

INTRODUCTION

Challenges, gaps and future needs

1. The Eleventh General Programme of Work 2006–2015 analyses current health challenges. Health is increasingly seen as a key aspect of human security and occupies a prominent place in debates on priorities for development.

2. Over the past 20 years, there have been major gains in life expectancy overall, but there are widening gaps in health status; some countries have witnessed reversals of earlier gains, because of such factors as infectious diseases, in particular HIV/AIDS, collapsing health services, and deteriorating social and economic conditions. Prospects for achieving the health-related Millennium Development Goals are not encouraging.

3. The analysis in the General Programme of Work reveals several areas of unrealized potential for improving health, particularly the health of the poor. The missing elements can be summarized as:

- **gaps in social justice:** efforts have been insufficient to ensure equity, health-related human rights and gender equality in health policy and action
- **gaps in responsibility:** the increasing number of sectors, actors and partners involved in health work has led to gaps in accountability and lack of synergy in the coordination of actions to improve health
- **gaps in implementation:** many populations still do not have adequate access to essential public-health interventions; international assistance is often insufficiently aligned to national priorities and systems or harmonized across organizations
- **gaps in knowledge:** knowledge of ways to tackle some of the major health challenges is still weak; research is not always focused on areas of greatest need, and health policy is not always based on best available evidence.

4. Future progress requires strong political will, integrated policies and broad participation. Any significant progress towards achieving the health-related Millennium Development Goals will require action in many sectors and at all levels – individual, community, national, regional and global. The past 10 years have seen a dramatic increase in the number of international partnerships in health. Global health partnerships offer the potential to combine the different strengths of public and private organizations, along with civil society, in tackling health problems. Demands on the United Nations system as a whole are increasing, as are demands for it to reform and show more clearly where it can add value. Academic, industrial, government and nongovernmental research continues to shape the generation of knowledge and its use.

5. In September 2000, the United Nations Millennium Declaration committed countries to a global partnership to reduce poverty and improve health and education, along with promoting peace, human rights, gender equality and environmental sustainability. The seven-point **global health agenda** contained in the Eleventh General Programme of Work reflects this and other agreements adopted by world leaders, and requires action from many different players across the international community, across society and across government, in the following areas: 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; strengthening governance, leadership and accountability.

6. In effectively addressing these challenges and gaps and in meeting future needs, WHO will continue to build upon the insights and lessons learnt over previous bienniums. Drawing upon

information derived from the Organization's formal monitoring and evaluation mechanisms, and input received from the Governing bodies, individual Member States, and other partners, key lessons have been identified which have helped to shape the content of the Medium-term strategic plan.

Lessons learnt

7. WHO is in a unique position to shape the global public-health agenda through consensus building and binding agreements. Examples of the latter include WHO's Framework Convention on Tobacco Control and the International Health Regulations (2005). These experiences have enabled the Organization to identify which health issues require a formal negotiated agreement, and which are best approached through consensus building.

8. WHO participates in more than 80 global health partnerships and in numerous global, regional and national health networks. These partnerships and networks contribute to the achievement of WHO's objectives, and benefit from the Organization's convening power and technical expertise. WHO continues to learn optimal ways of participating in these partnerships, while maintaining its identity and mandate.

9. In response to increasing demands and current reform of the United Nations system, the Organization will strive to build more effective alliances within both the system and the broader development community. It will work to harmonize the health environment at country level and will engage in the reform process aimed at creating an effective country team under a common United Nations lead.

10. Over the past 60 years WHO has played a prominent role in launching, coordinating, and implementing public-health programmes and initiatives. Some examples are eradication of smallpox, the Expanded Programme on Immunization, the Action Programme on Essential Drugs, the Stop TB Partnership, and efforts to eradicate poliomyelitis, to eliminate leprosy, and to control SARS and avian influenza. WHO has been able to adapt or transform itself in order to meet the needs of specific public-health programmes. For Member States, however, these and other challenges are placing increasing demands on health systems in critical areas related to health workforce, financing, and information. In this regard, work in recent years has revealed the pressing need for greater international consensus about the way health systems should function and how their core functions can be strengthened.

11. Many important determinants of health fall outside of the direct sphere of influence of the health sector. Although WHO continues to draw from experience and develop capacity to work with sectors other than health in order to enhance their understanding of what can realistically be done to improve national health, it is evident that more needs to be done to monitor global trends that are of significance to health in such areas as trade and agriculture. WHO will work with ministries of health and other sectors to craft appropriate responses.

12. Experience over the last bienniums has shown that clarity and consistency is required on the concept of health equity, which needs to be built into all relevant aspects of WHO's work. WHO will lead by example, integrating gender in the mainstream of its activities, building it into its technical guidance and normative work, and using sex-disaggregated data in the planning and monitoring of its programmes.

13. WHO will need to be more systematic in its contacts with civil society and industry, including the international health-care and pharmaceutical industries. As scientific advances continue, WHO will be more proactive in leading a dialogue on setting priorities and ethical standards for research. The past years have seen many new initiatives in the area of management and administration. The challenge now lies in the need to consolidate and institutionalize changes already introduced, and to complete reforms without compromising operational capability or staff confidence.

14. Although WHO has been fairly successful in mobilizing resources, a key challenge has been to ensure alignment between the activities planned and the resources mobilized, as voluntary contributions are often earmarked for specific programmes and projects. Internal mechanisms, such as the advisory group on financial resources to channel resources to where they are most needed, require strengthening.

15. In an organization using nearly half its resources on personnel, efficient management of human resources is a key challenge. Personnel policy and practice in the past have not, for example, facilitated the mobility of staff to ensure that the right skills and competencies are always in the right place. The individual performance management system is not being used effectively and needs to be strengthened. The initial work around WHO's global leadership programme needs to be consolidated.

