

WHO reform: reform implementation plan and report

Report by the Secretariat

1. In November 2011, the Executive Board commissioned a two-stage evaluation of WHO.¹ The first stage assessed the completeness, comprehensiveness and adequacy of WHO reform proposals, and the second stage was designed to assess progress with reform and the readiness of WHO to implement the reform agenda, and to identify the necessary conditions for success.
2. Previous reports on WHO reform to the Executive Board have included a detailed analysis of progress against outputs and outcomes in the different areas of reform (programmatic, governance, managerial and change management). As the second stage evaluation includes a detailed assessment of progress in these areas, this report highlights some of the key achievements in reform over the past year, notes some of the challenges that will guide the key focus of reform during 2014–2015, and responds to the key findings and recommendations of the second stage evaluation of reform.²

KEY ACHIEVEMENTS AND FOCUS FOR THE 2014–2015 BIENNIUM

3. Three years into WHO reform, the agenda for reform continues to be anchored in programmatic reforms to achieve improved health outcomes, governance reforms to enhance WHO's leadership role in global health, and managerial reforms in pursuit of Organizational excellence.
4. Reforms are proceeding in stepwise fashion, with some areas advancing at a faster pace than others. As the reform process shifts from upstream work on policy analysis to downstream implementation, two major themes will guide reform efforts over the 2014–2015 biennium: focusing reform efforts on areas of greatest benefit to the Organization; and institutionalizing the change being catalysed by reform through a more strategic approach to change management.

Programmatic reforms

5. Programmatic reforms have been marked by Member State approval of the Twelfth General Programme of Work, and the Programme budget 2014–2015 in its entirety. The programme budget has been repositioned as the primary tool for institutional accountability and transparency. In addition to driving alignment of work across the three levels of WHO, the programme budget facilitates

¹ See decision EBSS2(3) Managerial reforms.

² See document EB134/39 for the final report.

Member State oversight of the full scope of the Organization's resources, from all sources, that are needed to support achievement of agreed programmatic results.

6. Further improvements to programme budget development will focus over the coming months on strengthening country engagement in bottom-up planning, and internalizing more robust budgeting processes in order to align country priorities and Organizational results across the three levels with available resources.¹

7. Work to clearly define and strengthen the role of category networks will continue in the upcoming biennium. The focus will be on aligning managerial and technical structures across the three levels of the Organization towards achievement of programmatic objectives, building on reforms in planning for 2016–2017, as well as strengthening priority functions such as programmatic evaluation and technical excellence.

8. Performance monitoring and assessment will be strengthened and will include a clear account of how attainment of the results for which WHO is accountable will be measured and a demonstration of how WHO's contribution is linked to achievements in health outcomes and impacts.

Governance reforms

9. In terms of internal governance mechanisms, progress has been made in enhancing the oversight role of the Programme, Budget and Administration Committee of the Executive Board, strengthened reporting from the regional committees to the Executive Board, and aligned governance processes across the regional committees.

10. The Secretariat is taking steps to improve support to Member States for engagement in WHO's governing bodies, including measures to improve electronic access to governing body proceedings and documentation.²

11. Member State agreement on the nature and number of agenda items, management of resolutions, and discipline of governing body debates will be critical in ensuring achievement of envisioned reforms in strategic decision-making. Further proposals in this area are presented in document EB134/6.

12. In terms of WHO's engagement with external stakeholders, Member States have outlined principles for a policy framework for engagement with non-State actors. The Executive Board will discuss proposals to develop a more encompassing policy and operational procedures of engagement.³

13. Member States have provided direction to strengthen WHO's engagement with hosted health partnerships; systematic partnership reviews by the Programme, Budget and Administration Committee will proceed on the basis of an agreed framework.⁴

¹ See document EB134/10 on strategic resource allocation.

² See document EB134/6 on options for improved decision-making by the governing bodies.

³ See document EB134/8 on a framework of engagement with non-State actors.

⁴ See document EB134/42 on hosted health partnerships.

14. WHO's role in promoting coherence in global health will continue to warrant a sharp focus. Strengthened efforts to position and promote health in a range of global, regional and national processes, for example, the post-2015 development agenda, and in highlighting governance issues implicit in WHO's leadership priorities, for example universal health coverage, will enhance WHO's effectiveness in its health governance role.

Managerial reforms

15. Managerial reforms have progressed to varying extent – although some have advanced to detailed implementation, others remain at the stage of policy analysis.

16. The greatest progress has been made in financing reforms. WHO's first financing dialogue process has yielded important shifts towards improving the predictability, alignment, flexibility and transparency of WHO's financing.¹

17. Further work in financing reforms will be directed towards strengthening Organization-wide, coordinated resource mobilization and to expanding WHO's contributor base. Solutions to WHO's challenges in financing administrative and management costs will also continue to be explored.² Approaches will build on continued implementation of cost-saving initiatives which, over the 2012–2013 biennium, are projected to reduce administrative and management costs by 10%.

