WHO reform

Consolidated report by the Director-General

OVERVIEW

1.   The Executive Board at its 130th session requested the Secretariat to prepare a consolidated report covering all aspects of WHO reform for submission to the Sixty-fifth World Health Assembly. This report, which forms part of a package of documentation on reform, presents Member States with a comprehensive overview of the reform programme. It is organized in three sections, which address the three substantive areas of WHO reform: programmes and priority setting, governance and management.

2.   Since the Sixty-fourth World Health Assembly and the May 2011 session of the Board, separate elements of the reform programme have been discussed during the 2011 season of Regional Committees. Mission briefings on reform took place in Geneva in July and September, with opportunities for further comment by web consultation. A consolidated paper containing proposals under each main section was then considered by the Board at the special session in November 2011. In January 2012, the Board at its 130th session considered nine papers on specific aspects of the reform programme that had been developed in response to requests by the Board in November. Member States were invited to comment on specific proposals via a further web consultation after the January Board. Most recently, in February 2012, Member States met to agree on criteria, categories and a timeline for setting priorities to be reflected in the next general programme of work and the Proposed programme budget 2014-2015.

3.   This report provides an update on developments over the last 12 months. In each of the three main areas of reform, it summarizes progress in terms of implementation and/or further elaboration of proposals, and identifies – within each of the main sections – where further guidance or decisions by the Health Assembly are needed. In several areas, the detailed proposals reviewed by the Board at its special session have been consolidated to give a better sense of how they contribute to the objectives of reform.

4.   **Programmes and priority setting**. The categories and criteria agreed by Member States in February 2012 have been used to elaborate a set of high-level priorities for WHO in an initial draft of the general programme of work for 2014–2019, as requested in the Chairman's report on the meeting of Member States on programmes and priority setting.[1] The draft general programme of work, as it is developed over coming months, will set out how the reform agenda will influence WHO's programmes. It will thus embody the technical element of the reform agenda. It will demonstrate how

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[1] See document A65/40.

agreed criteria have been used to identify priorities; how high-level goals have been set; and how WHO's core functions, comparative advantage and organizational position have been used to focus the work of the Organization. An outline of the draft general programme of work in schematic form, with explanatory notes, is presented as a separate document and will be discussed by the PBAC and Health Assembly in May 2012.[1] Guidance from Member States will influence the development of a first full draft for discussion by the regional committees in 2012. Further drafts will be prepared for review by the Programme Budget and Administration Committee of the Executive Board (PBAC) in November 2012 and by the Board in January 2013. The first draft of the Proposed programme budget, using the same categories as the general programme of work, will also be first presented to the regional committees in 2012. Thereafter, the draft of the Twelfth General Programme of Work and the Proposed programme budget 2014–2015 will be presented to the Health Assembly in 2013 through the PBAC and the Board.

5.   **Governance.** The section on governance consolidates proposals under four main headings: more rational scheduling, alignment and harmonization of governance processes; strengthening oversight; more strategic decision- making by governing bodies; and more effective engagement with other stakeholders. The focus of recent work has been the internal governance of WHO by Member States. More detailed work and consultation is needed in relation to the streamlining of national reporting to WHO as well as engagement with other stakeholders. In relation to the latter point a brief road map of activities is suggested.

6.   **Management**. The management chapter has been reorganized to reflect the fact that stronger technical, normative and policy support for all Member States is a key outcome of reform. It is organized around six main objectives: (a) effective technical and policy support for all Member States; (b) staffing that is matched to needs at all levels; (c) a financing mechanism that respects agreed priorities; (d) effective systems for accountability and risk management; (e) a culture of evaluation; and (f) strategic communications.

7.   With regard specifically to evaluation, the present document reports on measures taken to establish a culture of independent evaluation within WHO as part of the overall management reform measures. In addition, the External Auditor's Evaluation Team will present to the Health Assembly a report on the first stage of the independent evaluation.[2] The revised draft evaluation policy, incorporating comments made by Member States at the 130th session of the Executive Board, will be presented to the Board at its 131st session, through the PBAC.

8.   Lastly, the Board requested that the consolidated report include an implementation framework for the reform programme for consideration by the Health Assembly. This is presented as a separate document.[3]

9.   In summary, the documentation for consideration by the Health Assembly consists of:

(a)   the consolidated report

(b)   A65/5Add. 1 Draft outline of the Twelfth General Programme of Work

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[1] Document A65/5 Add.1.

[2] Document A65/5 Add.2.

[3] Document A65/INF.DOC./6.

(c)   A65/5Add. 2 Stage one evaluation report (presented by the External Auditor)

(d)   A65/INF.DOC./6 Draft implementation framework.

1.   PROGRAMMES AND PRIORITY SETTING

10.   The Chairman's report, on the meeting of Member States on programmes and priority setting, details[1] the criteria and categories for priority setting and programmes in WHO and the roadmap and timeline to be used, along with the six core functions defined in the Eleventh General Programme of Work, 2006–2015 in suggesting priorities for the draft outline of the Twelfth General Programme of Work and Programme Budget. In addition to priorities, the general programme of work will define a limited set of high-level results to be achieved by WHO in collaboration with Member States over the six-year period 2014–2019. The definition of results at impact and outcome level contained in the general programme of work is consistent with the structure of the new results chain welcomed by the Board at the special session.[2]

11.   The five categories (plus corporate services) will provide the main structure for the next programme budget. In addition, the agreed criteria, along with the core functions of WHO will be used to define the more detailed priorities that will appear in the budget for the years 2014–2015. The first draft of the next proposed programme budget will be reviewed by the Regional Committees in 2012. Accompanying that draft will be a technical document that sets out the reasoning underpinning the selection of outputs in each category and explaining how the criteria have been used in making strategic decisions.

12.   The main application of the categories and criteria is in the development of WHO's programming and planning instruments, however, they also have implications for other aspects of WHO's work. The process by which they were developed sets an important precedent for Member State engagement in priority setting in the future.

13.   The major categories may be used as a means of structuring the agenda for future Health Assemblies and other governing body meetings, with a view to streamlining discussion on closely related agenda items. The categories are also a better organizing structure for the proposed programme budget than the current strategic objectives, as they can be used to specify voluntary contributions at a higher level. In addition, at country level, the limited number of high-level categories gives country offices more flexibility to align operational plans closely with national priorities.