16. Recent bienniums have seen a shift in the pattern of expenditure across the three levels of the Organization, with more resources being put to work in countries and regions. This trend needs to be supported by increased managerial skills and capacities in countries and regions and by more robust accountability.

17. Experience with results-based management over the past 10 years has significantly influenced the Medium-term strategic plan, and some key lessons learnt are reflected in definition of its priorities, strategic objectives and expected results.

18. First, it has become clear that a two-year time frame is inadequate to reflect the work of the Organization in many aspects of health. Successful activities require a significantly longer period to achieve the results expected. A medium-term plan provides an opportunity to adopt a more strategic and realistic approach to planning and the achievement of health outcomes.

19. Second, the plan is structured so as to create synergies between the different programmes and levels of WHO. The former planning structure of areas of work reinforced the tendency to compartmentalization, as organizational structures reflected those areas. Although such a division of labour facilitated resource allocation, it limited opportunities for collaboration across the Secretariat. The move to a smaller number of strategic objectives will significantly facilitate such collaboration. The strategic objectives are not mutually exclusive; they encourage differing but complementary perspectives for tackling common priorities.

20. Third, achievement of desired health outcomes is rarely attributable to a single intervention, or work by any one organization; the plan highlights work conducted within many collaborative arrangements. WHO will need to provide forums for engaging in dialogue with the increasing number and type of entities involved in health and development, including systematic contact with civil society and industry, including the international health-care and pharmaceutical industries.

21. Lastly, new business processes are required to support new ways of working. Greater dependence on voluntary contributions, increased internal collaboration across organizational structures, decentralization of resources, larger role played in operational aspects of health emergencies and disease outbreaks, and the growth of health-related legal frameworks, all require modern and flexible management systems. Introduction of the Global Management System and related enterprise resource planning, along with the service delivery model will back up these innovations.

Strategic direction for 2008–2013

22. During the six years 2008–2013, WHO will continue to provide leadership in matters of public health, optimizing its impartiality and near universal membership. Guidance from governments through the Executive Board, the Health Assembly and the regional committees ensures legitimacy for the work of the Organization; in turn, the Secretariat's reporting to the governing bodies ensures its accountability for implementation. WHO's convening power enables diverse groups to stimulate collective action worldwide.

23. WHO's role in tackling diseases is unparalleled, whether it acts by marshalling the necessary scientific evidence, promoting global strategies for eradication, elimination or prevention, or by identifying and helping to control outbreaks.

24. WHO will promote evidence-based debate, analysis and framing of policy development for health through the work of the Secretariat, expert and advisory groups, collaborating centres, and the numerous formal and informal networks in which it participates.

25. The structure of WHO's Secretariat assures involvement with countries. Headquarters focuses on issues of global concern and technical backstopping for regions and countries. Regional offices focus on technical support and building of national capacities. WHO's presence in countries allows it to have a close relationship with ministries of health and with its partners inside and outside government. The Organization collaborates closely with bodies of the United Nations system and provides channels for emergency support.

26. Through its decentralized structure and close working relations with governments, the Secretariat is able to gather health information and monitor trends over time, across countries, regions, and worldwide.

27. WHO is operating in an increasingly complex and rapidly changing landscape. The boundaries of public health action have become less clear, extending into other sectors that influence health opportunities and outcomes. The importance of economic, social, and environmental determinants of health has grown. Demographic and epidemiological transitions now combine with nutritional and behavioural transitions, influenced by globalization and urbanization, to create unfavourable new trends.

A six-item agenda: health development and security, systems and evidence, partnerships and performance

28. In its role as the directing and coordinating authority on international health work, WHO is expected to address, directly or indirectly, the problems outlined above. The complex task of improving world health, for which the strategic objectives provide a structure, can be envisaged as a six-item agenda. Two items address fundamental needs: for health development and health security. Two items are strategic: strengthening health systems and gathering and analysing the evidence needed to set priorities and measure progress. Two items are operational: managing partnerships to achieve the best results in countries, and ensuring that WHO performs well.

29. The clear links between health and development have brought welcome attention, resources, and impetus to international health work. Nevertheless, the multiple activities under way are an added burden in a number of recipient countries. A central role of WHO is to align these activities in ways that avoid duplication, consistently adhere to best technical practices, and have a measurable impact on health outcomes. Such activities need to be firmly rooted in the capacities of recipient countries and driven by their priorities.

30. At the policy level, health development is directed by the ethical principle of equity: access to life-saving or health-promoting interventions should not be denied for unfair reasons, including those with an economic or social basis. Commitment to this principle ensures that WHO activities aimed at developing health give priority to health outcomes in poor, disadvantaged, or vulnerable groups. This guiding principle applies to, among others, two large populations: women and the African people. The health problems in both groups are multiple, and are addressed by many programmes and partnerships. Changes in the health status of these two groups are an important indicator of the overall performance of WHO. WHO will keep health improvements in these two populations at the forefront of international health policy.

31. The pressing need to address the global burden of communicable diseases is reflected in the formulation of several WHO strategies for expanding interventions to reduce the burden of HIV, tuberculosis, malaria and vaccine-preventable diseases, and to make rapid progress in eradicating, eliminating or controlling diseases such as poliomyelitis, leprosy, dracunculiasis, onchocerciasis, schistosomiasis, and lymphatic filariasis.

32. Several high-level strategies reviewed by Member States will guide the work of the Organization in improving sexual and reproductive health and child health, increasing immunization coverage, and tackling noncommunicable diseases, such as cancer and cardiovascular diseases. Interventions related to the health of mothers and children will be linked through a continuum of care throughout the life-cycle.

33. Population-based, environmental and behavioural approaches will be adopted to reduce such risks to health as obesity, high blood-pressure, harmful use of alcohol, and unsafe sex. Measures consistent with the Framework Convention on Tobacco Control will back up work to reduce tobacco consumption. WHO will also consolidate and expand its work on health promotion, nutrition, food safety, food security, and prevention of injury and violence.