18. The programme budget web portal facilitates unprecedented access in tracking Organizational resource flows and results delivery. Reforms to strengthen WHO's internal management controls, including a new management dashboard and internal control framework,³ also provide new directions to enhance institutional transparency, accountability and stewardship of resources across the three levels of WHO. The recent establishment of a Compliance, Risk Management and Ethics unit is driving a more strategic Organization-wide approach to risk management. Next steps in these areas include the finalization and implementation of a revised accountability framework, as well as a more focused approach to implementation and change management in order to ensure the sustainability and integration of these changes throughout the Organization.

19. Initiatives to strengthen WHO's culture of evaluation and strategic communications have been marked by the preparation of an Organization-wide evaluation work plan, and a strengthened coordinated approach to communications across major offices. Additional work in these reform areas will include the scaling up of an Organization-wide evaluation registry platform, and the finalization and roll-out of a WHO communications strategy in mid-2014. The development of a more streamlined Organizational approach to information management will be an important area of reform in 2014–2015, in relation to organization and communication of technical and non-technical data.⁴

20. Several managerial reform areas, although still in early stages of development, are now better positioned to accelerate in view of progress made in interrelated areas. Human resources reforms, for example, need to be aligned with programmatic needs and fiscal realities. Elements of human resource reforms have progressed, including streamlined recruitment and selection processes, enhanced staff learning and development, and improved performance management and administration of justice.

¹ See document EB134/9 on the financing dialogue.

² See document EB134/11 on financing of administrative and management costs.

³ See document EBPBAC19/3 on WHO's internal management control framework.

⁴ See document EB134/7 on streamlining national reporting and communication with Member States.

However, reforms in other areas which have driven greater clarity of Organizational priorities, and financing directions aligned with the longer-term programmatic nature of WHO's work, will now form the basis for broader changes to WHO's human resources model.¹

21. The success of reform will ultimately be judged by WHO's performance at country level. Effective implementation of reforms at regional and country level will consolidate interrelated programmatic and managerial reforms, including programming and operational planning, financial management, strengthening the technical performance of staff, and revised approaches to human resource management. The focus of this work will be to enhance country level performance, with a revised country cooperation strategy framework aligned with country needs and priorities, ensuring that the technical and policy support work of the Organization is delivered effectively, meeting the needs of Member States.

RESPONSE TO THE STAGE-TWO EVALUATION OF WHO REFORM

22. In line with the decision of the Executive Board at its 132nd session,² the second stage of the independent evaluation of WHO focused on the Organization's preparedness to implement the reform agenda fully.³ The advice in this regard provided by the Independent Evaluation Team (IET) is structured around four recommendations, which are discussed in more detail below.

Recommendation 1. Ownership and accountability of Member States

23. The first recommendation focuses on the dual responsibility of Member States and the Secretariat for the success of the reform process, as Member State decisions and actions related to the management of WHO's governance processes will ultimately determine the success of its reform.

24. The Independent Evaluation Team noted that reform risk management is already under way, and an initial formulation of a reform risk management framework across work areas has been reviewed by the Independent Expert Oversight Advisory Committee (IEOAC). This will be integrated within an Organization-wide approach to strategic risk management in WHO, and, as recommended, will differentiate between the risk management responsibilities of the Secretariat and the Member States. A strengthened project management approach to reform implementation will also facilitate more effective risk management, including the training of staff, and development of a broader risk management architecture (systems, rules, procedures, guidelines, etc.).

Recommendation 2. Improve benefit management through a stronger theory of change of reform

25. Currently, progress on reform is reported to WHO's governing bodies and advisory committees on the basis of a high-level monitoring and implementation framework,⁴ which is constructed around a results chain for reform. The Independent Evaluation Team confirmed that the robustness of the reform results chain is paramount in order to support effective monitoring and achievement of desired

¹ See document EB134/INF./2 on the revised human resources strategy.

² Decision EB132(14).

³ See document EB134/39.

⁴ Decision WHA65(9).

outcomes and impacts, and that regular reporting through such a framework fosters a degree of transparency and Member State oversight of progress in reform.

26. In its current form the reform results framework identifies actions to be taken, but does not delineate the consequences and pathways leading to Organizational change. In order to implement this recommendation, a strengthened theory of change and results chain for reform will be developed. This clearer reform “theory-of-change” will facilitate improved management of reform and lead to identification of more appropriate indicators for monitoring change. It will also enable the identification of priorities, distinguishing critical steps from supporting, non-transformational activities.

27. Whilst remaining coherent with the WHO results chain, and building on the existing reform monitoring framework that was endorsed by Member States, this exercise will also ensure that relevant and logical linkages are defined and mapped between the different and interdependent levels of the results chain. On the basis of these newly defined linkages, a revised reform implementation plan will be presented to WHO’s governing bodies in May 2014.

