
Medium-term strategic plan 2008–2013: interim assessment

1. The Eleventh General Programme of Work 2006–2015 adopted by the Fifty-ninth World Health Assembly¹ sets out a long-term global health agenda for all stakeholders to guide the response to global health challenges. The Medium-term strategic plan 2008–2013² defines the strategic direction for implementing this agenda and reaching the goals included in the Eleventh General Programme of Work. The Medium-term strategic plan also provides a monitoring and assessment framework that allows WHO to measure progress over time.

2. This report summarizes the results of an interim assessment of the implementation of the Medium-term strategic plan,³ and aims to assess global progress towards the attainment of the objectives set out in the Medium-term strategic plan. It was conducted with the engagement of Member States as a self-assessment. The report focuses on health outcomes in countries, as reported by Member States, that have been achieved through the combined efforts of Member States, the Secretariat and other partners. The specific contribution of the Secretariat has been assessed separately and the results of that assessment included in the Programme budget 2008–2009 performance assessment report, which was presented to the Sixty-third World Health Assembly.⁴

METHODOLOGY

3. The Secretariat developed a survey questionnaire for completion by Member States. The questionnaire followed the structure of the Medium-term strategic plan, and, more specifically, the 11 technical strategic objectives included therein. For each strategic objective, a set of standard questions grouped under five main section headings was used to collect data on:

- (1) the overall health situation and trends;
- (2) national policies and health systems;
- (3) cooperation and collaboration with partners;
- (4) mobilization and management of resources; and
- (5) adequacy of cooperation with WHO.

¹ See resolution WHA59.4.

² See resolutions WHA60.11 and WHA62.11.

³ See document A63/50.

⁴ See document A63/29.

4. Questions were formulated so as to stimulate thinking about ways in which to accelerate the implementation of national health strategies and plans. Strategic objectives 12 and 13 on the internal management of the Secretariat were not included in the exercise. However, the section assessing cooperation with WHO covers part of strategic objective 12 on the work of WHO country offices.

5. In the assessment process, Member States were requested to appoint national focal points with responsibility for coordinating completion of the questionnaires and returning them to the Secretariat. Depending on the nature of individual questions, it was recommended that responses should be based on evidence (for example, progress on specific indicators) or should reflect a consensus among national programme managers and officials on their perception of progress (for example, rating the effectiveness of cooperation and collaboration with partners).

6. The results of this exercise have also been shared with Member States. The information included in this report will be used in future strategic development processes and will help inform the work of the Organization in implementing the Medium-term strategic plan.

SURVEY RESPONSE RATE

7. The assessment exercise was conducted between November 2010 and March 2011. Within that period, the Secretariat received a total of 105 completed questionnaires, equivalent to a response rate of 54%.¹ Of the 105 responses, 104 were from Member States and one was from an Associate Member. Overall, there is good representation by region and income group, as the figures included in Tables 1 and 2 demonstrate.² The response rate from countries in the Eastern Mediterranean Region was low.

Table 1. Responses received, by region

WHO region	Number of responses	Percentage of respondents	Number of countries	Response rate
African Region	24	23%	46	52%
Region of the Americas	17	16%	35	49%
South-East Asia Region	11	10%	11	100%
European Region	27	26%	53	51%
Eastern Mediterranean Region	5	5%	21	24%
Western Pacific Region	21	20%	27	74% ^a
Total	105	100%	193	54%

^aThe one Associate Member that contributed to this exercise is from the Western Pacific Region and was not included in the response rate by region to ensure consistency across regions.

¹ The analysis of the results contained in this report is based on the 99 completed survey questionnaires received by the Secretariat by 16 February 2011, which were used to generate the aggregated figures and data. Another six questionnaires were received after that date and will be taken into account in future reports.

² World Bank income group classification as of January 2011 was used in Table 2.

Table 2. Responses received, by income group

Income group	Number of responses	Percentage of respondents
Low-income	26	25%
Lower-middle-income	34	32%
Upper-middle-income	17	16%
High-income	28	27%
Total	105	100%

OVERVIEW OF RESULTS

8. Overall, Member States report that they have made progress in reaching the 11 strategic objectives. The most progress is reported to have been made under strategic objective 1 (communicable diseases) and the least under strategic objective 3 (noncommunicable diseases). Countries reporting from the African and South-East Asia Regions assessed themselves as having made the most progress.

9. An analysis of the health outcome indicators¹ included in the Medium-term strategic plan also provides an encouraging picture, with progress being reported on one third of them. The most progress was made on those connected with the coverage of interventions targeted at tropical diseases (strategic objective 1), the mortality rate due to vaccine-preventable diseases (strategic objective 1) and the reduction in wealth inequities for measles immunization coverage among one-year-olds (strategic objective 7). Relatively limited progress since 2008 is reported to have been made on a sizeable majority of indicators. The three indicators on which the least progress was reported to have been made are those related to a reduction in the prevalence of obese adults (strategic objective 6), the proportion of overweight and obese school-age children and adolescents (strategic objective 9), and a reduction in the harmful use of alcohol (strategic objective 6).

10. Among health system components, “policy framework” and “service delivery” are reported to have increased their effectiveness the most. Both components are also identified as priorities for further development in the coming years.

11. Good progress is reported in the development of collaboration mechanisms. Further strengthening is seen as being warranted through multisectoral collaboration, increased transparency and improved management of conflicts of interest.

12. No significant progress since 2008 is reported for mobilization and management of resources and no significant differences between resources was reported.