34. Global health security is threatened by emerging and epidemic-prone diseases, which have become a greater menace under conditions prevailing in the current century. Vulnerability to these diseases and their consequences is universal. Application of the revised International Health Regulations (2005) implies a pre-emptive approach to outbreak alert and response, whereby action at the outbreak source can prevent a local event from becoming an international emergency. To ensure collective security under the Regulations, many countries will need support in strengthening core capacities for outbreak detection and response.

35. WHO has established infrastructures and mechanisms for disease-outbreak alert and response, and for addressing other public health emergencies when they arise. Clear responsibilities and time frames for action for WHO, both Member States and Secretariat, are set out in the Regulations. New in the Regulations are provisions for detecting and responding to threats from emerging diseases and the central importance given to surveillance. For example, once poliomyelitis is eradicated, the infrastructure established to ensure surveillance and programme delivery will adapt to the growing needs for outbreak alert and response, and disease surveillance.

36. Abrupt shocks to health can arise from conflicts and natural disasters, especially when routine services are disrupted or infrastructures are damaged. In such situations, WHO is increasingly called upon to ensure continuity of essential care and to prevent outbreaks of epidemic-prone diseases. To meet broader population needs, reforms within the United Nations system aimed at better coordination are continuing to improve the speed and efficiency of responses.

37. WHO has well-tested mechanisms for mitigating the health consequences of emergencies arising from conflicts and natural disasters. In this regard, as the lead agency for the United Nations health cluster, it will continue to work in the context of reform of humanitarian action in the United Nations system, and to strengthen its partnerships with other organizations of the system, national institutions, and nongovernmental organizations.

38. WHO has, for several years, underlined that the health risks posed by climate change are significant; that they are distributed across the globe and difficult to reverse; and that recent changes in the climate have had a significant and diverse impact on health. It is therefore essential to formulate clear responses that support the protection of human health and ensure that the risk to health is placed at the centre of the debate on climate change. WHO's response will focus on the following actions: assessing the implications of climate change for health and health systems; identifying appropriate and comprehensive strategies and measures for tackling these implications; providing support for appropriate health-sector capacity building; and fostering collaboration with government and nongovernmental partners in order to raise awareness of the health impacts of climate change.

39. Health systems are being required to perform better at a time when the demands on them are increasing. National systems in a number of countries face fundamental weaknesses. Shortcomings exist in infrastructure, financing, human resources, supplies of high-quality essential commodities, and equitable access to services. Numerous health initiatives are geared to delivering outcomes, often for a single disease; such delivery needs a functioning health system. WHO's work on strengthening health systems will be based on the principle of primary health care and will promote ways to integrate service delivery: better and more equitable health outcomes depend on better service delivery.

40. The primary health care approach provides a reliable and sustainable way to address the pressing health needs of impoverished, disadvantaged, and vulnerable groups. Maternal and child health services have long served as the backbone of primary health care and a platform for other health programmes. Primary health care services are also well placed to deliver sexual and reproductive health services, and address the need for adequate nutrition, especially for children and elderly people.

41. Universal coverage with effective public-health interventions depends on well-functioning health systems. *The world health report 2006*¹ highlights the crisis in the global health workforce and identifies steps that countries and partners need to take if health commitments and targets such as those in the Millennium Development Goals are to be met. WHO also will enhance its capacity to provide support to Member States for putting in place strategies to improve other key components of health systems related to financing, information, research and essential medicines and technologies. These strategies will be fully integrated and coordinated with health systems, and will build on opportunities and resources included in priority programmes such as HIV/AIDS and immunization, and maternal health.

42. Evidence underpins the setting of priorities and the measurement of results, and is thus essential for formulating health strategies at both national and global levels. Populations need access to reliable information on health risks and how to avoid them. Evidence also contributes to the protection of public health on a daily basis, and WHO has well-established mechanisms for determining international norms and standards based on the best science. Building on this work WHO will aim to close the gap between knowing what to do and doing it.

43. The management of partnerships has become a high priority for WHO. Although WHO cannot be the principal implementing agency within countries, it is expected to set the global health agenda and to establish best technical practices. Delivery of packages of services in an integrated way contributes to amplifying the health impact of partnerships.

44. The complexity of the public-health landscape requires WHO to operate flexibly, to optimize its capacity for direct contact with ministries of health, and to adapt to changing needs and priorities. The health agenda is set at global level, with headquarters providing best technical practices as guidance for health ministries and international partners. Regional offices focus on specific needs for technical support at regional level, and on the building of national capacities. WHO country offices coordinate work with health ministries and with implementing agencies working at country level.

¹ *The world health report 2006. Working together for health.* Geneva, World Health Organization, 2006.

45. The number of stakeholders working in health at both national and international levels has increased. WHO has responded flexibly and rapidly to this evolution. It has helped to ensure that national policy-makers are fully involved in international forums that discuss health-related issues, and that the numerous actors in public health outside government and intergovernmental bodies have forums enabling them to contribute to global and national debates on health-related policy. WHO will continue to use its convening power to stimulate action across different sectors, while building the capacity of governments to play this role nationally. It will take the lead in promoting effective partnerships for health, shaping the global health environment, and operationalizing reform of the United Nations system at global, regional and country levels.

46. To meet the challenges it faces, WHO will continue to evolve as a learning organization and to strengthen its managerial capacity. More integrated, strategic and equitable approaches to financing the programme budget and managing financial resources throughout the Organization will be instituted. More cost-effective ways to provide administrative, information and managerial systems and services will continuously be sought, optimizing the locations from which such services are delivered. The Organization will assure strong accountability mechanisms while supporting collaboration and coordination across its different levels.

