

WHO reform: overview of reform implementation

Report by the Secretariat

1. This report summarizes the progress of WHO reform since the Sixty-seventh World Health Assembly noted the progress report on reform implementation.¹ It provides a general overview and an update of developments in each of the three areas of reform (programmes and priority-setting, governance and management); discusses the main challenges to reform implementation to date; and describes the steps being taken by the Secretariat in response to the key findings and recommendations of the second stage evaluation on reform.²
2. Increasingly, initiatives in different areas of reform are being incorporated into the Organization's functional areas. This report therefore complements detailed reports on progress that will be considered by the Executive Board under specific items on programme and budget matters, financial matters, management and governance matters, and staffing matters.
3. The outbreak of Ebola virus disease in West Africa in 2014 has had a significant impact on WHO and on reform implementation, and has revealed areas in which further reforms may be required to ensure the Organization is able to respond rapidly and effectively in emergency situations.

OVERVIEW

4. In May 2014, the Sixty-seventh World Health Assembly noted the report by the Director-General describing the restructuring of the reform results framework, which arose from the recommendations of the second stage evaluation.¹ Accordingly, progress made in individual reform areas cannot be compared directly from May 2014 to January 2015 because of the revisions to the results framework. In relative terms, at the beginning of 2014 40% of reform outputs had reached the implementation stage; this figure had risen to 64.5% as at 31 October 2014. The greatest progress has been made in the area of programmes and priority-setting, with all expected outputs having reached the implementation stage, and with 43% of outputs in the governance area, and 65% in the management area also having reached implementation.
5. The outbreak of Ebola virus disease in West Africa has had a significant impact on WHO reform, and has validated the relevance and importance of WHO's leadership priorities. Frail health systems that offer poor access to needed health services and medical products; health inequities driven by failures to

¹ See documents A67/4, A67/INF./1 and WHA67/2014/REC/3, summary record of the second meeting (section 2) of Committee A of the Sixty-seventh World Health Assembly.

² See document EB134/39, noted by the Executive Board at its 134th session (document EB134/2014/REC/2, summary record of the fifth meeting).

adequately address the social, environmental and economic determinants of health; and deficits in implementation of core capacities required by the International Health Regulations (2005) have all played a role in the current outbreak. As programmatic reforms at all three levels of the Organization continue to take shape, the outbreak has reinforced the need for WHO to demonstrate global leadership by championing its priorities while supporting countries to redress the aforementioned problems through effective and evidence-based technical and policy cooperation. It has also demonstrated the value of several reform outputs that have reached the implementation stage, notably WHO's Emergency Response Framework and emergency communications.

6. The unprecedented complexity and scale of the outbreak has placed enormous strain on WHO's managerial structures and systems. Challenges in mobilizing human resources, organizational efficiency, alignment and effectiveness across the three levels of the Organization, as well as financing – all of which are targets of the reform agenda – are crucial elements of the response that have been exposed as persisting weaknesses.

7. The outbreak continues to have consequences on the pace and delivery of work across the Organization, including on reform activities. Certain reform initiatives, including activities relating to information management and the review of hosted partnerships, have had to be delayed due to organizational assets being redirected to the Ebola response. The evolving nature of the outbreak will continue to guide replanning efforts to ensure provision of previously agreed deliverables, in view of the Organization's current resource and operational constraints. Regular review and reprioritization of reform outputs will continue.

8. The outbreak has reinforced the urgent need to accelerate implementation of key elements of reform. It has demonstrated the ongoing need for reforms in several areas of particular relevance to a public health emergency of international concern of this magnitude, in order to equip WHO to mount a rapid and massively scaled-up response to a complex disease outbreak. These areas include the roles and functions of the three levels of the Organization in emergency situations; the capacity to rapidly mobilize human resources to meet needs at the country level; and rapid access to adequate financing.

PROGRAMMATIC REFORM

9. A revised approach to develop the proposed Programme budget 2016–2017 was introduced in May 2014. The approach includes the three levels of the Organization and has been built from the country level upwards, with planning in the regional offices and at headquarters overseen by category and programme area networks. The draft proposed Programme budget 2016–2017 better reflects needs and priorities at the country level, as each country office identified up to 10 priorities to which 80% of planned results and resources would be directed. Harmonization and standardization of budgeting methods have contributed to a more realistic proposed budget, which is an important prerequisite to ensure that the programme budget functions as the primary tool for accountability for all managers in the Organization.

10. The development of the proposed Programme budget 2016–2017 was further informed and strengthened by the revised approach to develop country cooperation strategies, which is linked to the new results chain defined in the Twelfth General Programme of Work, 2014–2019, and is improving the delivery model at the three levels of the Organization. As at 31 October 2014, 16 countries across five major offices have applied the revised methodology.

11. Significant progress has been made in improving the financing of WHO following the first financing dialogue in 2013¹ and in improving coordinated resource mobilization. Short-term predictability of funding improved over the past three biennial periods, with availability of funds increasing from 66% at the end of the third quarter of 2010 to 86% at the same point in 2014. The medium- to longer-term situation for the periods 2016–2017 and 2018–2019 is more vulnerable. Flexibility of funding has improved; the availability of the core voluntary contributions account increased from US\$ 61.5 million in 2010 to US\$ 134 million in 2014. Although alignment of available funds with the Programme budget 2014–2015 has improved at the category level, this masks the uneven funding across programme areas, with five programme areas – vaccine-preventable diseases, noncommunicable diseases, integrated people-centred health services, emergency risk and crisis management, and alert and response capacities – accounting for 82% of current shortfalls.