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[1] See document A65/40, Appendices 1–3.

[2] See document EBSS2/2, paragraph 166.

> **Decision point 1.**
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> The Health Assembly is invited to endorse the Chairman's report on the meeting of Member States on programmes and priorities (document A65/40) and the criteria, categories and timeline set out in its three appendices.
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> The Health Assembly is invited to provide guidance on the further development of the draft Twelfth General Programme of Work.

2.   GOVERNANCE

14.   In its decision on WHO governance in November 2011 the Board at its special session agreed on the following principles:[1]

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(a)   governance needs to be a fully inclusive process, respecting the principle of multilateralism;

(b)   WHO's governing bodies have a key role in priority setting, with the Health Assembly playing a policy and strategic role and the Executive Board playing a strengthened advisory, executive and oversight role;

(c)   WHO should seek to strengthen and make maximum use of existing mechanisms and structures;

(d)   the general programme of work should guide the work of the governing bodies;

(e)   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.

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[1] Decision EBSS2(2).

2.   Further agreed that:

(a)   the Programme, Budget and Administration Committee of the Executive Board should be strengthened. In particular, its role should also include overseeing the monitoring and evaluation of programmatic and financial implementation at the three levels of the Organization;

(b)   the duration, timing and sequencing of the sessions of the Executive Board and the meetings of the Programme, Budget and Administration Committee should be optimized, relocated in time or extended, as appropriate, rather than holding additional sessions of the Executive Board;

(c)   the Executive Board should play a role in limiting the number of draft resolutions based on an assessment of their strategic value, financial and administrative implications, and reporting requirements and timelines;

(d)   the following proposals for improving the methods of work of the Executive Board and Health Assembly do not require amendments of the Rules of Procedure and should be immediately implemented: debates should become more disciplined to discourage lengthy national reports and focus on the substance of the item; and institute as the norm a "traffic light" system and enforcement by chairmen of time-limits;

(e)   the linkage between the work of the Regional Committees and that of the Executive Board and the Health Assembly should be enhanced and strengthened;

(f)   the Director-General shall strengthen support to Member States in their 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;

(g)   dialogue and collaboration with other stakeholders should be strengthened as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest;

(h)   WHO should, based on Articles 2 (a) and 2 (b) of the Constitution of the World Health Organization, engage and where appropriate lead and coordinate across the United Nations system and with other international agencies on issues that impact health;

(i)   in the longer term, options for a framework to guide interaction between all stakeholders active in health should be explored."

15.   In a summary of governance discussions by the Board in January 2012,[1] the Chairman invited Member States to submit comments on the draft revised terms of reference for the Programme, Budget and Administration Committee and on the proposals for increasing the linkages between regional committees and the global governing bodies, and harmonization of the practices of regional committees.

16.   The Chairman noted that further discussion will be required on WHO's engagement with other stakeholders. It was also agreed that the Board should play more of an oversight role in relation to

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[1] See the summary record of the thirteenth meeting of the Executive Board at its 130th session, section 2.

partnerships in which WHO is involved, including those hosted by WHO. This issue is addressed in more detail below.

17.   Following the guidance from Member States in January 2012, work has focused on four main objectives: rationalizing the scheduling of meetings and ensuring better alignment of governance processes; strengthening the oversight role of the Executive Board; encouraging more strategic decision making in governing body meetings; and encouraging more effective engagement with other stakeholders. More effective, efficient and timely support from the Secretariat will underpin the achievement of all four objectives.

Decision point 2.

The Health Assembly is invited to endorse the Board decisions and conclusions reflected in paragraph 14.

Scheduling, alignment and harmonization of governance processes

Scheduling

18.   The objective of changing the schedule of governing body meetings is to improve the effectiveness of governance, particularly to ensure better alignment between different elements of the global governance process, and between global and regional governance processes. Reform needs to take into account the roles and responsibilities of each body, their relationship to each other and the cost implications of change.

19.   Several proposals have been made with regard to the annual schedule of governing body meetings. The first option is to remain with the current schedule. The second option would be to move the PBAC and the Board together to early February. This would have the effect of allowing a longer preparatory period following the beginning of the year, and a more complete report on the preceding year. Currently the PBAC and Board meet sequentially, with the Board session taking place in close proximity to the meeting of the PBAC. A third option therefore would be to create an interval between the PBAC meeting and the session of the Board. This option is consistent with the strengthened role of the PBAC (see paragraphs 34–36 below) and would allow the Board more time to consider the PBAC recommendations than is currently possible with back-to-back meetings. The disadvantage of this proposal, if implemented within the current annual cycle, is that the PBAC would need to meet in December, and thus would convene prior to the availability of financial and other reports for the full year.

20.   The fourth and most radical proposal is to link the meetings of the regional committees with the global governing bodies in a single sequence over the course of a calendar year. The premise is that the cycle starts with the regional committees, which then feed into the meetings of the PBAC and Board, which in turn lead to the Health Assembly.

21.   In theory, the cycle can start at any point in the year. However, if the governing bodies are to play a role in the financing dialogue (see paragraph 95 below), the timing of the publication of financial reports makes it logical to start with the regional committees at the beginning of the year, to move the PBAC and the Board to May, and the Health Assembly to the last quarter of the year. This option offers real advantages, providing that the requisite accommodation for the Health Assembly is available later in the year.

Decision point 3.

The Health Assembly is requested to provide guidance on the preferred option for scheduling meetings of WHO's Governing Bodies:
  (a) No change: maintain the present schedule
  (b) Move the PBAC and Board to early February
  (c) Increase the interval between meetings of the PBAC and sessions of the Board
  (d) Revise the annual cycle to start with Regional Committees in January and end with the Health Assembly in the last quarter of the year.

Alignment

22.   Seeing governing body meetings as a single sequence emphasizes the relationship between the different elements. The relationship between the PBAC and Board is discussed above. The relationship between the Board and the Health Assembly, particularly the Board's potential "gatekeeper" role in relation to resolutions was agreed by the Board at its special session. The remaining link for review is that between the Regional Committees and the Executive Board.

