

Not merely the absence of disease



The 12th General Programme of Work was adopted by the World Health Assembly in May 2013. Presented in this document is the full text, as adopted.

GPW/2014-2019

Twelfth General Programme of Work 2014–2019
Not merely the absence of disease

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CONTENTS

FOREWORD BY THE DIRECTOR-GENERAL.....	4
OVERVIEW	5
CHAPTER 1	
Setting the scene	7
CHAPTER 2	
WHO: unique values, functions and comparative advantage	17
CHAPTER 3	
Priority setting	23
CHAPTER 4	
Governance and management	37
CHAPTER 5	
Organizing work, measuring results and monitoring performance.....	47
CHAPTER 6	
Financial resources	57
ANNEX	62

FOREWORD BY THE DIRECTOR-GENERAL

The Twelfth General Programme of Work provides a high-level strategic vision for the work of WHO for the period 2014–2019.

Formulated in the context of ongoing reforms led by Member States, the Twelfth General Programme of Work combines a focus on the global health agenda, shared by its predecessor, with a forward-looking articulation of how WHO's priorities are shaped by the rapidly changing environment in which the Organization operates.

The willingness of governments and the international community to invest in health underscores the high place that health holds on the development agenda. Results show that investment in health works. Life expectancy has increased around the world. The Millennium Development Goals and their targets stimulated substantial progress in the reduction of poverty, child and maternal mortality, and the morbidity and mortality of major communicable diseases.

Much of this success benefitted from a period of stable global economic growth. Today, however, the sustainability of these achievements, and the prospects for others, are challenged by a number of emerging political, economic, social and environmental realities.

Aided by demographic ageing, rapid unplanned urbanization, and the globalization of unhealthy lifestyles, chronic noncommunicable diseases have overtaken communicable diseases as the world's leading cause of mortality, underscoring the need for a primary care approach that promotes prevention and early detection. The climate is changing, with well-documented consequences for health. In many countries, public expectations for health care are rising, costs are soaring, and budgets are shrinking. Waste and inefficiency in health care delivery and ineffective aid need to be addressed. Transparency, accountability and independent monitoring of results have become part of the development vocabulary at a time when too many countries still have weak health systems, no systems for civil registration and vital statistics, and weak regulatory and enforcement capacities.

The demand for renewed WHO leadership in engaging and supporting countries to respond to these challenges underpins this Twelfth General Programme of Work. Member States have highlighted WHO's unique legitimacy as an evidence-based multilateral agency to articulate six leadership priorities that provide programmatic direction and two additional priorities that reflect the governance and managerial dimensions of reform.

These priorities, which are at the centre of this six-year strategic vision, define the key health areas where WHO aims to shape global health cooperation. At the same time, they establish coherence in direction and purpose as an extension of WHO's governance role and drive integration of work across the Organization. Shaped as they were by analyses of the changing global context, they position WHO to respond better to the expressed needs of countries.

The Twelfth General Programme of Work also incorporates operational dimensions to enhance delivery of global health impacts, including an organizing framework for three biennial programme budgets, a results-based management framework, and guidance for the use of institutional resources. I am optimistic that a different WHO will emerge by the end of this six-year period—one that is more accountable, efficient and effective.



OVERVIEW

The purpose of the general programme of work is to provide a high-level strategic vision for the work of WHO.¹ This, the twelfth in the series, establishes priorities and provides an overall direction for the six-year period beginning in January 2014 and is the product of an extended interaction between the Secretariat and Member States. It has been prepared as part of a far-reaching programme of reform in WHO, which began in 2010. It reflects the three main components of WHO reform: programmes and priorities, governance and management. In this context, the general programme of work sets out leadership priorities that will both define the key areas in which WHO seeks to exert its influence in the world of global health and drive the way work is carried out across and between the different levels of the Secretariat. Second, the general programme of work sets the direction for more effective governance by Member States, as well as a stronger directing and coordinating role for WHO in global health governance. Lastly, through a clear results chain, it explains how WHO's work will be organized over the next six years; how the work of the Organization contributes to the achievement of a clearly defined set of outcomes and impacts; and the means by which WHO can be held accountable for the way resources are used to achieve specified results. The three programme budgets in the period set out the details of what will be achieved during each biennium.

The Twelfth General Programme of Work reflects detailed comments made on successive drafts. The process started with discussions at the meeting of Member States on programmes and priority setting in February 2012, an outline of which was presented to the Sixty-fifth World Health Assembly, and proceeded through the following governance forums: the six regional committees in 2012; the Programme, Budget and Administration Committee at its seventeenth meeting in January 2013; the Executive Board at its 132nd session; and a web-based consultation.

The Twelfth General Programme of Work also builds on lessons learnt from the Eleventh General Programme of Work and, as requested by Member States, it incorporates key elements of the former Medium-term strategic plan 2008–2013. In this regard, the Eleventh General Programme of Work focused more on a health agenda for the world than for WHO itself, with WHO's role being the focus of the Medium-term strategic plan 2008–2013. The Twelfth General Programme of Work seeks to redress that balance in a single document. It does so by combining the high-level strategic vision of its predecessor, but with emphasis placed on how WHO's focus and priorities are shaped by the environment in which the Organization works. Second, reducing the duration of the general programme of work from 10 to six years ensures close alignment with WHO's planning and budgeting cycle. Third, the document identifies a selected number of high-level results at outcome and impact level and sets out the means by which their achievement can be monitored and evaluated. Lastly, it signals changes in the way that financial resources will be deployed in order to achieve these results.

