

## **Overview of WHO reform implementation**

### **Leadership and management at WHO: evaluation of WHO reform, third stage**

1. The Director-General has the honour to transmit to the Seventieth World Health Assembly the executive summary of the report of the third stage evaluation of WHO reform (see Annex), prepared by an independent external evaluation team.

#### **ACTION BY THE HEALTH ASSEMBLY**

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

ANNEX

*Leadership and management  
at WHO*

***Evaluation of WHO Reform  
(2011-2017), third stage***

Executive Summary

April 2017

## Executive Summary Background and Objectives

The present evaluation looks at a far-reaching reform agenda initiated by the WHO in 2011 to improve the overall performance and accountability of the Organization to address the changing public health needs of the population going forward into the 21<sup>st</sup> century.

One of the major reasons for initiating the process of reform was the continued unpredictability of funding and the difficulty WHO was having to secure financing for its priority activities and programmes.

Some of the main challenges identified then were around the:

1. Need for better internal governance and alignment between global and regional bodies
2. Difficulty of allocating resources across various layers of governance structures
3. Lack of predictability of funding and associated challenges with priority setting
4. Weak resource mobilisation capacity at all levels of the organization
5. Increasing administrative and management costs
6. Rise of other global health actors and the role of the WHO in a changing environment

Five years into this reform process,

7. Two evaluations have been conducted to assess 1) the relevance of the change proposals and 2) the implementation strategy of the WHO reform and the Organization's preparedness to implement the reform process.
8. Much has been done by the WHO to strategize, design, implement and embed reform activities throughout the Organization.

External events have also continued to challenge the continued relevance and purpose of the Organization, and forced adaptations to reform. This is notably the case of the Ebola outbreak in West Africa, the multiplication of humanitarian crises and on a more positive note the adoption of the Sustainable Development Goals (SDGs) by the UN General Assembly in autumn 2015.

The third stage evaluation aimed to review the status of action taken on the stage 1 and stage 2 evaluation recommendations, assess the effectiveness as well as impact of WHO reform after five years of its implementation across the three levels of the Organization and provide recommendations on the way forward.

The objectives of the third stage evaluation of WHO Reform were to:

1. Assess actions taken in response to the stage 1 and stage 2 evaluation recommendations;
2. Assess the effectiveness and impact of WHO reform; and
3. Provide recommendations on the way forward.

An ad-hoc Evaluation Management Group (EMG) comprising WHO senior staff reviewed and provided guidance through the review of the draft inception and evaluation reports. The WHO Evaluation Office provided day-to-day support and oversight.

The evaluation methodology followed the principles set forth in the WHO Evaluation Practice Handbook. It also followed the United Nations Evaluation Group (UNEG) norms and standards for evaluations as well as ethical guidelines. It adhered to WHO cross-cutting strategies on gender, equity and human rights. The evaluation also provided opportunities for exchange of knowledge between the Independent Evaluation Team and the Secretariat with the view to contribute to organizational learning on how to design and implement efficient, effective and sustainable change, and to make forward-looking recommendations.

This executive summary focuses on the key findings and recommendations arising from the evaluation.

### **Major achievements of reform**

Six years into the Reform, the Organization can demonstrate tangible achievements in the programmatic, governance and managerial domains.

#### *Governance reform*

The global context is marked by significant challenges for multilateralism and WHO is not immune to that. Yet the period under review has seen an increase in the **level of Member States engagement** in governing body meetings. Although this is resulting in challenges to be more focused and strategic in decision making, this shows how important the Organization remains as a convener and forum for multilateralism.

The Organization also continues to play an important role in **shaping the global health agenda outside WHO's walls**. This is best illustrated by the instrumental role WHO played in a number of high-profile inter-ministerial working groups or roundtables that have taken place over the past few years such as most recently the Second Global Conference on Health and Climate in Paris in July 2016, the High Level Meeting on Antimicrobial Resistance at the UNGA in New York in 2016, or the first Ministerial Conference on Global Action Against Dementia in 2015.