23.   The functions of the Regional Committees are set out in Article 50 of the WHO Constitution. This specifies that their role is to "formulate policies governing matters of an exclusively regional character". However, the article goes on to note that the Committees shall "tender advice, through the Director-General, to the Organization on international health matters which have wider than regional significance." Thus while the primary role of Regional Committees is to reflect the particular needs and priorities of their respective regions, they are an integral part of the overall governance of WHO. However, the agendas of the Regional Committees and the Board are not always well aligned with each other. A specific issue is the lack of a formal mechanism through which the Board is informed of issues that have been discussed in the Regional Committees. Conversely, with the exception of items like the draft general programme of work and the Proposed programme budget there is no consistent practice of including in the agendas of the Regional Committees items of global importance that require input from a regional perspective. This also needs to be reviewed.

24.   In future, Regional Committees will be asked to comment and provide input not only to the draft general programme of work and the Proposed programme budget, but also to all global strategies, policies and legal instruments such as conventions, regulations and codes. This would require a decision by the Health Assembly that henceforth all items that fall into these categories be referred to the Regional Committees, and that a request be made to the Regional Directors to include such items in the agendas of the Committees. In addition, the Board and the Health Assembly may decide to refer specific items to the Regional Committees before further deliberation or a final decision in order to benefit from diverse regional perspectives.

25.   A key outcome of this approach would be to ensure that Regional Committees have an input into the development of global strategies. Once strategies are agreed, the need is for regional adaptation and implementation rather than the development of additional region-specific strategies.

26.   In the other direction, the Regional Committees should play a stronger role in the work of the Board: reporting regional positions on specific items, raising new issues and drawing the Board's

attention to the regional implications of items on its agenda. The means for doing so are currently missing, both in practice and in the Rules of Procedure of the various bodies.[1] It is proposed that this interaction take the following forms:

(a) The chairpersons of the Regional Committees will routinely submit a summary report of the Committees' deliberations to the Board, focusing in particular on items on the Board's agenda and on inputs to draft global strategies, policies, conventions and other legal instruments. Comments on the Proposed programme budget and draft general programme of work will continue to be submitted through the Director-General as is now the case.

(b) Regional Committees may propose, through their summary reports, agenda items to the Board within the priorities agreed in the general programme of work, as well as draft resolutions on items on the Board's agenda.

27. To further enhance the connection between Regional Committees and the Board it is recommended that the Officers of the Executive Board (the "Bureau") attend their respective Regional Committees. This will help to bring a regional perspective, and enable a review of regional proposals for agenda items, into the Bureau's discussion of the Board agendas.

Decision point 4.

The Health Assembly is invited to endorse the proposals for enhancing alignment between the Regional Committees and the Board as contained in paragraphs 22–27.

Harmonization

28. Diversity in rules of procedure and operational practices in part reflect differences in culture and tradition across the regions. Whilst acknowledging the value of diversity, Member States have asked for harmonization of some aspects of regional governance to ensure sound legal practice, to increase the effectiveness of governance, and to promote fairness, accountability and transparency across the Organization.

29. Greater harmonization would be of most value in the following areas: the process for nominating Regional Directors; the review of credentials; and the rules governing the participation of observers.

30. With regard to the nomination of Regional Directors, best practices both within WHO and in other organizations highlight the importance of the following principles: fairness, transparency and emphasis on the personal qualifications of candidates. Some Regional Committees have already revised their procedures in line with the process for nominating the Director-General. It is recommended that the Health Assembly and the Board request those Regional Committees that have not yet done so to revise their procedures for the nomination of the Regional Director in line with the above principles. It is further recommended that they establish: (1) criteria for the selection of candidates; and (2) a process for assessment of all candidates' qualifications. This should be achieved either through a dedicated group that makes recommendation to the full committee, or through

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[1] Article 50(e) of the Constitution of the World Health Organization envisages this role.

interviews of a shortlist of candidates, thus ensuring through either method that only those candidates proceed who enjoy a measure of support.

31.   Legally sound practice concerning the representation of Member States is ensured through the presentation of credentials issued by the appropriate governmental authorities and approved by the international body concerned. The technical validity of credentials should, as an international best practice, be assessed by Member States with the support of the Secretariat. Current practice with regard to the review of credentials of Member States instead is uneven. Some Regional Committees have established formal Credentials Committees, while in others the Secretariat alone assumes this responsibility, leaving the Secretariat open to criticism in controversial cases.

32.   The Health Assembly could request the Regional Committees to: prescribe that credentials should be issued by the head of state or government, the minister of foreign affairs, the minister of health or any other appropriate authority; and either to provide for the appointment of credentials committees or entrust the task of considering credentials to the officers of the Committee.

33.   The current Rules of Procedure of most Regional Committees provide only for the participation in their work of regional organizations. On the issue of observers, therefore, the issue is simply to harmonize practice across all regions so that there is an explicit procedure that allows Regional Committees to invite the observers that they wish to attend, including Member States from other regions, intergovernmental and nongovernmental organizations.

Decision point 5.

The Health Assembly is invited to endorse the proposals for increasing harmonization across Regional Committees in relation to the nomination of Regional Directors, the review of credentials, and participation of observers, as contained in paragraphs 28–33.

Oversight by governing bodies

34.   **Strengthening the Programme Budget and Administration Committee (PBAC)**: The main proposal is that the PBAC should not deal solely with managerial and administrative matters, but that it should also have an oversight role in relation to programmatic issues.

35.   In line with Member States' requests the terms of reference for the PBAC have been reorganized by area for better clarity, and updated to reflect the establishment of the Independent Expert Oversight Advisory Committee and the role of the PBAC in monitoring and evaluation. The new terms of reference require the PBAC to review, provide guidance and, as appropriate, make recommendations to the Executive Board on two sets of issues: programme planning, monitoring and evaluation; and financial and administrative issues. In addition, the terms of reference specify areas where the PBAC can act on behalf of the Executive Board.

36.   The key point on this issue made by Member States in their comments during the 130th session of the Board is that reform needs to go beyond adjustment of the terms of reference. In line with suggestions made by Member States, the agenda of the PBAC will in future be broadened to cover more programmatic and performance issues. In addition, the PBAC will have a greater role in the oversight of independent evaluation and in relation to the proposed financing dialogue. These changes may require meetings of the PBAC to be extended by an additional day. To ensure informed debate on the broader range of programme issues on the agenda will have implications for Member State delegations and the attendance of Secretariat staff.

