

Implementation of WHO reform, 2012 High-level implementation plan

1. The objectives of WHO reform¹ are:

1. Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus (Programmatic).
2. 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 (Governance).
3. An Organization which pursues excellence; one that is effective, efficient, responsive, transparent and accountable (Management).

2. Over the last two years, Member States have endorsed over 40 specific proposals in three broad areas of reform – *programmes and priorities*, *governance* and *management* – through adoption of governing body resolutions and decisions. Several other proposals are currently under discussion. In line with decision WHA65(9), the Director-General has provided a report on the current status of the implementation of reform.²

3. A comprehensive, detailed and budgeted implementation plan for WHO reform is the basis for managing change, monitoring progress, and mobilizing resources to finance the proposed reform activities.

4. This high-level implementation plan reflects the current status of the different reform proposals, and will continue to be regularly updated. It provides details of outcomes and outcome indicators, outputs, key deliverables, and budgets at the output level. A more detailed comprehensive implementation plan describing the expected outcomes and outputs, with details of activities, costs, responsibilities, milestones and indicators will be available on the WHO reform web site.³

¹ See document EBBSS/2/2.

² See document EB132/5 Add.8.

³ See http://www.who.int/about/who_reform/en/index.html.

Assumptions, risks and dependencies

5. Successful implementation of reform proposals will be facilitated by clarifying the assumptions on which the proposals are developed, managing and mitigating potential risks that could jeopardize achievement, and identifying interdependencies between different reform proposals.

6. Risk assessment is based on the WHO Risk Management Framework comprising: identification and categorization of external risks; assessment and evaluation (based on criteria of likelihood and impact); management and mitigation; and monitoring and reporting. The external risks described in the table below are of particular relevance to WHO reform, of the highest priority in terms of management and mitigation, and are incorporated into organizational risk management frameworks.

7. Many of the proposed reforms are interlinked and interdependent. Identification of dependencies is important for risk management and performance management; as progress in one area of reform can significantly enhance or limit achievement in others. The dependencies shown in the following table highlight the most critical relationships.

Reform area	Key assumptions	Risk assessment	Dependencies
Programmatic reform			
1.1 Programmatic priorities	The work of WHO has a significant impact on health outcomes at the global, regional and national level	Catastrophic global political, economic or epidemiological event (e.g. outbreak) prevents WHO from carrying out its planned work	The ability to address programmatic priorities more effectively is dependent on all other aspects of governance and managerial reform
Governance reform			
2.1 Oversight	Strengthened oversight by the governing bodies will contribute to greater organizational effectiveness	–	2.4 Decision-making 3.4 Accountability 3.5 Evaluation
2.2 Scheduling and alignment	Increasing alignment between regional and global governing bodies will facilitate consensus-building on key decisions	Inconsistency in positions taken by Member States at regional and global governing bodies	2.3 Harmonization
2.3 Harmonization	Harmonizing governance processes based on best practice will strengthen the roles of the governing bodies	–	–
2.4 Decision-making	The current burden of work for the governing bodies is excessive, weakening decision-making processes, and limiting the engagement of some resource-poor Member States	Inability to reach consensus on shorter and more strategic agendas for governing body meetings	2.1 Oversight 2.2 Scheduling and alignment 3.4 Accountability

Reform area	Key assumptions	Risk assessment	Dependencies
2.5 Engagement	The current landscape of global health is complex and cluttered, and particularly difficult to manage for low-resource countries	Failure to manage major conflicts of interest leads to reputational loss	3.1 Support to Member States 3.4 Accountability
Management reform			
3.1 Support to Member States	WHO needs to change from an organization that delivers separate outputs through technical programmes, to become an interdependent network of offices, delivering effective support to Member States	Inability to reach a shared understanding of the comparative advantages of different organizations working in global health	3.2 Human resources 3.3 Finance 3.4 Accountability 3.5 Evaluation
3.2 Human resources	WHO is a knowledge-based organization, and depends on a highly skilled, flexible and motivated staff	Inadequate human resource reforms in the UN common system	3.1 Support to Member States 3.3 Finance
3.3 Finance	Greater predictability, flexibility, sustainability and transparency in financing will enable better delivery on priorities	Prolonged global economic crisis	1.1 Programmatic priorities 3.1 Support to Member States 3.2 Human resources 3.4 Accountability 3.5 Evaluation
3.4 Accountability	Transparency and accountability generates trust and confidence, which will strengthen financing, and generate opportunities for greater efficiency and effectiveness	–	3.2 Human resources 3.3 Finance
3.5 Evaluation	A culture of evaluation is essential to reform	–	3.4 Accountability
3.6 Communication	Rapid technological advances and increased access to information necessitates radical changes in the way WHO communicates with the public	Failure to address the inequitable access to information and the Internet	3.1 Support to Member States