¹ In this report the term “indicators” refers to the health outcome indicators included in the Medium-term strategic plan that measure progress made towards achievement of the strategic objectives.

13. Overall, WHO's contributions are meeting the expectations of Member States. No major difference between the core functions was noted. "Providing technical support" and "providing leadership and engaging in partnerships" scored highest and are considered by Member States to be the top priorities for WHO. "Articulating ethical evidence-based policy options" received the lowest score and was accorded the lowest priority.

FURTHER ELABORATION OF RESULTS

14. This report presents a summary of the results. All the information collected in this report, both quantitative and qualitative, is available on the WHO web site.¹ The results are presented below in a way that reflects the format of the five sections in the questionnaire. A full list of the 11 strategic objectives is contained in the Annex. Each section provides a global picture of the results, followed by a regional or income-group perspective where the findings show significant variations or trends. A general overview of the usefulness of the Medium-term strategic plan as perceived by Member States is also provided. No country-specific information or data will be made publically available in this exercise.

Overall assessment of national health situations and trends

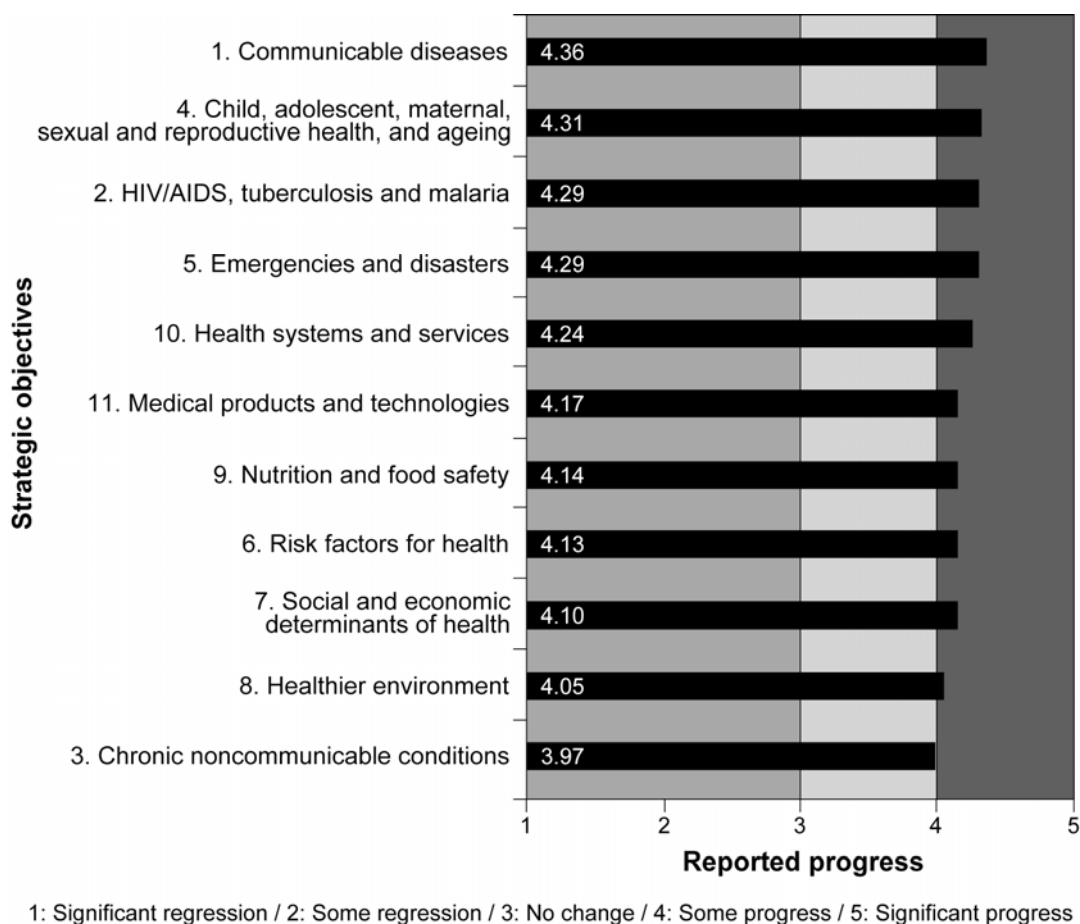
Achievement of strategic objectives

15. In the questionnaire, Member States were asked "How would you rate the overall progress towards the achievement of this strategic objective in your country since 2008?" For each of the 11 strategic objectives, a choice of five different responses was offered ranging from significant or some regression, through no change, to some or significant progress.

16. The results show that, overall, progress on the 11 strategic objectives across all regions is seen to be satisfactory (see Figure 1). The most progress has been reported for strategic objective 1 (communicable diseases) and the least for strategic objective 3 (noncommunicable diseases).

¹ See http://www.who.int/about/resources_planning/en/index.html.

Figure 1. Overall progress towards the achievement of the strategic objectives, in descending order of reported progress



WHO 11.49

17. On the basis of their own assessments, countries in the African and South-East Asia Regions are making the most progress, as all 11 strategic objectives show some or significant progress. Countries from the other regions report relatively slower progress for some of the strategic objectives.

Health outcome indicators

18. The following question focused on the health outcome indicators included in the Medium-term strategic plan: “How would you rate the progress in the following indicators in your country since 2008?” The responses ranged from significant or some regression, through no change, to some or significant progress.

