



**World Health
Organization**

SIXTY-FIFTH WORLD HEALTH ASSEMBLY
Provisional agenda item 12

A65/40
22 March 2012

WHO reform

Report by the Director-General

The Director-General has the honour to transmit to the Sixty-fifth World Health Assembly the report by the Chairman of the meeting of Member States on programmes and priority setting (see Annex).

ANNEX

**WHO REFORM: MEETING OF MEMBER STATES
ON PROGRAMMES AND PRIORITY SETTING****Chairman's report**

1. As mandated by decision EB130(6), the meeting of Member States on programmes and priority setting was held from 27 to 28 February 2012 in Geneva and was chaired by Mr Rahhal El Makkaoui, Executive Board Chairman. The meeting was attended by 92 Member States and one regional economic integration organization. The meeting was preceded by a briefing by the Secretariat on 26 February on current priority-setting practices and strengths and weaknesses of those practices; and on the relationship between the country cooperation strategies, the general programme of work formulation process, and the programme and budgeting process.
2. The meeting reached consensus on the following: criteria, categories, and timeline. The agreed texts are appended. An exchange of views was held on methodology.
3. In addition, the meeting provided the following guidance to the Secretariat as it proceeds to develop the next general programme of work and programme budget: the Secretariat should apply the agreed-upon criteria and categories, use the six core functions defined in the Eleventh General Programme of Work, 2006–2015, adjusting them if necessary to address new realities, and suggest priorities in the draft outline for the Twelfth General Programme of Work and Programme Budget. It was also agreed that a sixth area covering corporate services should be reflected in the General Programme of Work and Programme Budget. Additionally, the Secretariat should use the new results chain agreed upon at the special session of the Executive Board on WHO reform held in November 2011 in the preparation of the draft outline of the Twelfth General Programme of Work and the draft Proposed programme budget 2014–2015. In developing the programme budget, the Secretariat should give full information on which programmes, actions and results WHO should pursue under the respective new categories and also on the amounts and reasoning behind. This could be done in a technical document. The Secretariat should also learn from the experience of other international organizations and ensure that the priorities are set by the WHO governing bodies and not by donors.
4. It was also agreed that the criteria, the categories and the priorities identified should be used to streamline the resolutions and decisions of the WHO governing bodies.
5. The Director-General is requested to transmit this report to the Sixty-fifth World Health Assembly.

Appendix 1

CRITERIA FOR PRIORITY SETTING AND PROGRAMMES IN WHO

The priorities of WHO should be aligned with its Constitution, particularly the principles of the preamble and the objective of the Organization of the attainment by all peoples of the highest possible level of health, and the functions for achieving that objective as contained in Article 2 of the Constitution. This includes the mandate “to act as the directing and co-ordinating authority on international health work”, giving due emphasis to countries and populations in greatest need, and taking into account gender equality, universal coverage, as well as the economic, social and environmental determinants of health. (*agreed*)

The specific criteria are:

- (1) **The current health situation** including: demographic and epidemiological trends and changes, urgent, emerging and neglected health issues; taking into account the burden of disease at the global, regional and/or country levels. (*agreed*)
- (2) **Needs of individual countries** for WHO support as articulated, where available, through the country cooperation strategy, as well as national health and development plans. (*agreed*)
- (3) **Internationally agreed instruments** which involve or impact health such as declarations and agreements, as well as resolutions, decisions and other documents adopted by WHO’s governing bodies at the global and regional levels. (*agreed*)
- (4) The existence of **evidence-based, cost-effective interventions** and the potential for using knowledge, science and technology for improving health. (*agreed*)
- (5) The **comparative advantage of WHO**, including:
 - (a) capacity to develop evidence in response to current and emerging health issues;
 - (b) ability to contribute to capacity building;
 - (c) capacity to respond to changing needs based on ongoing assessment of performance;
 - (d) potential to work with other sectors, organizations, and stakeholders to have a significant impact on health. (*agreed*)

Appendix 2

CATEGORIES FOR PRIORITY SETTING AND PROGRAMMES IN WHO

1. **Communicable diseases:** reducing the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases. (*agreed*)
2. **Noncommunicable diseases:** reducing the burden of noncommunicable diseases, including heart disease, cancer, lung disease, diabetes, and mental disorders as well as disability, and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors. (*agreed*)
3. **Promoting health through the life course:** reducing morbidity and mortality and improving health during pregnancy, childbirth, the neonatal period, childhood and adolescence; improving sexual and reproductive health; and promoting active and healthy ageing, taking into account the need to address determinants of health and internationally agreed development goals, in particular the health-related Millennium Development Goals. (*agreed*)
4. **Health systems:** support the strengthening, organization with a focus on integrated service delivery and financing, of health systems with a particular focus on achieving universal coverage, strengthening human resources for health, health information systems, facilitating transfer of technologies, promoting access to affordable, quality, safe, and efficacious medical products, and promoting health services research. (*agreed*)
5. **Preparedness, surveillance and response:** surveillance and effective response to disease outbreaks, acute public health emergencies and the effective management of health-related aspects of humanitarian disasters to contribute to health security. (*agreed*)

Appendix 3

ROADMAP AND TIMELINES

27–28 February 2012: a meeting is held to advance the work of the Member State-driven process on methods for programmes and priority setting.

May 2012: the draft outline of the Twelfth General Programme of Work 2014–2019 is submitted for review and discussion to the Programme, Budget and Administration Committee at its sixteenth meeting and the Sixty-fifth World Health Assembly.

End August – mid-October 2012: the regional committees review the draft Twelfth General Programme of Work 2014–2019 and the draft Proposed programme budget 2014–2015. Input from Member States informs further development of these documents.

Mid-August – mid-October 2012: a web consultation is held on the draft Twelfth General Programme of Work 2014–2019 to solicit input and comments from a wider group of stakeholders.

End November/early December 2012: if the Executive Board approves the change in timing, the Programme, Budget and Administration Committee at its seventeenth meeting could review the revised draft Twelfth General Programme of Work 2014–2019 following review by the regional committees and the web consultation; and the revised draft Proposed programme budget 2014–2015 incorporating input from the regional committees.

January/February 2013: the Executive Board at its 132nd session reviews and comments on the draft Twelfth General Programme of Work 2014–2019 and the draft Proposed programme budget 2014–2015.

May 2013: the draft Twelfth General Programme of Work 2014–2019 and draft Proposed programme budget 2014–2015, incorporating comments from the Executive Board, are submitted to the Sixty-sixth World Health Assembly through the Programme, Budget and Administration Committee at its eighteenth meeting.

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