47. The **core functions** of WHO will guide the work of the Secretariat, influence approaches for achieving the strategic objectives, and provide a framework for assuring consistency and output at global, regional and country levels. The core functions are:

- providing **leadership** on matters critical to health and engaging in partnerships where joint action is needed
- shaping the **research** agenda, and stimulating the generation, dissemination and application of valuable knowledge
- setting **norms and standards**, and promoting and monitoring their implementation
- articulating ethical and evidence-based **policy options**
- providing **technical support**, catalysing change and building sustainable institutional capacity
- **monitoring** the health situation and assessing health trends.

48. Expected achievements over the period of the Medium-term strategic plan reflecting the Director-General's agenda for action, notably health development and security, systems and evidence, partnerships and performance, are described in **13 strategic objectives** set out below. They provide clear, measurable and budgeted expected results for the Organization. They also promote collaboration across disease-specific programmes by capturing the multiple links among the determinants of health and health outcomes, policies, systems and technologies.

1. To reduce the health, social and economic burden of communicable diseases
2. To combat HIV/AIDS, tuberculosis and malaria
3. To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment
4. To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals

5. To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact
6. To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex
7. To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health
9. To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development
10. To improve health services through better governance, financing, staffing and management informed by reliable and accessible evidence and research
11. To ensure improved access, quality and use of medical products and technologies
12. To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work
13. To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.

49. The individual strategic objectives should not be viewed in isolation from one another as they reflect WHO's different but interdependent actions for realizing the "agenda for action". For example, those that relate to the specific disease interventions are supported by work undertaken to provide evidence and information and to strengthen the capacity of the health system for effective programme delivery. By tackling the social and economic determinants, the underlying conditions and behaviour that impact on health conditions are addressed.

50. The Medium-term strategic plan – an integral element in WHO's framework for results-based management – translates the Eleventh General Programme of Work's long-term vision for health into strategic objectives, reflects country priorities (particularly those expressed in country cooperation strategies) and provides the basis for the Organization's detailed operational planning.

WHO's framework for results-based management

51. The Eleventh General Programme of Work provides a long-term perspective on the determinants of health and the measures required for improving health while setting forth a global health agenda.¹

52. The Medium-term strategic plan 2008–2013 stems from the General Programme of Work. It provides the strategic direction for the Organization for the six-year period, advancing the global health agenda through a multi-biennial framework. It guides preparation of three biennial programme budgets and operational plans through each biennium.

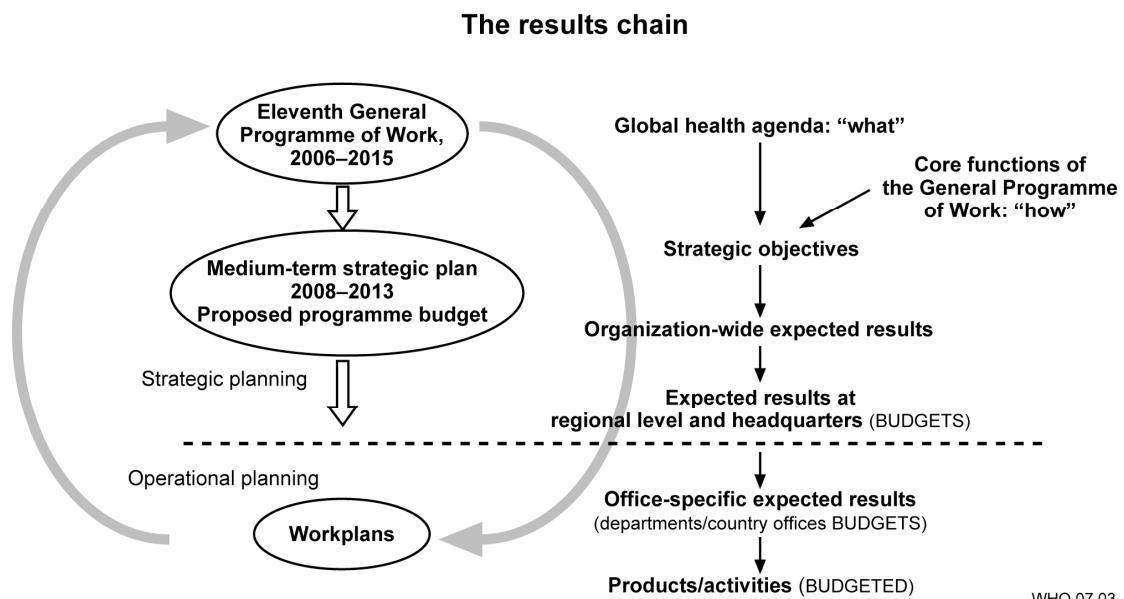
¹ Document A59/25.

53. The 13 strategic objectives set out above take into account the complementarities between strategic objectives. For example, they recognize that for health interventions effectively to achieve better health outcomes and reduce the burden of disease, it is as essential to strengthen health systems as it is to develop norms and standards for specific diseases and work with other sectors in tackling determinants of health.