19. For the set of questions on progress on health outcome indicators, the Secretariat recommended that respondents should base their answers on evidence available at national level, and not on their perceptions as in the other questions in the questionnaire. The Secretariat was not in a position to verify whether all respondents complied with this recommendation. In order to ensure the validity of its conclusions, the Secretariat will attempt to validate the trends between 2008 and the present as set out in this report against publically available data, but this will be possible only at the end of the Medium-term strategic plan period. A number of factors make it necessary to wait until that time: the

available data, which are limited; the time frame between the beginning of the period under review (2008) and the interim assessment (2010), which increases the difficulty in showing progress, because the latest publically available data are from 2008 or 2009 and most cover an earlier period; and the misleading nature of some regional comparisons owing to the fact that surveys collected data based on populations whereas the assessments presented in this report are country-based.

Analysis of global data

20. An analysis of the progress made in achieving the 45 health outcome indicators related to the major challenges identified in the Medium-term strategic plan shows some encouraging trends for certain health outcome indicators. Some 15 indicators are reported to show some or significant progress, one shows some regression, and 29 appear to show no significant progress.

21. The 15 indicators showing some or significant progress are mainly related to strategic objectives 1 (communicable diseases), 7 (social and economic determinants of health) and 11 (medical products and technologies). The five highest-scoring indicators are listed below, starting with the highest.

- “coverage of interventions targeted at the control, elimination or eradication of tropical diseases” (strategic objective 1);
- “mortality rate due to vaccine-preventable diseases” (strategic objective 1);
- “reduction in wealth inequities for measles immunization coverage among one-year-olds” (strategic objective 7);
- “life-years gained through provision of antiretroviral treatment” (strategic objective 2); and
- “attainment and maintenance of certification of poliomyelitis eradication and destruction or appropriate containment of all polioviruses” (strategic objective 1).

22. All three indicators under strategic objective 1 are among the five highest-scoring indicators.

23. On the other hand, the prevalence of obese adults is increasing (strategic objective 6), except in low-income countries, and in countries in the African Region, where the trend has not changed in recent years. For the other 29 indicators, no significant changes globally were reported by Member States. The five lowest-scoring indicators, starting with the lowest, are:

- “reduction in the prevalence of obese adults” (strategic objective 6);
- “proportion of overweight and obese school-age children and adolescents under 20 years of age” (strategic objective 9);
- “reduction in the level of harmful use of alcohol” (strategic objective 6);
- “reduction in the burden of mental, behavioural, neurological and substance abuse disorders” (strategic objective 3); and
- “proportion of overweight children under five years of age” (strategic objective 9).

Details by region or income group

24. With regard to strategic objective 2 (HIV/AIDS, tuberculosis and malaria), there is a positive trend in the tuberculosis mortality rate in low-income countries and in countries in all regions, apart from the European Region. Countries in the European Region report either minimal or no progress on most indicators, with the exception of elimination of malaria and improvements in health information systems. Some regression was reported in the area of overweight and obesity in various age groups.

25. Several other indicators show some or significant regression in certain regions or income groups, as follows:

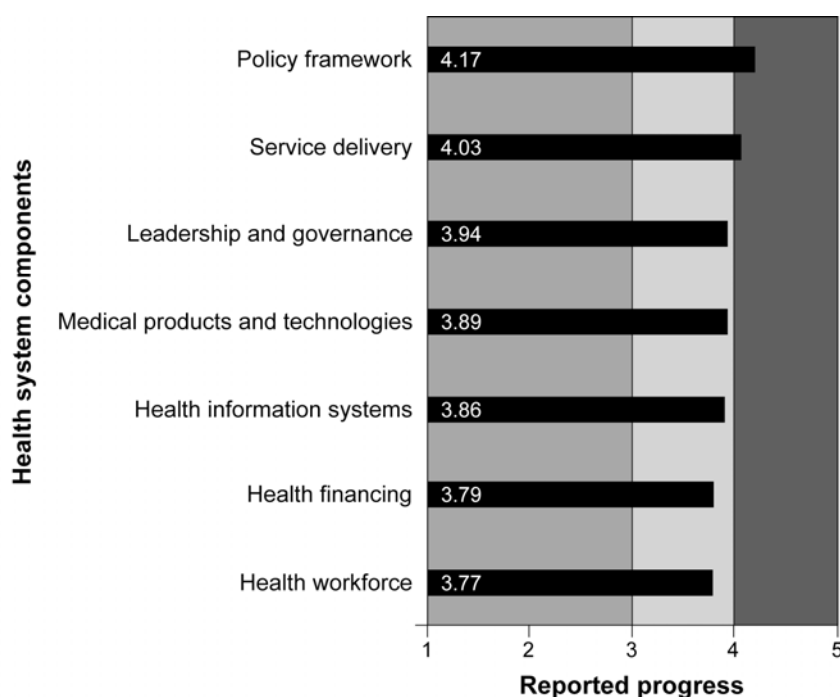
- “proportion of overweight and obese school-age children and adolescents under 20 years of age” in lower-middle- and high-income groups and countries in all regions except the African and Western Pacific Regions; and
- “reduction in the level of harmful use of alcohol” in upper-middle-income countries.

Effectiveness of national policies and health systems

26. Member States were asked to assess national responses to health challenges for each strategic objective by answering the following question: “*How would you rate the progress of the effectiveness of the national policies, strategies and plans in the following areas since 2008?*” The responses ranged from significant or some regression, through no change, to some or significant progress. Overall and across strategic objectives, a combination of some progress and no change was reported, with some notable aspects of the responses listed below.

