



World Health Organization  
Organisation mondiale de la Santé

FORTY-NINTH WORLD HEALTH ASSEMBLY

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## WHO reform and response to global change

### Implementation of recommendations on the WHO response to global change

Report by the Director-General

In May 1993, the Executive Board at its ninety-second session endorsed the concepts and principles of the report of the Executive Board Working Group on the WHO Response to Global Change (EB92.R2), and the Director-General made a commitment to implement all its recommendations by the end of 1995. This report should be seen as concluding the "booster" phase of organizational reform, providing information on steps taken and elaborating on plans to ensure that global change and reform become "an ongoing process permeating all levels of the Organization".

Following a section on **background**, with a brief account of resolutions and decisions of the Health Assembly in response to the Director-General's progress reports, there is a **review of progress** in implementing the recommendations, and proposals for **future action**. A final section contains recommendations **by the Executive Board** for continuing action, for consideration by the World Health Assembly.

## BACKGROUND

1. In May 1993, the Forty-sixth World Health Assembly endorsed the concepts and principles of the report of the Executive Board Working Group on the WHO Response to Global Change, comprising 47 recommendations on action to be taken to improve WHO's ability to meet the challenges resulting from global political, economic, social and health changes (resolution WHA46.16). The Director-General was asked to report regularly to the Executive Board and the Health Assembly on progress made.
2. At that time, WHO was reorganizing its programme structure and managerial process to implement the Ninth General Programme of Work, and preparing the implementation of resolution WHA46.35 on budgetary reform. The Director-General, through concurrent implementation of measures to facilitate change and budgetary reform called for by the Health Assembly and the Executive Board, carried the spirit of global change further than originally requested. While appreciating the measures already introduced, the Executive Board insisted on the need to institutionalize a continuous process of organizational reform so as to enable the Organization to respond to changes as they occur.
3. In January 1994 the Executive Board at its ninety-third session, and in May 1994 the Forty-seventh World Health Assembly, reviewed a new progress report showing that 18 recommendations had been implemented.<sup>1</sup> As they dealt mainly with policy decisions and restructuring they had been implemented immediately.
4. In May 1995 the Forty-eighth World Health Assembly reviewed a further progress report on the remaining 29 recommendations,<sup>2</sup> including a summary of the work of the development teams; progress made in implementing their conclusions and the recommendations falling outside the purview of the development teams; and mechanisms set up to coordinate the continued implementation of all these recommendations.
5. The Health Assembly welcomed the steps taken to implement the remaining recommendations. It commended the Director-General for setting up coordinating mechanisms within the Organization and with governing bodies and urged that steps be taken to accelerate and sustain the work wherever possible, particularly the work of the development teams dealing with WHO's policy and mission, WHO's personnel policy and WHO country offices.
6. It also requested the Director-General "to strengthen the structural capability at WHO headquarters to ensure that reform permeates all levels of the Organization ... and becomes an integral part of WHO's management culture" once action had been taken on the initial 47 recommendations (resolution WHA48.15).
7. During the same period regional committees and their subcommittees reviewed the changes taking place in individual regional offices and the implications at country level of the implementation of the recommendations on global change in WHO.

## IMPLEMENTATION OF RECOMMENDATIONS ON GLOBAL CHANGE

### Review

8. Since WHO was set up in 1948, there has never been such an intensive effort over such a short period of time to introduce changes at all levels of the Organization. While the development teams created to support this effort have involved more than 600 staff members at all WHO levels, the managerial and

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<sup>1</sup> See document WHA47/1994/REC/1, Annex 2.

<sup>2</sup> Document A48/23.

budgetary reform has *de facto* involved all programme staff. More than 90 documents went to the governing bodies, which responded with over 60 decisions and resolutions.

9. The Executive Board, at its ninety-seventh session in January 1996, asked the Director-General to continue the process of reform in WHO in response to external changes, through the Global Policy Council and Management Development Committee, and to report to the Executive Board through the Programme Development Committee and the Administration, Budget and Finance Committee. Furthermore, it requested that the effectiveness of mechanisms set up to promulgate reform within the Organization should be kept under review. A timetable for action on further reform planned would be prepared for the meetings of the Committees of the Executive Board in January 1997, and future progress reports would be outcome-oriented. They would also provide the rationale for complementary reform, over and above the original 47 recommendations, to carry forward changes already introduced in both policy and management matters.