From a procedural point of view a number of adaptations to **optimize, harmonize and align regional and global Governing Bodies** have been implemented with some success notably at regional level. The procedures and criteria for the election of the Director General and Regional Directors have also been harmonised and made more transparent.

In terms of strengthening WHO's engagement with other actors, the WHO Framework of Engagement with Non-State Actors (**FENSA**) was endorsed by the World Health Assembly in May 2016 after 17 months of negotiations. It is **one of the most transparent frameworks introduced in a UN agency**.

#### *Programmatic priority-setting reform*

First and foremost, significant headway has been made in the approach to **planning and prioritising activities based on country needs**. This includes notably increased alignment of Country Cooperation Strategies with national health strategies and plans, as well as the allocation of 80% of country office's budget on a maximum of 10 priorities agreed with each Member State.

Also, some improvements can be observed in the delivery model at the three levels of the Organization, most notably the implementation of **programme and category networks** to improve the coordination across the Secretariat and in the progressive crystallisation of the respective roles of each level of the Organization.

Finally the period under review has seen a sharp increase in the **transparency of resource allocation and financing**, notably through the implementation and ongoing refinements of the web portal, as well as some improvements in definition of results and standardisation of outputs and deliverables across the Organization.

### *Managerial reform*

The Secretariat made major progress toward strengthening **oversight and accountability** through the setup of the Compliance Risk and Ethics department and the Evaluation Office, the implementation of a risk management framework, the definition of a whistleblowing policy, a disclosure and management of conflicts framework, accountability compacts and letters of representation between the Director General and senior staff. Internal control self-assessments and management dashboards have also been implemented and are now routinely used.

Positive steps have also been noted toward a **culture of evaluation** and learning with the definition of an evaluation policy, a framework for strengthening evaluation and organisational learning, the creation of an independent evaluation office, and the creation of an organizational learning and change network among other initiatives.

The Secretariat has also implemented **significant enablers for Human Resources** with the definition of an HR strategy, the endorsement of mobility policy, important updates to Staff Rules and Regulations and the implementation of a new performance management system.

The above achievements provide a foundation for further progress and change.

### **Assessment of the effectiveness and impact of WHO's approach to reform – key lessons learnt**

Beyond examples of WHO's leadership and convening role such as the ones mentioned above, the Evaluation team was not in a position to evaluate in a systematic way whether global health coherence and health outcomes have improved as a result of reform. For one, those impacts sought by WHO Reform were not supported by indicators against which progress in global health and the specific contribution of reform could be evaluated. Also, given the complexity of the results-chain involved, such impacts could hardly materialize in the period under review.

We however assessed staff perceptions through a re-issue in January and February 2017 of the survey performed in the 2013 Stage 2 evaluation. The results show that **staff's perception has improved the most in the areas of coordination and risk management**, notably relating to:

- The coordination between Regional and Country offices (plus 10 points of respondents agreeing or strongly agreeing between 2013 and 2017);
- Coordination of resource mobilization across the different levels (+11 points);
- Clear perspective on division of responsibilities (+7 points);
- Risk identification (+ 12 points) and mitigation (+8 points).