Reform area	Key assumptions	Risk assessment	Dependencies
Change management			
4.1 Change management	Organizational reform requires a planned approach to managing change	Lack of financing to support implementation of the reform proposals	3.1 Support to Member States

Performance management and reporting

8. These three objectives of WHO reform reflect the desired “impact” of reform in the recently adopted results chain for WHO. Progress towards these objectives will be measured in the following ways:

Indicator	Means of verification
Progress towards health impact indicators adopted in the twelfth general programme of work	Interim assessment in 2016 based on (a) second stage evaluation and (b) biennial WHO performance assessment reports Final assessment in 2020 based on evaluation of the twelfth general programme of work
Percentage of Member States and other stakeholder representatives evaluating WHO’s effectiveness and performance as excellent or good	Second and subsequent WHO global perception surveys
Qualitative assessment of coherence in global health	Interim assessment in 2016 based on second stage evaluation and second WHO global perception survey Final assessment in 2020 based on evaluation of the twelfth general programme of work
Organizational performance; consolidated assessment of delivery of planned outputs	Biennial WHO performance assessment reports

9. Progress in implementing the reforms, delivering the outputs, and achieving the desired outcomes requires a monitoring framework and mechanism in order to routinely assess progress against this implementation plan; identify bottlenecks and take appropriate remedial action; and validate achievements.

10. Based on the monitoring mechanism, regular (four-monthly) progress reports will be produced and disseminated. These reports will form the basis of the annual reports to the World Health Assembly.

11. Independent validation of the reports will assure Member States that the reported progress is objectively substantiated. Additional validation mechanisms are not required as the Independent Expert Oversight Advisory Committee could be requested to perform this role.

12. The second stage of the independent evaluation of WHO requested by Member States will also contribute to this process by evaluating progress in implementation of the reforms.

Managing change

13. Effective communication and engagement with internal and external stakeholders is a critical function in managing the changes inherent in reform, and a communication strategy is therefore a key component of the change management process. Generating awareness and understanding, building commitment, and enabling participation helps to create an environment within which change is welcomed rather than resisted.

14. Key elements of the communication and engagement strategy include; (a) a stakeholder analysis; (b) an engagement and communications plan; (c) a reform implementation plan. The communication and engagement strategy does not encompass the formal governance processes on WHO reform of consultation and documentation; these elements are managed in accordance with normal WHO procedures.

15. No new structures are required for implementation of WHO reforms, other than those specifically established as an output of reform, such as the Ethics Office and the Compliance and Risk Management Unit. Existing departments, structures and offices that have the mandate and responsibility for a specific area of reform will take work forward in that area.

16. The Director-General, Deputy Director-General and the Regional Directors, as the Global Policy Group, are responsible for providing direction and oversight of the Organization, and accountability to Member States. The Deputy Director-General leads change management, and forms ad hoc teams as required to develop specific reform proposals.

17. Assistant Directors-General and Directors of Programme Management are responsible for overseeing and reporting on implementation of WHO reforms within their Cluster or Region. Their work is coordinated through meetings of Assistant Directors-General and meetings of Deputy Regional Directors/Directors of Programme Management.

18. Department Directors and Heads of WHO Offices in countries areas and territories, as heads of budget centres in WHO, are responsible for implementation of reforms within their area of responsibility and accountability.

19. A reform support team in the Office of the Director-General supports the Director-General, Deputy Director-General, the Global Policy Group and implementing offices, by facilitating the development of the implementation plan and monitoring framework, updating the plan and monitoring framework, and producing reports on progress.

