



154th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 16-20 June 2014

Provisional Agenda Item 7.1

CE154/INF/1
7 May 2014
Original: English

UPDATE ON WHO REFORM

Introduction

1. WHO Reform has been ongoing since 2010. This report to the Executive Committee summarizes the WHO Reform high-level report on progress presented by the Secretariat to the World Health Assembly in May 2014.

2. The reform of WHO was prompted several factors including: an increasingly complex public health landscape; the changing needs of Member States; emerging challenges in public health such as globalization and migration; resource constraints that required increased accountability, and; the need for prominent leadership in health from WHO.

3. There are three streams of WHO Reform—programmatic, governance, and managerial—with the following objectives: to improve people's health; to increase coherence in global health, and; to pursue organizational excellence.

Reform Objectives

4. Leadership priorities give focus and direction to the programmatic reforms and WHO's work. Among the priorities are advancing universal health coverage, achieving the health-related Millennium Development Goals and reducing health inequities. PAHO has these objectives in common with WHO. The priorities are also reflected in the Twelfth General Program of Work (GPW) for 2014-2019 and the WHO Program Budget (PB) 2014-2015, key programmatic reform documents. Both the GPW and PB are organized around 6 Categories. The PAHO Strategic Plan 2014-2019 and Program and Budget 2014-2015 are organized the same way, in programmatic harmony with WHO.

5. WHO's governance reforms aim to improve the oversight of WHO, harmonize governance processes at all levels of the origination (at country, region and HQ offices), enhance strategic decision making of governing bodies and strengthen WHO's engagement with non-state actors. Reform in this area has been slower than in other areas. For example, there has been little progress in limiting the number of agenda items at governing body meetings, to enable more strategic and timely decision making.

Guidelines and procedures around WHO's engagement with non-state actors are still being developed (at PAHO as well), without compromising the supremacy of Member States' decision-making authority.

6. Reforms in the Management realm are intended to make WHO operationally effective, efficient, responsive, transparent and accountable. Actions towards these ends include a risk management framework, a strengthened culture of evaluation, improved strategic communications, a human resources strategic plan, and new approaches to financing, including establishment of a financing dialogue with WHO's contributors to increase the predictability and quality of WHO's financing. In addition, the Secretariat reported on recent progress in each of the three broad areas of WHO reform—programmatic, governance and managerial—and the main challenges that will be addressed in 2014-2015.

Reform Operations and Implementation

7. The annual budget for reform (through 2013) was around \$10 million; expenditure has been slightly less. Reform activities are financed primarily by voluntary contributions from 10 Member States—two from PAHO, the USA and Canada—and the Bill and Melinda Gates Foundation.

8. The Stage 2 Independent Evaluation of WHO reform was presented to the Executive Board in January 2014. Its purpose was to assess the progress of reform, the readiness of WHO to implement the reform agenda, and identify the conditions necessary for success.

9. In response to the evaluation, the Secretariat has established a stronger reform results and performance monitoring framework, with measurable outputs, outcomes and impacts. This mirrors the results-based management structure for WHO's Program Budget (and PAHO's Program and Budget). The revised results framework, along with an on-line web portal, supports continuous monitoring of the implementation of reforms.

10. As the reform process shifts from assessment and design phase to implementation and operation, the Secretariat will focus reform efforts on areas of the greatest benefit to WHO, and take a more strategic approach to change management, through training and communications, for example, in order to institutionalize the changes coming out from the reforms.

11. PAHO appreciates the relevance of the reforms for WHO Regional Offices and remains engaged in all aspects of WHO reform.

12. The Executive Committee is invited to take note of this report.

Annex: [WHO reform - Progress report on reform implementation](#)

WHO reform

Progress report on reform implementation

Report by the Director-General

1. This report summarizes the progress of WHO reform since the report to the Sixty-sixth World Health Assembly.¹ It provides an update on developments in each of the three broad areas of reform (programmes and priority-setting, governance and management);² reviews the challenges to implementation; and describes the steps being taken by the Secretariat to strengthen planning, implementation and monitoring of reform activities in view of the second stage of the evaluation of reform.