**Four main enablers** and unintended positive effects of reform stand out:

9. *The importance Member States and major donors played in showing support and encouraging progress on managerial reforms.* As reform is mainstreamed into the normal course of activities of the Organization, it will be important to ensure visibility on progress and challenges is still provided to governing bodies. The IEOAC reports and annual reports provided by each administrative function to the governing bodies are key in this respect.
10. *Positive collaborative practices across the Organization* including between elected leadership through the GPG, between Business Owners at HQ, between reform teams at HQ and regional level, in technical sectors within HQ and regions, between regions, and importantly between the Secretariat and Member States. Much remains to be done for the Organization to present a cohesive front and work in a fully integrated way. However, in an Organization known for its fragmentation, this is a major yet intangible achievement of the reform. Approaches to sustain this level of collaboration need to be institutionalized to ensure they are not vulnerable to personalities or contingencies.
11. *The combination of leadership and managerial skills:* an obvious yet major conclusion of this evaluation is the role played by the combination of strong leadership, alignment, and disciplined execution. This stresses how each election or appointment represents a ‘moment of truth’ in fostering a high-performance culture. In this respect, improvements in the procedures to elect the Director General and Regional Directors, and select staff for key positions at HQ, regional and country levels are welcome and need to be further developed.
12. *Technology:* notably business intelligence systems such as web portal and management dashboards, Communication systems such as webcasts and videoconferencing, and transactional systems such as GSM, GEM and ePMDS+.

However staff perceptions have remained largely unchanged in the other areas of reform. They have also deteriorated sharply in the **belief that reform would improve the situation of the Organization**, e.g. in areas such as:

- Making the Organization more fit for purpose in the future (minus 23 points of respondents agreeing or strongly agreeing);
- Building the trust of Member States in WHO (-17 points);
- Improving the effectiveness of the organization (-17 points);
- The impact of WHO reform on health outcomes and national health systems (-16 points);
- Predictability of funding (-14 points);
- Strengthening WHO’s role in global health (-13%);
- Convening stakeholders (-12 points);
- Improving the human resources capacity of the organization to deliver on its mandate (-12 points);
- Improving the focus of the organization (-7 points).

The above results are illustrative of a certain disillusion or fatigue from staff with reform. This is likely to impact the prospects of success of future change initiatives. In this context, it is important to understand what allowed progress, but also what barriers were encountered that led to such mixed results.

**Three main factors** were identified as having **hindered** reform or having unintended negative effects:

13. *The WHO governance and management structure:* Member States find it challenging to make progress on the reform of their own governance and improved decision-making which hinders clarification of the Secretariat's role and optimization of its operating model. Internally, coordinating and ensuring buy-in between HQ and regions meant that progress was comparatively slower in the early stages of the reform when working methods and protocols for such alignment were still rather ad hoc and teams were learning to work in more transversal ways. **Working methods which have proved to be effective during the reform should be institutionalized.** This notably includes the GPG, reform Business Owner forum and the Organizational Learning and Change Network.
14. The shift in *focus to WHO's response to the Ebola outbreak* since 2014. There is evidence that Member States and management attention, as well as financial and human resources were diverted to the management of the crisis and subsequent structural response to the lessons learned from the outbreak. This includes for instance a number of Reform Support Team members and key staff in reform Business Owners' teams being deployed in one of the three impacted countries or to project-manage at HQ activities as part of the response to the crisis. As Member States and Secretariat's time was spent preparing and running special sessions of Executive Board meetings on Ebola, the priority put on reform subsequently decreased. This change in priorities linked to the Ebola outbreak shows how important it is to 1) secure results early on during change initiatives, and 2) ensure change initiatives are not overly dependent on a limited pool of resources.
15. *A rather 'mechanistic' approach to reform and change management:* the paradox of reform in UN organizations is that in trying to make themselves more responsive and agile, these reforms become themselves highly formalized and mechanistic. This often generates effects opposite to the ones pursued; WHO was not immune to this. For instance, the demand placed on Member States' time with special meetings of the Executive Board, financing dialogues and a high number of agenda items on reform in governing body meetings did little to help the Organization achieve the outcome related to more strategic decision-making, or ensure a manageable agenda in governing-body meetings. Also, the initiatives to improve accountability, management of risk, and to move to a culture of learning are good steps to reach stated objectives. However they are resulting in staff perceiving they are less empowered and have more administrative tasks than before.

The key side effect of these barriers is that they will make subsequent reform activities even more difficult given the inevitable 'change fatigue' or disillusion evidenced in our survey of staff.

