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## **Management reforms: review of progress**

### **Report by the Secretariat**

1. This document summarizes progress made since the report to the eighth meeting of the Committee.<sup>1</sup> It focuses on WHO's new enterprise resource planning system, known as the Global Management System, and the new Global Service Centre recently opened in Malaysia. Additionally, it includes a status update on matters related to safety and security and the serious challenges for WHO.

#### **THE GLOBAL MANAGEMENT SYSTEM AND THE GLOBAL SERVICE CENTRE**

2. The Global Management System is intended to provide the following in order to enhance the Organization's overall effectiveness:

- adoption of a set of standard approaches and processes for conducting business, applicable across the Organization
- integration of previously separate administrative and managerial/planning applications into one system
- automation of many processes
- improved definitions of roles and responsibilities, as well as related authority
- decentralization of many managerial and administrative functions
- shift in the internal control framework from pre-approval control to post facto monitoring and review
- greater budgetary discipline
- enhanced transparency across the Organization
- use of electronic work flows and signatures, where appropriate

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<sup>1</sup> Document EBPBAC8/2.

- increased emphasis on staff self-service – that is, staff are able to view and update their personal data, and access information on their entitlements, benefits and assignment details.

3. The Global Management System began operating on 1 July 2008 in headquarters, the Regional Office for the Western Pacific and country offices in that region.

4. The first months have proved difficult. Issues have included clearing a backlog of transactions, including those created during a “freeze period” before implementation of the system. Furthermore, although a significant effort went into verifying the initial data to be entered into the system, there has still been a need for ongoing work to correct some of these data. Numerous bugs relating to the processing of transactions were detected after the system started. One example of the impact of such issues has been delays in payments to contractors and in some cases to temporary staff or to other staff whose payroll status has changed. At the time of writing, there remain continuing problems and a major effort is being made to resolve them. A further update will be given orally to the Committee.

5. Concurrently with implementation of the Global Management System, the Global Service Centre in Malaysia became operational. The centre is responsible for processing administrative transactions in the areas of human resources, payroll, procurement and accounts payable for the offices that have implemented the System. Some of these services are already being provided by the Global Service Centre to all WHO offices globally.

6. Before implementation of the Global Management System, intensive training was organized for staff in the Global Service Centre and the centre’s staff also participated in testing of the Global Management System. This was a steep learning curve and, in addition, once the centre became operational, a backlog of legacy system cases and system problems (requiring manual workarounds) slowed the processing of new transactions. There were still some backlogs of transactions outstanding at the time of writing.

7. In the light of the difficulties of this opening phase of implementation of the Global Management System and the Global Service Centre, it has been necessary to reconsider the timetable for starting the Global Management System in each of the five remaining regions. No additional region will start to use the Global Management System during 2008, and the timetable will be kept under review for 2009. Key criteria for bringing the additional regions into the system will be: (i) having no major Global Management System issues outstanding; (ii) adherence of the Global Service Centre to processing transactions as expressed in service level agreements and the attainment of standard response times to service requests raised by users; and (iii) the readiness of the region itself, including prepared data, business changes, and training of staff.

## **SECURITY**

8. The staff and facilities of the United Nations system remain potential targets for terrorist attacks. Constant attention is therefore required to ensure the safety and security of all WHO staff. WHO’s ability to deliver its health programmes throughout the world depends on the support and services it provides in ensuring a safe and secure working environment in all its geographical locations.

9. In the past, WHO has mainly operated from capital cities and has only had limited operational presence in the field. Although WHO cannot be compared in scope with other operational sister agencies such as WFP or UNHCR, its operations have now expanded to some very insecure field

locations – especially in connection with the work carried out by teams working on poliomyelitis eradication, health action in crisis, and outbreak prevention and response.

10. A total of 120 security incidents involving United Nations staff members were recorded in 2007 alone. Most took place in the African and Eastern Mediterranean regions. The trend for WHO in 2008 is equally worrisome – two deaths and two cases of serious injury have been recorded thus far.

11. In addition, in 2004 the United Nations Minimum Operating Security Standards was introduced for all United Nations agencies, funds and programmes. Regrettably, it has to be reported that WHO is one of the United Nations system least compliant with the Standards, being estimated to be only 60% compliant, largely owing to lack of adequate funding.

12. As mentioned at the eight meeting of the Committee in May, WHO is facing a serious challenge in financing its safety and security-related activities. Overall, there are critical security and capital investments needed. The 10-year Capital Master Plan (including work to implement the Minimum Operating Security Standards) that was submitted the Health Assembly in 2007 remains substantially underfunded, affecting the Organization’s ability to implement the plan. Securing adequate funding for repairs and maintenance as well as for safety and security measures is, however, critical in order to mitigate risks and to ensure the safety and security of staff. Further consideration will continue to be given to this subject in the light of ongoing developments in the United Nations system on security and safety of United Nations staff.

**ACTION BY THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE**

13. The Committee is invited to note the report.

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