PROGRAMMATIC REFORM

2. In May 2013, the Sixty-sixth World Health Assembly approved the Twelfth General Programme of Work, 2014–2019 (resolution WHA66.1) and for the first time approved the entire programme budget (resolution WHA66.2). Programmatic reform aims to improve health outcomes, with as its centrepiece the set of global health priorities thus approved by Member States.

3. The Twelfth General Programme of Work incorporates a new results chain for WHO, with defined, specific outcomes, indicators and targets that will demonstrate WHO's contribution to the improvement of the health of populations. Progress towards achievement of these health outcomes will become the primary measure of the effect of this area of reform.

4. The Programme budget 2014–2015 is the primary tool for institutional accountability and transparency. It will align work across the three levels of the Organization and facilitate Member States' oversight of all the Organization's resources, from all sources, that are required to support achievement of agreed programmatic results.

¹ See the summary record of the third meeting of Committee A of the Sixty-sixth World Health Assembly, section 3 (document WHA66/2013/REC/3).

² Reform-related items are on the provisional agendas of the Programme, Budget and Administration Committee's twentieth meeting and the Executive Board at its 135th session as well as this Health Assembly. More detailed information is provided in the relevant documents (referenced throughout this report).

GOVERNANCE REFORM

5. New ways of providing support to Member States in preparing for and participating in the work of the governing bodies have been introduced since May 2013, including: orientation handbooks for incoming members of the Executive Board; electronic access, via WebEx, to governing bodies sessions; and access to documents on smartphones using two-dimensional barcodes. Provisional summary and verbatim records are now issued only electronically. All documents for Health Assemblies and Executive Board sessions from 1948 to 2013 have been scanned and recorded in the Institutional Repository for Information Sharing, which currently contains 16 350 digital files in all official languages.

6. Following discussions at the 133rd and 134th sessions of the Executive Board, an informal consultation with Member States and non-State actors, and a further informal consultation with Member States, the Secretariat has drafted a framework of engagement with non-State actors.¹ Member States have expressed support for: registering non-State actors; strengthening due diligence procedures; improving management of risks, including conflicts of interest; and increasing transparency about engagement with non-State actors. The Secretariat is working on all those aspects.

7. Pursuant to decision EB132(10), an internal joint committee on WHO-hosted partnerships was established and has held three meetings. It has approved its terms of reference, begun to develop generic hosting terms for partnerships, and appointed a subcommittee to propose guidelines for coordinating the regional and country activities of hosted partnerships with those of WHO programmes.

8. Proposals to streamline national reporting were made throughout 2013, including harmonized platforms, single annual questionnaires, definition of minimum data sets, and other methods for reducing demands on Member States. The Executive Board at its 134th session supported the approach of addressing national reporting within the context of an information management strategy for WHO, and following further consultation with Member States.²

9. Reports from the regional committees are now being submitted to the Executive Board as a step toward greater transparency and increased communication between the global and regional levels. The content of these reports reflects varying degrees of detail and discussion, and further guidance would help to ensure that the reports contribute both to greater alignment between the regional and global governing bodies and to strategic decision-making.

10. Alignment of the provisional agendas of governing bodies sessions is progressing. Rules of procedure of global and regional governing bodies have been harmonized in relation to the nomination processes for regional directors, review of credentials and participation of observers.

11. Despite the advances that have been made, the overall rate of progress has been slower than in other areas of reform. Member States have yet to reach consensus on the way forward on various

¹ Document A67/6, Framework of engagement with non-State actors.

² See decision EB134(3) and the summary record of the fifth meeting of the Executive Board at its 134th session (document EB134/2014/REC/2).

items, such as strategic decision-making in sessions of WHO's governing bodies and WHO's engagement with non-State actors.¹

12. Little progress was made in 2013 on limiting the numbers of agenda items and draft resolutions at meetings of the governing bodies. Compared with 2012, the numbers of agenda items, the number of pre-session documents, and the number of pages of documentation all increased. Member States have yet to agree on mechanisms to streamline their work or improve strategic decision-making. Discipline is being observed in terms of the number and length of Member States' interventions, contributing to a significant improvement in the efficiency of governing bodies meetings.

