Member States Briefing

Pre-read v. 2.0

Aug 19, 2025

World Health Organization

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Objectives of Member States Update



Path to sustainability from 2025 to 2026-2027

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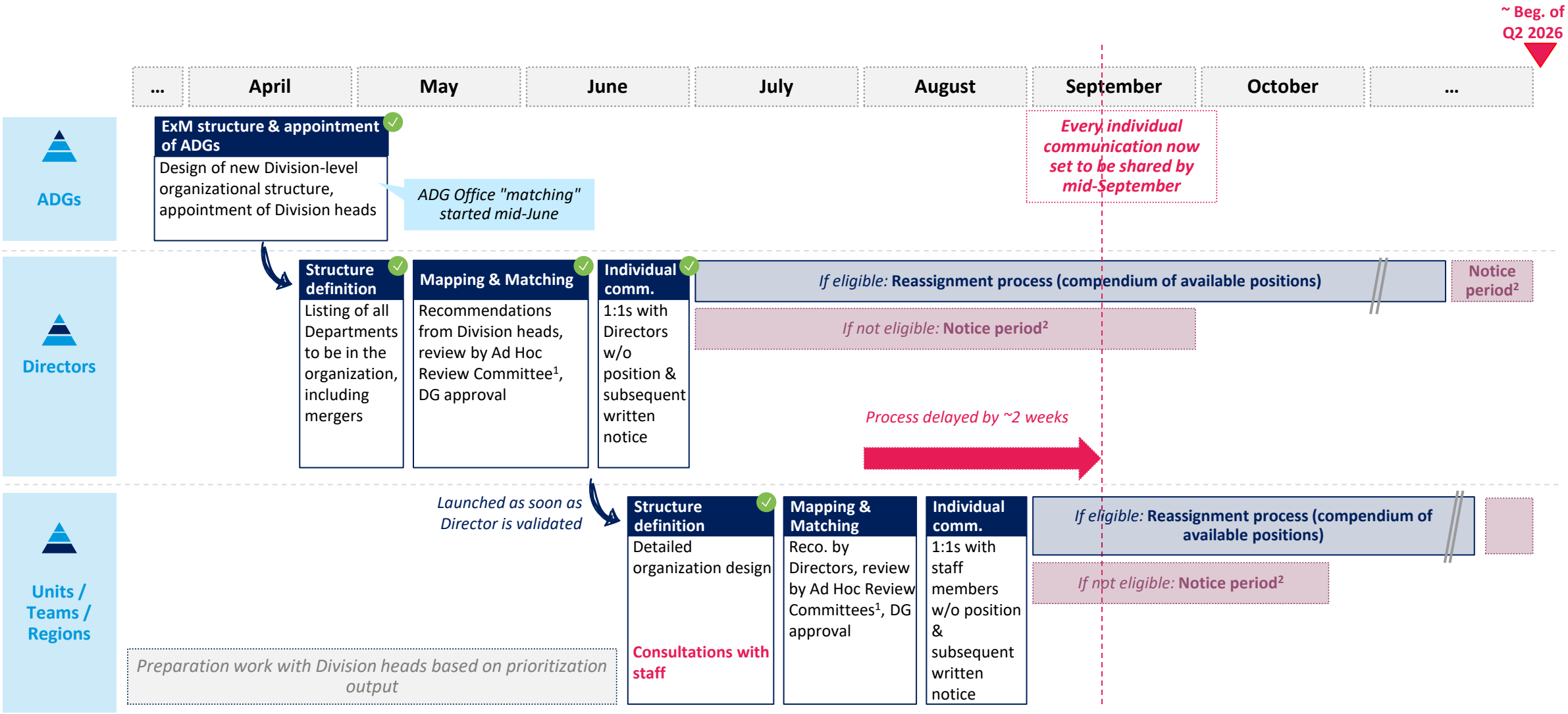
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ut consultation of the staff

HR update

World Health Organization

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We continue to work against an ambitious timeline

