
WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform

Report by the Director-General

THE CASE FOR CHANGE

1. Adoption of the 2030 Agenda for Sustainable Development with its associated Goals and the decisions on United Nations Development Systems reform (United Nations reform) are driving deep changes among all stakeholders, including all United Nations agencies, with major implications and opportunities for all United Nations agencies, programmes and funds, including WHO. United Nations reform presents immediate opportunities and benefits for WHO and health-related Sustainable Development Goals. The commitment to coherence and unity of action across the United Nations system is already manifest in the WHO-led process that has, with partners, rapidly established a global action plan for accelerating progress towards the health-related Sustainable Development Goals.¹ At country level, with a revised and strengthened role, the Resident Coordinator can help WHO to unify the multisectoral and system-wide integrated policy advice and actions essential for many health outcomes. Closer integration of United Nations operational assets can greatly support WHO's emergency operations, as has been seen in the responses to the outbreaks of Ebola virus disease in the Democratic Republic of the Congo in 2018.

2. The need for strong leadership and action on Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the other health-related Goals is compelling. Nearly 70 years after the founding of WHO, more than half the people in the world still cannot access health services. Many who do incur significant and sometimes catastrophic financial hardship. In fragile, crisis-affected and vulnerable States, millions of people are in desperate circumstances owing to a lack of access to the most basic health services. At the international level, the risk of new and emerging pathogens and their rapid spread is mounting. The burden of noncommunicable diseases continues to grow and has now become the leading cause of death and disability globally. There is an exceptional need for WHO to sharpen the focus of its normative and technical work, and deepen its impact on improving health at country level in support of Member States.

¹ Towards a global action plan for healthy lives and well-being for all – uniting to accelerate progress towards the health-related SDGs. Geneva: World Health Organization; 2018 (http://www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf, accessed 28 November 2018).

THE GOAL FOR CHANGE

3. To fulfil its mission and attain the health-related Sustainable Development Goals, WHO needs to become an organization that is fit-for-purpose in the 21st century and that works seamlessly across programmes, major offices and its three levels, and, in the context of a reformed United Nations system, to make a measurable improvement in the health of people at country level. WHO must ensure the technical excellence that results in improvements in health in order to help all people to achieve healthy and productive lives, no matter who they are or where they live. The world needs an agile, mobile, flexible and innovative WHO that concentrates relentlessly on monitoring and results in a rapidly changing global environment.

4. WHO's transformation process aims to reposition, reconfigure and capacitate the Organization within the broader purview of United Nations reform so that its normative and technical work is of an even higher quality, more sharply focused on the needs, demands and expected actions of Member States, and translates directly into results at country level. To do this, the Secretariat is:

- articulating a strategy that clarifies and prioritizes the role WHO plays in attaining the Sustainable Development Goals, clearly defines the Organization's goals and targets, and drives the work of all staff members;
- redesigning and harmonizing across major offices the processes that underpin WHO's core technical, business and external relations functions based on best practices and in support of the Organization's strategy;
- putting country outcomes at the centre of WHO's work, by aligning the operating model across all three levels for impact at country level and by introducing so-called "agile" management practices that increase quality and responsiveness;
- creating a culture and environment that enable effective internal and external collaboration, ensure that work is aligned with strategic priorities, bring out the best in WHO staff members for fulfilling the Organization's mission and continue to attract and retain top talent; and
- taking a new approach to communications and resource mobilization, and bolstering partnerships, so that WHO is positioned to shape global health decisions and generate appropriate and sustainable financing.

In the longer term, WHO aims to move from a cycle of repeated reform to a sustainable programme of continuous improvement.

THE APPROACH TO TRANSFORMATION

5. The lessons learned from WHO's experience in implementing reforms and change over the past 15 years, especially from work undertaken at global and regional levels since 2009, have informed WHO's transformation agenda. Although the current transformation exercise is broader and more comprehensive, key principles that emerged from previous reforms remain relevant and include the need: to ensure that leaders proactively and collectively design and lead the change effort; to ensure clarity with regard to the goal of change; to recognize the importance of the mindsets, behaviours and engagement of staff members throughout the transformation process; to build on and integrate into the transformation process the full scope of work of previous and ongoing reform and transformation efforts, including the United Nations reform agenda; to ensure that headquarters, regional and country offices

work together closely and in an integrated manner on all aspects of transformation; for commitment to a sustained, long-term effort; and to take a holistic approach that tightly encompasses all dimensions of the transformation agenda.

