1. The implementation of the reform of the United Nations development system (United Nations reform) started in early 2019. The Secretariat provided detailed information to the Executive Board at its 144th session, which was also discussed at the 29th session of the Programme, Budget and Administration Committee; and to the World Health Assembly at its Seventy-second session. The reports included the overview of the progress of different reform workstreams, as well as the proposed next steps for WHO.

2. After one year of the implementation on the ground, United Nations reform is in the early to intermediate stages of implementation and the efforts on finalizing and aligning conceptual frameworks, policy guidance and operational guidelines continue. This report provides an update on developments, especially at global level, and describes the opportunities and challenges inherent in the complex work to make United Nations reform a means to accelerate progress on achieving the Sustainable Development Goals.

3. WHO continues to engage proactively and constructively in United Nations reform, both through active participation in inter-agency coordination mechanisms and in developing policy documents at global and regional level, as well as in strengthening WHO internal capacity and systems and in consistent engagement with the Resident Coordinators and United Nations country teams, especially at country level.

4. The appointment of an Assistant Director-General as the WHO Director-General’s Special Representative for United Nations reform and his permanent posting in New York since late 2019 have helped to increase the quality and frequency of interactions with the New York-based United Nations Development Coordination Office, the department in the United Nations Secretariat responsible for United Nations reform.

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1 Document EB144/31; see also document EB144/2019/REC/2, summary records of the second meeting, section 4.
2 Document A72/49.
5. This heightened collaboration with the United Nations Development Coordination Office has resulted in the drafting and promulgation of provisional guidance to WHO regional offices on engagement with the United Nations country teams. It remains in provisional form to allow for periodic updates to reflect developments in, and experience with, United Nations reform. The provisional guidance was prepared with input from all three levels of the Organization. In addition, the United Nations Development Coordination Office was consulted and asked to provide its comments on the content and its alignment with the United Nations reform process.

6. Regular on-line sessions are organized with WHO representatives to review the implementation of the guidance, receive feedback from country level, provide real-time troubleshooting on issues of concern and share experiences with United Nations reform.

7. It is apparent that United Nations reform is now beyond the high-level strategy and advocacy stage and is becoming institutionalized in the business of the Organization. The benefits are emerging in terms of heightened collaboration and streamlined cooperation among United Nations organizations at country level. For example, in Egypt and Jordan WHO representatives and country office teams identified that the main benefits in the first year of implementation of United Nations reform include shaping the health priorities in the United Nations Cooperation Framework; and greater access to, and engagement with, multiple sectors of government beyond the health ministries. This has led to stronger coordination among health-related activities of different United Nations organizations and the integration of health messages in discussions with ministries such as finance or agriculture. In other countries of the Eastern Mediterranean Region, Resident Coordinators also support WHO’s work through addressing risks posed by the overall environment, including security risks for staff and United Nations operations.

8. The global action plan for healthy lives and well-being for all\(^1\) was launched during the high-level week of the United Nations General Assembly in September 2019, back-to-back with the high-level meeting on universal health coverage. The 12 signatory agencies include eight United Nations agencies and four important health partner agencies, which have already strengthened their joint work at country level during the development of the plan. Following the Ghana Health Summit in April 2019,\(^2\) several of the signatory agencies to the plan also supported the Government and national stakeholders to identify critical areas for collective action at the Ghana health financing forum on Sustainable Health Financing for Universal Health Coverage in November 2019. In October 2019, WHO and UNICEF worked together in Djibouti to support national consultation on integrating global action plan accelerators into the national plan for health development.

9. In early 2020, WHO engaged the United Nations Development Coordination Office to identify countries where the Resident Coordinator and United Nations country teams can utilize the global action plan as a platform to ensure multisectoral action, galvanizing political support from the host government. The plan is one of the pathfinder initiatives of the decade of action to deliver the Sustainable Development Goals by 2030. The decade was launched by the United Nations Secretary-General following the adoption, in September 2019, of the Sustainable Development Goal Summit’s political declaration on Gearing up for a decade of action and delivery for sustainable development.