Improving this in the future will require a deliberate effort to:

- **Put people at the centre of change.** This will involve a **bottom-up approach to change, for instance as part of the transition phase of the new Director General**, improving change management skills across the organization, and building up organizational development capacity;
- Ensure that the operationalization of changes results in simplified processes as opposed to increased workload;
- Communicate and make achievements visible along the way;
- Strike a balance between the necessary support and oversight by Member States of change programmes, and the simplification of reporting requirements to governing bodies;
- **Ensure that Member States meet their commitment to improve the financing, focus and governance of the Organisation.**

The above barriers have also had an impact on the implementation of the 59 recommendations from Stage 1 and Stage 2 evaluations of the WHO reform. Two-third of these recommendations still have to be initiated or fully implemented as of March 2017. We also noted that the Stage 2 recommendations were not considered during the establishment of the WHE whilst they contained a number of recommendations relevant to any major change initiative, most notably on change management and communications. This illustrates the challenge for the WHO to implement recommendations and lessons learned in a systematic way, and the **further work needed to move towards a culture of continuous performance improvement.**

**The recommendations contained in the third stage evaluation now supersede outstanding recommendations from Stage 1 and 2 evaluations.**

### **Challenges remaining**

Moving beyond the separation between governance, programmatic and managerial reforms, four cross-cutting observations can be made.

#### *The challenge to demonstrate results and ‘sell the WHO story’*

Beyond providing anecdotal evidence, WHO is finding it difficult to articulate a clear, logical, quantifiable and compelling results-chain. Despite steady improvements every biennium in the definition and reporting of results, there was unanimous feedback from Member States, donors and staff interviewed that the Organization, in general, and the Secretariat, in particular, **have yet to articulate a systematic demonstration of their contribution to the health of all.**

This challenge cannot be dissociated from the persisting financing issues the organization finds itself in. The WHO reform has its origins in the difficult financial situation the Organization experienced in the aftermath of the Global financial crisis in 2009. Despite material efforts undertaken to define a financing model for WHO that ensures the predictability, flexibility, transparency and strategic alignment of financing with priorities, the **financial picture as of the first quarter of 2017 is sobering.** Core voluntary contributions decreased in 2016 compared with 2014. The share of specified voluntary contributions, i.e. earmarked funding, increased to represent 87% of total funding in 2014-2015, versus 81% in 2012-2013. 76% of voluntary contributions are provided by 20 contributors in 2016-2017. Alignment is still a challenge with some technical areas such as Non-Communicable Diseases still chronically underfunded despite coming on top of the bottom-up prioritization by Member States for the 2018-19 Programme Budget.

Improvements in the effectiveness of resource mobilization may yield results in the short term and should be continued. However **resolving WHO’s financing challenge cannot be dealt with in isolation from 1) a sharper definition of how WHO articulates its role, unique selling proposition, and results, and 2) the definition of financing approaches aligned with the value that the Organization delivers.**

#### *The strategic issue of coherence, relevance and decision-making*

In an increasingly crowded global health landscape where public finances are becoming tighter, and mandates are no longer sufficient to ensure relevance, multi-lateral and not-for-profit organizations are engaged in a **race for relevance.** In this context, successful organizations demonstrate coherence and focus. They align their strategic positioning with the capabilities for which they can demonstrate a

comparative advantage, specify their product and service unique selling point, and promote only what fits within this. They make **hard choices** about differentiation and keep to them.

Despite progress in clarifying the six-core functions of the Organization and implementing a planning approach where country offices budget 80% of their resources against a maximum of 10 priorities, **the governance of the Organization has yet to make these choices**. Repeated calls for prioritization, sunseting of resolutions and stopping the inflation in resolutions and agenda items discussed at governing body meetings have not found resonance. Procedural changes and improvements at the Global and Regional levels have not delivered on the expected outcome of more strategic decision-making.