MANAGEMENT REFORM

Provision of support to Member States

13. In the second half of 2013 the Secretariat reviewed the design and functioning of internal networks, specifically the category and programme area networks, which aim to foster the integration and coordination of work on the results chain across the three levels of the Organization and bring thematic coherence to strategy development, planning and monitoring. These networks are being strengthened in order to enhance delivery of results and monitoring of implementation of the Programme budget 2014–2015 as well as planning for the budget for the subsequent biennium.

14. WHO reforms at country level, particularly those relating to management, were discussed both in regional forums and at the seventh global meeting of the Heads of WHO Offices in Countries, Areas and Territories (Geneva, November 2013), and a set of actions to implement reform at country level was supported. These actions respond to three priorities: strengthening WHO's role as an inclusive facilitator and convener at country level; aligning the planning and resource allocation process with the priorities for WHO cooperation at country level; and resolving the country-level challenges of human resources.

Human resources

15. The Executive Board at its 134th session noted the revised human resources strategy.² Reforms already made relating to human resources include: changes to the Staff Rules, particularly with respect to continuing appointments; creation of a new management development programme; development and launch of an eLearning platform; harmonization of selection processes for longer-term positions in professional and higher-level categories; and initiation of a succession planning exercise for staff members before they retire. Human resources will be the priority for reform in 2014–2015.

Finance and resource allocation

16. The new WHO results framework was used in the preparation of the Programme budget 2014–2015.

¹ See document A67/6.

² See document EB134/INF./2 and the summary record of the eleventh meeting of the Executive Board at its 134th session, section 3 (document EB134/2014/REC/2).

17. Pursuant to decision WHA66(8), the financing dialogue was established, with meetings held in June 2013 and November 2013. Significant progress was made towards the reform goals – to improve the alignment, predictability, flexibility and transparency of WHO’s financing – resulting in available and projected funding from Member States and partners that totalled about 85% of the Programme budget 2014–2015. Funding shortfalls are being addressed in line with steps to further strengthen a coordinated approach to Organization-wide resource mobilization and management, to be further developed in 2014.¹ An external evaluation of the financing dialogue process is also being submitted to the Health Assembly.²

18. The Secretariat launched a programme budget web portal³ as a transparent mechanism for accessing information about WHO’s finances and as a tool for accountability and reporting on results and expenditures.

19. In January 2014, the Executive Board welcomed the Director-General’s proposals to carry out the recommendations of the study of the costs of WHO’s administration and management. It noted the recommendation of the Programme, Budget and Administration Committee at its nineteenth meeting that the Board ensure that a mechanism be established (as part of the planning process for the programme budget for the biennium 2016–2017) for a realistic and equitable allocation of costs based on the consumption of services.⁴ Revised proposals are set out in an accompanying document.⁵

20. Further to decisions WHA66(9) and EB134(4), work is under way, in close consultation with Member States supported by a working group led by the Chairman of the Programme, Budget and Administration Committee, on a strategic resource allocation methodology.⁶

Accountability and transparency

21. The mechanisms to achieve accountability for results and resources, with better assessment of performance and increased transparency, include an improved internal control framework, an Organization-wide approach to risk management, and stronger management of conflicts of interest.

22. Compliance and control mechanisms at all levels of the Organization have been integrated into a coherent and comprehensive internal control framework,⁷ which was discussed by the Executive Board in January 2014.⁸ The framework outlines the process whereby management can be reasonably assured that objectives relating to operations, reporting and compliance will be achieved. It extends beyond financial objectives and controls to encompass programme operations, human resources,

¹ Document A67/7, Follow-up to the financing dialogue.

² Document A67/8, Follow-up to the financing dialogue: independent evaluation.

³ <https://extranet.who.int/programmebudget/>.

⁴ See document EB134/11 and the summary record of the sixth meeting of the Executive Board at its 134th session (document EB134/2014/REC/2).

⁵ Document A67/10, Financing of administrative and management costs.

⁶ Document A67/9, Strategic resource allocation.

⁷ The full text is available on the WHO website in English only at: http://www.who.int/about/who_reform/who-internal-control-framework.pdf.