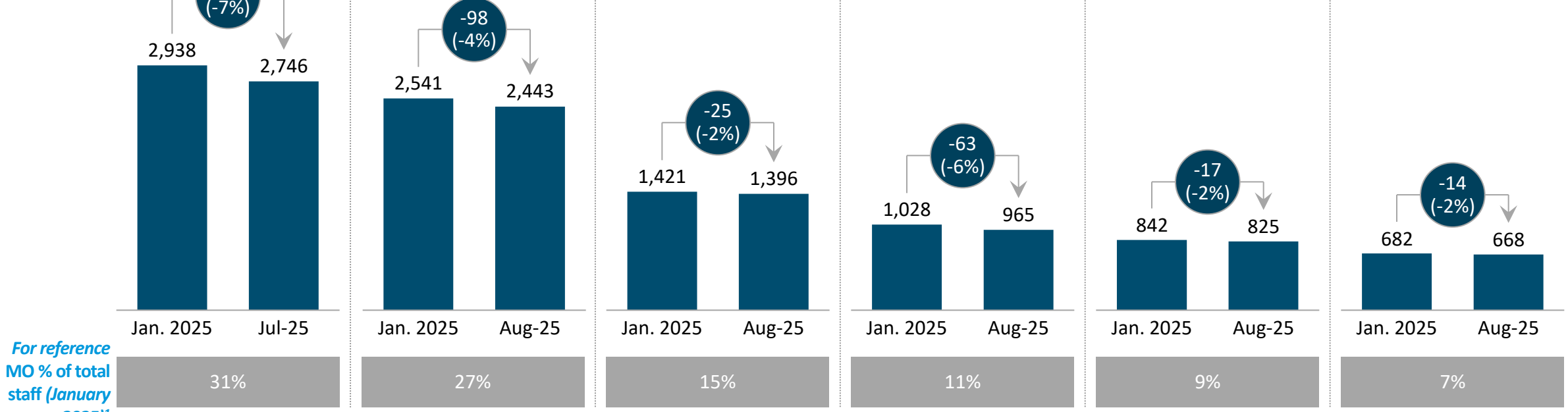


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1. In case of matching of FTA <10 years, ARC takes input from Reassignment Committee considering staff in reassignment pool. 2. Staff with no reassignment rights may be considered for advertised posts

2025 savings - HR levers | From January to August, -409 net headcount

Headcount evolution per Major Office (January-August 2025)



1. % excluding AMRO from total
Source: Staff database as of 24/01/2025 & staff database as of 04/08/2025

Note**: HC evolution captures retirements, non-renewal, terminations and recruitments. **Does not capture cross-office transfers

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Road to sustainability and use of reserve

Major offices	Foreseen salary gap at end 2025 (US$M)		
	As at April 2025	As at June 2025	Gap reduction
Africa	63.4	59.9	3.5
Americas	21.8	17.7	4.1
Eastern Mediterranean	31.9	21.3	10.6
Europe	22.4	22.2	0.2
South-East Asia	12.9	1.8	11.1
Western Pacific	9.0	7.4	1.6
Headquarters	158.6	117.0	41.6
Total	**320.0**	**247.3**	**72.7**

Every Major Office is working on sustainability plan

Template 2. Projected costs of reaching financial sustainability by Jan 2026

	US$	Comments
Best estimate of the financing outlook for 26-27	0	
Flexible funds	$	
Available VC (existing agreements)	$	
Projected VC (high degree of certainty)	$	
Acceptable risk for potential RM revenue	$$	please provide justification on your expected RM level
Cost of the new org structure at 26-27 PCA	($$)	
Estimated activity budget	($$)	
	zero or surplus	

of the staff

Use of reserve

- Member States approved to partially suspend Financial Regulation VIII, 8.2, on a temporary basis to cover sustainability measures in technical areas up to $410M
- **As of end July 2025, $29.4M used**

Items	Technical areas
Presented to PBAC	
Cover salary gaps to arrive at sustainable structure	260
Indemnity costs	150
Total estimate	**410**
Actual usage to cover gaps (as at end July 2025)	**29.4**

HQ update

World Health Organization

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Major Office Dashboard | HQ

HR

HR Process

	Structure definition (*org design*)	Mapping & Matching	Individual comm.
ADGs & Department Directors	Completed	Completed	Completed Early July
ADG Offices (nucleus)	Completed Mid May	Completed Mid June	Completed End June
Full Divisions	Completed Mid Aug	Target date: 26/08/2025	Target date: 31/08/2025

Headcount number

	FROM *Jan. 2025*	TO *August 2025*	*2026*	*% change 2026 vs. Jan. 25*
Number of occupied positions				
Total HC	**2,938**	**2,746**	**XX***	XX

* Final state

Timeline

	July	August
Directors	▲ Finalized	
ADG Offices	Com	
Divisions	Struct. def.	M&M / Com

Change management & Comms

HQ Townhall

Previous	Next
06/06/2025	TBD

Comments / Next steps

- **Completion of Departmental Directors Mapping & Matching, individual notifications and 1:1s done**
- **Completion of ADG Offices (nucleus) matching** by ARC and individual notifications done
- **Departmental org charts being signed by DG**
- **Divisional ARCs in progress**