Despite the increase in the level of engagement of Member States in governing body discussions, the more than 40 Member States representatives we interviewed in group or individual meetings have all expressed a **high level of frustration** with the lack of progress on governance reform.

In order to address the above we are of the view that a change in approach is required. A more fundamental rethink of the governance architecture of the Organization is required, including the purpose, organisation and alignment of governing bodies and related forums.

The arrival of a new Director General, the current shortfall in financing compounded by uncertainty of future funding by key Member States, intense frustration by Member States, and on a more positive note the momentum around the Sustainable Development Goals provide **a window of opportunity that the Organization needs to seize to sharpen the focus of its strategic positioning, core capabilities, and product and services in order to future-proof its relevance**. A number of Member States interviewed mentioned that they would welcome **assertive leadership from the Secretariat on these matters**.

#### *Continuing the subtle morphing of WHO's operating model*

In terms of organization, a number of changes in the last years have brought the WHO together and closer to what we would describe as the functioning of a **coordinated federated institution**. Over time, some of the most notable changes include:

16. In 2008 at the *technology* level, the implementation of GSM, which brought transparency and standardization of data and processes;
17. From an *organizational* perspective, the forming of the Global Policy Group in 2008, the implementation of category and programme area networks (CPNs) in 2012, and work done on the roles and responsibilities across the three levels of the organization in 2013 are also fostering a model where decisions are taken based on collaboration and consensus;
18. In 2013, from a *process* point of view, the decision to approve the budget in its entirety provided for improved strategic alignment of the work of the Secretariat, as well as transparency in resource allocation. This was further complemented by the bottom-up planning process since 2014 which is also fostering increased alignment on priorities across the three levels of the organization;
19. Since 2013, at the *governance* level, tighter linkages between global governing bodies and Regional Committees are improving the connection and coherence between global and regional levels.

The strength of institutions organized in this way lies in their ability to generate consensus and cohesion, build ownership at all levels and accelerate the implementation and sustainment of changes once agreed. They can generate original and innovative approaches when they resolve the understandable tension between global and regional interests, or between efficiency and understanding of stakeholder needs.

These types of arrangements require a clear division of power and lines of accountability between the various levels of the Organization; however, they can result in slow or ineffective decision-making. They also rely on individual commitment and willingness to make them work which involves a high degree of cultural norming. If not managed carefully or acknowledged, they can transform into feudal or anarchic functioning.

Much still has to be done to make the most of this emerging federated model, make it less vulnerable, and ensure it is relevant given the strategic positioning the Organization has yet to refine. The mobility of management and staff, and the maintenance of frequent interactions between WHO global and regional leadership through the Global Policy Group are key in this respect. **Overall, there is a case for aligning the operating model of the Organization** on its future positioning and ensuring the Organization works effectively. This involves notably improving the governance of the Organization, aligning the staffing levels of HQ, regional and country offices, as well as the geographical footprint of the organization, and strengthening the mechanisms to deliver in a coherent and integrated way across the different levels.

#### *Making the most of transparency*

Transparency has been an ongoing theme across the WHO reform; the underlying assumption being that transparency was a requisite to strengthen trust in the Secretariat. The decision to approve the budget in its entirety, the implementation of the web portal, the decision to join the International Aid Transparency Initiative (IATI), the publication of the registry of non-state actors, the new election process of the Director-General, and the level of inclusiveness of PBAC and EB meetings are commendable examples of this undertaking. This trend is likely to – and should – continue.

We do note however a paradox:

20. The above initiatives have yet to satisfy fully **Member States' thirst for more information**. They have not resulted in securing more flexible financing or increasing the level of empowerment of the Secretariat.
21. They are however creating **side effects** that impact the effectiveness of WHO. Such side-effects relate to: the multiplication of ad hoc requests for reporting or analysis which creates a burden on the Secretariat and can detract Member States from more strategic discussions; the impact of the open debates in PBAC and EB meetings on the Organization's ability to make timely decisions; or the vulnerability that making so much (sometimes sensitive) information public would create challenges for the organization if lobbyists and ill-intentioned actors were to take advantage of this intelligence.