28. The Independent Evaluation Team has used an analytical framework for this evaluation that is built on best practices for transformation programmes. The five-stage framework, which describes the entire life cycle of change in relation to each reform output (assess and strategize; design; construct; implement; operate and review), will be integrated into the revised WHO reform implementation plan. Incorporating this framework will provide a consistent scaffold for planning and delivery of reform activities, and rebalance the focus from deliverables and outputs towards outcomes and impact of reform.

29. In addition, a monitoring framework for the key performance indicators of reform will be developed. A limited set of such indicators will be identified at the outcome and output level, aligned with the theory-of-change framework, with baselines and target performance levels for each indicator.

30. These efforts will also assist in guiding reform activities to areas where benefits are the greatest. Revised timelines for implementation of reform initiatives based on their strategic contribution to reform objectives will be reflected in the revised reform implementation plan. The revised implementation plan will be integrated into an electronic platform that will be used for planning, monitoring and reporting on reform.

Recommendation 3. Realigning change and communication activities based on a thorough organizational impact assessment

31. Important determinants of success in the operationalization and institutionalization of WHO’s reform include a targeted change management approach appropriate for the level and type of impacts generated through reform; a core internal change network to operationalize reform across the Organization; and a comprehensive communications and engagement strategy specific to external and internal stakeholders. The second stage evaluation demonstrates that although some progress has been made, aspects of these success factors require strengthening in order to ensure the sustainability of reform initiatives.

32. The Secretariat will conduct a consolidated impact and preparedness assessment in order to identify the impacts that reform initiatives will have on various stakeholder groups, and the needs related to each reform initiative across each level of the Organization. These will form the basis for planning change and communication management interventions. The framework suggested by the

evaluation report provides a suitable approach to identify prerequisites for change and classify impacts based on structures, roles, skills and capabilities, and culture and behaviours.

33. The assessment will guide the planning and development of requisite training, tools, and resources so that affected staff can be better equipped to implement reform activities. Reform-related training for staff will be scaled up through staff development and learning mechanisms, and reform-related processes and systems will be regularly reviewed to identify barriers to implementation. Although these initiatives are anticipated to be undertaken in relation to each individual reform area, they will leverage interdependencies, where they exist, in order to maximize efficiencies.

34. A consultative process of developing the consolidated impact assessment for reform, in addition to the planning processes described below, will provide a platform for renewed engagement with critical change agents. This engagement will assist in the examination of reforms' expected impact, the definition of key messaging for staff and external partners, and the identification of accountability for reform implementation activities. Engagement of this sort will also help to address deficiencies in change capacity, facilitate quality assurance adjustments to implementation where required, and identify emerging risks to implementation.

35. Similarly, communication interventions based on the impact assessment will be refined, expanded, and regularly updated. Implementation of a consolidated reform communication strategy will be accelerated, building on current communication activities. Information will be tailored to recipient audiences, and communication plans will be aligned to a more comprehensive and strategic change management approach to reform.

36. The Independent Evaluation Team noted the absence of explicit change management activities that directly target Member States, beyond Member States' engagement in reform through existing governance processes. The Team has proposed that the Secretariat conduct a stakeholder mapping of Member States' opinions and interests in this regard. This mapping could then be used as a basis for strengthened engagement with Member States in advance of meetings of WHO's governing bodies with a view to addressing emerging issues that could impact the success of reform.

Recommendation 4. Strengthening reform programme management

37. The shift from policy development to implementation necessitates strengthened short- and long-term planning and coordination of reform activities. At the managerial level, the Secretariat will move to build its capacity in programme management. Comprehensive project management training will be provided to staff responsible for, and supporting, reform implementation. This will include training for all additional tools and resources to be employed to strengthen reform implementation, as well as foundational and project management training to guide project completion and post-project evaluation.

38. At the operational level, a reform programme management and monitoring web-based tool will be developed, piloted and rolled out across reform initiatives to support detailed planning, monitoring and reporting of progress in reform. This tool will:

- facilitate the development of detailed project plans for reform deliverables, incorporating timelines, milestones and budgetary requirements;
- enable tracking of resource expenditures within each reform area;
- integrate the revised results framework and indicators for reform, allowing for strengthened performance management of reform progress;

- incorporate a risk framework to signal barriers to implementation;
- adapt existing information technology systems but will be tailored to meet the needs of the reform programme;
- provide transparent and real-time tracking of reform progress for Member States.

39. Planning and budgeting processes for reform will be revised in line with the five-stage framework in order to ensure uniform coordination and resource management across reform initiatives. As the cost of reform activities are planned for within the approved 2014–2015 Programme budget, operational plans will ensure that reform-specific products are identified across, and aligned with, 2014–2015 biennial work plans. This will enable continuous and efficient monitoring and reporting of reform progress towards outcome and impact targets, the status and progress of reform activities through the tracking of outputs and deliverables, and resource expenditures against estimated budgets.

ACTION BY THE EXECUTIVE BOARD

40. The Board is requested to note this report.

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