6. The design of the transformation agenda was also guided by the results of an open request to all staff, made by the Director-General shortly after taking office, for ideas that could inform WHO's organizational change. Between July and October 2017 an internal Working Group on Initiatives for Change was established which consolidated and prioritized the hundreds of suggestions that had been received, then proposed a way forward for their application. In November 2018 a structured, detailed survey of all staff members was conducted to further shape this transformation. The survey examined the work environment and the degree to which 37 related management practices are present in all major offices. By means of an assessment of 9 major outcomes, the survey examined three key dimensions namely: the alignment of staff in respect of a common vision, strategy, culture and set of values; the extent to which their current skills and the Secretariat's current processes permit staff members to excel in their roles; and how well the Organization understands and can react and adapt to a changing environment. Responses were received from more than 5600 staff members (61% of the total). They identified strengths to build on and priorities for culture change within the overall transformation.

7. These lessons and findings were used as the basis of a holistic, four-pronged approach. First, a new strategy was developed to align the work of the entire Organization with the targets of the health-related Sustainable Development Goals. Secondly, WHO's core technical, external relations and business processes were examined and prioritized for redesign, beginning with the programme budget process, so that the Organization can work more effectively. Thirdly, the overall operating model, which was designed to deliver the Twelfth General Programme of Work 2014–2019, is being analysed and options are being formulated for a redesigned model across the three levels of the Organization to ensure delivery of the new strategy and that the core processes are applied consistently. Fourthly, assessment of the underlying culture of WHO, in terms of the capacity of and enabling environment for staff members to do their work, led to core actions being identified at the corporate, major office and team levels to change the mindsets and behaviours of all staff, including senior management, so that the new operating model would function well. The transformation process includes an ongoing rethinking of WHO's approach to external engagements in order to effectively communicate, finance and implement the new strategy.

8. The Global Policy Group, membership of which includes the Director-General, Deputy Directors-General, Regional Directors and Chef de Cabinet, leads the transformation effort, determining directions and considering options for action. It aims to meet either face-to-face or by videoconference every month. As a principle all three levels of the Organization are involved, with participation of representatives of country offices and the seven major offices. Staff, country representatives and major offices have made real contributions to the redesign and co-created many of the new designs, through a variety of channels and forums. Working groups of senior directors from the seven major offices give input and recommend options to the Global Policy Group. Other working groups, with members drawn from all three levels of the Organization and WHO Representatives playing a central role, have developed the content in each major area of transformation through iterative processes. Opportunities for all staff members to engage include regular Organization-wide seminars and a network of more than 300 "change supporters". All staff receive monthly updates from the Director-General and can access a dedicated Intranet site containing all relevant information.

9. In November 2017, at the outset of its work on transformation, the Global Policy Group considered a range of proposals from WHO Country Representatives on actions that could be taken rapidly to facilitate country level work. From among the proposals reviewed, the Global Policy Group then selected 13 "quick wins" that could be completed within six months, together with a further

14 medium- and long-term “wins”. The quick wins aligned with many of the actions that had already been identified by the Working Group on Initiatives for Change and included harmonizing country-level delegations of authority across major offices, giving priority to the creation of new positions at country level for the WHO Health Emergencies Programme, standardizing position descriptions to facilitate mobility, strengthening communications and resource mobilization expertise at country level, and standardizing the grading of WHO Country Representative positions. By end-November 2018, 12 of the quick wins and five of the medium-term wins had been completed, while the remainder were in progress. These country-focused quick wins complemented a number of near-term corporate-level actions such as revamping the global internship programme and placing enhanced emphasis on staffing diversity and gender parity, which began with the Director-General’s appointment of the most diverse and gender-balanced top management team in the Organization’s history.

10. A small headquarters-based transformation team with focal points in each major office supports the Global Policy Group by managing the day-to-day work of transformation, drawing on external consultants in areas such as change management, process redesign and operating model analytics. The Director-General has a weekly meeting with the transformation team to scrutinize progress, review priorities, and provide guidance and direction. Regular communications have been maintained with the United Nations Secretariat and the Transition Team on Repositioning the United Nations Development System.