- Progress was noted in particular for four strategic objectives: strategic objective 1 (communicable diseases), strategic objective 2 (HIV/AIDS, tuberculosis and malaria), strategic objective 5 (emergencies and disasters), and strategic objective 7 (social and economic determinants of health). No changes were noted for the other seven strategic objectives.
- Countries in the European Region and high-income groups reported no major changes.
- No regression was reported at the global level or in regional or income groupings.

27. Subsequently, Member States answered the following question: “How would you rate the progress of the effectiveness of the health systems components supporting this strategic objective since 2008?” The results for the 11 strategic objectives are summarized in Figure 2.

Figure 2. Progress of the effectiveness of health system components

1: Significant regression / 2: Some regression / 3: No change / 4: Some progress / 5: Significant progress

WHO 11.50

28. All components were reported to be making good progress, with “policy framework” and “service delivery” scoring the highest. The “policy framework” component shows progress in relation to all the strategic objectives except in high-income countries, where progress is seen as being relatively slow. The “service delivery” component shows progress in about half the strategic objectives, mainly in low- and middle-income countries.

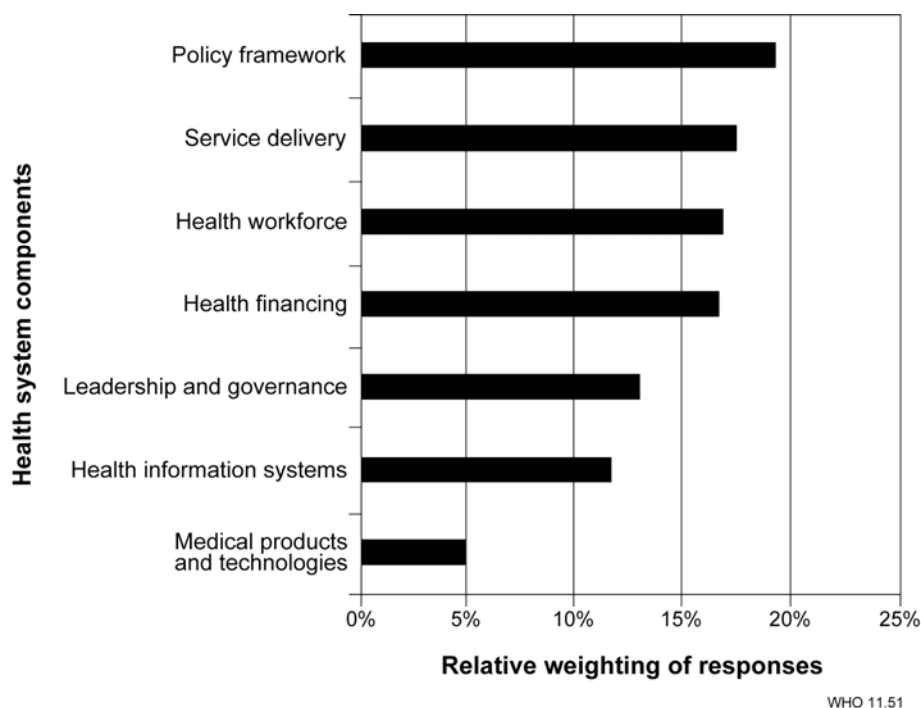
29. For the other components, the following observations can be made. The components are listed from highest to lowest in terms of reported progress.

- “Leadership and governance”: the effectiveness of this component is reported to be increasing in countries from the African and Western Pacific Regions, particularly for strategic objectives 1, 4 and 5.
- “Medical products and technology”. This component shows good progress for the following strategic objectives, mainly in middle-income countries: strategic objective 1 (communicable diseases), strategic objective 2 (HIV/AIDS, tuberculosis and malaria) and strategic objective 4 (child, adolescent, mother health and ageing).
- “Health information systems”: strategic objective 1 (communicable diseases) and strategic objective 5 (emergencies and disasters) show the most progress.
- “Health financing”:

- in middle-income countries, the most progress can be seen under strategic objective 1 (communicable diseases), strategic objective 2 (HIV/AIDS, tuberculosis and malaria), strategic objective 4 (child, adolescent, mother health and ageing) and strategic objective 5 (emergencies and disasters);
- in low-income countries, the most progress can be seen under strategic objective 2 (HIV/AIDS, tuberculosis and malaria).
- “Health workforce”: some progress on this component was reported under strategic objective 5 (emergencies and disasters).

30. In reply to the question “Which health system components would you consider to be the priority for further development from now until the end of 2013?”, respondents could select three priority components from the seven offered. Across all strategic objectives, the two components reported to be the most effective, namely, “policy framework” and “service delivery”, were also identified as the priority components for the coming years. They were closely followed by “health workforce” and “health financing”. The results of the prioritization exercise across the strategic objectives are shown in Figure 3.

Figure 3. Priority health system components identified by respondents for further development until the end of 2013



31. An in-depth analysis reveals several variations among strategic objectives that are worth noting, as listed below.

- “Policy framework” is rated as the top priority for all strategic objectives, except strategic objective 1 (communicable diseases), strategic objective 2 (HIV/AIDS, tuberculosis and malaria) and strategic objective 4 (child, adolescent, mother health and ageing).