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Office of the Chief Scientist



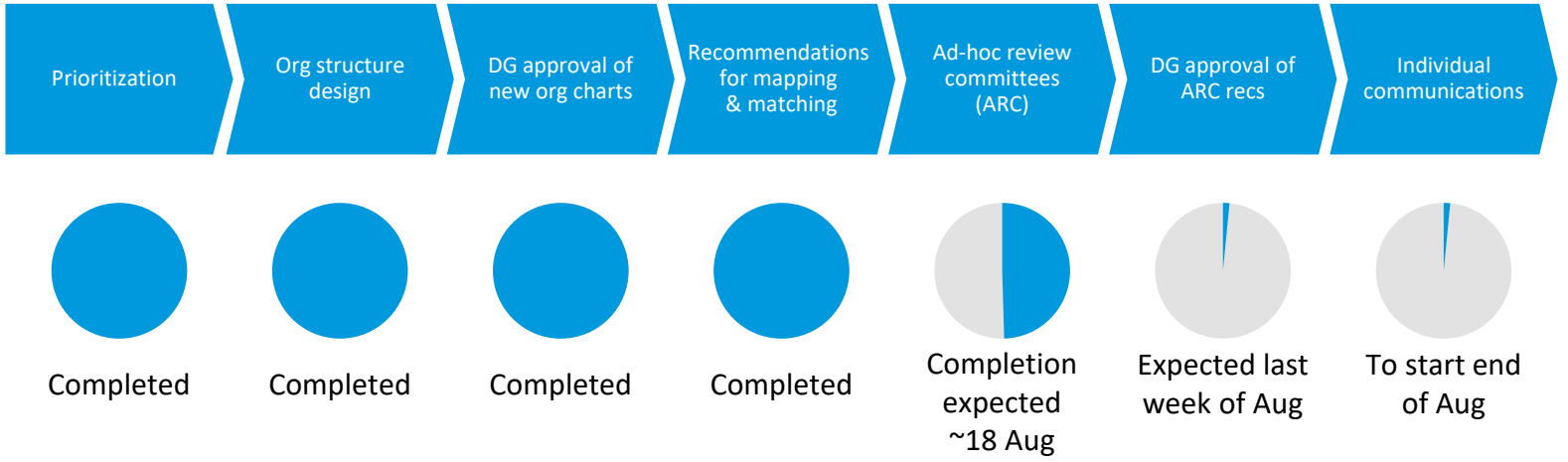
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Major Office Dashboard | HQ – zoom on CSO

HR

HR Process



Headcount number

	FROM	TO	
	Current	*2026*	*% change 2026 vs.2025*
Number of occupied positions			
Total HC	**71**	**XX***	**XX**

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Science division Dashboard | HQ

Vision for the division

Harnessing the power of science to achieve Health for All

Priorities

- Assure the **scientific integrity** of WHO outputs :Timely, high quality norms and standards in line with MS needs
- Horizon scanning of **scientific advances** and research prioritization
- **Equitable** access to scientific resources (journals, methods, clinical trials)
- Enhanced **Partnerships** (WHO CC, TAGS, SAGS, …) for science and research
- **Trust** in science

What we will scale back

- Production of normative products:
  - ✓ Prioritization
- Permission request platform (3000/y)
  - ✓ Automation
  - ✓ Risk management
- Science to Policy:
  - ✓ Leveraging partnerships (including TDR, Alliance for HPSR; HRP, and the extensive WHO CC network)

What we will stop

- Quality check of non-normative products (1300/Y)
  - ✓ Moving from compliance checks to continuous quality improvement
- Product Development Partnership (PDP)
  - ✓ Consolidation in the Division of Health Systems

Changed ways of working

- Digitalization
- WHO Bulletin and other WHO publications
  - ✓ Maintaining high impact
- Modernizing legacy processes (e.g. copyright &licensing) by leveraging AI
  - ✓ More efficiency
  - ✓ Addressing new risks
- Foresight
  - ✓ UN network
- Quality assurance of normative products: timeliness
  - ✓ Living guidance

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Health Emergencies Preparedness and Response Programme