⁸ See the summary record of the fifth meeting of the Executive Board at its 134th session (document EB134/2014/REC/2).

procurement, travel and safeguarding of assets. It describes the roles of governing bodies, senior staff and other managers in exercising internal control. Further work on the framework and to develop accompanying tools is under way.

23. A new Office of Compliance, Risk Management and Ethics was established in October 2013, with the mandate to advise management and staff on how to identify, mitigate and monitor Organization-wide risks and compliance gaps, and to raise awareness of ethical standards. This Office will facilitate a more strategic Organization-wide approach to risk management.

Evaluation

24. After the Executive Board's approval of an evaluation policy¹ and a series of consultations, senior management at all three levels of the Organization agreed on a prioritized list of programmatic evaluations that WHO will support or commission in the biennium 2014–2015; this work plan is being submitted to the Executive Board at its 135th session in May 2014.²

25. WHO's Global Network on Evaluation was established in April 2013,³ comprising staff members with evaluation responsibility, interest, expertise or experience and representing the country, regional and headquarters levels of the Organization. Its task is to establish and maintain a mechanism for the institutionalization and promotion of evaluation as a means to improve programme performance and accountability for results at the beneficiary level, through capacity-building, sharing of information and lessons learnt, and evidence-based planning. At its first meeting in April 2013 it established its operating mechanisms and elaborated a work plan. Eleven task forces were set up under the coordination of an overall body, which operate virtually to deliver the agreed outputs. At its second meeting in December 2013 agreement was reached on the areas of focus for the Network for the biennium 2014–2015.

26. The results of a survey by the Network in July 2013 of WHO staff members throughout the Organization to assess how well the evaluation policy had been institutionalized strongly supported the establishment of a learning programme for staff members, in order to improve their technical capacities in evaluation.

27. Quality assurance checklists were drawn up for assessing the online registry of evaluations performed across the Organization.⁴ The results of the assessment helped to finalize an evaluation practice handbook,⁵ which will be developed into an eLearning tool, and served as a pilot for the approach to quality assurance in a new global evaluation registry platform. Evaluation reports are now publicly available in WHO's Institutional Repository for Information Sharing.

¹ See decision EB131(1) and document EB131/2012/REC/1, Annex 2.

² Document EB135/5, Evaluation: annual report.

³ See document EB134/38, paragraphs 2–5.

⁴ <https://extranet.who.int/evaluationregistry/Report.aspx>.

⁵ WHO evaluation practice handbook. Geneva: World Health Organization; 2013.

Communication

28. The findings of an online survey of 3500 stakeholders about how WHO is perceived¹ are being used to shape communications on reform and to provide input into a broader WHO strategy on communication, which is under development.

29. About 800 staff members (from headquarters, all regional offices and some country offices) were trained in 2013 on various aspects of strategic communications. Risk and emergency communications training was given for 150 staff from three countries (China, Philippines and Viet Nam) in the Western Pacific Region; 120 from two countries (Indonesia and Timor-Leste) in the South-East Asia Region; 130 from four countries (Egypt, Morocco, Pakistan and Somalia) in the Eastern Mediterranean Region; 80 from two countries (Republic of Moldova and Turkey) in the European Region; and 30 (including IHR focal points) from several countries in the Region of the Americas. The Emergency Communications Network was created in 2013, and its members were deployed to all the most serious emergencies (graded 3 in the Emergency Response Framework) in 2013. In total, 50 WHO staff members, stand-by partners and consultants each completed an intensive 10-day operational exercise in 2013 and 2014 to prepare them for deployment in emergencies, and about half were later deployed to the Central African Republic, the Philippines, the Syrian Arab Republic and to west Africa as part of WHO's response to an Ebola outbreak.

30. Intensive efforts were made in 2013 to increase WHO's social media presence. On Facebook, WHO has about 675 000 fans who "like" the page, up from 40 520 in January 2012. On Twitter, the @WHO account currently has 1.21 million followers (compared with about 311 000 in January 2012). The Twiplomacy Study 2013 on "How international organisations tweet" ranked WHO among the five most conversational international organizations out of 101 surveyed (i.e. asking and responding to questions, engaging in dialogue).