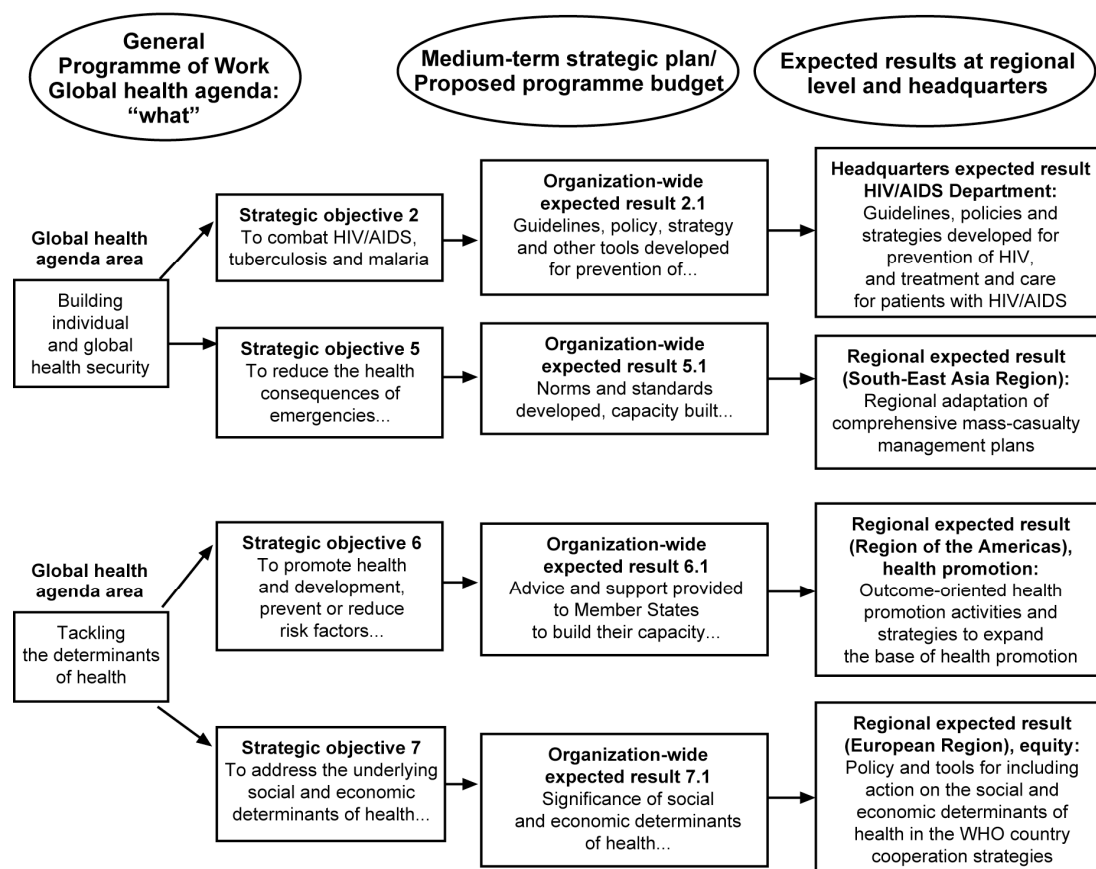
54. As confirmed by the analysis of 132 country cooperation strategies, these broad strategic objectives and related expected results provide a flexible programme structure that better reflects the needs of countries and regions. Collaboration throughout the Organization is facilitated by means of Organization-wide teams built around strategic objectives.

55. On the basis of an analysis of the issues and challenges, taking into account the lessons learnt over the past bienniums, examining risks and considering various options, the plan identifies for each strategic objective a series of Organization-wide expected results for which the Secretariat will be accountable over the three bienniums. It provides indicators, targets and resources required for their achievement. Recognizing that flexibility and responsiveness are essential in order to respond effectively to the rapid changes foreseen in health needs and opportunities, WHO will continue to monitor trends and to modify expected results accordingly.

Figure 1. WHO's framework for results-based management



The results chain: example



WHO 07.04

56. The Medium-term strategic plan requires technically sound approaches and an enabling environment to support efficient and effective implementation. The enabling environment includes responsive, flexible and efficient internal management of the Organization, and the ability to work strategically with a wide range of partners. Robust accountability mechanisms ensure integrity of the assessment of the Organization's performance and management of its resources.

57. The programme budgets make the Medium-term strategic plan operational, identifying the scope of activities and specifying achievements expected. For each Organization-wide expected result, they set the targets for individual bienniums, and indicate the resources required for their achievement.

58. The programme budgets are the basis for operational planning. During the operational planning phase, country and regional offices and headquarters identify their contribution towards achieving the Organization-wide expected results. These operational plans, also referred to as workplans, establish the specific products and services that the Secretariat will provide in order to meet its commitments set out in the strategic plan and biennial budgets. In these workplans, time frames and responsibility and accountability for delivering products and services are identified for each organizational entity and level, thus linking strategic objectives and Organization-wide expected results with the organizational structure.

59. Comprehensive reform is under way to improve management of the Organization, the main thrust of which is set out in strategic objective 13. It is captured also in an Organization-wide guide, which is continuously under review to ensure that it effectively addresses the changing needs of the Organization. Managerial reform also is a standing item on the agenda of the Programme, Budget and Administration Committee of the Executive Board. The scope of these reforms spans the results-based management framework, management of financial resources, provision of effective operational support, and assurance of robust accountability.

60. With the aim of measuring organizational effectiveness, a set of key operational performance indicators are currently under development. These indicators will be used across the Organization to analyse progress in areas such as programme performance, human resource management, financial management, and the promotion of multilingualism. The status of indicators will be regularly reviewed at a high level. Their development and utilization for decision-making and managerial reform are expected to progress steadily over the period of the Medium-term strategic plan.

61. The Organization faces the challenge of working efficiently across different, but related, programme areas, and across its three levels. Organizational processes such as joint planning and peer reviews can facilitate this work, together with collaborative methods that promote interdependence, such as greater staff mobility and rotation across the Organization.

62. As a decentralized organization, efficient and effective programme management requires balancing the need to assure an Organization-wide approach and responsibility, and to recognize regional specificities. Transparent governance mechanisms and common systems and approaches across the Organization will be increasingly adopted, linked to further devolution of decision-making and greater accountability. This trend will be facilitated by moving from managing through tight bureaucratic controls to greater reliance on performance monitoring.

63. Managers will play a crucial role, as they drive change within the Organization. Managers must foster integration and team work, ensure the effective use of resources, build and promote partnerships across the Organization, and provide a model of ethical behaviour. They also manage performance of both programmes and individual staff. WHO's Global Leadership Programme aims to provide support for these aspects of their work.