37.   Regional Committees have similar mechanisms whereby standing or other sub-committees play an advisory role to the main body. Their experience reaffirms the point made above that there needs to be a sufficient interval between the meetings of such committees and those of the main governing body that they advise.

Decision point 6.

The Health Assembly is invited to note that the revised terms of reference for the Programme Budget and Administration Committee, as presented to the Board at its 130th session, will be further reviewed by the PBAC at its May meeting and presented for the Board's final decision at its 131st session.

Strategic decision-making in governing body meetings

38.   This section addresses the management of resolutions and decisions. It builds on measures already agreed at the Board's special session (see subparagraphs (2)(c) and (d) above under paragraph 14).

39.   Currently, the governing bodies consider a large volume of agenda items and their related decisions and resolutions. The Board can "play a role in limiting the number of draft resolutions based on an assessment of their strategic value, financial and administrative implications, and reporting requirements and timelines",[1] however, ensuring more disciplined and strategic debate remains a challenge.

40.   The late receipt of draft resolutions poses additional problems, particularly if there is insufficient time to assess the value they add compared to past resolutions on the same subject and to analyse the financial programmatic or administrative implications for the Secretariat if adopted. In addition, if there is a need for additional drafting or working groups this can disrupt the flow of business.

41.   An earlier proposal in the Director-General's report to the Board at its special session, was that the work of the global governing bodies be guided by a medium-term plan of work. This proposal provoked two main reactions, summarized as: would adherence to a fixed plan be too inflexible and risk excluding new or emerging issues; and how would such a plan be different from a general programme of work?

42.   On reflection, once it has been adopted by Member States, the Twelfth General Programme of Work offers a better way of structuring debate at governing body meetings, without reducing the Organization's flexibility to address new issues. The agreed categories will facilitate the grouping of related agenda items under a limited number of headings, reducing the need for duplicative comments, highlighting synergies and/or overlaps between related items and resolutions, and facilitating a more streamlined debate. The priorities in the general programme of work can be applied by the Officers of the Board in the preparation of the provisional agenda for the Board and as further criteria for making recommendations on new agenda items proposed by Member States or Regional Committees.

43.   In summary, the measures proposed for streamlining the management of resolutions are: (a) for Officers of the Board to use criteria, including those used for priority setting in the GPW, in reviewing

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[1] See decision EBSS2(2), subparagraph (2)(c), in document EBSS/2/2011/REC/1.

items for inclusion on the Board's agenda on the basis that fewer items would result in fewer related resolutions and decisions; (b) to ensure that the Board has the same powers as the Health Assembly for managing the late submission of resolutions;[1] (c) to limit reporting requirements on all resolutions to a maximum of six instances, unless otherwise decided by the Health Assembly; and (d) to make more use of the Chairman's summaries, reported in the official record, in cases where a formal resolution is not deemed to be essential.

Decision point 7.

The Health Assembly is invited to endorse the proposals summarized in paragraph 43 for streamlining decision-making in governing body meetings.

Effective engagement with other stakeholders

44.   The Board at its special session agreed that dialogue and collaboration with other stakeholders should be strengthened as appropriate, while taking into account the importance of full engagement of Member States and of managing conflicts of interest. [2]

45.   Partnership – in a general sense – with other stakeholders is a vital aspect of WHO's leadership in public health and can take many forms, with civil society and nongovernmental organizations, with private entities, and with the wide range of health-related organizations within and beyond the United Nations. Interaction takes place at global, regional and country levels.

46.   Two primary concerns have dominated the debate on these issues. How to ensure the intergovernmental nature of WHO's decision-making remains paramount when other stakeholders interact with WHO's governing bodies? And, in relation to all interactions with other stakeholders, how to protect WHO's work from any form of conflict of interest? At a level of principle these concerns have been addressed by the Board (see above, paragraph 14). Principle now needs to be translated into practice.

47.   In relation specifically to the United Nations, it was agreed that WHO should engage and, where appropriate, lead and coordinate across the United Nations system and with other international bodies on issues that impact health.[3]

48.   In terms of the technical work, WHO will continue to seek the views of nongovernmental organizations. Interactions will not be confined to the global sphere. Initiatives at regional and country level, such as the International Health Partnership, and Health and Harmonization in Africa, are increasingly used to support the development of national health policies and strategies.

49.   As the Board suggested, there is a need to review and update the principles governing WHO's relations with nongovernmental organizations. This will require exploring ways in which nongovernmental organizations and other health-related organizations can participate in and have their

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[1] Rule 50 of the Rules of Procedure of the World Health Assembly states that "…no proposal shall be discussed or put to the vote at any meeting… unless copies of it have been circulated to all delegations at least two days previously".

[2] Decision EBSS2(2) subparagraph (2)(g), document EBSS/2/2011/REC/1.

[3] See also the report of the Secretariat on collaboration within the United Nations system and with other intergovernmental organizations, document A65/39.

voices heard at regional and global governing body meetings, ensuring however that decision-making remains the prerogative of governments. Given wide-spread concerns about the potential for conflicts of interest, a key challenge is to explore how to differentiate between the several different types of nongovernmental organizations that interact with WHO.

50.   The next step in regard to nongovernmental organizations will be to conduct informal consultations leading up to the Sixty-fifth World Health Assembly. During the Health Assembly it is proposed to hold a briefing on the issue of interactions with nongovernmental organizations, at which the Secretariat will seek the expression of views that can ultimately be incorporated in a paper for the 132nd session of the Executive Board.

51.   Relationships with private commercial entities are presently covered only by internal guidance to staff (see also the relevant section on accountability, transparency and conflict of interest below, under management reform). More work, and further consultation are required in order to prepare a policy paper for consideration by the Board. Consultation will take place over the next six months and a draft policy paper will be presented to the Board at its 133rd session in May 2013.

52.   This section of the paper deals in a general sense with WHO's work in partnership with other stakeholders, however it is important also to focus on the role of WHO as a partner (and frequently a board member of formal health partnerships), looking at both partnerships that are independent and those that are hosted by WHO.[1]

53.   Previous discussions have suggested that the Board play a stronger role in the governance of WHO's relationship with health partnerships. To this end, it is proposed that WHO's role in formally established health partnerships become a standing agenda item for consideration by the Board. The Board requested that the Secretariat present a report on WHO's hosting arrangements, along with further efforts to harmonize work with hosted partnerships, at the Board's 132nd session.