SECOND STAGE EVALUATION OF WHO REFORM AND KEY FOCUS FOR THE BIENNIUM 2014–2015

31. The second stage of the independent evaluation of WHO reform, noted by the Executive Board in January 2014,² was designed to assess the progress of reform and the readiness of WHO to implement the reform agenda, and to identify the conditions necessary for success. It found that, although some reform initiatives had progressed, the rates varied for different initiatives and that the whole reform, which is an ambitious undertaking, will require time to complete. It also provided a series of recommendations for accelerating and strengthening the implementation of reform.

32. In response to the evaluation team's recommendations, the Secretariat has embarked on (i) strengthening the reform theory of change to build a stronger framework for monitoring reform results and performance; (ii) introducing a more structured project and change management approach

¹ http://www.who.int/about/who_reform/change_at_who/who_perception_survey/en/#.Ux3cW_IdV8E.

² See the summary record of the fifth meeting of the Executive Board at its 134th session (document EB134/2014/REC/2). See also accompanying document A67/INF.1.

to reform, with detailed planning around reform outputs; and (iii) building a web-based programme/project tool for monitoring of reform.¹

33. An improved theory of change, which explicitly outlines how reform activities interlink and ensures that these linkages are clearly defined and mapped across the levels of the results chain, has facilitated the simplification and realignment of the structure of reform outputs and outcomes, and thereby the planning of all associated supporting activities and deliverables. It has also enabled more appropriate indicators for monitoring change to be determined.

34. The new reform results framework incorporates all the previous outputs,² but more explicitly documents the impact of reform activities, thus facilitating the communication of a simple and consistent message on reform. It also articulates more clearly how the reform initiatives link to the three main objectives of reform. The results structure is simpler and clearer, with fewer outcomes (8 instead of 12) and outputs (28 instead of 47). The specific outcome of strengthened support to Member States has been raised to an impact to which all other reform areas contribute, better reflecting the logic that all reforms contribute to strengthening WHO's provision of support to countries.

35. The revised results framework also supports continuous monitoring of progress, reporting of achievements and identification of any remedial actions needed, including a draft set of key performance indicators, with baselines and target performance levels for each metric.

36. Detailed planning for the current biennium has also been undertaken. In order to create an enabling environment for change, project plans for each reform-specific deliverable (including tools, resources and systems) and plans for their introduction have been consolidated into a comprehensive implementation plan for reform, with those deliverables and project plans linked to the associated newly defined reform outputs and outcomes.³

37. This comprehensive implementation plan is being integrated into a web-based management tool, which will support detailed monitoring and reporting of progress in reform. It has facilitated the development of detailed project plans for reform deliverables, incorporating timelines, milestones and budgetary requirements. Through the tracking of outputs and deliverables, and of resource expenditures against estimated budgets, it will also enable transparent, continuous and efficient monitoring and reporting of progress towards targets, and of the status and progress of reform activities.

38. As the reform process shifts from policy analysis to implementation, two major themes will guide reform efforts over the biennium 2014–2015: focusing efforts on reforms of greatest benefit to the Organization, and institutionalizing the change being catalysed by reform through a more strategic approach to change management.

39. The Secretariat will continue to assess impacts and preparedness, in order to identify the consequences that reform initiatives will have on different groups of stakeholders and the needs

¹ See document EB134/5 and also summary records of the fifth meeting of the Executive Board at its 134th session (document EB134/2014/REC/2).

² Document A66/4.

³ See accompanying document A67/INF./1.

related to each initiative across each level of the Organization. The results of these assessments will form the basis for planning change management and communication interventions and will guide the planning and development of the training, tools and resources that staff members will need to implement reform activities. Reform-related training for staff will be extended through staff development and learning mechanisms, and reform-related processes and systems will be regularly reviewed to identify barriers to implementation. Although initiatives are expected in each individual reform area, they will build on any existing interdependencies in order to create efficiency. In addition, communication interventions based on the impact assessment will be refined, expanded and regularly updated. Information will be tailored to recipient audiences, and communication plans will be aligned with a more comprehensive and strategic change management approach to reform.

ACTION BY THE HEALTH ASSEMBLY

- 40. The Health Assembly is invited to note the report.

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