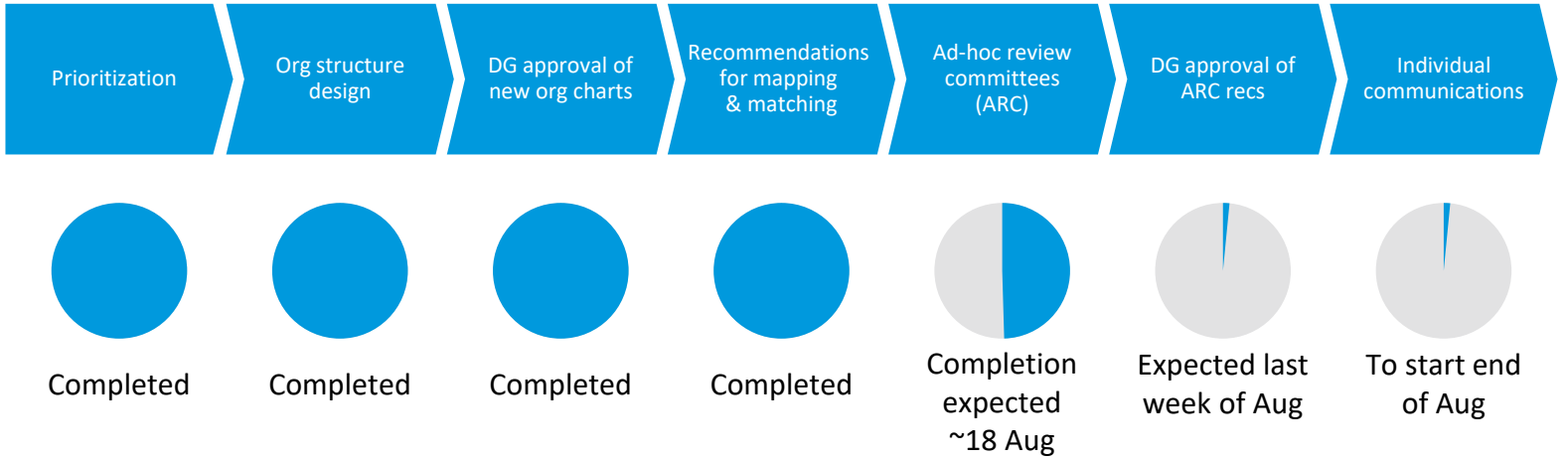
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Major Office Dashboard | HQ – zoom on WHE

HR

HR Process



Headcount number

	FROM	TO	% change 2026 vs.2025
	Current	*2026*	
Number of occupied positions			
Total HC	**401**	**XX***	XX

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Division Dashboard | WHO Health Emergencies Preparedness & Response Programme (WHE)

Vision for Division

Keeping the world safe and protecting the vulnerable: Working with countries and partners around the world, around the clock, to prepare for, prevent, detect and respond to disease outbreaks and other health emergencies

Priorities

- IHR related activities- Rapidly detecting, verifying and assessing emerging threats proportionate and effective global response
- Fulfil our central role in the coordination and management of public health events
- Support Member States to build their core national public health system capacities
- Work to prevent, detect and lessen the impact of epidemics and pandemics- e.g. iMCM Net
- Support Pandemic Agreement

What we will scale back

- Field Epidemiology Training implementation at the country level (Governance and norms setting stays)
- Global Laboratory Leadership Programme implementation
- Development of selective platforms- e.g. Capacity for Disaster Reduction Initiative (CADRI), Partners platform, Readiness platform etc
- Development of methods and tools for signal verification, event risk-assessment processes and capabilities

What we will stop

- In-house development of tools & technologies, including Health Emergency Management Systems, Go.Data etc
- Open Source Programme Office
- Development of disease specific initiatives – e.g. Preparedness and Resilience for Emerging Threats (PRET (beyond 2nd phase of Arboviruses), Mosaic Respiratory Surveillance Framework
- Economic preparedness assessments
- Annual reports on a variety of topics

Changed ways of working

- Strengthened alignment across 3-levels to drive implementation *National Health Emergency Response Operational Plans Technical*
  - *Operational support to IHR State Parties*
- Learning products are transitioning to WHO Academy – e.g. “Open WHO”
- Consolidation of functions in Berlin for surveillance and intelligence and Dubai for operations support & logistics
- Emerging use of AI to enhance Epidemic Intelligence functions

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Regional updates

World Health Organization

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AFRO update

World Health Organization

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Regional Dashboard | AFRO

HR

RO/CO Process

	Structure definition (*org design*)	Mapping & Matching	Individual comm.
Director	Completed: 07/05/2025	Completed 10/06/2025[1]	Completed: 10/06/2025
Team Leads	Completed: 18/06/2025	Completed: 04/07/2025[2]	Completed: 08/07/2025
Other grades of the org.	Target date: 11/08/2025	Target date: 15/09/2025	Target date: 30/09/2025

Head count Numbers

	FROM *Jan. 2025*	TO *July 2025*	*2026*	*% change 2026 vs. Jan. 25*
Number of occupied positions				
Total HC RO/CO	**2,561**	**2,514**	**TBD[3]**	TBD
Number of Country offices				
# of CO	**47**		**47***	0%

* Final state

Timeline

	July	August	September
Directors	▲ Finalized		
Team Leads	M&M	Com	
Other grades	Struct. def.	M&M	▲ Finalized Com.