54.   In summary, the roadmap for more effective engagement with other stakeholders envisages three related streams of work: (a) consultation with nongovernmental organizations on their interaction with WHO's technical work and with WHO governance, including a briefing at the Sixty-fifth World Health Assembly, leading to a report to the Board in January 2013; (b) a structured series of consultations concerning WHO's relationship with private commercial entities, building on existing guidelines, leading to a draft policy document to be presented to the Board in May 2013; (c) a review of WHO's hosting arrangements and proposals for harmonizing work with hosted partnerships for consideration by the Board in January 2013.

> **Decision point 8.**
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> The Health Assembly is invited to endorse the three streams of work in relation to WHO's engagement with other stakeholders as summarized in paragraph 54.

55.   At its special session, the Board requested the Director-General to make proposals on how to streamline national reporting in accordance with Articles 61 to 65 of the Constitution of the World Health Organization, using modern tools. Work on this issue is in hand in the wider context of

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[1] The term "formal partnership" is used in line with the definition contained in document A63/44, which refers to "a collaborative and formal relationship among multiple organizations in which risks and benefits are shared in pursuit of a shared goal. Such partnerships have their own, separate governance body."

rationalizing health reporting. A separate report will be issued for the 132nd session of the Executive Board in January 2013.

3.   MANAGEMENT REFORM

56.   In decision EBSS2(3), the Board provided guidance on management reform. At its special session in November 2011 it welcomed the Director-General's proposals on management reform and, while recognizing the need for complementary work, especially on the strategic allocation of resources, requested that the proposals be taken forward in the following areas:

(a)   organizational effectiveness, alignment and efficiency;

(b)   financing of the Organization;

(c)   human resources policies and management;

(d)   results-based planning, management and accountability;

(e)   strategic communications.

57.   The Director-General was requested to develop further:

(a)   a detailed proposal, for mechanisms to increase predictability of financing and flexibility of income, which supports priorities set by Member States;

(b)   a detailed proposal to establish a contingency fund for public health emergencies, and a report on this to the Executive Board at its 130th session in January 2012;

(c)   proposals for a timeline for development of the programme budget and general programme of work for the period 2014 onwards, taking into consideration the good experiences of the Medium-term strategic plan, with an analysis of the advantages and disadvantages of changing the periodicity of the programme budget to three years, and a report on this to the Sixty-fifth World Health Assembly in May 2012;

(d)   a draft formal evaluation policy, including a mechanism for oversight of evaluation by the governing bodies informed by insights provided by the Independent Expert Oversight Advisory Committee, and a report on this to the Executive Board at its 130th session in January 2012;

(e)   clarification on the proposals with respect to enhancing the networks and relationships between regional offices, and between groups of country offices within and across regions; and on enhancing capacity for effective resource mobilization, particularly at the country level;

(f)   a proposal for a new resource allocation mechanism, to be considered by the Programme, Budget and Administration Committee of the Executive Board at its sixteenth meeting in May 2012.

58.   Member States decided to proceed with an independent evaluation to provide input into the reform process through a two-stage approach, the first stage of which will consist 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, following up where possible to produce more information in response to questions arising from the Executive Board at its special session.

59.   Member States decided further that the first stage review will also provide a roadmap for stage two of the evaluation, the goal of that second stage being to inform the Sixty-sixth World Health Assembly, through the Executive Board at its 132nd session, as an input into the general programme of work. Stage two of the evaluation will build on the results of stage one and further consultations with Member States, focusing in particular on the coherence between, and functioning of, the Organization's three levels. As one input into reform, this evaluation will proceed in parallel to other aspects of the reform.

60.   The Board requested the Director-General to identify the appropriate entity for the first stage of the evaluation and to develop further, in consultation with the United Nations Joint Inspection Unit, the External Auditor and the Independent Expert Oversight Advisory Committee, an approach to the two stage evaluation, in consultation with Member States, and present it to the Executive Board at its 130th session for consideration.

61.   In the context of relations with the United Nations Joint Inspection Unit, the Board requested the Joint Inspection Unit to update its reports on:

   (a)   Decentralization of Organizations within the United Nations System – Part III: the World Health Organization;

   (b)   Review of management and administration of the World Health Organization[1] .

62.   In January 2012 the Board considered specific documents on mechanisms to increase predictability and flexibility of funding;[2] a contingency fund;[3] and a clarification of proposals with respect to relationships between regional offices, and between country offices within and between regions, and concerning resource mobilization, particularly at the country level[4]. The Board also considered reports on evaluation.[5]

63.   The remainder of this section provides an update of progress on management reform and highlights decisions to be made by the World Health Assembly. It is organized around six main objectives: (a) effective technical and policy support for all Member States; (b) staffing that is matched to needs at all levels; (c) a financing mechanism that respects agreed priorities; (d) effective systems for accountability and risk management; (e) a culture of evaluation; and (f) strategic communications.

Effective technical and policy support for all Member States

64.   WHO's work supports all Member States: those where it has a physical presence as well as those where it does not. Stronger and more effective support that addresses the needs of all countries is

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[1] The text in paragraphs 56-61 drawn from decisions of the Executive Board at its special session (see document EBSS/2/2011/REC/1).

[2] Document EB130/5 Add.5.

[3] Document EB130/5 Add.6.

[4] Document EB130/5 Add.7.

[5] Documents EB130/5 Add.8 and Add.9.

a key outcome of reform, not just one component of it. In those countries where WHO is physically present, success clearly depends on strengthening WHO Offices in countries, territories and areas. But equally, it depends on other aspects of management reform (human resource policy, financing and resource allocation, accountability and risk management, evaluation and communications) at all levels of the Organization.

65. Success in supporting Member States also requires improvements in the quality of WHO's work. Not just through the WHO offices, but through the work of headquarters, regional and subregional offices as well. In this regard, the focus to date has been primarily on increasing the responsiveness and coherence of support to individual countries. However, the quality and relevance of WHO's normative and standard setting work – which benefits Member States collectively – is equally important.

66. Specifically, in relation to WHO's physical presence, there has been considerable progress since the reform process began. Delegation of authority to Heads of WHO Offices in countries, territories and areas has been enhanced in relation to programmatic, human resource as well as financial and administrative issues. The degree of delegation has been more closely geared to the size and complexity of country programmes.