A NEW WHO STRATEGY

11. The first step in the transformation was the broad consultative process to formulate the Thirteenth General Programme of Work, 2019–2023, which Member States subsequently approved at the Seventy-first World Health Assembly in May 2018.¹ This General Programme of Work enunciates WHO’s vision and mission, three strategic priorities and their associated “1 billion lives” goals, and a series of strategic shifts to direct the Organization to country-level impact rather than office-specific outputs. It is firmly based on the 2030 Agenda for Sustainable Development and aligned with the principles and purpose of United Nations reform, including the reinforcing of national ownership, development of responses specific to country contexts; and ensuring the effective delivery of results on the ground. The clarity of this new strategy will enable the Organization and its staff to align all its work towards achieving the health-related Sustainable Development Goals and improving health at the country level. WHO’s first-ever Investment Case, released in September 2018,² was firmly based on the Thirteenth General Programme of Work.

REDESIGNING WHO’S CORE PROCESSES

12. To facilitate the ambitious strategic shifts demanded by the Thirteenth General Programme of Work, WHO’s corporate processes have been analysed and prioritized for optimization or, where necessary, substantial redesign. Three categories of processes have been defined:

¹ Resolution WHA71.1.

² WHO. A healthier humanity: the WHO Investment Case for 2019–2023. Geneva: World Health Organization; 2018 (<http://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 27 December 2018).

- technical processes – relating to how WHO’s constitutionally-mandated technical functions are performed including in the areas of norms and standards, technical cooperation, research, innovation and data;¹
- external processes – relating to how the Secretariat engages with Member States and partners and include the following functions: governance, leadership, resource mobilization, and communications (external and internal); and
- business and administrative processes – those that enable the running of the Organization and include Programme Budget, recruitment, performance management and the supply chain.

13. Thirteen processes have been prioritized for optimization, standardization and harmonization across the major offices; they include six technical, three external relations and four business processes.

14. The redesign of these processes has been conducted in three waves, with each following a similar six-step approach which engaged working groups at different levels of the staffing structure: (i) documenting the current process and its challenges, (ii) formulating an aspiration for the future process, (iii) benchmarking the future process against best practice, both within the Organization and externally, in the public and private sectors, (iv) developing a model redesigned process, (v) testing and refining the proposal with business owners and end-users at all levels of WHO, and (vi) determining the implications (in terms of WHO’s operating model, culture, and systems and tools) and establishing an implementation plan. Each redesigned process was discussed and further elaborated with senior managers from the seven major offices (for instance, Directors of Programme Management or Directors of Administration and Finance) before consideration by the Global Policy Group.

15. The first wave was the redesign of the programme budget process. That process is now being applied for the biennium 2020–2021; country prioritization has been completed, country support plans are nearly finalized and work on prioritization of global goods is ongoing.

16. The second wave is at the consultation and detailed design phase for technical cooperation, norms and standards, resource mobilization, communications, recruitment, supply chain and performance management. Among other changes, these redesigns aim to strengthen the leadership role of regional and country offices for technical cooperation, enhance the responsiveness and quality assurance of normative products, and significantly shorten the lead time for recruitment of staff members on fixed-term contracts.

17. The third wave includes designing processes for WHO’s proposed innovation hub and for the strategic policy dialogue work of the Thirteenth General Programme of Work, and redesigning processes for WHO’s research and internal communications. This work envisages significant advances in support of the health-related Sustainable Development Goals, such as the systematic and strategic use of WHO’s political capital to optimize national policy environments, enhancing WHO’s role in identifying and scaling-up health innovations, and prioritizing and promoting a common research agenda. Further process redesigns will continue in 2019.

¹ The technical processes underpinning WHO’s constitutionally mandated role in health emergencies were redesigned in the course of developing the WHO Health Emergencies Programme in 2016.