¹ As required under Article 28 of the WHO Constitution.

The Twelfth General Programme of Work is organized as follows.

CHAPTER 1 provides an analysis of the changing political, economic and institutional context in which WHO is working. Following a review of current epidemiological and demographic trends, it outlines the impact that these changes have on people's health, countries' health systems and, in the final section, on health governance and the changing demands made on international organizations.

CHAPTER 2 then examines the implications of this analysis for WHO – in terms of functions and values – highlighting the need for both continuity and change. This chapter also spells out the links between the changing context and the programmatic, governance and management elements of WHO reform. In particular, it provides more detail on the relationship between core functions and the roles and responsibilities of each level of the Organization.

CHAPTER 3 focuses on the six leadership priorities that provide programmatic direction for the next six years, and which reflect the programmatic and priority-setting aspect of reform. The early part of the chapter sets out how these priorities were derived. It then goes on to examine each priority in turn, indicating how it responds to the analysis of context in Chapter 1, setting out the main elements of WHO's work in each case.

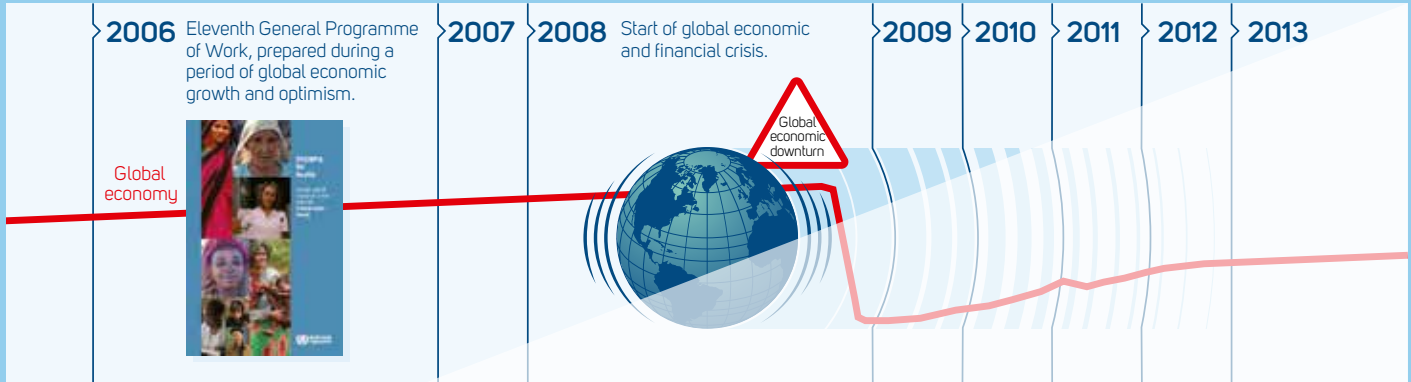
CHAPTER 4 focuses on two further priorities that reflect the governance and managerial aspects of reform. Governance is addressed from two perspectives: WHO's role in global health governance, including the way in which Member States govern the Organization; and WHO's involvement in governance processes in other sectors and forums that potentially impact on health. The second part of the chapter focuses on the reform of management policies, systems and practices.

CHAPTER 5 describes how WHO's work will be organized, namely: in five technical categories and one managerial category. It then outlines the structure and elements of the results chain, explaining the relationship between outputs, for which the Secretariat is responsible, and how they contribute to the achievement, both of outcomes and of eight impact level goals, for which Member States, other partners and the Secretariat share responsibility. The final part of the chapter sets out a new framework for monitoring and evaluation.

CHAPTER 6 outlines a new financing model and signals the direction in which financial resources will shift between categories of work over the six-year period.

CHAPTER 1
SETTING THE SCENE





New political, economic, social and environmental realities...

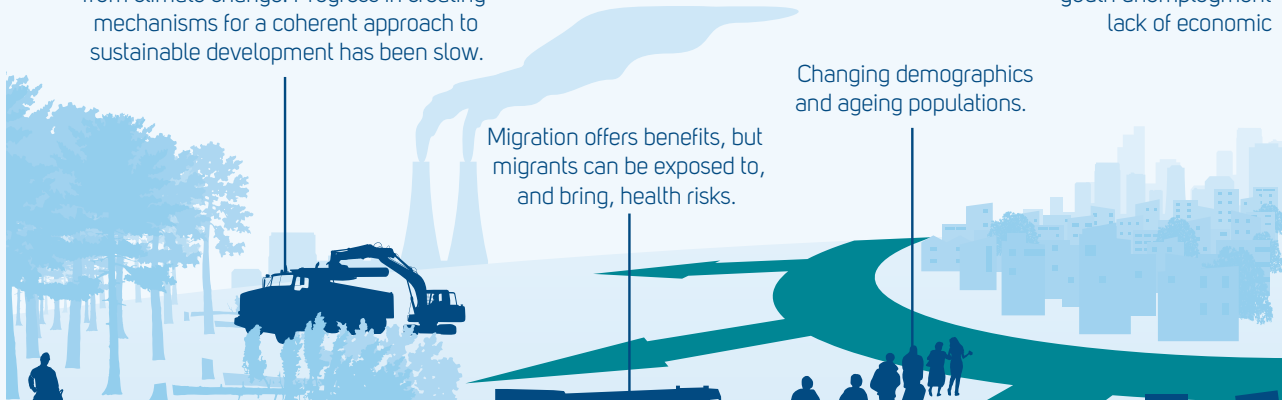
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Risk of outrage and youth unemployment
lack of economic

Changing demographics and ageing populations.

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