67. In addition, the process of performance appraisal of Heads of WHO Offices is being strengthened. The Heads participate in the 180 degree evaluation process for members of the United Nations country team.

68. WHO's internal control framework (see paragraphs 97–101 below) is being strengthened and will be applied at country level to improve programme implementation and financial management; and the assessment of country offices' performance based on agreed criteria is being institutionalized.

69. To address concerns highlighted in several evaluations, future developments will shift the focus to the leadership role of Heads of WHO Offices. In particular, enabling Heads of WHO Offices to play a more authoritative role in facilitating policy dialogue: across different parts of governments, with civil society and nongovernmental organizations, and with all other incountry health partners.

70. Measures in this regard include: getting the best possible candidates through improving the selection process; developing an attractive career path as individuals proceed through increasingly senior postings; and exploring the potential to harmonize the grades of posts at country level with peers in the United Nations system.

71. This approach is being backed by an intensive capacity development programme to enhance the ability of Heads of WHO Offices and their teams to lead policy dialogue and engage in effective partnerships. This includes mandatory tutor-led online learning as well as a face-to-face global health diplomacy training course to enhance their diplomatic, negotiation and partnership skills.

72. The expected benefit of capacity development is to further strengthen WHO's role as a convener and trusted broker, facilitating the health and development partners' contributions towards the national health policy, strategy and plan as well as leading the health cluster as required in emergency situations.

73. Modern communications and knowledge technology now allow innovative and flexible approaches to sharing knowledge, ideas and experience across the Organization. On the same theme, immediate virtual access to additional expertise from WHO collaborating centers and other public as well as national institutions is now available.

74. To increase WHO's responsiveness, the process of preparing country cooperation strategies will continue to be refined. Importantly, it will be gradually expanded towards a situation where any country can develop an agreed cooperative programme with WHO, irrespective of whether there is a WHO Office in place.

75. While agreement on priorities in the country cooperation strategy is a necessary step in increasing responsiveness to country needs, these priorities need to be reflected in resource allocation and operational planning. The broader categories agreed for developing the new draft general programme of work and proposed programme budget will provide country teams with greater flexibility in this regard.

76. This last point highlights the more general point that effectiveness of country support depends on effective management systems at all levels of WHO. In particular, it requires a clear differentiation of roles and responsibilities between the different levels, not just in terms of how they work together, but in terms of what they actually deliver. Roles and responsibilities are set out in detail in the following table.

Country level

Technical cooperation
Lead the provision and brokering of technical cooperation with Member States through the development of a country cooperation strategy; and identify areas requiring technical support and institutional strengthening.

Policy advice and dialogue
Provide policy advice and lead policy dialogue at country level, as well as facilitating broader engagement of countries in regional and global policies and dialogues.

Norms and standards
Support countries to participate effectively in the development of global norms and standards, guidelines, tools and methodologies, and in adapting them for country use and implementation.

Knowledge generation and sharing
Support the collection, analysis, dissemination and use of national data (including surveillance data, country experiences and trends) required for monitoring the global health situation, and support research.

Convening
Convene and coordinate health actors in support of national health developments and in response to public health emergencies.

Regional level

Technical cooperation
Provide technical support for the development of country cooperation strategies and backup for institutional strengthening at country level; foster technical cooperation among countries; lead collaboration with Member States that have no WHO Office.

Policy advice and dialogue
Provide a platform for sharing policy advice, and contribute to the development of global policies and strategies, provide backup to WHO Offices on policy advice and dialogue; and advocate on regional health matters.

Norms and standards
Develop or adapt guidelines, methodologies and tools; adapt global strategies to the regional specificities.

Knowledge generation and sharing
Regional aggregation and validation, analysis, dissemination and use of health-related data (including surveillance data) and trend analysis; comparative analysis of and lessons learnt from regional country experiences, and sharing good practices on issues of region-wide concern.

Convening
Convene regional governing bodies and regional and inter-regional health platforms; facilitate Member States' engagement in regional initiatives and coordinate with regional and sub-regional entities.

Enabling
Provide backup on administrative and managerial issues for WHO Offices.

Headquarters

Technical cooperation
Provide backup for country offices on technical issues and support institutional strengthening at country level.

Norms and standards
Lead in the formulation of technical norms and standards; develop methodologies, tools and global strategies.

Knowledge generation and sharing
Global consolidation, dissemination and use of health related data (including surveillance data) and global trend analysis; research and innovation on issues of global significance; and broker inter-regional exchange of experience and lessons learnt.

Convening
Convene global governing bodies; convene key stakeholders for global health initiatives, and lead in shaping the health agenda at global level.

Policy advice and dialogue
Formulate global public health policies; coordinate strategic global public health goods, and advocate on global health matters.

Enabling
Develop policies, systems, and oversight and accountability frameworks for administrative and managerial issues.

77.   In the development of the programme budget, the way that outputs are defined and resources are allocated will have the effect of reinforcing and underpinning better alignment of functions across WHO.

Decision point 9.

The Health Assembly is invited to note progress made in relation to strengthening technical and policy support to all Member States.

Staffing that is matched to needs at all levels of the Organization

78.   A wide range of work is in hand, across WHO, to improve human resources policy and practice. The reform programme focuses on a strategic number of areas that address specific issues previously identified as factors that will facilitate the efficient and effective management of the Organization's workforce. The dialogue with the Staff Associations has begun and the features below will be further developed through a consultative process.

Staff development, learning and performance management

79.   The key priority for staff development has been discussed above: enabling heads of WHO Offices (and members of their teams) to be increasingly effective in their role as health leaders. More broadly across the Organization the priorities in the general programme of work will also be used to guide the future development of staff learning programmes.

80.   Achieving Organization-wide learning in a cost-effective way will increasingly depend on the greater use of e-learning and online Learning Management Systems. More work is needed to foster a culture in which self-directed learning is widely accepted. Increasing achievement of agreed learning objectives will become an integral aspect of performance management supported by: (a) an adapted approach to managing performance, reflecting lessons learnt through the Performance Management and Development Pilot currently under way; and, (b) incentives and disincentives to be implemented through a global policy on rewards, recognition and sanctions/consequences to address continuing underperformance. The policy is under preparation.

