
Overview of WHO reform implementation

Report by the Director-General

1. The Executive Board at its 140th session considered and noted an earlier version of this report.¹ The version that follows has been updated and revised.
2. The report summarizes the progress of WHO reform since the Director-General's report to the Sixty-ninth World Health Assembly.² It provides an overview of the current status of reforms and reviews progress in the three broad reform workstreams (programmes and priority-setting, governance, and management). It also begins to frame achievements in the context of the entire reform programme.
3. In the six years since the Director-General outlined her proposals for the reform of WHO, the pace of implementation across the different workstreams has been variable. Overall, significant progress has been made towards meeting the objective of WHO becoming a more effective, efficient, transparent and accountable organization that makes best use of its relative strengths and comparative advantages to improve health outcomes. All reform outputs that are currently under consideration have now reached the implementation stage, and the status of reform results, as measured by the reform indicators, is available on the WHO website.³
4. Progress in reform as reported to the governing bodies over the past years has consistently validated the direction of reform, confirmed the impact of the work that has been undertaken throughout the process, and highlighted the need for reforms in additional areas, including WHO's health emergencies function.⁴

PROGRAMMATIC REFORM

5. The goal of WHO's programmatic reforms is improved health outcomes, with the Secretariat meeting the expectations of Member States and partners in addressing agreed global health priorities,

¹ See document EB140/38 and summary records of the Executive Board at its 140th session, sixteenth meeting, section 2 (document EB140/2017/REC/2).

² See documents A69/4 and summary records of the Sixty-ninth World Health Assembly, Committee A, first meeting, section 2 (document WHA69/2016/REC/3).

³ The overview of reform indicators and current achievements is available at: http://spapps.who.int/WHOREform/SitePages/View_PerformanceMatrics.aspx (accessed 3 April 2017).

⁴ For a report on the progress in the reforms to WHO's work in outbreaks and health emergencies see document A70/9.

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.¹

6. Over the past year, preparing the draft Proposed programme budget 2018–2019 has been a major undertaking, including work to further improve priority setting and alignment of budgets and resources with priority results. WHO continues to implement a robust bottom-up process that starts with identifying country-level priorities and aligning budgets, resulting in a focused set of priorities. In the development of the Programme budget 2018–2019 the proportion of country office budget centres linking their budgets to up to 10 priority programme areas has improved significantly, with 75% of country budget centres² so linking their budgets.

7. Increasingly focused work at country level is also helping the alignment of work at regional and global levels with countries' priorities. The continued strengthening of the category and programme area networks is crucial to these efforts. During the development of the draft Proposed programme budget 2018–2019, representatives of all six category networks met face-to-face to discuss the proposals of the programme area networks and members of all programme area networks strove to harmonize and align the programmatic and technical work across the three levels of the Organization. Several face-to-face meetings, videoconferences and teleconferences for the 25 technical programme area networks took place.

8. Financing the programme budget remains a challenge. The increase in predictability of funding from 62% at the beginning of the biennium 2012–2013 to 83% at the beginning of the biennium 2016–2017 has not been sustained, and funding levels for the Programme budget 2016–2017 have not improved further. Reasons for this stagnation are the increase in the Programme budget 2016–2017 for the WHO Health Emergencies Programme leading to a reduction in relative overall funding level and the failure of some projected funding to materialize. At a financing dialogue at headquarters on 31 October 2016 to address these issues, participants discussed the challenging financial situation, with a funding shortfall at that time of the base budget of US\$ 471 million, and the most important gaps in the area of health emergencies, which was funded only to 56%, and noncommunicable diseases, funded only to 55%. In response to this shortfall, several donors made commitments to additional funds in various different areas, which resulted in a reduction of the shortfall.³

9. To further strengthen results-based planning, implementation and monitoring, efforts are underway to improve project management skills and capacity in the Secretariat. A self-assessment of existing project management practices and skills has been undertaken according to the standards of the Project Management Institute, and the results have been analysed. The findings are currently being used to determine the needs for policies, standardization, training and support capacity.