ALIGNING AND OPTIMIZING WHO'S OPERATING MODEL

18. An operating model is the combination of roles, skills, structures and processes that allow an organization to deliver its strategy. WHO's current operating model is oriented to the Twelfth General Programme of Work and based on six clusters and more than 30 programme areas, rather than the delivery of the Thirteenth General Programme of Work. The current operating model also challenges the Organization's ability to implement its core functions in a consistent manner. Moreover, it is not harmonized across the seven major offices and three levels of the Organization, hampering the ability to operate seamlessly for impact at country level, and resulting in too many linkages and contact points, particularly at headquarters, for regional offices and country offices to manage effectively. The consequence is duplication, inefficiencies, missed opportunities and, sometimes, poor responsiveness.

19. In parallel with the work on the Thirteenth General Programme of Work and redesigning core processes there has been intensive Organization-wide consultation and extensive analytical work to inform decisions on how best to adjust WHO's current structure to implement the Thirteenth General Programme of Work and make an impact at country level. Four principles have emerged to inform and underpin the design of a new Organization-wide operating model:

- the strategic priorities of the Thirteenth General Programme of Work and its three "1 billion" targets must drive WHO's work, as the world will judge success by the degree to which these targets are met;
- the Organization must be able to deliver its technical, external relations and business and administrative processes in a consistent, best-in-class manner;
- alignment of the operating model across the seven major offices and three levels of WHO is fundamental to the seamless delivery of the strategic priorities; and
- a new and agile way of working is needed that will boost effectiveness and efficiency across and within the three levels of WHO in order to increase responsiveness to the needs and requests of Member States.

20. Given the focus of the Thirteenth General Programme of Work on impact at country level, between November 2017 and March 2018 attention was initially paid to establishing a predictable and sustainable WHO country presence and a new operating model at that level. Reviewing best practices across WHO's regions, combined with lessons drawn from ongoing functional reviews of WHO country offices, defined the central characteristics of the new model: empowered and appropriately-supported WHO Representatives; normative and technical functionality in support of the strategic priorities; capacity for core administrative, technical (for example, data collection and management) and external relations (for example, communications and partnerships) functions; and deeper, broader relationships with Member States. In the new model, WHO's minimum capacity in a specific country will be tailored to the context, developed through and reflected in the Programme budget and, ideally, a functional review, and aligned with the broader United Nations country presence. Flexible positions could be added to match country needs and demands, supported at least in part through in-country resource mobilization. Surge needs for emergencies or new priorities would be met by increases in capacity on an ad hoc basis.

21. From April to June 2018 the headquarters' operating model was analysed and assessed in the context of the Thirteenth General Programme of Work and best practices in advance of a series of broad consultations that were available to all headquarters staff members, including senior management, on future options. The consultative process involved discussions at unit and department level across

headquarters, inputs from regional and country offices and two full-day workshops with deputy directors-general, assistant directors-general, directors and senior representatives of the other major offices. The primary output was agreement on the four key principles for the new operating model (see paragraph 19) and, given the potential implications for a new operating model, an accelerated three-level programme of work to standardize the core processes.

22. In September 2018, the Director-General, Deputy Directors-General and Regional Directors, having reviewed the work done so far, agreed that alignment of a new operating model across the major offices and the three levels of WHO could substantively enhance the Organization's ability to work seamlessly to have a significant impact on health at the country level. Subsequently, potential options have been developed for establishing clear, three-level linkages for each strategic priority in order to simplify and facilitate engagement and alignment of work and resources. Similarly, approaches to link WHO's technical, external relations and business processes are being considered so as to ensure corporate consistency and predictability of these functions. Decisions will be informed by the outcome of WHO's first global management meeting to be held in December 2018.

23. Equally important as the structural aspects of a new WHO operating model have been the design and introduction of new ways of working, building on internal and external best practices to improve efficiency, effectiveness and responsiveness. This work is creating new ways for staff members to collaborate across and within offices and levels to implement programmes and projects and to deliver specific products through four different ways of working: core function support teams, three-level delivery teams, cross-cutting teams and agile product delivery teams. The modes of working vary in the extent to which they use "Agile" management practices to balance the consistent, stable and predictable work that forms the backbone of the Organization with robust, time-bound team approaches to deliver specific products.