### **Further efforts and follow-up**

10. The Executive Board accepted that all 47 recommendations had been taken into account. However, a number of complementary measures to apply them are still needed (see paragraphs 11 and 12), together with improvement of the results already achieved (see paragraph 13); and the Director-General's efforts to institutionalize reform and create a propitious environment for timely adaptation to future world change (see paragraphs 14 and 15) will have to continue.

### **Complementary measures**

11. A number of aspects of reform emerged as priorities. Most important among these are the present measures taken by the health-for-all policy action coordination team (PAC) to consult with Member States, other organizations of the United Nations system, nongovernmental organizations, and all parties concerned in the renewal of health-for-all policy with vision to meet the foreseeable needs of the third millennium and the implications thereof for WHO's mission. As mentioned in resolution WHA48.16 this effort will culminate in a "special event" for high-level political endorsement. This event will be followed by a period of intense planning for the implementation of the policy at national level, and preparation of WHO's Tenth General Programme of Work.

12. A number of other measures will have to be continued; for example, (1) the completion of the clarification and redefinition of WHO's role at country level (a concise progress report is to be submitted in May 1996 to the ninety-eighth session of the Executive Board); (2) budgetary reform is to be pursued and further improvements are to be made in programme planning and management - in particular, the development of a system of evaluation of policies and programmes with emphasis on the development of quantified targets specific to WHO, and indicators for each programme; (3) personnel policy will remain under continuous review and adaptation; and (4) the development of the programme management information system is to go ahead, as well as more systematic efforts to mobilize resources for WHO programmes.

### **Improvement of results achieved**

13. While the role of the collaborating centres has been better defined and strengthened by the work of the development team on programme management and development, with additional efforts the situation can be progressively improved. Coordination with other organizations of the United Nations system and international nongovernmental organizations can also be strengthened. This will be done, for example, at the country level while implementing the recommendations of the development team on the role of WHO country offices.<sup>1</sup>

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<sup>1</sup> See decision EB97(13) in document EB97/1996/REC/1.

Following the disestablishment of this team the issues related to delegation of authority will be kept under scrutiny by the Management Development Committee and the Global Policy Council.

### **Institutionalizing the response to change**

14. In January 1995 a member of the Board emphasized that, over the next few years, the reform process should not only continue but "become a state of mind, since it went well beyond the implementation of the original 47 recommendations", considering that, "when those recommendations had been applied to the satisfaction of the Board and the Health Assembly, the reform would still not have been completed, since the recommendations were indicative of action that should be taken rather than an end in themselves". Others agreed, and it was stated that "the Director-General should continue to make changes and to respond to change and, together with the Executive Board, take every opportunity to help WHO to meet the challenges of the twenty-first century and to display the health leadership required for that purpose".<sup>1</sup>

15. The intentions of the Executive Board were reinforced by the adoption, in May 1995, of resolution WHA48.15 which requested the Director-General "to strengthen the structural capability at WHO headquarters to ensure that reform permeates all levels of the Organization and that the reform process receives due priority and becomes an integral part of WHO's management culture".

16. The Director-General and Regional Directors addressed aspects of the reform process in their presentations to the Board. Overall, since their creation, and in accordance with their mandate, the **Global Policy Council** and **Management Development Committee** are:

- ensuring, through a coordinated approach to programming, budgeting, monitoring and evaluation, that programme implementation at headquarters and at regional and country levels follows the global policy while respecting national priorities;
- adjusting the managerial structure of the Organization in accordance with the reforms emanating from the study on the WHO Response to Global Change;
- coordinating the application of the managerial process at all levels of the Organization, including programming, implementation, monitoring and evaluation;
- ensuring the coherence and complementarity of programme activities, their technical content and approach, and the programme budget, in line with the Organization's agreed policies, strategies and priorities; and
- following development of the general programmes of work and the related biennial programme budgets.

17. While the development teams have been phased out after fulfilling their terms of reference, other specific mechanisms have been created under the auspices of the Management Development Committee or the Global Policy Council to deal with matters of management (i.e., an "activity management system", an evaluation system) or policy (i.e., specialized subgroups of PAC - see paragraph 11 - and a group on follow-up of United Nations conferences).

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<sup>1</sup> See summary records of the ninety-fifth session of the Board in EB95/1995/REC/2, p. 40.

**MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY**

18. The Health Assembly, having taken note of the conclusions of the Executive Board contained in resolution EB97.R2<sup>1</sup> may wish to thank the Board for its work and request it to continue to monitor progress in reform.

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<sup>1</sup> Document EB97/1996/REC/1.