PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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## WHO's ELEVENTH GENERAL PROGRAM OF WORK

The current general program of work of the World Health Organization ends in December 2005. It is intended that the Eleventh General Program of Work (GPW), which will cover the period 2006-2015, will present a long-term strategic vision for health and development and provide broad direction to the work of the Organization as the leader in global health and development. The longer time period of this GPW than the previous programs of work is intended to allow for full planning and delivery of the Millennium Development Goals by 2015.

The attached draft of WHO's Eleventh General Program of Work, 2006-2015, is submitted to the 45th Directing Council, 56th Session of the Regional Committee for the Americas, for its review and comments, as it is being done in the other WHO Regions.

WORLD HEALTH ORGANIZATION

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# Eleventh general programme of work, 2006-2015

1. The forthcoming General Programme of Work will be a unique document in several respects. For the first time, it will cover a 10-year period. Significantly, it will provide a long-term strategic look at the world and the place of health, rather than a short-term status report on public health. This longer view is considered necessary since health, either of an individual or of a population, cannot exist outside the context of national economies, development, national security, foreign policy and other factors.

2. Further, the General Programme will make use of the tools for futures thinking and action that involve forecasting trends, exploring alternative scenarios for the future of health, establishing preferred futures and shared visions, and formulating strategies to achieve those visions in light of the scenarios. It will also reconsider the ways in which various players in global public health, including WHO, need to respond.

3. Rather than a new vision for achieving health, the General Programme should be seen as laying out different routes towards health. It will, however, incorporate the values of other visionary works, such as the Global Strategy for Health for All and the Millennium Development Goals, and specific issues documented in recent world health reports, and publications by the World Bank and other partners and academic institutions. The Organization as a whole – Member States and Secretariat – together with our sister agencies, intergovernmental and nongovernmental organizations and even corporations should all see themselves as drivers of change as they peruse the General Programme. Each body plays its distinct role, its path changing as it is influenced by the others.

4. Preparation of the General Programme is expected to involve Member States, WHO staff at all levels, partners, and external experts on futures thinking and other areas. Preliminary phases will include information-gathering and literature searches to identify existing processes and documents in public health and other disciplines which could provide models. Discussions with regional offices are expected to take place early on in order to learn about similar exercises, consultations or activities that have either already been conducted or are being planned, and consider whether they could contribute to the General Programme. Private organizations that specialize in futures modelling will also be identified to assist in the process.

5. When an adequate background is available, consultations or workshops will be conducted within regions in order to obtain views on matters relevant to the scenarios. These meetings would take the form of active discussions designed to foster creative thinking. In order to create a General Programme that inspires the global health community, efforts will be made to depart from standard ways of thinking and responding and to devise ingenious models of action for WHO which will influence health. The later phases of preparation will combine all the previous work into a coherent document. Discussions may be held with well-positioned strategic groups so that as an open and inclusive organization, WHO may learn from its partners.

6. The process of preparing the General Programme is seen as being as significant and strategic for WHO as the document itself. The formulation of questions and hypothetical situations is expected to lead to broader discussions about the positioning of the Organization, the relevance of targets, and the synergistic and strategic direction of all contributors to global public health.

7. The General Programme should not be viewed only as a planning tool for WHO; it will be a strategic document that charts out possible future directions for the Organization. The General Programme can be designed both to trigger "out-of-the-box" planning discussions, to serve as a reference, and to provide matter for reflection as the future unfolds and the view of WHO's role in health as a global issue evolves. The process of creating the General Programme is not intended to be "business as usual" nor, perhaps, will the way in which it is used – both inside and outside the Organization.

8. The outline contained in Annex 1 is divided into three parts and six chapters. Each chapter sets out its object and rationale, lists the main issues to be covered and possible ways to address questions (specific consultations, inputs from other papers and processes, or specific reviews). The overall structure will change as work progresses.

9. The main points relating to preparation of the General Programme are set out in Annex 2.

ANNEX 1

# DRAFT OUTLINE

## FOREWORD BY THE DIRECTOR-GENERAL

The foreword will present the General Programme of Work and focus on the principal goals of WHO. The foreword will emphasize the need to ensure that everyone benefits from better health and that inequalities in health are reduced both within and between countries. It will highlight the urgency of achieving the internationally agreed Millennium Development Goals, which are set in a broader health and development context.

## OVERVIEW

**Object:** To outline the design and intent of the General Programme of Work. This section will indicate briefly what the General Programme is and what it is not; how it should be used and by whom; the thinking behind, and application of, the scenario approach; and the preparation process. It will also show how the General Programme has been used in the past and how the eleventh one differs.