GOVERNANCE REFORM

10. There has been significant progress in governance reforms over the past year, compared with previous years.

¹ http://www.who.int/about/who_reform/change_at_who/what_is_reform/en/ (accessed 3 April 2017).

² Excluding country offices in the Region of the Americas.

³ For further details on the funding shortfall see document A70/40.

11. Following the agreed recommendations of the Open-ended Intergovernmental Meeting on Governance Reform and the subsequent decision¹ taken by the Health Assembly in May 2016, the Secretariat developed a draft six-year forward-looking planning schedule of expected agenda items for both the Board, including its standing committees, and the Health Assembly.² The Board at its 140th session also considered the proposals to improve the level of correspondence between the number of items on the provisional agendas of governing bodies' sessions and the number, length and timing of those sessions. The outcome of that discussion is summarized in the accompanying document A70/51.

12. The indicators of governance reform demonstrate that further efforts are needed to improve the efficiency and effectiveness of the governing body sessions. The number of agenda items discussed by the Health Assembly has increased by 50% over the past seven years, and the number of pages of documents increased threefold. Despite efforts to improve timely delivery of documents, the increase in volume limited progress, so that the indicator still ranged around 50% of all submitted papers delivered on time over the past years. For the 139th session of the Executive Board, a significant improvement of the indicator was observed, with 69.8% of the documents being delivered on time.

13. After two years of intergovernmental negotiations, the Sixty-ninth World Health Assembly adopted the Framework of Engagement with Non-State Actors.³ As reported in document EB140/41,⁴ the implementation of the Framework has commenced, and the Programme, Budget and Administration Committee at its twenty-fifth meeting (Geneva, 19 and 20 January 2017) reviewed official relations with non-State actors⁵ and WHO's engagement with non-State actors based on the pilot register of non-State actors. During that session, Member States noted the Framework's importance as a part of WHO reform, and welcomed the adoption of the Framework by the Directing Council of PAHO.

MANAGEMENT REFORM

14. Progress continues to strengthen WHO's managerial structures and systems, as measured against quantitative performance indicators, which are also being integrated into a set of key performance indicators for the Organization, several of which have been included in the accountability compacts of senior staff.

Human resources

15. The main objective of human resources reform is to ensure that staffing matches the needs at all levels of the Organization through a highly-skilled, flexible and motivated workforce. A prerequisite is an appropriate process for workforce planning, and forecast plans are now available for 80% of the positions to be vacated by staff members retiring in the current biennium, compared with 62% in the biennium 2014–2015. Further progress in this area will depend on the decision of the Executive Board

¹ Decision WHA69(8) (2016).

² See document EB140/INF./3.

³ Resolution WHA69.10 (2016).

⁴ Noted by the Executive Board, see summary records of the Executive Board at its 140th session, seventeenth meeting, section 2 (document EB140/2017/REC/2).

⁵ See decision EB140(10).

at its 141st session in May 2017 on the extension of the mandatory age of separation for serving staff.¹ A detailed report on human resources reforms is provided in the annual report to the Health Assembly on human resources.²

16. Recent reform initiatives in the first pillar of the human resources strategy, “Attracting talent”, have included the introduction of fast-track selection procedures for emergencies; longer-term agreements with executive search firms to assist major offices in the identification of suitably qualified candidates for Professional and higher level categories; the strengthening of outreach for the internship programme; and the reactivation of a roster for general service staff in Geneva. Progress towards gender equity so far, however, has been slow, with female representation in professional and higher categories having increased by 2.4% between January 2014 and July 2016. On 6 January 2017 the Secretariat put into practice a new policy on gender equality, committing the Organization to an annual increase of 1.5% of female staff holding fixed-term and continuing appointments at the P4 level and above for the next five years.

