveness of normative work should be evaluated.

36. The distinction between normative work and country support is important not just in defining the roles of different levels but also in terms of results. Activities carried out by regional offices and by headquarters in supporting countries contribute to programme outcomes in the country concerned. In contrast, normative work may inform what staff do, but the success of WHO's normative work needs to be measured not just on the basis of what happens in individual countries, but in terms of its influence on the policy and practice of a range of countries and partner institutions.

37. An example of this, in order to make the distinction more concrete, is treatment for HIV/AIDS. WHO has a role in the development of internationally recognized treatment guidelines and prequalification of medicines. Success in this regard is measured in terms of the number of governments and funding agencies that adopt these standards, and changes in the worldwide availability and prices of the medicines concerned. However, WHO also supports countries in the implementation of the treatment guidelines, where success is measured in terms of national

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<sup>1</sup> The phrase “norms, standards and conventions” is used here to denote a wide range of WHO's work that is informed by country needs, but that benefits countries (and partner organizations) collectively rather than individually. This range includes producing global health trend assessments, prequalification of medicines and vaccines, treatment protocols and legal instruments such as the WHO Framework Convention on Tobacco Control. These elements are not all “normative” in the strict sense of the word, but the term is used here as a shorthand to describe these aspects of WHO's work. The activities concerned are, for the most part, consistent with the economic definition of global or regional public goods. However, the term “global or regional public goods” is not widely used in WHO and therefore is not used here.

<sup>2</sup> The term “corporate services” is used here to indicate the functions needed for the proper conduct and maintenance of a single corporate body; it does not imply that WHO operates as a business corporation.



programme impact. In terms of priority, WHO gives equal emphasis to both types of activity. However, current measures of success tend to focus on individual country impact alone.

38. Turning to the third function, corporate services include legal services, internal and external audit, planning and budgeting, and governing bodies support. In priority setting and resource allocation these need to be treated differently. Priorities in this area are not determined by health need, but by the needs of the Organization as a whole, and by the contribution of these services to WHO's integrity. At present, the costs of corporate services are split between the two "managerial" strategic objectives (12 and 13), which causes confusion between corporate services and administration. Corporate services set policy and can be clearly defined. Administrative costs are incurred throughout the Organization.

39. At present, administrative costs are split, in part being embedded (but not made explicit) in technical programme costs, and in part appearing under the two managerial objectives. This makes it difficult to distinguish what WHO spends on administration (and hence to measure efficiency and calculate realistic programme support costs). In addition, pressure to decrease administrative costs puts essential corporate services at risk of being compromised and under-resourced.

40. Corporate services funding cannot be calculated on the basis of the contribution those services make to better global health. Some standards, however, are needed and it is proposed that a benchmarking exercise be carried out both to estimate the proportion of costs allocated to corporate services in a range of other comparable international organizations, and to identify the best ways of measuring performance.

41. Benchmarking can also inform allocations between headquarters and regions. For example, recent work has shown that the unit cost of processes such as the appointment of new staff varies considerably across different offices. Resource allocation based on analysis and costing of functions will drive the differentiation of functions between headquarters and regional offices. Regions will lead on country support, region-specific coordination and leadership functions, as well as making a contribution to corporate services. Headquarters will lead on many aspects of normative work, WHO's global leadership role and corporate service provision.

### **3. MAKING A DIFFERENCE – DEFINING WHO'S IMPACT**

42. The final stage in priority setting, and the development of the general programme of work, is to demonstrate – and to communicate – how WHO makes a difference. Currently, one of the main criticisms of WHO's programming and planning framework has been a lack of clarity in setting out a results chain to show impact and outcomes for the Organization as a whole, and specific outputs for the different levels.