## PART I. HEALTH: A GLOBAL CONCERN

### Chapter 1: The position of health

**Object:** To reaffirm the basic definition of health (as stated in WHO's Constitution) and to position public health clearly in the broad development context.

**Rationale:** Today, different people and groups have a different understanding than in the past of the role of health and what needs to be done to maintain and to improve it. WHO needs to state clearly the role and position of health within the broad development context, including reduction of poverty, stewardship of the environment, and assurance of human rights, gender equity and global security.

### Possible contents

(a) Reaffirmation of the definition of health as expressed in WHO's Constitution, and reiterated in the Declaration of Alma-Ata and the Global Strategy for Health for All.

(b) Discussion of health as both a means and an end for development. Health has historically been valued in its own right but, at a population level, it must also be seen as a dynamic instrument for achieving social and economic development, justice and security.

(c) Position of health in the broader development context. This section would highlight the *synergistic* relationship between health and other aspects of development (together with possible evidence), and cross-sectoral linkages, such as poverty reduction, social and gender equity,

sustainable development, good governance, stewardship of the environment, human rights and global security.

Some of the issues to be covered in this context are outlined below.

- **Poverty** means not just low income but the undermining of a whole range of key human capabilities, including health. Ill-health disproportionately afflicts poor people, and sudden health problems push people into greater poverty (the "medical poverty-trap"). A major strategy of WHO has been to reduce the burden of excess mortality and morbidity suffered by the poor.[1] However poverty reduction is not enough to decrease health **inequalities**. Evidence shows that, even in the most affluent countries, people who are less prosperous have substantially shorter life expectancy and more illnesses than the rich. These differences are a social injustice, and they also show the sensitivity of health to the social environment and to what are now called "the social determinants of health". Other important questions to be reviewed are inequalities between men and women, regions, ethnic groups, rural and urban areas, and in legal status.

- Health is an important objective of development; it can be promoted through a process of **economic growth** which leads to an increase in real per capita income, but advancement of health is also a goal in its own right. HIV/AIDS provides a good example of a health problem with important implications for development. Consideration should also be given to the role of health in sustainable development as it emerges from the Rio Declaration on Environment and Development (1992) and the Johannesburg Declaration on Sustainable Development (2002). Health is both an input to and an output of the growth process; wealth leads to health and health leads to wealth. Looking beyond the importance of economic growth for health, this section will review the role of public expenditure, particularly on health care.

- WHO's Constitution identifies the "highest attainable standard of health" as "one of the fundamental rights of every human being without distinction", and the Charter of the United Nations notes that the mission of the United Nations to protect security depends on the "solutions of ... economic, social, health and related problems".[2] On this basis, this section would examine the role of health in **human security** and **social justice**.

(d) Based on (a), (b) and (c), a statement on "**positioning health**" covering the role and position of health and their implication for health policies and development agendas is intended to challenge stakeholders to reconsider the position of health. Most of the broader development perspectives and processes aim at improving people's well-being and health, but this should be made more explicit.

[1] *The world health report 1999: Making a difference.* Geneva, World Health Organization, 1999.

[2] Charter of the United Nations, Article 55.

## PART II. FUTURE(S) OF HEALTH AND DEVELOPMENT

### Chapter 2: Key challenges to global health: an introduction

**Object:** To introduce the concept of futures and scenarios as a tool for a better understanding of the future, especially factors that will affect public health, and for assisting in "choosing and creating the future".

**Rationale:** A plethora of factors influence public health. Some, like an ageing population, are predictable; others, like a new virus, are not. Some, like improvement in the status of women or new vaccines, may have a positive effect; others, like civil war or a shortage of clean water, may have a negative one. Although certain trends and conditions are not predictable, investigating potential scenarios (in the overall and the health environments) can help to portray these factors and provide an insight into ways in which the global health community can tackle the challenges posed.

### Possible contents

(a) Rationale for using the "health futures" approach: not only as a means of forecasting the future ("plausible futures") but, more importantly, as a means of shaping the future ("preferred future")

(b) Method used (trends, scenarios, vision, approaches, strategy), difficulties encountered (limitations of the method)

(c) Lead into the following chapter.

### Chapter 3: Plausible futures, broad health scenarios

**Object:** To present different pictures of health over a period of 10 years. These pictures may include certain diseases and conditions and conventional epidemiological and economic data, but they will also go further and present health as an influence on broader areas of development, such as those mentioned in Part I.

### Possible contents

Topics that may be introduced to illustrate the various scenarios include (in no particular order, and not exhaustively) health systems and health outcomes in sub-Saharan Africa; better health in India and China; health in crises; least developed countries; food inequity in terms of access and outcome; reform of health systems in countries with economies in transition; health research and development; health in OECD countries, and impact of accession of countries to the European Union; AIDS, tuberculosis, and malaria.