64. Accountability is a critical element supporting the results-based management approach. WHO has adopted an accountability framework that brings together aspects of responsibility, accountability and authority, based on overarching principles that ensure good governance. These include having well-understood organizational values, behaviours and aims, managing risk competently, and reporting transparently to all stakeholders.

65. Mechanisms to ensure accountability and integrity in the work of the Organization include programme monitoring and assessment; programme-related evaluations; internal audits; an independent external auditor who reports directly to the Health Assembly; staff and financial regulations and rules; ombudsman functions; mechanisms to ensure internal justice, annual reporting on financial and human resources to governing bodies; and a performance evaluation system for staff. Increased attention is being paid to these important functions, both internally and by key stakeholders.

Effective financing of the Medium-term strategic plan

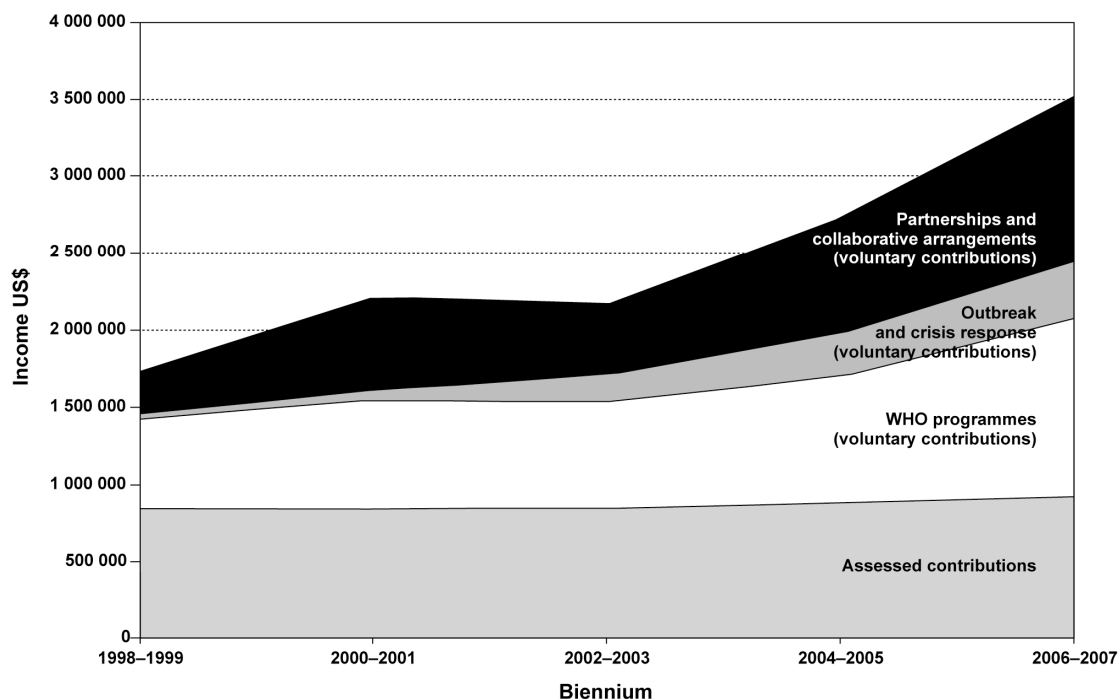
66. WHO has adopted a results-based management approach to determining resource requirements, with an integrated budget comprising all sources of funding. The costs of achieving the results concerned in a given time frame are therefore financed with funds from different sources.

67. WHO receives its funding principally through assessed contributions from Member States and voluntary contributions. Assessed contributions are gradually becoming a smaller proportion of the total resources received, and there is an increasing reliance upon voluntary contributions provided by a limited number of partners and donors, both large and small.

68. Voluntary contributions to the Organization have risen significantly and now constitute the major source of funding for WHO. This increase is accounted for by a greater awareness, especially within the donor community, of the relationship between development and public health. Further, increasingly frequent "public health crises" attract considerable partner and donor funding. Such crises include outbreaks of communicable diseases (e.g. severe acute respiratory syndrome and avian influenza) together with natural or man-made disasters (e.g. earthquakes, hurricanes, tsunamis and

wars). Just as the size and characteristics of the demand for international public health assistance have evolved, so has the composition of the donor community financing international public health. Now, in addition to Member States, national overseas development assistance programmes are playing a more important role, and contributions from other multilateral organizations, development banks, and private foundations and charities are increasing.

Figure 2: Trend in the composition of WHO income



WHO 08.57

69. This evolving situation has also led to the international health and development community increasingly working through partnerships and other collaborative arrangements in which WHO often plays a key role. Several of these partnerships are hosted by WHO and included in the programme budget. However, their budgets and financing are by nature decided in collaboration with and, not solely by WHO. The income for outbreak and crisis response and for partnerships and collaborative arrangements has grown at a greater pace than the corresponding income for WHO programmes. In the biennium 2006–2007 the income for outbreak and crisis response and for partnerships and collaborative arrangements constituted more than one third of total income (see Figure 2).