17. Under the second pillar, “Retaining talent”, the geographical mobility policy, promulgated by the Director-General in January 2016, is being implemented in a phased manner, starting with a three-year voluntary phase during 2016–2018. Major offices identified international positions in the first compendium issued in January 2016, enabling an initial testing of the procedures designed to support the policy. These are being revised based on this experience. The pilot exercise contributed to a higher than usual number of moves between major offices. In the first half of 2016, 2.6% of Professional and higher category staff members moved between regions or between headquarters and a region. This represents an increase of 30% compared to the same period in 2015. The second compendium was issued in January 2017, and a second pilot exercise is underway.

18. Within the third pillar, “An enabling work environment”, a revised internal justice system is being implemented across the Organization. It is structured around three main components: prevention, early response and informal dispute resolution; mandatory administrative review before formal appeal of an administrative decision; and a Global Board of Appeal to consider formal appeals submitted by staff members contesting an administrative decision. In order to maximize cost efficiencies, the administrative law team and the Global Board of Appeal secretariat are now located in the recently established WHO Budapest Centre, resulting in savings of almost US\$ 5 million per biennium compared to the same staffing level in Geneva. In addition, a Respectful Workplace initiative has been launched as a joint staff-management effort, based on the results of a staff survey, in order to ensure through concrete activities, including training and awareness raising, the development and maintenance of an environment where everybody feels respected.

Accountability and transparency

19. Accountability and transparency have remained a priority area of reform over the past year. Annual accountability compacts between the Director-General and senior management in headquarters are now published on the WHO website³ and include leadership, stewardship and behavioural

¹ See document EB141/11.

² Document A70/45.

³ <http://www.who.int/dg/adg/en/>: at the bottom of the page for each Assistant Director-General and other members of senior management.

objectives that are monitored and discussed on a quarterly basis. Delegations of Authority and Letters of Representation of Regional Directors have also been published for the first time.¹

20. The policy on whistle-blowing and protection against retaliation has been operationalized, with the introduction of the Integrity Hotline in June 2016, which makes available free telephone numbers and a web access tool in all WHO locations for the reporting of alleged misconduct to an independent external party which reports back to the Secretariat.

21. In order to raise awareness of standards of conduct and bring to the attention of staff that wrongdoings have consequences, the Secretariat provides all staff members with annual reports on disciplinary proceedings and action it has taken. During the period early-2012 to early-2016, 41 disciplinary actions were taken.

22. In response to weaknesses identified in the audit of direct financial cooperation that was conducted in 2014, several procedural improvements have been implemented over the past two years to ensure the correct use of funds. As a result, 27 of 33 audit recommendations have been fully implemented, relating to improved policies, processes and controls for direct financial cooperation. The remaining six are in progress and relate mainly to providing further evidence of how assurance activities are being carried out in practice and the consequences of assurance findings.

23. Staff travel expenditure in 2016 decreased by more than 10% compared with 2015, as a result of measures to reduce costs and increase compliance with travel policy, including improved reporting tools and increasing cost awareness among travellers and budget managers. In order to further reduce travel expenditure and improve accountability, the travel policy has been revised with effect from 1 February 2017 to further enhance travel planning, policy compliance and controls.

24. The corporate risk-management policy entered into force in November 2015, and the first full risk-management cycle was completed in June 2016 with reports submitted to senior management and the introduction of the concept of “critical risks” – those risks scored as significant and severe and for which senior management was requested to take a final decision on the risk response actions and to ensure that those actions were implemented. In addition and in order to complement the bottom-up process, senior managers have identified WHO’s principal risks through a top-down assessment; these principal risks have been made available publicly.² The Secretariat is creating a web-based register of risks, to which Member States will have access.

25. In November 2015, the Director-General announced WHO’s commitment to join the International Aid Transparency Initiative, a voluntary, multistakeholder initiative that seeks to increase the transparency of development cooperation and increase its effectiveness in tackling poverty.³ WHO has formally joined the Initiative, and the first submission of information for publication on the International Aid Transparency Initiative platform is due at the end of the first quarter of 2017.

¹ http://www.who.int/dg/regional_directors/en/.