The form of the scenarios needs to take account of current realities, trends and forecasts that can be made with a fair degree of certainty; threats and opportunities; key drivers of change and the ways they exert their influence; and futures planning in other disciplines that interplay with health, including changes in the overall environment. Such external factors include scenarios for peace and security, impact of different economic determinants, impact of globalization, and good governance. The actors whose roles in health would be explored include the private sector, including transnational corporations, nongovernmental organizations, and regional multilateral institutions. The scenarios may

also take into account the implications of a growing role for civil society, a changing role for the United Nations, and the increasing number of international partnerships.

The scenarios are likely to cover the following points.

(a) What are the broader trends? What is their impact on the health of the world, especially the least developed countries and the poorest populations?

(b) Who is dying, disabled or sick and why? Who is healthy, who is not, and why? What are the major health problems and main risks to health?

(c) What are the **key challenges**? These could include:

- health needs of **specific groups** such as poor people, children, indigenous populations. The poorest people still suffer under an intolerable burden of disease, most of which stems from a relatively limited set of conditions, most of them amenable to interventions

- **inequalities** in health and access to health care. Gender inequalities are widening, as are gaps between regions, between countries and within countries, and, in terms of adult mortality, among different groups worldwide

- **resource** levels for making significant changes in the health of populations, in terms of the human and financial resources of all players. Roles and responsibilities for core health functions need to be redefined and redistributed in order to use resources effectively, including official development assistance and global initiatives. Options for reducing the gap in availability and equality of resources need to be examined

- potential of **health systems** to deliver appropriate health services effectively. The level of political leadership and governance in framing of policy and the role of the private or corporate sector in the stewardship of health need to be examined

- ability to put **existing and new knowledge** into practice. A gap exists between what is known to work effectively and what is current policy and practice

- impact of **specific situations** on health systems and development at large. These include HIV/AIDS, the double burden of communicable and noncommunicable diseases, ageing populations, environmental conditions, and other crises and emergencies

- need to influence **other sectors** to improve the underlying determinants of health

- issues stemming from **globalization.** These include information technology and new possibilities for communication; and possible impact of trade liberalization on health (impact on, access to, and cost of, medicines) and on health commodities and services.

Three views of what the future might look like are briefly outlined below.

**Scenario A: A stable, reasonably predictable future**

**Object:** To present a picture of a relatively stable, fairly predictable future, arrived at through conventional strategic-planning exercises.

**Rationale:** This projection will be an example of current planning processes and will primarily serve as a reference model for the other two scenarios, which show greater change.

**Scenario B: A range of uncertain futures**

**Object:** To present a picture of a future with greater change than that typically planned for. The environment is altering and new diseases or technologies set fresh challenges or require different tools.

**Rationale:** This projection will be an example of a level of change which, though not unrealistic, is greater than normally planned for.

**Scenario C: Radical change**

**Object:** To present a picture of a future of great change, and indicate how change might influence health, or vice versa.

**Rationale:** If the health environment radically changes, so must the Organization and the global health community. Major changes could be positive, such as development of a vaccine for HIV/AIDS, or negative, such as an outbreak of a new, virulent pandemic. Envisioning such radical changes helps systems to become more flexible and adjust to less dramatic ones.

## PART III. ACTING NOW TO INFLUENCE THE FUTURE OF HEALTH

### Chapter 4: A call to action

**Object***:* To provoke critical thinking about the strategic directions that WHO and various players should pursue in health. Using the scenarios outlined above, the chapter will explore and identify a range of strategic directions, alternative options or courses of action to achieve "preferred" futures (visions) based on WHO's values and principles.

**Rationale:** The scenarios presented will deal with plausible futures (both positive and negative). They will make it possible to understand emerging trends and, more importantly, assess options and determine courses of action. Such action should be based on WHO's core values and underlying objectives.

**Possible contents:** A vision statement to effect positive change, and strategies stemming from trends and scenarios.

## Chapter 5: Implications for WHO

**Object:** By raising a number of issues, to discuss the implications for WHO of the information set out in the previous chapter and to reassess its role in health.

**Rationale:** WHO will be called on to play various roles. These roles need to be discussed and defined.

### Possible contents

(a) Is there a role for global leadership in health? In what form and in what domains should this leadership be expressed? What are likely to be the main challenges and challengers? What capacities need to be developed to exercise this leadership more effectively? What is being done to develop the next generation of leaders at all levels?

(b) What has been learnt about WHO's role at country level? What is expected of the Organization and is it meeting expectations? What is implied in terms of skills development, recruitment and other aspects of human resources?

(c) What choices are needed in terms of both positioning health and influencing the determinants of health? How should such choices be acted upon while maintaining the flexibility to respond to the unexpected?