A more flexible workforce

81.   For the Organization to respond rapidly to changing programme needs and fluctuations in funding it must have a flexible workforce. This workforce must be composed of individuals that can be quickly recruited with the competencies and skills required to implement the Organization's programme of work; that can be deployed to meet changing programme needs; and that can be rapidly adjusted, both in terms of numbers of individuals and types of contract, at a reasonable cost to the Organization and in ways that respect staff rights.

82.   The approach to be adopted has three elements. The first concerns recruitment. A number of measures already exist and will be enhanced to ensure the effectiveness, efficiency and speed of WHO's recruitment processes. The main strategies are to encourage the use of generic job descriptions, and to establish global rosters for selected candidates. Joint recruitment for critical positions, particularly the Heads of WHO Offices, has already been implemented with success. Fairness, transparency and equal opportunity remain the key elements in initiatives aimed at the appointment of new staff, promotion of high-performing staff, and planning for filling of key

positions. The latter needs to be underpinned by improved succession planning which will permit the recognition of high-performing staff.

83.   Secondly, the Organization needs greater flexibility with regard to the management of staffing levels. Such flexibility can be achieved through managing the numbers of staff to whom the Organization has longer-term obligations. Costs associated with making adjustments to staffing levels can also be reduced. Various options to amend existing rules and policies are being explored with these objectives in mind.

84.   Thirdly, the Organization should make more effective use of non-staff contracts. Rather than hiring new staff for programmes that are expanding, the more effective use of consultants or other types of non-staff contracts will be considered. In addition, WHO may avail itself of the network of collaborating centres and other external partners to support the Organization's work. However, it is important to stress that non-staff contracts will not be used to fulfill core functions of the Organization nor to manage corporate services.

A more mobile workforce

85.   Mobility in WHO refers to movement between different geographical locations. It will increasingly become an important aspect of career development for staff across the Organization, both within and between major offices and regions. The key issue to be addressed is the degree to which mobility becomes mandatory.

86.   In a highly technical organization like WHO, it is not feasible for mobility to become immediately mandatory for all staff. However, for some cadres of staff, mobility is already mandatory (e.g. Heads of WHO Offices, and international staff within the Western Pacific Region) and increasingly this will become the norm for many others. Success will depend on ensuring that mobility becomes part of career development, that there are clear incentives in place that drive such a policy (such as the award of continuing appointments), that recruitment, staff planning and succession management works across all the levels of WHO in a more integrated way, and that the concerns not just of individuals, but of their families, are taken into account.

87.   As part of an integrated approach to career development through mobility, effective tools must be in place to guide and support the Organization and staff in their choices. A skills inventory will serve to provide a realistic picture of the assets an individual staff member has and a comprehensive guide of the skills and experience available inhouse. The skills inventory will provide an effective planning tool for staffing, human resources planning, career development, and gap analysis for external recruitment and outreach and for identifying training needs. The inventory will be complemented by an online career path mapping tool that will help staff who are looking at options for future postings.

Decision point 10.

The Health Assembly is invited to note progress made in relation to staffing policy and practice.

An approach to orient financing towards agreed priorities

88.   The starting point for improving WHO's financing must be a clear vision of what WHO should do, and what results the Organization expects to achieve. WHO has to plan within an overall financial envelope, based on a realistic estimate of income, but allocations within this total will be based on a

costing of expected outputs. This section brings together earlier work on resource mobilization, predictable financing, results-based budgeting, resource allocation, financial reporting and internal controls.

Results-based budgeting and resource allocation

89.   The draft Twelfth General Programme of Work will set out a strategic framework for the work of WHO for a period of six years starting in January 2014, covering three biennial budget cycles. It will articulate and provide the rationale for a limited set of priorities and define a set of high-level results (at outcome and impact level) to be achieved within the period concerned. A draft outline in schematic form is provided in document A65/5Add. 1.

90.   The draft Twelfth General Programme of Work will provide a strategic vision for the work of WHO. Going beyond the "manageable interest" of the Secretariat, it will articulate in clear terms the impact of WHO's work, setting out what the world can realistically hope to achieve in terms of better health – through a collaboration between Member States, the WHO Secretariat and other partners – with a finite level of investment. It therefore combines broad vision with the more precise strategic guidance on resource allocation between categories and high-level deliverables that was formerly provided by the Medium-term strategic plan.

91.   The draft Twelfth General Programme of Work will define the mission, principles and values of WHO. It will be organized around a set of categories and criteria agreed by Member States in February 2012. The priorities that have been framed using these criteria do not describe everything that WHO does. Within each category of work, the priorities represent areas of emphasis and focus, based on the application of agreed criteria and the core functions of WHO. A fuller menu of outputs, which will articulate more detailed priorities, will appear in the Proposed programme budget 2014–2015.

92.   Work is in progress on the resource allocation mechanism to be used in the Proposed programme budget. However, the principle that will be followed is that allocation will be based on a costing of deliverables (at output level) for each level of the Organization separately. More detail on how this will work in practice will be provided in the draft of the Proposed programme budget presented to the Regional Committees.

Increasing the predictability and flexibility of financing

93.   WHO reform seeks to ensure a better match between the objectives agreed by Member States and the resources available to finance them. Discussions at the 130th session of the Executive Board, in addition to consultation with Member States and further reflection within the Secretariat, suggest that several related steps are needed in order to optimize a new approach to conducting an effective financing dialogue:

   (a)   Accurate prediction of potential income for the biennium, based not just on past income but on continuing dialogue with current and potential donors. Accurate forecasting will ensure a realistic budget.

   (b)   Agreement on priorities, and within priorities more detailed outputs. It is critical that agreement on the programme budget remains the sole responsibility of governments.

   (c)   A financing dialogue with state and non-state donors that is open to scrutiny by all Member States. This openness can be achieved by several means: a high-level event (but not

necessarily for pledging) and/or virtual mechanisms that allow interested parties to see how the overall budget will be financed and where gaps remain.

(d)   The framework for priority setting based on agreed categories can also enhance flexibility by encouraging earmarking at category level only.

(e)   This approach does not preclude additional resource mobilization activities providing they are focused on under-funded priorities and take place within the agreed parameters of the programme budget.