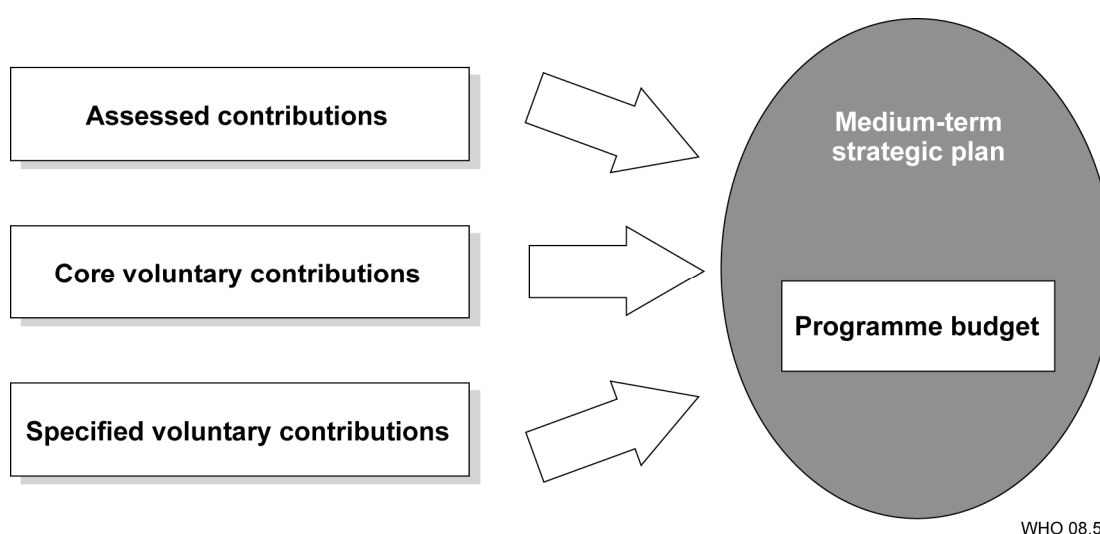
70. As the different segments of income shown in Figure 2 have different dynamics and the activities they concern have different requirements for budget and resource management, allocations and spending in respect of the budget will be monitored, analysed and reported separately for each segment. This will start from the biennium 2008–2009, taking full effect from the biennium 2010–2011.

71. Financing the Medium-term strategic plan requires efficient management of the different sources of income in order to ensure that resources are made available where needed, for the purpose needed, and when needed. Although WHO has been fairly successful in mobilizing resources, a key challenge remains, namely: ensuring alignment between the activities planned and the resources mobilized. Despite improvements, additional efforts will be required to avoid situations where funds lie idle, or are underutilized, in one programme or location while resources are acutely needed in another. This will require contributors of voluntary funds to provide their resources in a more flexible and predictable manner, and the Organization to strengthen mechanisms for effective resource allocation and monitoring such as the global management system and the advisory group on financial

resources, which recommends to the Director-General the allocation of resources on a corporate basis and in a transparent manner.

72. For the duration of the Medium-term strategic plan, WHO will categorize funds according to the nature of their primary sources: **assessed** contributions, **core voluntary** contributions and **specified voluntary** contributions. The Organization will continue the work with partners and donors to improve the alignment of voluntary contributions with the achievement of results as set out in the programme budget.

Figure 3. Financing the Medium-term strategic plan: three sources of funding



73. **Assessed contribution and miscellaneous income.** WHO is a Member-State organization with global responsibility for normative technical work; it is therefore essential for the Organization's credibility and integrity that a significant portion of its budget should be financed through assessed contributions.

74. Miscellaneous income is derived mainly from interest earned on assessed-contribution funds, collections of arrears of assessed contributions, and assessed contributions remaining unspent at the end of a biennium.

75. The aim is for assessed contributions to continue to be a key source of financing for the Medium-term strategic plan.

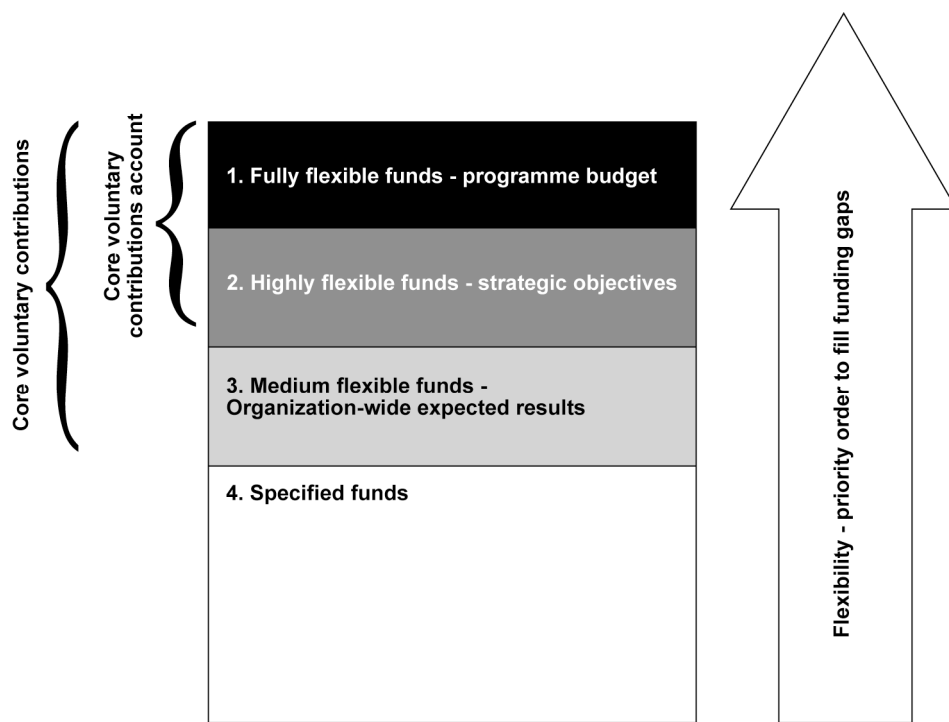
76. **Voluntary contributions.** Seventy-one percent of the total expenditures in the biennium 2006–2007 were financed from voluntary contributions. Less than a dozen different sources accounted for more than 50% of all voluntary contributions received, with the remaining contributions coming from more than 500 different sources.

77. Most voluntary contributions are received for development work and humanitarian assistance, and come mainly from bilateral and multilateral development agencies and a few private foundations. Although all resources are welcome and indeed essential to execute WHO's programme of work, the manner in which they are provided can pose a challenge to ensuring proper alignment between the programme budget and its implementation. Further, administering thousands of separate agreements requiring specific reporting significantly increases the transaction costs to the Organization.