OPTIMIZING ORGANIZATIONAL CULTURE FOR COLLABORATION, PERFORMANCE AND IMPACT

24. The Secretariat's staff survey (see paragraph 6) identified the main shifts in mindsets and behaviours necessary to achieve this transformation and highlighted key themes that could underpin action. These themes were used as the basis for broad consultations across the Organization, through which a series of cultural change actions were defined. At the corporate level, the Global Policy Group prioritized five specific actions: overhaul the internal communications process and practices to ensure effective information-sharing and continuous dialogue with staff members; define and embed WHO's values in formal systems; establish a mentoring programme to promote knowledge transfer and career development; develop and enhance leadership and management skills through training and institutionalized upward and peer-to-peer feedback; and provide clarity on career and learning pathways together with opportunities and support for developing staff skills. Work to implement these actions is either ongoing or planned.

25. One such action is the work to define and align on WHO's corporate values. Consultation with all major offices and internal stakeholders led to the agreed definition that these are the "deeply held beliefs that guide staff behaviour and capture WHO's distinctiveness". In July 2018, the Director-General launched a broad staff-engagement process, inviting them to respond to three questions to help to identify values themes that could be considered by the entire Organization as part of the process to define a set of common corporate values. More than 1000 responses formed the basis for a three-day online "Values Jam" in November 2018 and connected staff members at all levels on a common platform to discuss corporate values. More than 2700 staff members, including leaders from all major offices participated. The results of this global dialogue are being consolidated into a WHO

Values Charter and into a plan for embedding these values into the daily work of WHO. A second major action is the initiative led by the Regional Office for Africa on leadership and management capacity-building to improve the skills of more than 200 senior leaders through a comprehensive learning approach that is being developed with a leading firm in this area and which will be rolled out over a period of 18 months. The Global Policy Group has decided to build on this initiative to define a common curriculum for a WHO-wide programme on leadership and management capacity-building, which will form a crucial aspect of improved performance management. A global working group is being established to take this work forward.

26. To assist the work on transformation and help to drive cultural change across WHO, a network of more than 300 change supporters, nominated by staff members and leaders in headquarters and regional and country offices has been established. These change supporters are helping to communicate the importance of transformation, to shape and implement changes, and to share feedback across levels. The network helps to ensure consistency within the transformation and, equally importantly, provide a feedback loop on progress as well as ideas and directions for change and improvement. Furthermore, “open-door” policies with dedicated time for senior management to listen to other staff members’ ideas and to act as role models for the change in culture have been implemented by the Director-General and other senior managers across the major offices.

IMPLEMENTING UNITED NATIONS DEVELOPMENT SYSTEM REFORM

27. In conceptualizing and implementing the transformation agenda, the Organization has fully committed itself to and engaged in the implementation of United Nations reform. Discussions on a new operating model for WHO, particularly at country level, are informed by the ambition of the United Nations reform for country teams. Simplifying procedures and increasing transparency, efficiency and accountability is a shared goal. From the redesign of WHO’s business processes to its culture change initiatives, WHO’s transformation reflects the goals of United Nations reform. To realize the opportunities created by United Nations reform while delivering on its constitutional normative and coordinating mandate for international health, WHO must continue to engage fully and work through the governance, managerial and financial implications. WHO, through the Director-General, is engaged in the new United Nations Sustainable Development Group chaired by the Deputy Secretary-General. WHO’s Deputy Director-General for Corporate Operations leads WHO’s work in the High-Level Committee on Management to study and contribute to potential options for shared back-office functions. The Deputy Director-General for Programmes co-chairs the Task Team on Human Rights, Leave No One Behind and the Normative Agenda of the United Nations Sustainable Development Group’s Strategic Results Group. WHO is directly engaged in the development of the new United Nations Development Assistance Framework, the Management and Accountability Framework, and the United Nations Secretary-General’s Implementation Plan for the Inception of the Reinvigorated Resident Coordinator System.