Change management & Comms

Regional Townhall

Previous	Next
07/07/2025	TBD

Comments / Next steps

- All WCO structure proposals and sustainability plans are reviewed and endorsed by an interdisciplinary technical–management group, ensuring alignment with core priorities, financial viability, and CCOM standards. AFRO aims to conclude the Prioritization and Realignment exercise by 30 September 2025, in step with the broader organization.

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World Health Organization

1. Appointed, some as a.i., not M&M 2. Some as a.i. 3. Will be known on 31/08/2025

Regional Dashboard | AFRO

Vision for Region

Building a Healthier Africa, Together!

Priorities

- **Universal Health Coverage**
- **Maternal, Newborn, Child & Adolescent Health**
- **Integrated Disease Control**
- **Climate-Resilient Health Systems**
- **Health Security & Preparedness**
- **Innovation & Local Manufacturing**
- **Combat Antimicrobial Resistance**
- **Domestic Financing & Health Sovereignty**
- **Data & Community Engagement**

What we will scale back

- Local First – Prioritize national responders; build strong local surge capacity.
- Hands Off Transactions – Limit RO involvement in routine country operations; ensure clear Delegation of Authority with accountability mechanisms.
- Leverage Existing Expertise – Refrain from duplicating efforts where partners or institutions are better positioned to deliver.
- Align Donor Support – Encourage more coordinated efforts that reflect country and regional priorities.
- Reduce Import Reliance – Gradually shift toward locally made health products and strengthen regional trade.

What we will stop

- Focus for Impact – Stop fragmented, low-impact activities; concentrate efforts for meaningful results.
- No More Templates – Abandon generic regional approaches; deliver tailored support that reflects country priorities
- Break the Dependency – Pivot from donor reliance to domestic financing and sustainable resource models.
- Cut the Clutter – Dismantle duplicative structures across regional, inter-country, and country levels.
- End the Rut – Ditch slow, routine ways of working; drive innovation, agility, and accountability. *It's time to lead with purpose and pace.*

Changed ways of working

- **Maximize Impact** – Focus on bold, cost-effective actions that deliver real results.
- **Country-Led, WHO-Empowered** – Put nations in the driver's seat; WHO acts as catalyst, not controller.
- **Agile & Lean** – Streamline workflows, eliminate duplication, digitize everything.
- **Funds Follow Results** – Tie resources directly to delivery and impact.
- **Stronger Together** – Build diverse partnerships that advance regional unity and impact.

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WPRO update

World Health Organization

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Regional Dashboard | Western Pacific Region

HR

RO/CO Process

	Structure definition (*org design*)	Mapping & Matching	Individual comm.
Director	Target date: 08/08/2025	Target date: 15/08/2025	Target date: 15/08/2025
Regional Office	Target date: 15/08/2025	Target date: 31/08/2025	Target date: 08/09/2025
Country Offices	Target date: 15/08/2025	Target date: 31/08/2025	Target date: 08/09/2025

Headcount number

	FROM *Jan. 2025*	TO *Aug 2025*	*2026*	*% change 2026 vs. Jan. 25*
Number of occupied positions				
Total HC RO/CO	**680**[1]	**678**[1]		
Number of Country offices				
# of CO	**15**[2]	**16***		+7%

Including Indonesia Office, moved from SEARO to WPRO

* Final state

Timeline

	August	September
Directors	Struct. M&M Com	
Regional Office	Struct. def. M&M	Com
Country office	Struct. def. M&M	Com

Change management & Comms

Regional Townhall

Previous	Next
04/06/2025[3]	RO Division and CO based meetings in Jun – Aug 2025

Comments / Next steps

- WPRO Member States **population is** 2.2 billion people or nearly 30% of global population, WPRO has the **smallest number of staff** (7% of overall WHO staff)
- **Shifting budget from RO to COs**, moving from 60/40 towards 65/35 ratio (without counting Indonesia country office budget)
- Due to prudent financial management, and increased resource mobilization efforts **WPRO is able to contain the impact on staff**

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1. Includes staff holding Temporary Appointment (TA) . Figures do not include staff in Indonesia Country Office 2. Including 3 Country Liaison Office 3. Following this, Directors and WRs conducted division-wide or country office-wide meetings to present the proposed organigrams to their respective teams.