(d) Should the Organization have more influence on development policies? If so, which ones, in which direction, and is it equipped to do this? How would effectiveness be assessed? Are there hidden consequences of supporting or influencing policies and how should they be taken into account in decision-making?

(e) Could the Organization work more effectively with governments? Should the current set of relationships be adapted and where should the main links be made?

(f) What in practice is the meaning of "priorities"? How are these priorities manifested and do they relate to targets? Are targets being achieved and what is their impact? Does priority setting and implementation fit into the Organization's core principles and vice versa?

(g) How is the role of WHO and of other partners monitored and evaluated? Which core functions should be monitored, how, when and by whom?

## Chapter 6: International commitments and the international community

**Object:** To describe international commitments and the way in which the role of Member States and other contributors to health status is expected to develop.

**Rationale:** A good understanding is needed of the international context related to health and of commitments already made by governments and partners in pursuit of health.

### Possible contents

(a) Brief description (including goals, targets) and analysis of the relevance and progress of various health-related instruments such as the Millennium Development Goals, Programme of

Action of the International Conference on Population and Development (Cairo 1994), and the WHO Framework Convention on Tobacco Control.

(b) The configuration of actors in health has changed during the past 10 years. What is expected from various partners and protagonists at global and local levels? What are the role and responsibilities of Member States and those of other partners (organizations of the United Nations system, bilateral agencies, civil society, nongovernmental organizations, the private sector), based on their relative advantages?

(c) What is WHO's particular role and responsibility in world health? What are its key functions and outputs?

(d) Core principles for working effectively together. Such principles include basing action on evidence and learning from experience; determining primary responsibility for setting priorities and degree of urgency, establishing partnerships and ownerships; and assuring harmonization, sustainability, and accountability.

(e) What is the role for new and nontraditional partners and how should they be developed? Should different roles be mutually exclusive, or overlap, and if so, to what extent?

(f) Is the corporate sector a new area for partnerships? What would be its role and responsibilities. What could be the consequences of such partnerships?

(g) Specific examples of how the General Programme could be applied both inside and outside the Organization.

## CONCLUSION

[To be drafted]

ANNEX 2

# PREPARATION PROCESS

## CONCEPTUAL FRAMEWORK

During 2004, preparation of the General Programme of Work is conceived as a divergent, "opening-up" process intended to generate and accumulate information. This part of the process will involve different scenarios, regional and country inputs, including from the regional committees, and contributions from external consultants, academics and other experts.

A convergent process will take place during 2005 which will include incorporating the views of the Executive Board and the Health Assembly. This part of the process will necessarily be more participatory than the divergent one. The divergent process is more technical: the convergent one may be more political.

## ORGANIZATIONAL MECHANISMS

Work on the General Programme is managed by a small team in WHO's Secretariat, assisted by a task force, a coordinating group and oversight groups.

The task force is composed of WHO staff. It assists in managing the process of preparing the General Programme; ensures an interactive internal and external consultative process; monitors progress in consultation with the regional focal points; and suggest ways to improve the process and content.

The coordinating group is composed of the Directors of Programme Management of the six regional offices, who incorporate this activity in their regular meetings. It manages and coordinates the preparation process, including reviewing and finalizing drafts prepared by the task force; ensures that the General Programme is informed by the needs and interests of Member States; proposes ways to ensure a sense of ownership of the final product; and makes recommendations to the Director-General. The group works with, and benefits from, input provided by programme managers at different levels of the Organization.

The oversight group will consist of meetings of the Director-General with his senior staff and with the Regional Directors. These groups will periodically review progress and provide strategic oversight.

## STEPS

- Hold regular meetings of the task force and coordinating group.

- Map and compile relevant documents across WHO, including regional and country offices, to serve as background documentation, and assure link to other processes, (such as work on the Millennium Development Goals.

- Identify experts on futures to develop scenarios (process and content).
- Before end 2004, organize consultations with a limited number of participants to verify the scenarios and draw up strategies for the future.
- Submit an outline of the General Programme and information on preparation to the regional committees in 2004 for comment and suggestions.
- Support case-studies in selected countries on plausible future and role of ministries of health, WHO and partners.
- Convene one or more consultations at end of 2004 or beginning of 2005 with partners, to be organized in relation to other meetings.
- Submit outline and information on preparation to the Executive Board at its 115th session (January 2005).
- Organize consultations during 2005 to create a sense of ownership of the General Programme and to formulate strategies for its application.
- Submit the General Programme to the regional committees for review in 2005.
- Submit the finalized document for approval to the Executive Board at its 117th session (2006).
- Submit the approved document for adoption by the Fifty-ninth World Health Assembly (2006).
- Disseminate the General Programme of Work as adopted by the Health Assembly.

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