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10. At this stage, efficiencies and savings generated by United Nations reform are difficult to quantify. To do so will require a dedicated monitoring mechanism with clear indicators and benchmarks to identify benefits and savings both for individual organizations and for the system as a whole. Such a mechanism has not been developed at this point.

SUPPORTING THE NEW RESIDENT COORDINATOR SYSTEM

11. In the first year of its implementation, the new Resident Coordinator system was strengthened by fixing the minimum capacity of Resident Coordinator offices at five professional posts, enabled by the increased funding arrangements. The country chapter of the Management and accountability framework\(^1\) has been put in place. Although an initial review was planned for 2019, it was postponed for later in 2020, when it should be supplemented by regional and global chapters. The development of a regional chapter will follow once Member States have finalized the discussions on the review of regional architecture and endorsed the full package of proposed changes.

12. WHO is working collaboratively with Resident Coordinators on a daily basis. The heightened profile and clarified role of Resident Coordinators have resulted in greater political visibility and support to the United Nations development system, including WHO; and strengthened United Nations country team member’s individual and collective engagement in a broader range of financing mechanisms.

13. The effort to tackle both the public health threat and the socioeconomic repercussions of the COVID-19 pandemic has shown the immense value added by a coordinated response at all levels of the United Nations. The United Nations Crisis Management Team, chaired by WHO, brings together key United Nations organizations at senior level and has already proven to be an effective platform for information sharing, policy development and decision-making. Furthermore, WHO has leveraged the United Nations Resident Coordinator system to respond to the COVID-19 pandemic and fully mobilize the United Nations system to meet this historic threat. Early in the outbreak, WHO organized several initial calls with the United Nations Development Coordination Office for Resident Coordinators and United Nations country teams, to provide briefings and discuss the leading role of Resident Coordinators in implementing the Operational planning guidelines to support country preparedness and response.\(^2\) Regular, weekly webinars for Resident Coordinators, often also attended by WHO Representatives as well as other key members of the United Nations country teams, are continuing to discuss COVID-19 issues, with technical input from WHO. The Organization’s regional offices are working with United Nations country teams to develop guidance for Member States concerning sectors adjacent to public health, for example, COVID-19 guidance for civil protection agencies. The response to the COVID-19 pandemic has demonstrated in very real terms the value proposition of UN reform at country-level.

14. At the beginning of 2020, a transitional performance appraisal system was introduced, standardizing the performance indicators for all Resident Coordinators. At country level, WHO representatives provided comments on achievements of the collective results of United Nations country teams and on Resident Coordinators’ performance. These comments are being consolidated at regional level, during the discussions on the United Nations country teams’ achievements at the regional United Nations Sustainable Development Group team meetings. At global level, all United Nations organizations have individual discussions with the United Nations Development Coordination Office.

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on the appropriate modalities to receive inputs from Resident Coordinators for their country representatives on collective results and joint activities in the United Nations Cooperation Framework. This process should make it possible to address instances where Resident Coordinators have gone beyond agreed coordination responsibilities and it will build trust for enhancing collaboration in the forthcoming period. WHO is also finalizing these discussions.

15. The United Nations Development Coordination Office has agreed to involve WHO in the induction and onboarding of new Resident Coordinators, including in a full range of briefings for new Resident Coordinators at the WHO New York Office. WHO also provided input to the mapping of the Resident Coordinators’ learning needs.

**ENGAGING WITH THE NEW GENERATION OF UNITED NATIONS COUNTRY TEAMS**

16. The new United Nations Sustainable Development Cooperation Framework¹ (United Nations Cooperation Framework) will provide the basis for working jointly with the United Nations country teams. Although relevant guidance was issued in 2019, the additional work on its companion pieces is expected to be finalized by mid-2020. The companion pieces include more detailed guidance on development of common country analysis, United Nations country team configuration, humanitarian-development networks, and economic transformation. Pending their finalization, the whole package is already being piloted in countries which will roll out the United Nations Cooperation Framework in 2020 and 2021. WHO provided significant inputs to relevant companion pieces.

