1. Since 21 July 1998 the Director-General has made significant changes in the structure and management of WHO. These changes, which have far-reaching implications for staff and human resources policies, are described in the first progress report on the change process.¹ Their objective is to strengthen the technical capacity of WHO. In addition, they:

- respond to requests from the governing bodies for transparency and more cost-effective administration, with greater emphasis on performance and results;
- implement the Director-General’s election commitments;
- promote a unified WHO with increased capacity to respond to the changing needs of Member States;
- encourage partnership and reaching out to external partners active in health.

2. The main changes, some of which are already reflected in the proposed programme budget for 2000-2001, are described below.

3. **Organizational restructuring.** The Organization’s 50 programmes have been grouped into nine clusters at headquarters, which better reflect WHO’s business. The programmes were then reconfigured into 35 departments. The implications of restructuring on the organization of the regional offices continue to be given special attention. Consultations on restructuring have been held in four regions; others are scheduled for later this year.

4. **Senior appointments.** Virtually all heads of departments (directors) have been appointed through a competitive process that also marked the first step towards increased rotation and mobility in WHO. The exercise was conducted across the Organization, involving not only headquarters, but regional and country offices. A total of 71 appointments or moves of senior staff have been announced. Arrangements at the level immediately below director are under discussion.

5. **The decision-making process.** The Executive Directors and the Director-General make up the Cabinet. Cabinet papers are circulated for comment to the Regional Directors and, where appropriate, to the staff associations before consideration by Cabinet. The Director-General meets the Regional Directors five times.

¹ “A progress report on a hundred days of change”, available on request.
to six times a year. Videoconferencing is now used extensively and has strengthened contact and cooperation between regional offices and headquarters.

6. **Budget process.** The proposed programme budget for 2000-2001 draws a clear link between management responsibility and budget holding. It also contains clearly specified outcomes expected for the biennium. These measures provide the basis for sound performance monitoring.

7. **Methods of work.** New ways of working in teams across departments and clusters have evolved. Cross-cutting Cabinet projects which draw on several clusters and external partners are leading the way (Roll Back Malaria, Tobacco Free Initiative, Partnerships for Health Sector Development). This model has fostered the use of project teams within and between clusters.

8. **Management support units.** To bring administrative services closer to their users, management support units were established on 1 November 1998 and were fully staffed in early 1999 by redeploying posts from centralized and other divisions. These units combine programme support, budget and finance management, evaluation, and human resources management. They are already working with central management to frame new management policies that will apply to all WHO staff. The units are subject to reviews by Cabinet every four months and the outcome of the first year’s experience will be reported to the Executive Board at its 105th session in January 2000.

9. **Staff/management relations.** A Global Staff/Management Council was established after a meeting in October 1998 which brought together representatives of management and staff from headquarters and all major offices. The Council provides a forum in which to discuss major issues of relevance to staff of the Organization as a whole. It is scheduled to meet in early June 1999.

10. **Human resources.** The above changes have major implications for staff and the management of WHO’s human resources. In the context of the restructuring referred to above, the former Personnel Division has been transformed into a more strategic policy-oriented function. Policy for human resources management is being developed and modified in a number of ways, including a major change in mobility and rotation of staff at all levels. These modifications will be integrated in an overall human resources strategy which reflects the Organization’s strategic vision. In order to allow sufficient time for full and meaningful consultations throughout the Organization, policy changes will be implemented progressively during 1999; a full progress report will be submitted to the Executive Board at its 105th session in January 2000. When fully implemented, they will modify the way staff are recruited, deployed and managed. This is expected to have a significant effect on the way the Organization operates, and thus on its responsiveness to Member States and to changing health needs. Consideration is being given to a major independent review of these policies and processes after two years of operation.

11. **WHO Representatives.** The first ever meeting of all WHO country representatives (Geneva, February 1999) discussed a number of global policy, management and technical issues, including planning and the increased integration of the work of country offices at the global level, and the need for improved communications.

12. **Staff development.** Significant additional funds have been directed to upgrading technical and managerial skills throughout the Organization. These activities are being implemented together with a new approach to human resources for health, aimed at spearheading the development of the next generation of health leaders. Such programmes as those for associate professional officers, global health leadership officers and interns will be included in this new approach. Relevant academic institutions are being encouraged to participate in this initiative.