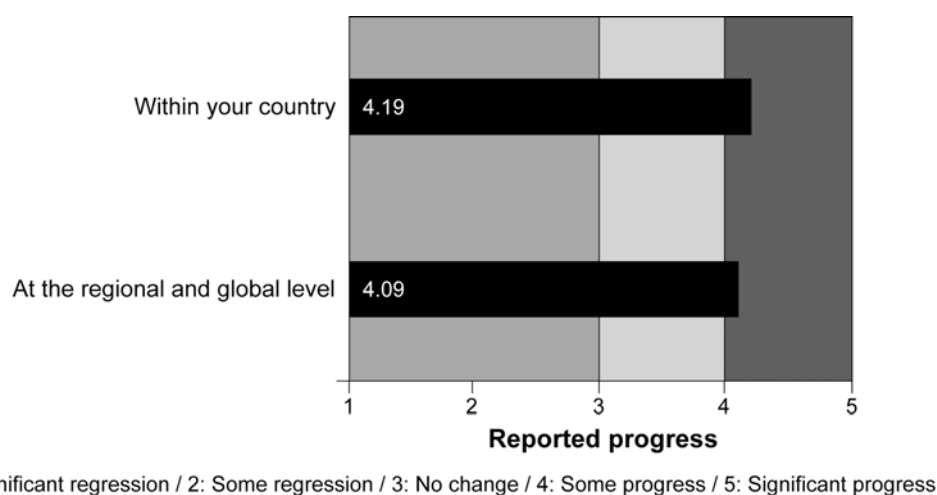
- “Service delivery” is also rated as a top priority, except for strategic objective 11 (medical products and technologies), where it is given the lowest priority.
- “Health financing” scores consistently among the priority components for all strategic objectives, and is the top priority component for strategic objective 10 (health systems and services), which highlights its importance.

32. The priorities identified by respondents in relation to the effectiveness of the health system components indicate that two possible approaches are favoured by Member States: reinforcing the components that are currently working well (“policy framework” and “service delivery”, which are seen as the two most effective components), and addressing the components that need most attention (“health workforce” and “health financing”), which are reported to be the least effective.

Cooperation and collaboration with partners

33. The aim of the third part of the questionnaire was to assess collaboration mechanisms. Member States were asked “How would you rate the progress of the effectiveness of the national and international cooperation and collaboration with partners in support of this strategic objective?” As indicated in Figure 4, in general respondents perceive cooperation and collaboration mechanisms to be progressing well at country, regional and global levels.

Figure 4. Progress of the effectiveness of cooperation and collaboration with partners



WHO 11.52

34. A closer analysis by region reveals that cooperation and collaboration are seen by countries in the African and Western Pacific Regions and in low-income countries to have made the most progress, whereas high-income countries see them as having made least progress.

35. All respondents highlighted the importance of functional collaboration mechanisms. These mechanisms are seen to have been increasing in effectiveness in recent years, in relation to both technical and financial partners. They need to be built progressively over time and adapted to suit national contexts. At the same time, they also merit improvement, for example by increasing the synergies between the various players, basing collaboration on the needs and priorities of countries, strengthening multisectoral collaboration, clarifying the roles of partners, increasing transparency, and

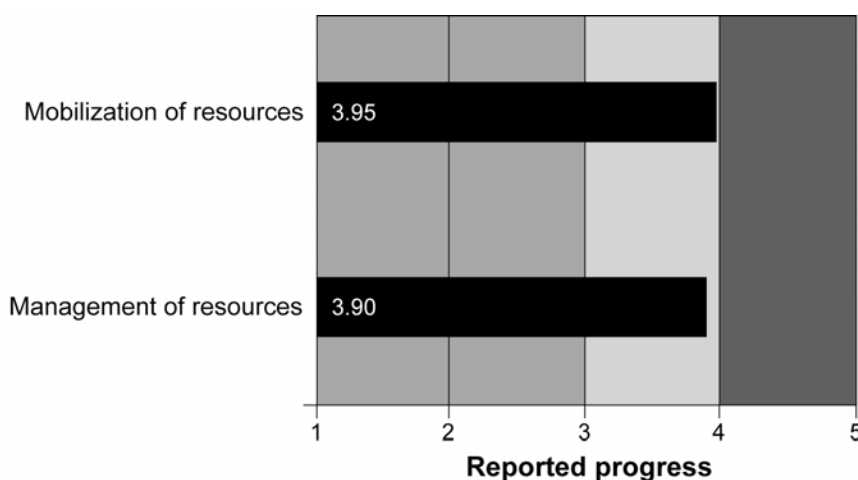
managing conflicts of interest. Member States also repeatedly expressed the need to increase intercountry collaboration.

36. The responses do not describe in detail the different types of collaboration (such as information sharing, capacity building) or the impact of collaboration on health outcomes, both of which could form the subject of similar exercises in the future.

Mobilization and management of resources

37. Member States were asked “How would you rate the progress of the effectiveness of the mobilization and management of resources in support of this strategic objective since 2008?” Figure 5 shows that globally and across strategic objectives, no significant changes have occurred, and that there is no major difference between the mobilization and management of resources.

Figure 5. Progress of the effectiveness of the mobilization and management of resources



1: Significant regression / 2: Some regression / 3: No change / 4: Some progress / 5: Significant progress

WHO 11.53

38. No significant variation between strategic objectives was noted. Countries in the African Region, the Region of the Americas and the Western Pacific Region reported progress with regard to more strategic objectives than other regions.