17. The updated Country Cooperation Strategy Guide 2020 provides guidance not only on the alignment of the United Nations Cooperation Framework and country cooperation strategy, but also on leveraging different stages of the United Nations Cooperation Framework development to inform the country cooperation strategy, such as by mapping country context analysis from the broader common country analysis; by including Resident Coordinators in key stages of the development of the country cooperation strategy; by making use of evaluations of the United Nations Cooperation Framework and country cooperation strategy, etc.

18. The initial experience of developing new United Nations Cooperation Frameworks underlines the importance of common country analysis. WHO advocated that Resident Coordinators and their offices should pay particular attention to the quality and inclusiveness of the analysis. We have noted that this work is increasingly led by United Nations country team members and that consultants are used sparingly. In some cases, however, WHO needed to invest additional capacity from headquarters and regional offices to support the common country analysis and ensure stronger reflection of health opportunities and challenges in a country.

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19. For example, in September 2019 a common country analysis was undertaken for Timor-Leste. Technical staff were dispatched from headquarters to strengthen the health component of the common country analysis as an input for the new United Nations Cooperation Framework. This analysis informed the development of the outcomes of the United Nations Cooperation Framework. The mission served an additional purpose by ensuring that this situation analysis also informed the country cooperation strategy, which was aligned with the development of the United Nations Cooperation Framework and followed several months later.

20. WHO co-led the development of the United Nations Sustainable Development Group Operational Guide on Leaving No One Behind,1 together with UNESCO and the Office of the United Nations High Commissioner for Human Rights. The work was led by the Deputy Director-General and is now being piloted in several countries.

21. The elements of common business operations, including common premises and common back offices, continue to be developed and tested, as their implementation is planned for 2021. The Guidance for Business Operations Strategy2 (BOS 2.0) was finalized and efforts are under way to train country level colleagues in its implementation. The work on common premises and common back offices is moving slowly, through missions and pilots which are used to modify the initial approach and tools.

22. WHO now has a dedicated capacity at headquarters to lead its engagement in business operations work. Regular discussions are ongoing both with the business strategies section of the Development Coordination Office, as well as with the Business Innovations Group project team, led by UNHCR and WFP. WHO participated in the marketplace survey, which aimed to identify services that are already, or could be, purchased or provided by individual United Nations agencies for shared use. WHO has indicated its interest in providing back-office services to other United Nations entities from the Organization’s Global Service Centre in Kuala Lumpur, Malaysia.

23. WHO has also participated in the development of the United Nations Sustainable Development Group common approach to prospect research and due diligence for business sector partnerships. In its contributions towards increasing harmonization, efficiency and transparency across the United Nations family, the WHO Secretariat has sought to ensure that the common approach respects the Organization’s policies regulating engagement with private sector entities and its due diligence and risk assessment, which Member States have explicitly negotiated and approved through the governing bodies.3

RESTRUCTURING THE UNITED NATIONS AT REGIONAL AND SUBREGIONAL LEVEL

24. In the second half of 2019, the United Nations Secretary-General initiated the final phase of the regional review. In that phase, each region held discussions, led by a dedicated inter-agency team, on five main transformative areas: the creation of United Nations regional collaborative platforms; the establishment of strong knowledge management hubs; enhancing transparency and results-based

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3 See document EB146/34.
management at regional level; launching the change management process; and identifying administrative services that could be provided through the common back office approach.

25. Based on these region-by-region discussions, the United Nations Secretary-General’s Special Adviser on Reforms will consult with Member States in New York with a view to submitting the proposal for consideration by the Economic and Social Council’s Operational Activities Segment in May 2020. WHO contributed to this work at global and regional level by sharing experience of stronger alignment between headquarters and regional offices both in its technical work, such as global and regional public health goods; and by aligning internal structures. Examples of WHO engagement with United Nations organizations at regional level include leading the issues-based coalition on health and well-being in the European Region, and co-chairing the issues-based coalition on harnessing demographic dividends, gender and youth for development in the African Region.