² http://www.who.int/about/finances-accountability/accountability/WHO_Principal_Risk_2017.pdf?ua=1 (accessed 4 April 2017).

³ <http://www.aidtransparency.net/> (accessed 4 April 2017).

Evaluation

26. The Evaluation Office continues to implement the framework for strengthening evaluation and organizational learning in WHO, in six main areas: (1) establishing an enabling environment and governance; (2) evaluation capacity and resources; (3) evaluation workplan, scope and modalities; (4) evaluation recommendations and management response; (5) organizational learning; and (6) communicating evaluation work.

27. Several corporate evaluations have been completed in the past year, including the evaluation of WHO's presence in countries and the impact of WHO's publications. The reports of these evaluations and management responses are available on the WHO website.¹ The comprehensive evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property was also completed last year² along with the first annual evaluation of the implementation of WHO's geographical mobility policy and the assessment of the category and programme area networks.

Information management

28. The facilitation, rationalization and improvement of information sharing internally and with Member States are necessary to achieve the objectives of WHO reform, and a comprehensive assessment of WHO's current information management capabilities and the creation of an inventory of information assets is planned for September 2017.

29. The Secretariat is formulating an information disclosure policy, based on best practice in the United Nations system, with implementation planned for early 2017.

30. A new model for the production, distribution and financing of WHO publications, based on the outcome of the evaluation of the impact of existing publications, will be launched in 2017. The goals of this initiative are: to extend open-access principles to all WHO publications in order to improve the reach and impact of WHO's information worldwide; to improve efficiency, minimize waste and satisfy demand by shifting the balance from print towards digital distribution; and to establish a framework for the sustainable financing of the production and dissemination of WHO publications. These changes are expected to lead to an 80% reduction in print stocks.

Communication

31. The WHO strategic framework for effective communication has been finalized. It provides strategic guidance and a web-based portal for sharing tools, templates, resources and best practices for external communication.³

32. WHO's emergency communication network has expanded; it now includes 150 WHO staff members and consultants ready for deployment in public health emergencies and humanitarian crises. A systematic operations plan for public emergency communication has been written and implemented.

¹ <http://www.who.int/about/finances-accountability/evaluation/reports/en/> (accessed 4 April 2017).

² For the report on the evaluation and review see document A70/21.

³ Available at: <http://www.who.int/about/what-we-do/strategic-communications-framework/en/> (accessed 4 April 2017).

The plan is aligned with the incident management system in the WHO Health Emergencies Programme, for example, in the responses to outbreaks of Zika virus infection and yellow fever as well as emergency work in Nigeria and South Sudan.

THE WAY FORWARD

33. The impact of reform to date on the Organization will be independently evaluated through the third stage evaluation, and is reported on separately.¹ At the same time, the Secretariat will provide an update on progress and achievements in the implementation of reform initiatives,² including an update of the results measured against the set of standardized reform indicators.³

34. Although the actions initiated and implemented throughout the WHO reform process were not explicitly framed against the backdrop of the 2030 Agenda for Sustainable Development, they aimed to address the issues that will position the Organization best to operationalize the close links between health and sustainable development and to respond effectively to the changing context of new social, political, and economic realities.

35. The long-term impact of these reforms will be predicated on the degree to which they are sustained and improved upon. The systemic nature of many of the programmatic, governance and managerial challenges facing WHO warrants a longer-term perspective, as reforms for a complex organization such as WHO, even in optimal circumstances, will inevitably require time to be fully realized.

36. WHO reform has underpinned what is required for the Organization to flourish: define its comparative advantage; clearly articulate its priorities; ensure financial accountability; have systems in place to manage risk effectively; and, above all, demonstrably deliver results.

ACTION BY THE HEALTH ASSEMBLY

37. The Health Assembly is invited to note the report.

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¹ See document A70/50 Add.1.

² Available in the meeting room.

³ See http://spapps.who.int/WHOREform/SitePages/View_PerformanceMetrics.aspx (accessed 6 April 2017).