Regional Dashboard | Western Pacific Region

Vision for Region

Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)

Working together to improve health and well-being and save lives

Priorities

- **Climate resilient health systems**
- Address **risk factors for CDs and NCDs**
- People-centred **integrated service delivery** – **PHC approach**
- **Workforce** development
- Product **quality assurance**
- **Health information** and AI
- **NCD management and "best-buys"**
- Delivery of **communicable disease services**
- Quality **immunization**
- Emergency **preparedness and readiness plans**
- **Surveillance, laboratories** and rapid alert systems

What we will scale back

Coordinating with agencies and partners mainstreaming these in regional programmes

- Low carbon emissions of health care facilities
- Violence and injury prevention
- Communication

Integrating these in the regional work and working with HQ for technical experts

- Hospitals and health financing
- Neurological conditions
- Provision of life saving care in vulnerable settings

What we will stop

✓ Work in this area will be coordinated with other UN (eg UNFPA and UNICEF)

- Sexual and reproductive health
- Sanitation
- Adolescent health

Changed ways of working

- **Reduce number of meetings**
- **MS consultations on the RCM should cover all topics. Instead of siloed consultations**
- **No new regional frameworks where global guidance is present and instead focus on regional action plans**
- **WHO to lead advocacy for UN multilateralism for health using convening power**

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EMRO update

World Health Organization

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Regional Dashboard | EMRO

HR

RO/CO Process

	Structure definition (*org design*)	Mapping & Matching	Individual comm.
Director	Completed 03/08/2025	Completed 13/08/2025	Target date 15/09/2025
Team Leads	Completed 15/08/2025	Target date 20/08/2025	Target date 15/09/2025
Other grades of the org.	Target date 31/08/2025	Target date 15/09/2025	Target date 30/09/2025

Headcount number

	FROM Jan. 2025	TO July 2025	2026	% change 2026 vs. Jan. 25
Number of occupied positions				
Total HC RO/CO	1,031	1,061*	XX**	XX
Number of Country offices				
# of CO	21		21*	0%

* The increase was due to CPCP recruitments finalized before the freeze

** Final state

Timeline

	August	September
Directors	Finalized ▲	
Team Leads	M&M	
Other grades		M&M ▲

Change management & Comms

Regional Townhall

Previous	Next
03/08/2025	15/09/2025

Comments / Next steps

- The Regional Director has confirmed her commitment to conducting the Prioritization and Realignment exercise in a **thorough, fair and transparent manner.**
- EMRO aims to conclude the Prioritization and Realignment exercise **by 30 September 2025** to align to the rest of the organization.

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World Health Organization

Regional Dashboard | EMRO

Vision for Region

A healthier, safer, and more equitable Eastern Mediterranean Region, where resilience and solidarity overcome the world's highest burden of health emergencies, enabling every person to thrive and contribute to sustainable development.

Priorities

- Access to medical products
- Health workforce development
- Integrated substance use responses
- Health emergencies response
- Polio eradication
- Digital innovations
- Capacity building
- Strategic leadership
- Health in all agencies
- Normative guidance
- Technical coordination
- Differentiated country support models

What we will scale back

- Country office presence in high income countries
- Engagement in partnerships with limited WHO leadership role
- Implementation in areas where partners are better placed
- Ad-hoc support for medium/low priority areas
- Regional meetings with limited added-value

What we will stop

- Accepting grants not aligned with identified priorities
- Duplications and fragmentation across programmes and levels of organization
- Siloed approaches

Changed ways of working

- Streamline governance for enhanced efficiency
- Enhance cross-programme integration to maximize resources
- Leverage digital tech and AI for analysis, forecasting, and automation
- Expand remote support and virtual engagement
- Improve data-driven prioritization and joint performance assessment
- Maximize us of the regional WHO CCs.

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EURO update

World Health Organization

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Regional Dashboard | EURO

HR

RO/CO Process

	Structure definition (*org design*)	Mapping & Matching	Individual comm.
Director	Completed: 16/05/2025	Completed 19/05/2025	Completed: 20/05/2025
Regional Office	Completed: 15/07/2025	Target date: 23/08/2025	Target date: 09/09/2025
Country Offices	Target date: 25/08/2025	Target date: 8/09/2025	Target date: 15/09/2025

Continuous sharing of information with staff and MS in line with our commitment to transparency and accountability

Staff evolution

	FROM *Jan. 2025*	TO *August 2025*	*Jan. 2026*	*% change Jan.26 vs. Jan. 25*
Number of occupied positions				
Total HC RO/CO	**994**	**967**	**TBD**	TBD
# D2/D1	16	16	TBD	TBD
# P6/P5/P4	234	222	TBD	TBD
# Rest	744	729	TBD	TBD
Number of Country offices				
# of CO	**31**		**TBD**	TBD