28. Reform of the Resident Coordinator system should have a particularly positive impact on WHO’s work, through, among other benefits: high-level advocacy and an integrated approach to the health-related Sustainable Development Goals; higher-quality integrated planning and delivery of United Nations Country Team activities; and joint communications and resource mobilization. In this context, WHO has already doubled its cost-sharing contribution to the Resident Coordinator system, as required by United Nations reform. WHO supports increasing the collective accountability and transparency to host governments of the work of United Nations Country Teams. Within these teams, WHO is committed to strengthening their capacity and ensuring the coherence of their health activities, in addition to the coherence of their activities in other sectors that significantly influence health outcomes. On 1 January 2019 the Resident Coordinator system will come under the United Nations

Secretary-General's supervision, with the accreditation of Resident Coordinators as the highest representatives of the United Nations system at country level. In the context of the United Nations Country Teams, WHO will clarify the accountabilities of the WHO Representative to the Resident Coordinator and establish a process for receiving relevant performance input.

29. Three areas of United Nations reform have financial implications for WHO: funding of the Resident Coordinator system, elements of the funding compact and, potentially, common business operations. In addition to the doubling of WHO's contribution to the Resident Coordinator system, earmarked contributions to WHO's development activities will be subject to a 1% coordination levy paid to the United Nations Special Purpose Trust Fund. The proposals to harmonize United Nations cost recovery and allocate 15% of non-core development funding to joint activities would require decisions by WHO's governing bodies. WHO is working with the United Nations system to understand the potential for efficiency gains through common business operations.

30. As other elements of United Nations reform are developed, refined and implemented over the coming two to four years WHO will continue to remain engaged at all levels, in close collaboration with the relevant entities in the United Nations system and the evolving work of the Transition Team on Repositioning the United Nations Development System.

CURRENT STATUS AND NEXT STEPS

31. The end of 2018 saw WHO's first Global Management Meeting, involving the entire Secretariat senior management team. The meeting, held in Nairobi from 10 to 12 December, brought together the Deputy Directors-General, Assistant Directors-General, Directors of Programme Management, Directors of Administration and Finance, WHO Country Representatives, division Directors from the regional offices and department Directors from headquarters. The three-day event had the following major objectives: to review transformation progress, agree on new ways of working to deliver the Thirteenth General Programme of Work as "one WHO" and set priorities for the transformation agenda in 2019. During the meeting, participants discussed and reached agreement on a way forward for a new WHO Values Charter, a new WHO operating model for the Thirteenth General Programme of Work, ways to enhance joint work and accountability in respect of all three levels of the Organization for country impact, the newly redesigned WHO processes, the use of "Agile" methodology to enhance collaboration and responsiveness and, in an interactive session with the United Nations Deputy Secretary-General and her office, ensuring WHO's full alignment with and engagement in United Nations reform.

32. Based on these discussions, and the progress made on the transformation effort in 2018 through the development and adoption of the new WHO strategy, the Thirteenth General Programme of Work, and the WHO Investment Case for 2019–2023,¹ and the redesigning of 13 major WHO technical, external relations and business processes, the Director-General and Regional Directors established new transformation targets for 2019. The goal for end-February 2019 is to decide on a new structure in which there will be better alignment between headquarters and the regional offices in order to deliver the Thirteenth General Programme of Work and support the consistent implementation of WHO's core processes across all major offices and the three levels of WHO. This will be accompanied by a clearer enunciation of the roles and responsibilities of each of the three levels of WHO, informed by the new process redesigns and approaches to ensure joint accountability for country impact. For end-March 2019, the goal is to finalize WHO's mobility policy and establish implementation plans and

¹ WHO. A healthier humanity: the WHO Investment Case for 2019–2023. Geneva: World Health Organization; 2018 (<http://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 27 December 2018).

performance targets for each of the new process redesigns. During this period particular attention will be given to feasibility testing the improved recruitment process which aims to reduce by half the average time required for fixed-term positions, and the new consolidated process for resource mobilization. Other processes will be prioritized for early rollout, including those designed to enhance the relevance and development of WHO norms and standards, strengthen WHO's technical assistance to Member States, and build WHO's leadership and management capabilities. By mid-2019, it is anticipated that it will be possible to take a longer-term view on the capacities needed at each level of WHO in the context of the Thirteenth General Programme of Work, the Sustainable Development Goals, and United Nations reform.

ACTION BY THE EXECUTIVE BOARD

33. The Board is invited to note the report and to provide further guidance and perspectives on the WHO transformation agenda and WHO's implementation of the United Nations Development System reform.

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