

The future of financing for WHO

World Health Organization: reforms for a healthy future

Report by the Director-General

Reforms for a healthy future: development plan

1. The development plan laid out below provides further detail in relation to the information on reform presented in the Director-General's report on reforms for a healthy future.¹
2. The objectives of the WHO reforms are:
 - (1) Greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples.
 - (2) Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus.
 - (3) An Organization which pursues excellence; one that is effective, efficient, responsive, objective, transparent and accountable.
3. The development plan provides an indication of the expected outcomes and outputs from the areas of reform that support WHO's core business. These will be developed further following discussion during the Sixty-fourth World Health Assembly, together with a longer-term plan for implementation of the reforms.
4. The outputs will be developed through an inclusive process involving Member States, staff and partners. WHO staff with expertise in the relevant areas, drawn from headquarters, regional and country offices, will develop the different elements of the agenda for reform, supported by consultants providing inputs and reviewing outputs. Oversight will be provided by the Director-General and the

¹ See document A64/4.

Global Policy Group¹. The Director-General will report regularly to the Executive Board and World Health Assembly on progress made in the development and implementation of the reforms.

1. Increasing Organizational effectiveness: corporate decisions, decentralized implementation

Expected outcomes:

- defined roles, responsibilities, division of labour and operating procedures, with organizational structures aligned to functions at headquarters, regional, subregional, and country levels;
- excellence in performing normative functions.

Outputs:

- clear description of roles, responsibilities, synergies and resource allocation at each level of the Organization in the five areas of core business;
- specific measures to enhance the normative role of the Organization (including measures to standardize and harmonize processes for the generation of norms, standards, policies and data based on best practice; to accelerate and align procedures for medicines, vaccines and diagnostics and technologies; and to ensure the robust evaluation of the dissemination and impact of information);
- standard operating and communication procedures in response to health crises.

2. Improving results-based management and accountability

Expected outcome:

- an effective, efficient, responsive, objective, transparent and accountable Organization.

Outputs:

- results-based planning and accountability framework, encompassing short-, medium- and long-term planning;
- a decision tree to guide resource allocation;
- an independent formative evaluation of WHO;
- a mechanism for independent biennial assessment of performance;
- a mechanism for routine monitoring of organizational performance;

¹ The Global Policy Group consists of the Director-General, her Deputy, and the six Regional Directors.

- additional measures to improve accountability and increase transparency.

3. A dynamic approach to human resource policy, planning and management

Expected outcomes:

- a flexible staffing model, aligned to organizational needs;
- recruitment and retention of experienced, competent and highly performing staff.

Outputs:

- a staffing model, comprising a cadre of core staff, supplemented by project staff;
- a human resource strategy, including: strategic workforce planning, performance assessment, career development, and efficient recruitment;
- proposals for changes to staff rules.

4. Strengthening financing, resource mobilization and strategic communication

Expected outcome:

- at least 40% of income will be fully flexible.

Outputs:

- a corporate resource mobilization strategy;
- a proposal for a replenishment model;
- an expanded resource base, including a mechanism to pool funds from private entities;
- a strategic communications strategy.

5. Increasing WHO's effectiveness at country level

Expected outcomes:

- the profile of WHO country presence aligned with country needs and priorities;
- enhanced leadership, quality and autonomy of country office staff.

Output:

- an enhanced recruitment and assessment mechanism for Heads of WHO country offices.

6. Strengthening WHO's role in global health governance

Expected outcomes:

- greater coherence in global health;
- different actors in global health playing an active and effective role in contributing to the health of all peoples;
- increased effectiveness of the functioning of governing bodies.

Outputs:

- a multi-stakeholder World Health Forum;
- a charter (or similar mechanism) defining rules of engagement in global health;
- proposals for strengthening the work of the WHO governing bodies.

5. The following table provides a summary of the expected outputs during the preparatory and implementation phases.

Table. Summary planning framework for the preparatory and implementation phases

Phase	Outputs	Timeline
Preparatory phase	<ul style="list-style-type: none"> • A report on the informal consultation on the Future of financing for WHO, held 12–13 January 2010 • The Director-General's report to the Executive Board at its 128th session on the outcomes of global and regional consultations on the Future of financing for WHO • The Director-General's proposals for the objectives and elements of a programme of reform for WHO 	Jan 2010 – Jan 2011
	<ul style="list-style-type: none"> • The report on the informal meeting on global health governance held 11 March 2011 • The overview of the proposed elements of the WHO reforms for presentation to the Sixty-fourth World Health Assembly 	Feb 2011 – May 2011
	<ul style="list-style-type: none"> • Detailed plans for each of the specific elements of the WHO reforms, for presentation to the Executive Board at its 130th session in January 2012, and the Sixty-fifth World Health Assembly in May 2012 	June 2011 – May 2012

Phase	Outputs	Timeline
	<ul style="list-style-type: none"> • The report of an independent formative evaluation of the work of WHO for presentation to the Sixty-fifth World Health Assembly • A review of the ways of working of the WHO governing bodies for discussion by the Executive Board at its 130th session and the Sixty-fifth World Health Assembly 	
Implementation phase	<p>Implementation of the elements of the programme of reform will follow different timelines. Initial steps to improve efficiency and effectiveness and promote greater accountability and transparency are already being introduced. Elements relating to the revised results-based management and accountability will be implemented in the next round of medium-term and programme budget planning cycles. Examples include the following:</p> <ul style="list-style-type: none"> • The report of the first World Health Forum in November 2012 prepared for presentation to the Executive Board at its 132nd session • A revised results-based management and accountability framework, including a priority-setting framework, introduced in 2012 for strategic and programmatic planning • A revised resource mobilization and financing model (possibly based on replenishment) introduced from 2013 • A revised staffing model for headquarters, regional and country offices, supported by performance management and mobility and rotation mechanisms, introduced from May 2012 	2012 onwards

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