Budget for WHO reform: 2012–2013 and 2014–2015 (US\$ thousand)

Reform area	2012–2013	2014–2015	Total
Programmatic reform			
1.1 Programmatic priorities	350	–	350
Governance reform			
2.1 Oversight	–	–	–
2.2 Scheduling and alignment	–	–	–
2.3 Harmonization	–	–	–
2.4 Decision-making	–	–	–
2.5 Engagement	785	–	785
Management reform			
3.1 Support to Member States	2 201	290	2 491
3.2 Human resources	1 773	4 450	6 223
3.3 Finance	3 384	–	3 384
3.4 Accountability	5 126	–	5 126
3.5 Evaluation	1 579	–	1 579
3.6 Communication	2 000	–	2 000
Change management			
4.1 Change management	2 700	–	2 700
Total	19 898	4 740	24 638

Note: Budget excludes programme support costs at 13%.

1.1 PROGRAMMATIC REFORM: PRIORITIES

20. Explicit priority setting is at the heart of WHO reform; the Organization has evolved and grown over the years and now finds itself overcommitted and overextended. Priority setting is neither strategic nor focused. The ultimate expression of WHO's priorities for a particular biennium appears in the biennial programme budget. That budget is informed by the strategic direction contained in a general programme of work which, in turn, is influenced by the objectives and functions set out in the WHO Constitution. Development of the twelfth general programme of work (2014–2019) and the proposed programme budgets for this period are therefore the primary means of expressing reform of priority setting in WHO.

Outcome

1.1 WHO's priorities defined and addressed in a systematic, transparent, and focused manner and financed in alignment with agreed priorities

Indicators	Baseline	Target 2015	
Outcome indicators in the proposed programme budget 2014–2015	See programme budget 2014–2015	See programme budget 2014–2015	
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
1.1.1 Vision and priorities for global health for 2014–2019, with defined impacts and outcomes, presented as the draft twelfth general programme of work for endorsement by Member States at the Sixty-sixth World Health Assembly	350	–	350
<i>Key deliverables:</i>			
<ul style="list-style-type: none">• Member State meeting develops consensus on criteria for priority setting and programmatic categories of work for WHO• Revised draft twelfth general programme of work following review by regional committees in 2012• Revised draft twelfth general programme of work following review by the Executive Board at its 132nd session			
1.1.2 Scope of work for WHO for 2014–2015, with defined outputs linked to outcomes, presented as the proposed programme budget 2014–2015, for endorsement by Member States at the Sixty-sixth World Health Assembly	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none">• Consensus on key programmatic areas for the work of WHO• Revised draft of the proposed programme budget 2014–2015 following review by the regional committees in 2012• Revised draft of the proposed programme budget 2014–2015 following review by the Executive Board at its 132nd session			
Total	350	–	350

Note: There are no additional costs for development of the twelfth general programme of work and proposed programme budget 2014–2015, as these were already included in the proposed programme budget 2012–2013. The Meeting of Member States on Programmes and Priority Setting is included here.

2.1 GOVERNANCE REFORM: OVERSIGHT

21. The World Health Organization exercises oversight through its governing bodies; the World Health Assembly, Executive Board, Regional Committees, and relevant subcommittees established by each of these bodies. The Executive Board and its Programme, Budget and Administration Committee play a particularly important role, and have therefore been the focus of reforms to strengthen oversight of the Organization.

Outcome			
2.1 Strengthened oversight by governing bodies			
Indicator	Baseline		Target 2015
Percentage of Member State representatives satisfied with WHO's governance (qualitative assessment from perception survey)	–		–
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
2.1.1 Strengthened Programme, Budget and Administration Committee with expanded role to include oversight of monitoring and evaluation of programmatic and financial implementation at the three levels of the Organization	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Reports by the Programme, Budget and Administration Committee to the Executive Board reflect the Committee's expanded role 			
2.1.2 Increased strategic, executive and oversight role for the Executive Board	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Report by the Board to the World Health Assembly reflects the Board's increased strategic, executive and oversight role 			
2.1.3 Increased oversight role for regional committees and subsidiary bodies	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Reports by regional committees to the Board reflect the committees' increased oversight role 			
Total	–	–	–

Notes: The outcome indicator will be assessed through the WHO global perception survey, which is conducted on a biennial basis. Output indicators will be based on qualitative assessments of the reports by the Programme, Budget and Administration Committee, Executive Board, and regional committees.

There are no additional costs in strengthening the oversight roles of the Programme, Budget and Administration Committee, the Board, and regional committees and their subsidiary bodies, as these are already included in the approved programme budget 2012–2013 and the proposed programme budget 2014–2015.