Timeline

	July	August
Directors	▲ Finalized	
Regional Office	Struct. def.	M&M Com
Country office	Struct. def.	M&M Com

Change management & Comms

Regional Townhall

Previous	Next
13/06/2025	11/09/2025

Comments / Next steps

- **Complete HR process fairly and transparently**
- **Finalize design of new EURO business model**
- **Leverage AI to maximize benefit of consultation**

2025 risk based transition plan in place, along 6 pillars:

1. Programmatic transition
2. Operational readiness
3. Staff support
4. Partnership management
5. Communication
6. (Re)Building teams

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World Health Organization

Regional Dashboard | EURO

Vision for Region

A WHO/Europe that is **indispensable** to all 53 Member States in delivering the *second European Programme of Work (United Action for Better Health),* leaving no one behind.

Priorities

1. **Prevention & health promotion:** Integrated prevention using innovation, behavioral and cultural insights and NCD surveillance; and two EPW2 priorities: tackling risk factors: tobacco, alcohol, nutrition, physical activity; and driving climate health action.
2. **Health systems:** Strengthening resilient, people-centred systems by advancing quality of care and patient safety, a skilled and supported health workforce, robust data, AI and digital health, equitable access to medicines, mental health and wellbeing services, sustainable health financing and healthy aging across the life course.
3. **Health security:** Building resilient health protection systems with capabilities and IHR capacities that can prevent, prepare for, respond to and recover from threats, based on an all-hazards and One Health approach. Ensuring disease elimination and equitable vaccine access.

EPW2 special initiatives

1. **Primary Health Care:** A cross-cutting, all-of-office lift to support national policy development and strengthen PHC as the foundation of resilient people-centred health systems, including National Health Policies/ Strategies.
4. **Violence Against Women & Girls:** Advancing prevention and response to violence through political will, investment and health sector leadership.

What we will scale back

1. **Prevention & health promotion:** Health impact assessments/urban environment
2. **Health systems:** access to medicines to medicines (focusing in on novel medicines and securing supplies across the Region & quality and country capacities in non-EU countries); RO function supporting the Small Countries Initiative (reoriented to core priorities implemented by technical divisions);
3. **Health security:** Prioritizing AMR surveillance and accountability monitoring functions over direct technical assistance to countries; joint infectious diseases (bringing the work closer to countries and focusing on models of care including PHC).

Enabling functions

- Pan-European Learning Academy: reduce scope
- Languages: move toward AI & post-editing; dual-competence model under review
- Communications: prioritized some support to divisions and country offices reduced

What we will rely on HQ for

- Violence & injury prevention (WHA mandates to be handled by HQ)
- Specialized NCD and communicable diseases management and treatment. (HQ and specialist organizations to carry normative leadership and specialized technical support)
- Social participation
- Health systems governance
- Sexual and reproductive health
- EVIPNet
- Senior legal advisory, business intelligence, BMS coordination

With empowered WRs, we will also discontinue desk officer support

Changed ways of working

- **Implementation of new business model** (new ways of supporting high income MS, strengthened Enabling Hub, etc)
- Fully harnessing the potential of **Artificial Intelligence** for efficiency and effectiveness**.**
- Integration of previously dispersed technical work – NCD risk factors, behavioural insights and innovation
- Collaborative surveillance: bringing all relevant functions into one division
- Functions closer to where the disease burden is highest
- PHC as cross-cutting and an all-of-office lift (special initiative)
- Consolidation for efficiency – merging related teams (respectful workplace, PRSEAH, staff wellbeing)
- Smarter leverage of WHO's three levels, Collaborating Centres, regional networks/platforms and Member States' expertise

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SEARO update

World Health Organization

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Regional Dashboard | SEARO

HR

RO/CO Process

	Structure definition (*org design*)	Mapping & Matching	Individual comm.
Director	Completed: 12/08/2025	Completed: 13/08/2025	Completed: 14/08/2025
Regional Office	Target date: 31/08/2025	Target date: 15/09/2025	Target date: 22/09/2025
Country Offices	Target date: 31/08/2025	Target date: 15/09/2025	Target date: 22/09/2025

Staff evolution

	FROM *Jan. 2025*	TO *July 2025*	*Jan. 2026*	*% change Jan.26 vs. Jan. 25*
Number of occupied positions				
Total HC RO/CO	**844**[1]	**757**	**TBD**	TBD
# D2/D1	14	14	TBD	TBD
# P6/P5/P4	143	134	TBD	TBD
# Rest	687	609	TBD	TBD
Number of Country offices				
# of CO	**11**		**10**	-9%