43. The proposed results chain<sup>1</sup> will have five levels, the highest of which will measure the impact of WHO's work that is achieved by the Secretariat working with Member States. Measures at this level will generally be expressed in terms of sustainable changes in the health of populations. Currently, while the strategic objectives in the Programme budget are expressed in terms of collective

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<sup>1</sup> See also document EBSS/2/2, paragraph 166.

achievement (by the Secretariat and Member States), these achievements have not yet been quantified or measured.

44. The performance of the Secretariat will be measured in terms of outcomes, expressed primarily in terms of health system performance (access to care and coverage of interventions). It is at this level that the results chain will in future need to differentiate the outcome of WHO's country support activities from the outcome of normative and convening work, as discussed in section 3 above.

45. At the level of outputs and the activities and inputs that are required to achieve them, results will be specific to the functions performed by each level, including individual country offices.

46. It is beyond the scope of this document to discuss outcomes in more detail at this stage. However, it will be important for the Member State-driven process on priority setting to consider the highest level objectives to be achieved by WHO and their expression in ways that can be linked to measures of impact. These objectives will be used to make the ultimate measurement of WHO's performance: what difference will be made by an investment in WHO of US\$ 4 billion, with 50% spent at country level, and how will we gauge what that difference is? These impact level objectives will also be used to communicate WHO's role and overarching priorities to the broader global community as well as the Organization's degree of success in meeting those objectives.

47. This approach is consistent with the idea of "flagship" priorities outlined in the document EBSS/2/2 in 2011. To be effective, impact-level objectives need to have a degree of specificity. They must also have sufficient breadth to draw input from a range of programme groupings. Not every element in the general programme of work framework needs to have an impact objective, but there must be a clear connection between these impact objectives and the more detailed results chain that will be developed as discussed above. A precedent has already been set in the European Region for selecting a few priority outcomes from among the many that are established in the approved programme budget.

48. It is proposed that goals and targets should not be generated *de novo*, but where possible indicators should be selected from existing frameworks. Thus, in relation to work on Millennium Development Goals 4, 5 and 6, for example, WHO's impact can be framed in terms of accelerating progress towards the global goal of reducing maternal mortality. Member States are currently discussing the development of goals and targets in relation to noncommunicable diseases. Depending on the outcome of these negotiations, a goal could be selected, such as reducing premature deaths from cardiovascular causes, chronic respiratory disease, cancer and diabetes by one quarter by 2025.

49. Not all the elements in the proposed framework for the general programme of work can be addressed at the level of impact, but this should not preclude setting other high-level goals, for instance, in relation to universal health coverage: to reduce the number of people worldwide that are impoverished by catastrophic health expenditure from the current level of 100 million per year. Access to life-saving medicines, similarly, offers a means of measuring work on health systems, convening and innovation. WHO's response to emergencies, outbreaks and disasters poses a particular challenge in terms of setting high-level objectives, and might best be addressed through setting and monitoring agreed Organization-wide performance standards.

50. Further work on refining impact-level objectives and the means by which they will be measured will follow on from the Member State-driven process on priority setting, as an essential element of developing the next general programme of work.

#### **4. PROCESS AND TIMELINE**

51. In decision EBSS2(1), *inter alia*, the Board established a Member State-driven process, to take place following the 130th session of the Executive Board in January 2012, with a view to providing recommendations on methods for programme and priority setting for the consideration of the Sixty-fifth World Health Assembly in May 2012.

52. The analysis in the present document, however, suggests that the scope of work needs to be broader: to create a stronger link between priority setting and resource allocation; and to ensure that the priority-setting discussions inform the development of the next general programme of work and programme budget that provide WHO's strategic foundation (both of which begin implementation in 2014).

53. The importance of broadening the scope of work carried out between January and May 2012 is further underlined by the time constraints imposed by WHO's budgetary process. In brief, for the programme budget and the general programme of work to be operational by the beginning of 2014, both documents need to be approved by the Sixty-sixth World Health Assembly in May 2013. This, in turn, requires that they be submitted in draft to the Regional Committees in 2012 and to the Executive Board in January 2013.