2.2 GOVERNANCE REFORM: SCHEDULING AND ALIGNMENT

22. The governing bodies do not function in isolation of one another; their interconnectedness is described in the WHO Constitution. In order to function effectively and coherently, a rational schedule of meetings is required, with alignment of relevant agenda items to facilitate consensus and appropriate decision-making at each level.

Outcome

2.2 Rational scheduling and alignment of governance processes

Indicators	Baseline	Target 2015	
Alignment of agendas of meetings of WHO governing bodies on relevant issues (qualitative assessment)	–	–	
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
2.2.1 Rational schedule for governing body meetings	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none">Proposals for revision of timeline of meetings presented to the Executive Board at its 132nd session			
2.2.2 Increase linkages between the regional committees and the global governing bodies	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none">Regional committees comment and provide input to all global strategies, policies and legal instruments such as conventions, regulations and codesThe Health Assembly refers specific items to the regional committees in order to benefit from diverse regional perspectivesRegional committees adapt and implement global strategies as appropriateChairpersons of the regional committees routinely submit a summary report of the committees’ deliberations to the Board			
Total	–	–	–

Notes: The key deliverables identified under 2.2.2 were endorsed by the World Health Assembly in decision A65(9), paragraph (4).

There are no additional costs in rational scheduling and enhancing alignment, as these are already included in the approved programme budget 2012–2013 and the proposed programme budget 2014–2015.

2.3 GOVERNANCE REFORM: HARMONIZATION

23. Each of the WHO governing bodies has established its own rules of procedure, to ensure due process in carrying out their Constitutional functions. As these rules of procedures have been developed over the years, a number of inconsistencies in practice have emerged, particularly with regard to the nomination of regional directors, the review of credentials, and the participation of observers. Harmonization of these procedures, based on best practice, will strengthen the roles of the governing bodies.

Outcome			
2.3 Harmonization of governance processes of global and regional governing bodies			
Indicator	Baseline		Target 2015
Harmonized rules of procedures of global and regional governing bodies	–		100% harmonized
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
2.3.1 Harmonize practices across the regional committees in relation to the nomination of regional directors, the review of credentials, and participation of observers	–	–	–
Key deliverables:			
<ul style="list-style-type: none">• Established criteria for the selection of candidates and a process for assessment of all candidates’ qualifications• Appoint credentials committees or entrust the task of reviewing credentials to the officers of the regional committee• Ensure that there are relevant rules within the rules of procedure that enable regional committees to invite observers to attend their sessions, including as appropriate, Member States from other regions, intergovernmental and nongovernmental organizations			
Total	–	–	–

Notes: The key deliverables identified under 2.3.1 were endorsed by the World Health Assembly in decision A65(9), paragraph (5).

There are no additional costs for the harmonization of governance practices, as these are already included in the approved programme budget 2012–2013 and the proposed programme budget 2014–2015.

2.4 GOVERNANCE REFORM: STRATEGIC DECISION-MAKING

24. In discussing reforms of governance processes, Member States have identified several important steps to enhance strategic decision-making by the governing bodies. These include; aligning the agendas of the governing bodies with the agreed priorities of the Organization as reflected in the general programme of work and the programme budget; introducing greater discipline into the debates on agenda items; standardizing the approach to resolutions; improving the Secretariat support to Member States in preparing for meetings of the governing bodies by providing documents in time, and providing briefings for Member States; and strengthening and simplifying national reporting.

Outcome

2.4 Enhanced strategic decision-making by governing bodies

Indicators	Baseline	Target 2015	
Extent of alignment of agendas of governing bodies with the priorities of the twelfth general programme of work	–	100%	
Provision of governing body documents in all official languages within the deadline	To be determined	100%	
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total

2.4.1 The governing bodies vet resolutions, and limit reporting requirements and timelines

Key deliverables:

- Executive Board to limit number of draft resolutions based on assessment of strategic value, financial and administrative implications, and reporting requirements and timelines¹

2.4.2 Improved methods of work of the Board and World Health Assembly including standardized approaches to resolutions/decisions

Key deliverables:

- Debates to become more disciplined to discourage lengthy national reports and focus on the substance of the item²
- “Traffic light” system and enforcement by chairmen of time-limits²
- Officers of the Board use criteria, including those used for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board’s agenda³
- Board to consider amending its Rules of Procedure in order to manage the late submission of draft resolutions³
- Governing bodies make better use of the Chairman’s summaries, reported in the official record, with the understanding that they do not replace formal resolutions³

¹ See decision EBSS2(2), subparagraph (2)(c).