GOVERNANCE REFORM

12. A revised draft framework of engagement with non-State actors has been finalized following consideration by the regional committees, and will be submitted to the Executive Board through its Programme, Budget and Administration Committee,² together with a prototype of the register of non-State actors

13. WHO has actively contributed to the objective of convergence with the United Nations system to fulfil the United Nations' mandate effectively and efficiently. Through the United Nations Development Group and the United Nations System Chief Executives' Board for Coordination's High-Level Committee on Management and High Level-Committee on Programmes, WHO is ensuring that health is adequately reflected in the post-2015 sustainable development agenda. WHO has actively contributed to the development of standard operating procedures for the Delivering As One strategy, and has produced guidance for its country offices in the 40 Delivering as One countries.

14. As presented in document EB136/6 on method of work of the governing bodies, the number of agenda items and pre-session documents for governing body meetings had consistently increased from 2012 to 2014, but has dropped for the Executive Board's 136th session in January 2015, with the number of agenda items and subitems falling below the number for its 130th session, in January 2012. It is too early to determine whether this is a trend.

15. The Regional Office for the Eastern Mediterranean has reviewed resolutions endorsed by the Regional Committee for the Eastern Mediterranean during the period 2000–2011. The review indicated that 79 out of 134 resolutions had been fulfilled and could be retired.

MANAGEMENT REFORM

16. The following steps have been taken to further strengthen managerial accountability.

- A systematic approach to review programmatic and administrative performance of country offices has been developed and piloted in WHO's country offices in Ethiopia and Nepal. The approach follows a standard methodology and systematically identifies best practices and areas for improvement in administration and programmatic management.

¹ See document A67/7.

² See document EB136/5.

- In support of the implementation of the internal control framework, a managers' guide and a checklist for internal controls have been developed and are being introduced across the Organization. A first annual statement of internal controls will be submitted in January 2016. A self-assessment checklist on internal controls has been developed for managers and is currently being piloted in three clusters at headquarters, and in three regional offices and three country offices.
- The corporate risk register has been introduced in two phases; risks were identified in May 2014 and a risk mitigation analysis was conducted in September 2014.

17. Reform of human resources has been a priority area for the Secretariat in 2014, even though activities have been delayed owing to the outbreak of Ebola virus disease. However, progress has been made in the following areas.

- The selection process for heads of WHO country offices has been modified, with revised terms of reference and alignment of the selection process with the leadership priorities outlined in the Twelfth General Programme of Work, 2014–2019. A first round of selections under the new process took place in November 2014, with future sessions scheduled for February and March 2015.
- The harmonized selection process for international professional positions has been implemented, and the harmonized selection process for locally recruited positions will be promulgated in 2015.
- A performance management framework with supporting policies on rewards and recognition, and on measures to address underperformance, has been finalized and will be promulgated in 2015.
- A comprehensive staff induction programme has been introduced for new staff members at headquarters, covering a wide range of topics and offered on a monthly basis.
- As a joint initiative with the WHO staff associations, the internal justice system has been reviewed. An action plan to implement the recommendations will be elaborated in 2015.
- A mobility framework and geographical mobility policy have been extensively discussed; implementation will start in 2016 subject to a series of prerequisite steps to be taken in 2015, including the adoption of amendments to the Staff Regulations and Staff Rules.¹

18. The evaluation function has been moved from the Office of Internal Oversight Services to become a separate unit within the Office of the Director-General. Building on the progress to date in the implementation of WHO's evaluation policy, the Secretariat is undertaking a review of the evaluation function at WHO and best practices and models in other entities in order to propose a framework for its further strengthening. The review covers evaluation and organizational learning in relation to: (a) creating a culture of evaluation; (b) establishing an enabling environment; (c) defining modalities and the scope of evaluation; (d) facilitating organizational learning; (e) determining relationships between evaluation and other assessments; and (f) communicating evaluation work and findings. The review will be completed by the end of 2014, and implementation of recommended actions will begin in early 2015.

¹ See document EB136/47.

19. In the area of communication, investments have been made in risk and emergency communication, and activities to increase WHO's social media presence have increased significantly. A second survey about how WHO is perceived is currently being conducted, and results will inform the further development and implementation of communications reforms.

CHANGE MANAGEMENT

20. The revised reform results framework has been implemented, and the web-based project management tool is being used for management, monitoring and reporting of reform results.¹

21. An assessment of project management capacity at WHO is planned to take place in early 2015. Based on the findings of the assessment, a plan will be developed to systematically review and implement a project management approach across WHO.

22. A change management and communication plan is being implemented. The reform implementation network will ensure alignment of the plan across the three levels of the Organization.

ACTION BY THE EXECUTIVE BOARD

23. The Board is invited to note this report.

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¹ See <http://spapps.who.int/WHOREform/SitePages/Reports/Dashboard.aspx> (accessed 8 December 2014).