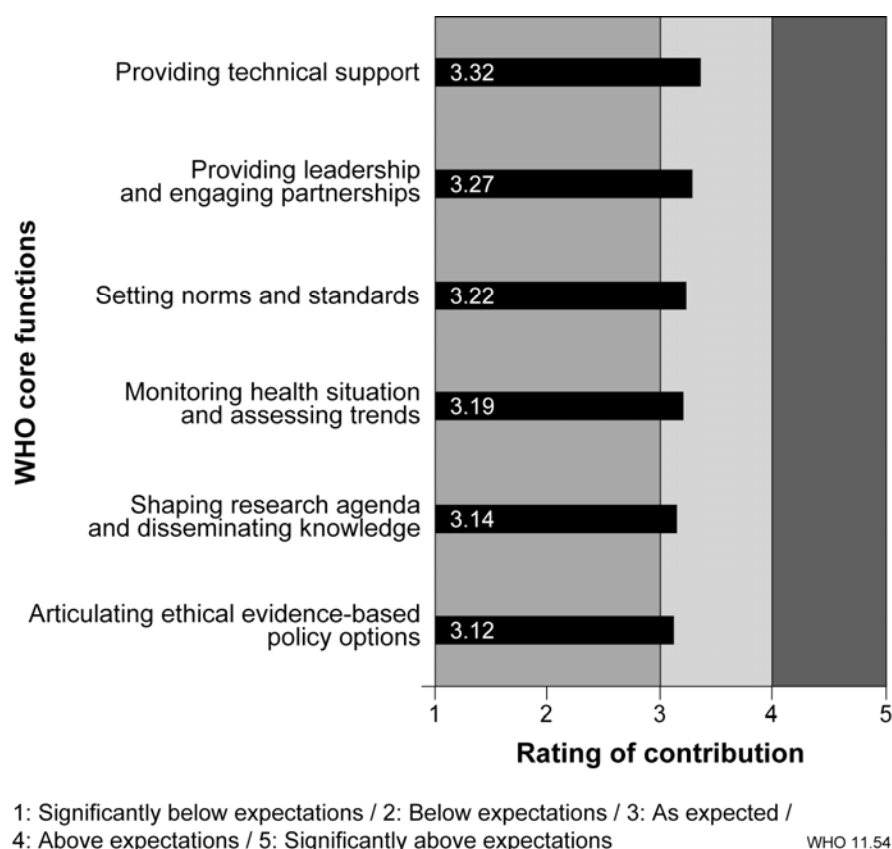
39. The level of progress varies according to national context. Several respondents mentioned success in securing grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, many respondents mentioned limited financial and human resources.

Cooperation with WHO

40. For each strategic objective, Member States were asked about the adequacy of WHO’s contributions with regard to the six core functions articulated in the Eleventh General Programme of Work. They were asked “How would you rate the adequacy of the contribution of WHO in support of this strategic objective since 2008?” Replies ranged from below or significantly below expectations, through as expected, to above or significantly above expectations. Overall, and across strategic objectives, WHO’s contribution is meeting Member States’ expectations, with 92% of respondents

assessing WHO's contributions as meeting or above expectations and 8% as below expectations. Figure 6 provides additional details by core function.

Figure 6. Adequacy of WHO's contribution in support of the strategic objectives



41. An analysis carried out from an income group or regional perspective, or by function, provides additional insight. Variations observed in the trends are described below.

42. From a regional or income-group perspective, two main observations can be made.

(1) Low- and high-income group countries assessed WHO's performance as being as expected for all strategic objectives, as did countries in the African Region.

(2) WHO's contribution fell below the expectations of middle-income countries (both lower- and upper-), particularly in addressing the needs related to four strategic objectives:

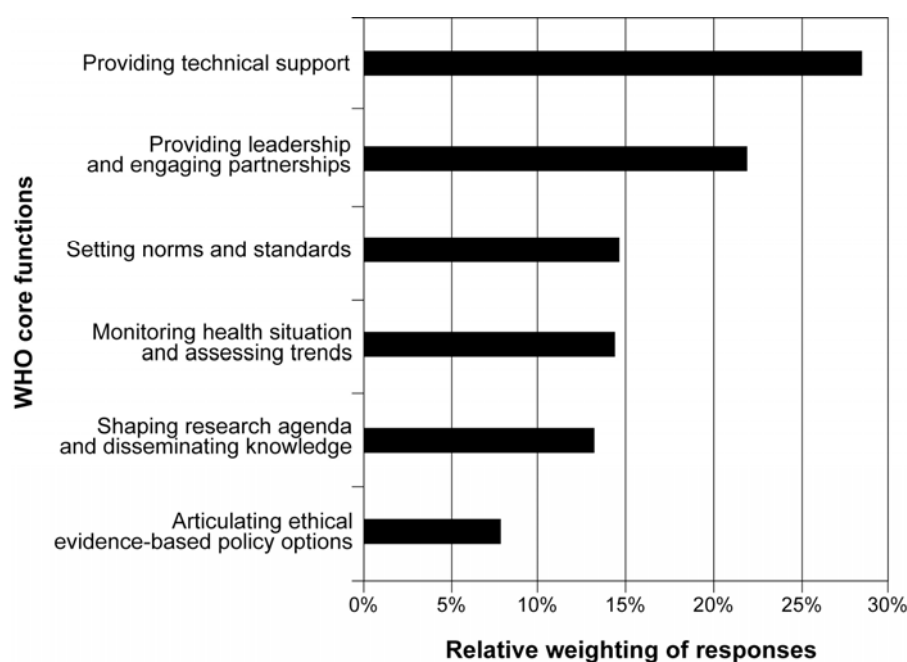
- chronic noncommunicable diseases (strategic objective 3);
- social and economic determinants of health (strategic objective 7);
- health systems and services (strategic objective 10);
- medical product and technologies (strategic objective 11).