² See decision EBSS2(2), subparagraph (2)(d).

³ See decision WHA65(9), paragraph(7).

Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
<ul style="list-style-type: none"> Options proposed on possible changes needed in the rules of procedure of the governing bodies in order to limit the number of agenda items and resolutions¹ 			
2.4.3 Strengthened support to Member States in preparation for and participation in the work of the governing bodies in collaboration with regional offices, with particular regard to the timely provision of quality documentation in all official languages	–	–	–
<i>Output indicators:</i>			
<ul style="list-style-type: none"> Handbook on procedural issues for briefing of Executive Board chairmen and chairmen of committees of the Health Assembly Mission briefings prior to governing body meetings 			
2.4.4 Streamlined national reporting in accordance with Articles 61–65 of the WHO Constitution, using modern tools	–	–	–
<i>Output indicators:</i>			
<ul style="list-style-type: none"> Paper proposing options on how to streamline the reporting of and communication with Member States to the Executive Board at its 132nd session 			
Total	–	–	–

Notes: The key deliverables identified under 2.4.1–3 were endorsed by the Sixty-fifth World Health Assembly and the Executive Board at its special session on reform.

There are no additional costs in increasing the strategic decision-making of the governing bodies, as these can be absorbed in the activities of the approved programme budget 2012–2013 and the proposed programme budget 2014–2015.

2.5 GOVERNANCE REFORM: ENGAGEMENT

25. The growing number of organizations working in health creates a need for clearer definitions of responsibility, better rules of engagement, and opportunities for multistakeholder dialogue on global health issues, with the aim of aligning priorities and accelerating progress towards national, regional and global health goals. Member States have emphasized that engagement with other stakeholders should be guided by the following: (i) the intergovernmental nature of WHO's decision-making remains paramount; (ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest; (iii) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective; (iv) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes.²

¹ See decision WHA65(9), subparagraph(8)(a).

² See decision EBSS2(2).

Outcome			
2.5 Strengthened effective engagement with other stakeholders			
Indicators	Baseline		Target 2015
To be developed following discussion by the Board at its 132nd and 133rd sessions	–		–
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
2.5.1 Engage and, where appropriate, lead and coordinate across the United Nations system and with other international agencies on issues that impact health	705	–	705
Key deliverables:			
<ul style="list-style-type: none">• Health positioned strategically in the post-2015 agenda• Follow up on the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases• Agenda for universal health coverage			
2.5.2 Policy on WHO engagement with nongovernmental organizations	40	–	40
Key deliverables:			
<ul style="list-style-type: none">• Draft policy paper on WHO’s engagement with nongovernmental organizations prepared for consideration by the Executive Board at its 132nd session			
2.5.3 Policy on relationships with private commercial entities	40	–	40
Key deliverables:			
<ul style="list-style-type: none">• Draft policy paper on the relationships with private commercial entities prepared for consideration by the Executive Board at its 133rd session			
2.5.4 Increased Member State involvement with and oversight of partnerships	–	–	–
Key deliverables:			
<ul style="list-style-type: none">• Report prepared on WHO’s hosting arrangements of health partnerships and proposals for harmonizing work with hosted partnerships for consideration by the Executive Board at its 132nd session			
2.5.5 Strengthened coherence in global health matters	–	–	–
Key deliverables:			
<ul style="list-style-type: none">• Report on global health governance for consideration by the Executive Board at its 132nd session• Exploration of options for a framework to guide interaction between all stakeholders active in health¹			
Total	785	–	785

¹ See decision EBSS2(2), subparagraph (2)(i).

3.1 MANAGERIAL REFORM: SUPPORT TO MEMBER STATES

26. The purpose of this element of reform is to ensure that the work of the Secretariat is organized and delivered in ways that meet the changing needs of Member States. This includes making the most effective use of the decentralized structure of the Organization; defining the roles of the different levels in ways that reduce duplication; and developing management systems that facilitate access to knowledge and expertise across technical and organizational boundaries.