Timeline

	August	September
Directors	Com	
Regional Office	Struct. def.	M&M / Com
Country office	Struct. def.	M&M / Com

Change management & Comms

Regional Townhall

Previous	Next
19 Jun 2025 22 Jul 2025	19 Aug 25 End Aug 25

Next steps

- Design of lower-level RO & CO structures by appointed Directors & WRs
- Design taking into account: 1.) Countries first design principle using CCOM guidance; 2.) MS prioritization and inputs from HLP 3.) Geographical diversity and gender parity; 4.) Inputs from ARC & regional WGs

1. Includes staff in Indonesia

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Regional Dashboard | Region SEARO

Vision for Region

WHO South-East Asia - Bringing Everyone Together for Health

Priorities

- Technical Support to Countries for regional adaptation & implementation of normative products across program areas with high and medium priority outcomes / outputs
- Regional-national Capacity Building activities
- Monitoring, Trend analysis
- Evidence for action and implementation research and monitoring of implementation of global technical products
- Convening role of WHO in the regions including stakeholder coordination
- Continuous workplan review with MS to ensure activity focus on greatest short-term and mid-term priorities. (Finger on the pulse)
- Continued MS engagement on joint planning, monitoring and evaluation based on concepts of Results Based Management

What we will scale back :

- Technical assistance for low priority outcomes & outputs, by facilitating greater support from WHO CC and CoE
- Field Operational Support that use flexible funds
- Technical assistance in areas not prioritized in country context or availability of other actors playing lead role
- Advocacy and communication on non-core priorities, by encouraging national actors to lead.
- Focus on health adaptation measures for climate change only.

What we will stop

- Roll back support to programs where Member States' and other stakeholders have capacity and comparative advantage
- Development of Global normative technical products & frameworks
- Encourage suitable global / national alliances or partnerships to lead, such as for migrant and displaced populations, response to all hazards .
- Phase out activities for medium and low priorities programs when VC funding ends
- End siloes across teams through structure & culture
- Phase out support for adhoc learning initiatives outside strategic priorities

Changed ways of working

- Leverage advancements, experience and progress by Member States', for government to government technical learning
- Provide Partnership Platform to Share intellectual and social capital to address high priority issues in the Region.
- Harness digital technology and AI for programs as well as processes
- Optimize expertise of WHO CCs and centers of excellence to provide technical support to Member States
- Engage more UNVs and JPPs as workforce and expand secondee /fellowships program with MS support
- Realize synergies between RO and CO to maximize efficiency and technical support to MS.

For internal use – The information and proposals contained in this documents are working assumptions and do not constitute organizational change decisions in any way. No possible decision would be made without consultation of the staff representative bodies in accordance with the law.

AMRO/PAHO update

World Health Organization

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Regional Dashboard | AMRO/PAHO

HR

(70% of PAHO staff are financed with PAHO funds and 30% with WHO/AMRO funds)

Process

Ongoing org. structure review

	Structure definition (*org design*)	Mapping & Matching	Individual comm.
Director	Target date: XX/XX/XX	Target date: XX/XX/XX	Target date: XX/XX/XX
Team Leads	Target date: XX/XX/XX	Target date: XX/XX/XX	Target date: XX/XX/XX
Rest of the org.	Target date: XX/XX/XX	Target date: XX/XX/XX	Target date: XX/XX/XX

Staff evolution

As of 31 July 2025

	FROM Jan	TO Jul	*Frozen*
RO	**419**	**415**	**115**
# Directors ([1])	20	24	4
# Team Leads ([2])	40	43	7
# Rest	359	348	104
CO	**347**	**348**	**80**
# Directors ([3])	31	30	5
# Team Leads ([4])	132	127	26
# Rest	184	191	49

1) P-6/D-1, D-2; 2) P-5; 3) P-5, P-6/D-1; 4) P-4

World Health Organization

Timeline & Considerations

- USG assessment (end of August)
- Ongoing organizational structure review to ensure alignment with Member States' priorities (end of August)
- Ongoing cost savings measures (e.g. frozen positions = $17 million in cost containment)

Change management & Comms

Regional Townhall

Previous	Next
11 April	12 Sept.

Next steps

- Implementation of Shared-services hub in a lower cost location (Jan. - June 2026) - expected reduction of 34 positions
- Operational/HR Planning (Aug. – Nov) – reduced program budget/focus on priorities
- Transitional support for affected staff
- Leverage technology and innovation

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