43. An in-depth analysis of responses by function sheds some additional light on how Member States assessed WHO's contributions, although no major differences between functions were noted.

- “*Providing technical support*” is the core function with the highest score. For most strategic objectives and across regions, WHO seems to be implementing this function in accordance with the expectations of Member States.
- “*Providing leadership and engaging in partnerships*”: WHO’s performance was rated “as expected” under most strategic objectives.
- A higher number of countries than in relation to the two previous functions assessed the other functions – “*Setting norms and standards*”, “*Monitoring health situation and assessing trends*”, “*Shaping the research agenda and disseminating knowledge*” and “*Articulating ethical evidence-based policy options*” – as falling below expectations, although no specific trend was observed. Only countries in the South-East Asia Region assessed WHO’s contribution towards shaping the research agenda and disseminating knowledge as falling below expectations for all strategic objectives.

44. In answering the question “Which functions do you consider should be the priority for WHO in support of this strategic objective from now until the end of 2013?”, Member States were asked to prioritize WHO’s core functions. Respondents were able to select three priority components and Figure 7 clearly indicates that “providing technical support” comes top.

Figure 7. Functions considered to be a priority for WHO in support of strategic objectives until the end of 2013



WHO 11.57

45. Member States appear to want WHO to step up the activities it is perceived to perform well, namely, providing technical support, as well as leadership and engaging in partnerships. The observation is valid for all strategic objectives. The function accorded the lowest priority, namely “*Articulating ethical evidence-based policy options*” had been assessed as performing poorly. This function was accorded the lowest priority across nine strategic objectives. Only for strategic objectives 7 and 9 was it rated as being of low priority.

46. Additional information would need to be collected in order to interpret the last finding accurately and link it to the results presented above on the effectiveness of national policies and health systems. Indeed the “policy framework” component is perceived to be making good progress and, therefore, to warrant priority treatment in the coming years. One possible interpretation is that Member States consider that WHO has already developed enough evidence-based policies and would value its technical support in implementing them at national level.

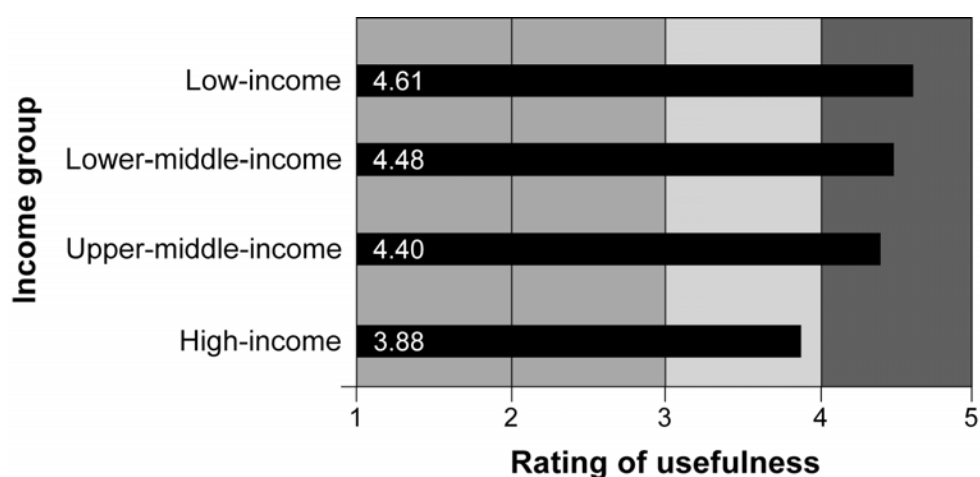
Use of the Medium-term strategic plan at country level

National health and development plans and strategies

47. Most respondents reported that the Medium-term strategic plan was useful as a framework for the development and prioritization of national health and development plans and strategies. It is also reported to help countries align the global health agenda with national agendas, as well as the Millennium Development Goals. The Medium-term strategic plan is acknowledged to be an effective tool for stimulating interaction between health actors, and it has proved to be valuable in promoting collaboration.

48. Figure 8 shows some variations among income-group countries. The Medium-term strategic plan appears to be of either some or significant assistance to low- and middle-income group countries in setting national plans and strategies. High-income countries reported that it neither assisted nor hindered development of their national plans and strategies.

Figure 8. Usefulness of the Medium-term strategic plan framework for national health and development plans and strategies



1: Greatly hindered / 2: Somewhat hindered / 3: Neither assisted nor hindered /
4: Somewhat assisted / 5: Greatly assisted