Outcome			
3.1 Effective technical and policy support for all Member States			
Outcome indicators	Baseline	Target 2015	
Indicator of performance of technical and policy support function (to be developed)	To be determined	To be determined	
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
3.1.1 Increased alignment of profile of WHO country presence with country needs and priorities	200	–	200
Key deliverables:			
<ul style="list-style-type: none">Renewed or developed country cooperation strategies in all countries, based on revised framework to align with country needs and prioritiesStaffing and resource plans for each country office aligned with the country cooperation strategies			
3.1.2 Strengthened country offices	771	–	771
Key deliverables:			
<ul style="list-style-type: none">Roster of qualified candidates for competitive selection of Heads of WHO Offices in countries, areas and territoriesEnhanced induction for Heads of WHO Offices, to include training on health diplomacy, managerial skills and accountability			
3.1.3 Promote alignment, synergy and collaboration across the Organization	450	–	450
Key deliverables:			
<ul style="list-style-type: none">WHO taskforce on roles and responsibilities of different levels of the OrganizationStrengthened capacity and functions of country support units in headquarters and regional offices, in line with JIU recommendations			
3.1.4 Improved knowledge management	780	290	1 070
Key deliverables:			
<ul style="list-style-type: none">Public searchable database of WHO knowledge resources and productsEvaluation of WHO publishing policy and practiceWHO Information Management Policy and Strategy			
Total	2 201	290	2 491

3.2 MANAGERIAL REFORM: HUMAN RESOURCES

27. As a knowledge-based organization, WHO relies on a highly skilled, flexible and motivated staff. The ability of the Organization to maintain such a workforce is hampered by organizational policies and practices that are frequently outdated, and by short term project type financing which is not aligned with the longer term programmatic nature of much of WHO's work. Reform of human resources is based on an Organization-wide human resources strategy, which will deliver streamlined recruitment and selection processes, simplify staff contracts, strengthen performance management and accountability, increase mobility across WHO, and enhance competencies through development and learning.

Outcome

3.2 Staffing matched to needs at all levels of the Organization

Outcome indicators	Baseline	Target 2015
To be determined	To be determined	To be determined

Outputs

	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total

3.2.1 Human resources strategy that encompasses a model for strategic workforce planning and career development

321 450 771

Key deliverables:

- Revised WHO Human Resources Strategy
- Proposed changes to Staff Rules, based on a draft appointment policy to support a flexible workforce, for consideration by the Executive Board at its 132nd session

3.2.2 Streamlined recruitment and selection processes

433 600 1 033

Key deliverables:

- Harmonized recruitment policy and practice across all major offices
- Generic job descriptions for key categories of staff including; administrative officers, epidemiologists, health technical coordinators, and emergency health communicators
- Global rosters of “prequalified” staff in the aforementioned categories based on generic vacancy notices and competitive selection

3.2.3 Improved performance management processes

223 1 300 1 523

Key deliverables:

- New performance development and management system and tool
- Policies on (a) rewards and recognition and (b) improving performance

Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
3.2.4 Mobility and rotation framework	70	1 100	1 170
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Global mobility and rotation scheme based on experiences with regional schemes and global workforce planning 			
3.2.5 Enhanced staff development and learning	726	1 000	1 726
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Global elearning platform incorporating learning management system (LMS), and based on blended learning approach • Management development programme 			
Total	1 773	4 450	6 223

3.3 MANAGERIAL REFORM: FINANCE

28. From the outset of WHO's reform, two key issues have framed the discussion concerning the financing of WHO: how best to align the priorities agreed by WHO's governing bodies with the monies available to finance them; and how to ensure greater predictability and stability of financing to promote more realistic results-based planning, effective resource management, and increased transparency and accountability. Although improved financing underpins the optimal execution of WHO's work, particularly at the country level, it is also recognized that enhanced Organizational performance is a means to improve WHO's financing. Reform of WHO's financing has therefore focused on; steps to increase transparency, predictability and flexibility of financing; strengthening results-based planning and budgeting; better coordination of resource mobilization; cost recovery of administration and management; and transparency in resource allocation.