26. A similar approach is being followed for the review of multi-country offices, with intensive consultations in New York. The review is informed by consultations held at national level with government authorities, regional, subregional and intergovernmental organizations. The whole process is led by the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States.

FINANCIAL IMPLICATIONS OF UNITED NATIONS REFORM FOR WHO

27. United Nations reform has important financial implications for WHO. As approved in 2019, WHO’s contribution to the cost-sharing agreement to finance the Resident Coordinator system has increased from US$ 2.6 million in 2018 to almost US$ 7 million annually from 2019. WHO has already paid the full requested amount for 2020.

28. In addition, in 2019 the total amount collected against the 1% coordination levy by WHO from those donors making tightly earmarked development contributions was US$ 175 000, with an additional US$ 164 000 due on agreements signed in 2019, to be transferred to the Special Purpose Trust Fund for the Resident Coordinator system. The amounts remain low for two principle reasons: firstly, the levy was phased in during 2019 and many donors had already initiated proposals prior to its announcement; and secondly, many contributions, mainly those to thematic and humanitarian funds, were not subject to the levy.

29. Nevertheless, the funding gap for the Resident Coordinator system for 2019 was US$ 57 million, with a projected increase in 2020 to US$ 77 million.

30. The introduction of the 1% coordination levy and the provisions of the Funding Compact are influencing donors’ approach and funding patterns, both positively and negatively. In 2019, WHO went through intricate negotiations with several donors which necessitated modification of the United Nations-agreed language on the 1% levy, thus increasing WHO’s cost in administering the levy. It is important to highlight that in most cases, WHO is finding that the donors have elected to calculate the 1% based on the grant only, rather than the grant plus 1%, as envisaged in General Assembly resolution 72/279. This has resulted in the reduction of the amount contributed directly to WHO programmes, and is a situation also reported by several of the largest United Nations organizations.

31. WHO is still assessing transaction costs of managing the levy, including its integration into donor agreements, and its longer impact on the availability of funding for WHO’s work. WHO has devoted considerable time to implementing the levy in accordance with the system-wide guidance. This has proved challenging, as resource mobilization is decentralized, and operationalizing the levy means
communicating the applicable guidance to many involved in the process, including programme, finance and legal staff. The total transactional and administrative costs in implementing the levy are difficult to estimate but are considerable.

32. The Funding Compact was finalized in early 2019, and the Economic and Social Council welcomed it in July of that year. Its main principles informed the preparation of the WHO Partners Forum, held in Stockholm in April 2019 by kind invitation of the Government of Sweden. In the later part of 2019 many donors integrated its principles into their funding approach to United Nations organizations, including WHO.

33. WHO is engaged in harmonizing indicators, methodologies and metrics for reporting on Funding Compact commitments. The Organization provided its data for the specific consolidated United Nations reporting on the Funding Compact indicators, in addition to the regular annual survey on the quadrennial comprehensive periodic review. WHO also reports financial data through the United Nations data cube.

34. As many Member States highlighted, this process should not impose an additional reporting burden and WHO will carefully review the resulting reporting requirements to ensure that reporting is focused on those United Nations development system commitments specifically relevant to the Organization.

35. Another area that requires increased attention is access by WHO country offices to multi-donor trust funds. With the Member States’ commitment to increase funding United Nations system activities through pooled funds, this is likely to become an important source of funding at country level. To better understand pooled funds, WHO has invited the Executive Director of the Multi-Partner Trust Funds Office in New York to provide a briefing to WHO country representatives as a special feature of one of the regular United Nations reform engagement virtual sessions. WHO is also developing guidance for country representatives on how best to leverage Multi-Partner Trust Funds to accelerate progress on Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages). This guidance will be followed by several virtual workshops for country representatives on proposal development for pooled funds organized by the WHO Office at the United Nations.

ACTION BY THE HEALTH ASSEMBLY

36. The Health Assembly is invited to note this report.