The attention of Member States should be drawn to the fact that, as the Organization continues to increase the transparency of its activities, care **needs be taken to ensure that the benefits of this added transparency offset the risks and materialize as tangible benefits for the Organization, and not merely transparency as an end in itself.**

## Recommendations

Based on the findings of the evaluation, we have identified three overarching priorities, further broken down into 10 recommendations and 27 supporting actions.

**Priority # 1: Define a clear business model for WHO's work** related to sharpening the *rationale of how WHO creates, delivers and captures value*. In other words, WHO should be in a position to articulate clearly the value it is creating for its stakeholders, how it does so and in what way it allows WHO to remain relevant in the fast-changing global health landscape. This is important as it allows WHO to ensure both the **coherence** and **relevance** of its activities, to **prioritize its efforts** where they are most needed, to **finance** these accordingly, and to **organize itself** for impact. This priority involves:

22. **Setting a clear direction** for the future of WHO and its Secretariat as part of the definition of the 13<sup>th</sup> General Programme of work for the period starting 2020. This means performing an evidence-based review of the state of global health and Member States' needs, identifying the critical differentiating capabilities and comparative advantage of the Secretariat to address the above health needs and risks, and assessing the potential coherent and relevant strategic positioning the Secretariat could take. A proposal for the future positioning of the Secretariat's role should be included in the next GPW and submitted to Member States for review and approval.
23. **Linking financing to value delivery**: In the short term, professionalising the Organization's approach to resource mobilization should be encouraged, and the proposals currently being considered by the Secretariat should be implemented. However, addressing the financing challenges of WHO requires a broader approach. On the one hand, it requires that the Secretariat pursue financing avenues, which, by design, are not likely to come with strong earmarking. On the other hand, it requires improving the Organization's ability to link and align the financing of the Organization with the actual value it delivers.

**Priority # 2: Align WHO's operating model** relates to the need to align WHO's operating model to the business model proposed above. This involves notably:

- Improving the effectiveness of **governance of the Organization**, which starts with clarifying whether Member States place priority on the consultative and consensus-building nature of governing body meetings, or on effective and strategic decision making. On that basis a re-engineering should look at the architecture of WHO's governing bodies and supporting forums, including PBAC and regional committees with the view to relieve the EB from activities or debates which fall outside its executive role. Given the workload and expertise required this effort should be supported by a dedicated and adequately resourced group of experts in management and global health.
- Aligning and optimizing the **geographical footprint of the Organization**, notably the distribution of staff at HQ, regional and country offices, extending outposting and offshoring or technical functions outside Geneva and reconsidering the delivery model for country support.
- Strengthening **vertical programmatic integration** to deliver in a coherent and integrated way across the different levels of the Organization notably through the further institutionalisation of the GPG and the Category and Programme area networks.

**Priority # 3: Implement requisites for success** outlines a number of necessary enablers. They essentially relate to the need for WHO to make marked improvement in its ability to manage change through:

- **Unlocking the potential of FENSA** through an explicit approach to strategic partnerships and robust change management
- **Addressing latent internal fractures and divisions**, e.g. between staff and management, regions and HQ, the WHE and other programmes, PAHO and the rest of WHO, through the development of a strategic and purposeful approach to internal communications and adequate engagement with staff.
- A dedicated focus on further **strengthening leadership and management skills of key positions**,
- Implementing the mandatory nature of the **mobility policy** in 2019.
- Strengthening the Secretariat's **organizational development capacity** through the harmonization and simplification of oversight activities, the implementation of a systematic approach to channel, mainstream, support and drive the implementation of the recommendations identified during audits, evaluations and reviews, and the implementation of a consistent Organization's change adoption framework.

We conclude by noting that the implementation of the above recommendations is an opportunity to generate early momentum into the change agenda likely to be brought by the arrival of a new Director General.