WHO 11.55

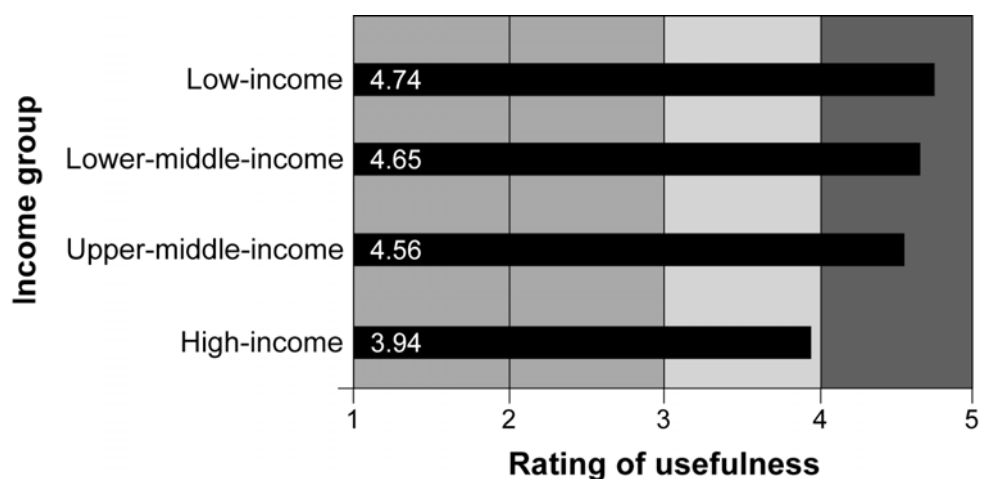
49. Not all countries find the Medium-term strategic plan useful. Various reasons were given, including the fact that it has a different structure to national plans and priorities, and also that planning cycles differ.

Technical cooperation with WHO

50. The majority of respondents used the Medium-term strategic plan in connection with their technical cooperation with WHO and biennial operational planning, and in the development of WHO country cooperation strategies. A few donor countries regard the Medium-term strategic plan as a tool for dialogue and for monitoring WHO's performance, and as a guide for the implementation and monitoring of the Organization's own activities within the results-based management framework.

51. Figure 9 shows some variations among countries by income group, which are similar to those shown in Figure 8.

Figure 9. Usefulness of the Medium-term strategic plan framework for technical cooperation with WHO



1: Greatly hindered / 2: Somewhat hindered / 3: Neither assisted nor hindered / 4: Somewhat assisted / 5: Greatly assisted

WHO 11.56

LIMITATIONS OF ASSESSMENT

52. The results included in this report are based primarily on the perceptions of respondents. The quality of the results depends on respondents' knowledge and awareness of the system, as well as their accuracy and openness in responding to the questions. The Secretariat recommended that the answers provided by Member States should reflect a consensus among several national programme officers, in order to obtain as complete a picture as possible. However, the Secretariat was unable to monitor that aspect. Neither was it able to ensure that the answers to the questions that focus on the health situation and trends (first set of standard questions) were based solely on evidence and not on perception. The results should be viewed in conjunction with publicly available data, such as those contained in the World health reports, World health statistics and other official sources.

53. Finally, despite a response rate of 54% and well-balanced representation at regional and income group level, 46% of Member States did not complete the questionnaire. In similar future exercises, contributions from more Member States would be of great value, in the interests of obtaining as complete a picture as possible.

SUGGESTIONS FOR THE NEXT MEDIUM-TERM STRATEGIC PLAN

54. Most respondents find that the Medium-term strategic plan is useful for national policies and strategies, as well as for framing collaboration with WHO. Two main suggestions for the next Medium-term strategic plan emerged from the comments received: to involve countries more closely in its development; and to disseminate the final version at national level to all concerned, especially senior officials in ministries of health.

CONCLUSIONS

55. This interim assessment sheds new light on Member States' perceptions of the progress made towards meeting the objectives set out in the Medium-term strategic plan, as well as of the approaches taken to reach them, the resources available, and WHO's contribution. It helps to identify areas that are progressing well and others that will require closer attention or new strategies in the coming years, if the targets for 2013 are to be reached.

56. Member States state that they have made some progress towards meeting the technical strategic objectives. Current positive health trends are perceived to result from the implementation of effective national policies and health systems. Collaboration mechanisms, at national, regional and global level, are also reported to be making progress. Although there are some encouraging trends, Member States have also identified areas for further improvement, and priorities for the next few years will differ between countries and groups of countries. However, some common priorities for Member States with regard to health system components include the following: developing and strengthening policy frameworks, service delivery, health workforces and health financing. Although satisfactory progress has been made in the areas of collaboration and partnership mechanisms, they will require further strengthening if the objectives are to be reached. Mobilization and management of resources also warrant further attention, including financial resources and capacity building.

57. Member States' expectations of WHO in the coming years clearly include continued and strengthened technical support, particularly in building national capacity to enable them to follow their chosen paths, and in providing leadership and engaging in partnerships.

58. The results included in this report will be valuable for carrying out detailed analyses at country and regional level, and by strategic objective. They will also be taken into account in the preparation of the next Medium-term strategic plan, which will be initiated in 2011.

ACTION BY THE HEALTH ASSEMBLY

59. The Health Assembly is invited to note this report.

ANNEX

**TECHNICAL STRATEGIC OBJECTIVES INCLUDED IN THE
MEDIUM-TERM STRATEGIC PLAN 2008–2013**

Strategic objective 1	Communicable diseases To reduce the health, social and economic burden of communicable diseases
Strategic objective 2	HIV/AIDS, tuberculosis and malaria To combat HIV/AIDS, tuberculosis and malaria
Strategic objective 3	Chronic noncommunicable diseases To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment
Strategic objective 4	Child, adolescent, mother health and ageing 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
Strategic objective 5	Emergencies and disasters To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact
Strategic objective 6	Risk factors for health 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
Strategic objective 7	Social and economic determinants of health 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
Strategic objective 8	Healthier environment 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

Strategic objective 9 **Nutrition and food safety**
To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development

Strategic objective 10 **Health systems and services**
To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Strategic objective 11 **Medical products and technologies**
To ensure improved access, quality and use of medical products and technologies

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