54. In the light of this analysis, the following scope of work and terms of reference for a Member State-driven process are proposed:

- (1) Scope of work: to make recommendations to the Sixty-fifth World Health Assembly on the main priorities that will guide the development of the Twelfth General Programme of Work.
- (2) The specific objectives of the process will be:
  - (a) to review and refine proposals contained in the background paper for ensuring that country needs provide the basis for priority setting
  - (b) to review and refine the seven headings proposed as the framework for the next general programme of work
  - (c) to discuss and propose high-level impact objectives for the work of WHO
  - (d) to confirm the proposed approach to resource allocation for the work of headquarters and regional offices
  - (e) and to identify additional analytical work by the Secretariat emerging from these discussions which will contribute to the development of the Twelfth General Programme of Work.
- (3) It is proposed that the process be open to all Member States.

55. The format for the process was originally envisaged as a single meeting of two or three days. However, the opportunities for holding such a meeting between the end of January and early May are limited due to the pre-existing schedule of meetings in WHO, events in Geneva that influence the availability of accommodation, and prior commitments on the part of Officers of the Board. Member

States are therefore asked to consider two options based on the situation as it appears at the time of drafting this document:

- (1) To hold the main meeting in late February (27–28 February) with any follow-up discussions or consultations to be agreed at that meeting.
- (2) To hold the main meeting in late April or early May. However, recognizing the limited time between such a meeting and the World Health Assembly, to organize a series of informal regional and/or thematic meetings between the end of January and the meeting itself.

56. The Secretariat will further elaborate these options and/or develop alternatives for the consideration of the Board on the basis of further consultation.

57. In addition to confirming its agreement with the way of working proposed in this document, the Board is invited to identify any further work that will be needed to guide the deliberations of the Member State-driven process.

## ANNEX

<b>Functions of the Organization, (Article 2, WHO Constitution)<sup>1</sup></b>	<b>Core areas of work (document EBSS/2/2)</b>	<b>Proposed categories based on country needs (document EB130/5 Add.1)</b>
To stimulate and advance work to eradicate epidemic, endemic and other diseases	Health development: determinants, risks, diseases and conditions	Millennium Development Goals 4, 5 and 6
To standardize diagnostic procedures as necessary		
To promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment		
To foster activities in the field of mental health, especially those affecting the harmony of human relations		Noncommunicable diseases, mental health and disability
To promote, in cooperation with other specialized agencies where necessary, the prevention of accidental injuries		
To furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments	Health security: public health and humanitarian emergencies	Outbreaks, disasters and emergencies
To provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories		
To assist governments, upon request, in strengthening health services	Strengthening health systems and institutions	Health systems: structure, financing and organization
To promote improved standards of teaching and training in the health, medical and related professions		

<sup>1</sup> Not reproduced in their original order.

<b>Functions of the Organization, (Article 2, WHO Constitution)<sup>1</sup></b>	<b>Core areas of work (document EBSS/2/2)</b>	<b>Proposed categories based on country needs (document EB130/5 Add.1)</b>
To study and report on, in cooperation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security		
To establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services	Evidence on health trends and determinants	Information, evidence, innovation, research and monitoring of health trends and determinants
To establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices		
To assist in developing an informed public opinion among all peoples on matters of health		
To provide information, counsel and assistance in the field of health		
To promote and conduct research in the field of health		
To promote, in cooperation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene		

<b>Functions of the Organization, (Article 2, WHO Constitution)<sup>1</sup></b>	<b>Core areas of work (document EBSS/2/2)</b>	<b>Proposed categories based on country needs (document EB130/5 Add.1)</b>
To act as the directing and coordinating authority on international health work	Convening for better health	Convening and partnerships
To establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate		
To develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products		
To promote cooperation among scientific and professional groups which contribute to the advancement of health		
To propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective		
To take all necessary action to attain the objective of the Organization		Corporate services/enabling functions

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