Outcome			
3.3 Financing and resource allocation aligned with priorities			
Outcome indicators	Baseline		Target 2015
Proportion of programme budget funded at beginning of biennium	45%		100%
Alignment of income and expenditure with programme budget by category and major office	–		100%
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
3.3.1 Increased transparency, predictability and flexibility of WHO's financing	1350	–	1350
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Extraordinary meeting of the Programme, Budget and Administration Committee to discuss financing of WHO • Adoption of the general programme of work and the programme budget by the Health Assembly to facilitate alignment of resources with priorities 			

Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
<ul style="list-style-type: none"> • Financing dialogue to encourage predictability of financing, and reduced earmarking of funds • Web-based portal for real-time tracking and reporting of resource flows and results • Exploration of the possibility of supplements to assessed contributions on a voluntary basis, with interested countries 			
3.3.2 Results-based planning and budgeting mechanism based on new results chain	804	–	804
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • New results chain • Methodology for a standardized costing of outputs • Methodology for assessing the contribution of outputs to outcomes, and of outcomes to impact 			
3.3.3 Sequenced planning to reflect country needs	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Revised corporate planning process 			
3.3.4 Improved Organization-wide resource mobilization	914	–	914
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • WHO task force on resource mobilization and management to propose policies on resource management • Organization-wide resource mobilization plan 			
3.3.5 Improved financing of administration and management costs	316	–	316
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Study of costs of administration and management in WHO 			
3.3.6 New resource allocation mechanism	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Criteria and methodology for transparent internal allocation of resources 			
Total	3 384	–	3 384

3.4 MANAGERIAL REFORM: ACCOUNTABILITY AND TRANSPARENCY

29. Member States expect greater accountability for results and resources, with stronger performance assessment, and increased transparency. As a result, improving accountability and transparency is a fundamental element of almost all the reform proposals. In addition to strengthening organizational capacity in audit and oversight, specific areas of improved accountability and transparency include: development of an approach to results-based planning based on country needs; an improved internal control framework supported by a Compliance and Risk Management Unit; development of an Organization-wide approach to risk management; adoption of an information disclosure policy; and strengthened management of conflicts of interest.

Outcome			
3.4 Managerial accountability, transparency and risk management			
Outcome indicators	Baseline		Target 2015
Proportion of audits closed within six months	–		100%
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
3.4.1 Improved accountability and internal control framework	1 396	–	1 396
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Standard operating procedures for administrative processes; travel, human resources, finance and procurement • Performance and compliance monitoring based on standard metrics and dashboard • Established Compliance and Risk Management Unit • Standardized delegations of authority and performance compacts for senior staff 			
3.4.2 Improved risk management framework	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Risk management framework, including criteria for identification and prioritization of risks, terms of reference for risk managers, and risk management policy, with oversight by the Compliance and Risk Management Unit • Corporate risk register 			
3.4.3 Information disclosure policy	–	–	–
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Draft policy on information disclosure, based on best practice in international organizations, for consideration by governing bodies • Revised document management systems and information retention policies to support information disclosure policy 			

Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
3.4.4 Increased effectiveness in management of conflicts of interest	996	–	996
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Audit of declaration of interest policy • Revised declaration of interest policy and practice based on audit recommendations • Established Ethics Office 			
3.4.5 Increased capacity of audit and oversight	2 734	–	2 734
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> • Recruitment of additional staff for internal audit • Recruitment of additional staff for investigations 			
Total	5 126	–	5 126

3.5 MANAGERIAL REFORM: EVALUATION

30. Evaluation is a crucial function, and carried out at all levels of WHO, reinforcing accountability to key stakeholders, and promoting institutional and individual learning. Member States have emphasized the need to develop a “culture of evaluation” in WHO, and have called for development and implementation of an evaluation policy with oversight by the governing bodies. In addition they have requested an independent evaluation of the work of WHO, to be carried out in several stages,¹ and have requested the United Nations Joint Inspection Unit to update two earlier reports on decentralization in WHO, and management and administration in WHO.²

Outcome

3.5 Strengthened culture of evaluation

Outcome indicators	Baseline	Target 2015
WHO programmes regularly evaluated in accordance with WHO policy, with evaluation recommendations implemented within six months	–	100%
Outputs	Estimated budget (US\$ thousand)	
	2012–2013	2014–2015
3.5.1 Evaluation policy including a mechanism for oversight of evaluation by governing bodies	899	–
<i>Key deliverables:</i>		
<ul style="list-style-type: none"> • Adoption of WHO evaluation policy by the governing bodies 		

¹ See document EB132/5 Add.7.

² See document EB132/5 Add 6.

Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
<ul style="list-style-type: none"> Recruitment of additional staff for evaluation Annual workplan for evaluation presented to the governing bodies Web-based inventory of WHO evaluations 			
3.5.2 Conduct an independent evaluation of WHO	530	–	530
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> First stage of independent evaluation consisting of a review of existing information with a focus on financing challenges for the Organization, staffing issues, and internal governance of WHO by Member States Paper on the specific modalities of second stage evaluation for consideration by the Executive Board at its 132nd session Report of the second stage of the external evaluation for review by the governing bodies 			
3.5.3 Joint Inspection Unit to update its reports (a) Decentralization in WHO, and (b) Review of management and administration of WHO	150	–	150
<i>Key deliverables:</i>			
<ul style="list-style-type: none"> JIU reports on (a) Decentralization in WHO, and (b) Review of management and administration of WHO 			
Total	1 579	–	1 579

3.6 MANAGERIAL REFORM: COMMUNICATION

31. Several factors have contributed to the need to reform WHO's work in communications: rapid changes in information technologies; the changing landscape of organizations engaged in global health; a growing demand from the public for more information on health and on the work of WHO; and the emergence of new health challenges. Reform of communications in WHO seeks to address these issues by increasing internal communications capacity; improving coordination between the different levels of WHO; developing and utilizing cost-effective communications platforms such as social media; and regularly measuring public understanding of the work of the Organization.

Outcome			
3.6 Improved strategic communications			
Outcome indicators	Baseline	Target 2015	
Percentage of stakeholders having an excellent or good perception of the work of WHO (quantitative and qualitative assessment from global perception survey)	–	–	
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
3.6.1 Increased communications capacity	850	–	850
Key deliverables:			
<ul style="list-style-type: none">• Communication training for different categories of staff• Emergency communications network of pretrained communicators to deploy in emergency situations			
3.6.2 Strengthened communications coordination	400	–	400
Key deliverables:			
<ul style="list-style-type: none">• Centralized communications team in headquarters• WHO Communications Strategy• Global communications forum for WHO communications staff held every biennium, and virtual coordination meetings every quarter• Internal communications strategy			
3.6.3 Cost-effective communications platforms	600	–	600
Key deliverables:			
<ul style="list-style-type: none">• Social media platforms in use, in headquarters and regions• Developed video platform• Upgraded WHO web site with improved searchability and usability			
3.6.4 Improved public and stakeholder understanding of the work of WHO	150	–	150
Key deliverables:			
<ul style="list-style-type: none">• Biennial global stakeholder perception survey			
Total	2 000	–	2 000

4.1 CHANGE MANAGEMENT

32. Implementation of these reforms will demonstrate best practice in management of change, with: (a) a clear articulation of the purpose, scope and measures of success of reform; (b) comprehensive planning to achieve these results; (c) a monitoring framework to measure, assess and report on progress; (d) a communications strategy for engagement with Member States, other external stakeholders, and staff, to maintain awareness, trust and commitment; and (e) an organizational framework to manage change.

Outcome			
4.1 WHO reform implementation coordinated, monitored and evaluated			
Outcome indicators	Baseline		Target 2015
Percentage of items in the WHO implementation plan being completed or on track	–		complete
Outputs	Estimated budget (US\$ thousand)		
	2012–2013	2014–2015	Total
4.1.1 Implementation plan for WHO reform	–	–	–
Key deliverables:			
<ul style="list-style-type: none">• High-level implementation plan for presentation to the Executive Board at its 132nd session• Comprehensive costed implementation plan available on WHO web site, updated based on decisions of the governing bodies			
4.1.2 Monitoring and reporting framework for WHO reform	–	–	–
Key deliverables:			
<ul style="list-style-type: none">• High-level implementation and monitoring framework• Four-monthly reports on implementation for review and validation by the Independent Expert Oversight Advisory Committee			
4.1.3 Communication and engagement strategy on WHO reform for Member States, other external stakeholders and staff	100	–	100
Key deliverables:			
<ul style="list-style-type: none">• WHO reform web site and Intranet site• Newsletter on WHO reform; Change@WHO• Briefings and consultations on WHO reform for Member States and staff			
4.1.4 Change management support and organizational structure	2 600	–	2 600
Key deliverables:			
<ul style="list-style-type: none">• Reform support team• WHO taskforce on managerial reform			
Total	2 700	–	2 700

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