The table below lists the priorities and recommendations, suggested timeframe for implementation and owner.

Priorities and recommendations	Timeframe	Responsibility
<b>Priority 1. Define a clear business model for WHO's work</b>		
<b>1.1 Set a clear direction for the future of WHO and its Secretariat as part of the definition of the 13<sup>th</sup> GPW</b>	By 30.06.2019	DG with GPG and MS
1. Perform an evidence-based review of the state of global health	30.06.2018	
2. Identify the critical differentiating capabilities and comparative advantage of the Secretariat to address health needs and risks	30.06.2018	
3. Assess the potential coherent and relevant strategic positioning the Secretariat could take to contribute optimally to the achievement of better health outcomes	30.06.2019	
<b>1.2 Link financing to value delivery</b>	By 30.06.2020	DG with GPG and MS
4. Professionalize the organization's approach to resource mobilization	31.12.2017	
5. Identify financing avenues that <i>by design</i> would not be earmarked	30.06.2018	
6. Improve alignment between financing and value delivered	30.06.2020	
<b>Priority 2: Align WHO's operating model</b>		
<b>2.1 Review governance architecture</b>	By 31.12.2019	Member States (MS)
7. Create a time-limited ad hoc group of experts in management and global health to propose improvements in effectiveness of current governance mechanisms	31.12.2017	
8. Decide whether governing body meetings should place priority on consultations and consensus-building or on strategic decision-making	31.12.2018	
9. Consider relieving the EB from activities or debates that fall outside its Executive role	31.12.2019	
<b>2.2 Align and optimize geographical footprint</b>	By 31.12.2019	DG with GPG
10. Consider extending outposting and offshoring of technical functions outside Geneva	31.12.2018	
11. Reconsider the delivery model for country support	31.12.2018	
12. Align the distribution of staff across the three levels of the organization	31.12.2019	
<b>2.3 Strengthen vertical programmatic integration</b>	By 31.12.2018	DG with GPG
13. Ensure further institutionalization of the Global Policy Group	31.12.2017	
14. Further strengthen and institutionalize the Category and Programme Area Networks	31.12.2018	
<b>Priority 3: Implement Requisites for Success</b>		
<b>3.1 Unlock the potential of FENSA</b>	By 31.12.2018	DG with GPG
15. Develop a robust change management approach specific to FENSA	31.12.2017	
16. Develop an explicit approach to strategic partnerships	31.12.2018	
<b>3.2 Address internal fractures and divisions</b>	By 30.06.2018	DG with GPG
17. Engage with staff in clarifying the identity, values and purpose of the organization	30.06.2018	
18. Develop a strategic and purposeful approach to internal communications	30.06.2018	
<b>3.3 Further strengthen leadership and management skills of key positions</b>	By 30.06.2018	DG with GPG and MS
19. Further improve procedures and criteria for the selection of WRs	31.12.2017	
20. Reduce the number of directly appointed positions at HQ to the minimum, and ensure a competitive process is undertaken when selecting ADG positions.	31.12.2017	
21. Continue to harmonize and make transparent procedures and criteria for the election of the DG and RDs	30.06.2018	
22. Strengthen the level of engagement, joint ownership, alignment and empowerment among DG, GPG, ADGs, WRs and Directors	30.06.2018	
<b>3.4 Implement the mandatory mobility policy</b>	By 01.01.2019	DG with GPG and HRD
23. Implement the mandatory mobility policy by 2019 with no delays	01.01.2019	
24. Support the implementation with forward-looking workforce planning mechanisms	01.01.2019	
<b>3.5 Strengthen organizational development capacity</b>	By 30.06.2018	DG with GPG
25. Harmonize and streamline oversight activities	30.06.2018	
26. Develop a systematic approach for the implementation of the recommendations identified during audits, evaluations and reviews	30.06.2018	
27. Develop and apply a consistent change management framework	30.06.2018	

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