78. Working with key partners and donors, WHO is moving towards acquiring a larger share of predictable, unearmarked, **core voluntary contributions**. This would help to align resources to the

priorities of the Organization as determined by the governing bodies through the programme budget; to meet critical funding gaps; and to improve implementation of the programme budget.

Figure 4: Stratification of voluntary income by flexibility



WHO 08.58

79. Core voluntary contributions are those that provide significant flexibility, enabling them to be deployed wherever the most acute financing needs arise. Contributions that are fully or highly flexible at the programme budget or strategic objective levels, and that do not require donor attribution, will be managed through the core voluntary contributions account (see Figure 4) overseen by the advisory group on financial resources, which is composed of the Assistant Directors-General and the Directors of Programme Management from the regional offices.

80. The core voluntary contributions account is an essential tool for strategic management. It is designed to improve the alignment between budget and resources, and optimize delivery of results across the Organization.

81. About 1% of voluntary contributions are provided as fully flexible funds; and between 5% and 6% are provided as highly flexible funds. WHO will seek to at least double the share of these types of funds in financing the Medium-term strategic plan.

82. Contributions that are medium flexible funds, namely those whose application is to a particular Organization-wide expected result/major office/theme, will be managed by Organization-wide technical teams and major offices according to the specified purpose of the funds concerned. Contributions of this type represented about 10% of funding in the biennium 2006–2007.

83. **Specified voluntary contributions.** Currently the Organization is financed largely from voluntary contributions intended for a specific purpose. In the biennium 2006–2007 specified contributions constituted about 83% of all voluntary contributions received. Although all these contributions are provided with the aim of achieving the defined expected results and are thus critical for implementation of workplans, their limited flexibility and the large proportion of the total

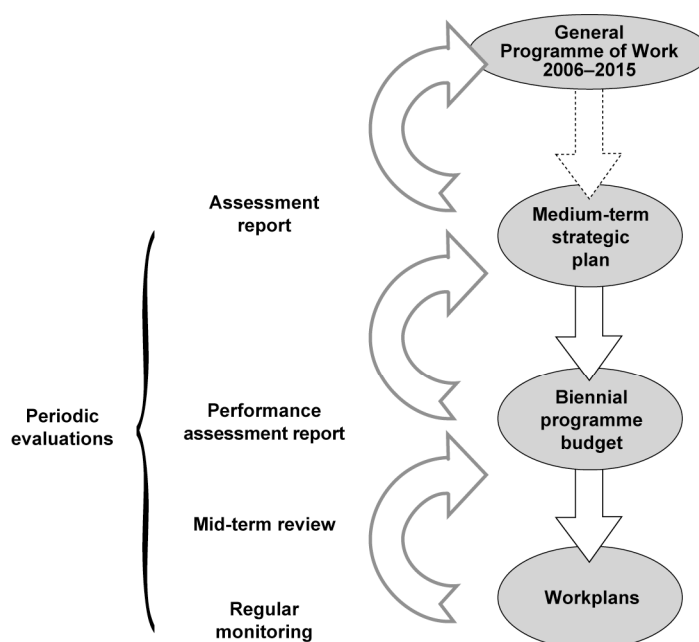
financing that they constitute continue to pose challenges to timely implementation and effective resource management.

84. In order for the Organization to continue to improve the effectiveness of financing, a robust framework is required for management, monitoring and evaluation. Such a framework should enable the different sources of funding to be better integrated, and should allow for more informed decision-making and the continuous fine-tuning of policies, strategies and programmes.

Monitoring, assessment and evaluation

85. A number of instruments within WHO's results-based management framework serve to monitor, assess, evaluate and deal with potential issues related to performance of the Medium-term strategic plan and associated programme budgets.

Figure 5. Monitoring, assessment and evaluation instruments



WHO 06.153

86. Programmatic and financial implementation is monitored on the basis of operational plans (workplans) at least every six months throughout the biennium. This serves to review and adjust where needed the implementation of specific activities in light of the programmatic and financial situation.

87. An Organization-wide mid-term review is carried out at the end of the first year of each biennium, which assesses progress at each WHO office towards achievement of the specific results for which each is accountable. The mid-term review complements the unaudited financial report.

88. Programme budget performance is assessed at the end of the biennium and complements the audited financial report submitted at the same time. The assessment report provides an Organization-wide summary of the programmatic performance of the Secretariat, including in respect of the achievement of indicator targets, along with the broader lessons learnt across the Organization.

89. The Medium-term strategic plan is monitored through the assessment of programme-budget performance. At the end of the six-year period, the extent to which the 13 strategic objectives have been achieved will be assessed. Data on the strategic-objective indicators will be collected to establish the degree to which the targets have been reached. Performance will be analysed and the main

achievements in delivery of the strategic objectives, factors contributing to, or impeding, success, and lessons learnt will be summarized to help in drawing up subsequent strategic plans.

90. The framework also includes the periodic evaluation of WHO's programmes, which assess the outcomes of WHO's work along the lines of thematic, programmatic or country evaluations.

91. Mechanisms such as peer reviews are employed in both the planning and monitoring phases of results-based management so as to ensure a high level of quality throughout the Organization. Collective reviews by senior management, along with the governing bodies, also serve to identify emerging needs, potential performance issues, and ensuing re-prioritization during the six-year period.

92. The General Programme of Work will also be monitored. Priorities will be assessed in depth, and WHO's core functions monitored to ensure their continuing relevance, and the quality and influence of WHO's work.

93. The impact of the work of WHO to the health of the people of Africa and the health of women, to which the Director-General has drawn particular attention,¹ will be monitored specifically.

¹ See paragraph 30.