94.   The underlying aim of the financing dialogue, led by PBAC, is to link the responsibility for agreeing upon the budget with responsibility for ensuring that it is properly financed and that the priorities set by governing bodies are respected.

95.   The timing of the dialogue in relation to the cycle of governing body meetings starts following the meeting of the PBAC and the session of the Board with the aim of having the budget more or less fully-funded by the time that the World Health Assembly takes place. A cycle starting with the Regional Committees in January, the PBAC and Board in May and the Health Assembly late in the year (see paragraph 21 above) would allow more time for the funding dialogue to take place between the Board and the Health Assembly. Recognizing the logistical constraints, it is equally possible that the financing dialogue can be adapted to the current annual cycle.

Decision point 11.

The Health Assembly is invited to endorse the approach to the development of a new financing dialogue and request that it be further developed for presentation to the Board at its 132nd session.

An Organization that is accountable and that effectively manages risk

96.   This part of the report addresses the development of policy in relation to accountability, internal control, risk management, conflict of interest, transparency and disclosure of information. It outlines plans for the institutional arrangements to be put in place to ensure the implementation of such policies, including the establishment of a new Ethics Office.

Internal control framework

97.   WHO has internal controls in place, however some have become outdated as a result of organizational changes. In addition, system controls introduced with the changeover to the Global Management System, which had the aim of replacing manual checks with automated checks for efficiency gains, are not always working effectively. This can be as a result either of a lack of understanding by users, or as a result of a lack of adequate checks to monitor compliance.

98.   WHO's internal control framework has four components:

(a)   clear documentation of all policies and procedures;

(b)   clear definition of roles and responsibilities, outlining who should perform each function, and providing training as necessary to the responsible individuals;

(c)   compliance monitoring to ensure that the staff who are assigned the various roles are complying with policies and procedures;

(d)   a strong culture of accountability, and an understanding of the link between controls and achievements of results: controls must not be seen as a purely administrative exercise but as a means to enhance good programme management.

99.   The framework will cover all processes which have financial consequences. These include negotiations of donor agreements, hiring staff, contracts for goods and services, travel; and programme management. In addition, a number of accounting and administrative controls exist to ensure that once decisions are made, administrative procedures are correctly followed.

100.   Steps taken to update the framework include:

(a)   WHO manuals have been completely revised and updated, and are now fully available on line.

(b)   A new template has been developed for all internal management and administrative procedures, which defines key control points and allows clear definition of responsibilities for staff involved in each procedure.

(c)   Priority processes have been identified, and the procedures are being updated using the above mentioned template. Some work has been completed, for example for travel, and for hospitality expenses. It is expected that all priority processes will be completed by the end of June 2012.

(d)   A "management dashboard" has been developed, which provides key performance information relating to the priority processes and to certain administrative procedures, to enable managers to systematically and consistently check compliance with procedures. This management dashboard will be linked with the Global Management System, and will be rolled out to all offices by the end of 2012. The dashboard will then also be used as a tool for improved managerial accountability.

101.   Further training and reporting tools are needed to ensure that all staff have an adequate understanding of their responsibilities. This aspect of reform will ensure by the end of 2012 that all senior managers can certify that all controls and procedures have been correctly followed, so as to allow annual Organization-wide certifications via a "statement of internal control" by the Director-General.

Decision point 12.

The Health Assembly is invited to note progress on developing WHO's internal control framework.

Accountability framework

102.   WHO follows a results-based management approach that calls for delegated responsibility, authority and accountability in a decentralized environment. An accountability framework brings together these elements – responsibility, authority and accountability – defining from whom authority

flows, to whom, for what purpose, to whom staff are accountable, and their responsibility in exercising that authority.

103.   As part of the reform process the Secretariat will further develop an accountability framework that clearly identifies a matrix of accountability relationships (between the Secretariat and Member States and within the Secretariat), the dimensions of accountability (programmatic, administrative, fiduciary, managerial, behavioural); the means by which accountability is exercised and monitored (e.g. through the performance assessment of the programme budget, staff performance management, and independent evaluation), and the roles and responsibilities of the bodies within the Secretariat and governing bodies that are responsible for overseeing accountability at different levels.

104.   As noted above, it is a particular priority to design the new programme budget so that it becomes a key tool for holding managers at different level accountable for results. Other specific aspects of the accountability are addressed below.

Risk management

105.   Currently risk management is addressed through two streams of work. Work is already well advanced on administrative risk management as a result of regular review of an administrative risk register by designated risk owners. At a more strategic level, a framework and a risk register for corporate risks are being developed, drawing on the advice of the Independent Expert Oversight Advisory Group and lessons learnt in the area of administration.

106.   Areas of potential corporate (Organization-wide) risk include major financial loss (including significant falls in income and/or fluctuations in WHO's operating currencies); loss of Member State confidence through major shortcomings in WHO's performance, or failure to fulfill international obligations; or incidents that significantly disrupt business continuity.

107.   In these areas detailed work is in hand on risk identification, risk assessment and evaluation of impact. This includes work on analysing the potential for mitigating financial losses through changing the currency of WHO's assessed contributions. Responsibility for managing, reporting and monitoring risks will be linked clearly to WHO's management and governance structures.

Conflict of interest

108.   A specific aspect of risk management relates to perceived or actual conflicts of interests. The integrity and legitimacy of WHO's technical and policy advice depends on how the Organization interacts with other partners and the way in which such interactions are perceived.

109.   WHO addresses conflicts of interest from three perspectives: conflicts of interests of staff; of experts providing independent advice to WHO; and institutional conflicts of interests generated by interactions with outside partners and stakeholders.

110.   The obligation for WHO staff members to act in the exclusive interest of the Organization and to avoid conflicts of interests with their functions is part of the fundamental conditions of service set out in the Staff Regulations and Rules.

111.   All senior staff and staff involved in procurement or financial transactions are required to file an annual declaration of interests that they perceive as potentially conflicting with their functions. Remedial actions are decided upon by the Office of the Director-General if necessary. The system is currently based on self-assessment by each staff member concerned.

112. In contrast, the United Nations Secretariat, Funds and Programmes require full and independently verified disclosure of financial and other similar interests by the staff members concerned, above a certain threshold. This approach is more rigorous and transparent, but also much more costly, requiring the outsourcing of financial analysis of the information disclosed to a consulting firm. The Secretariat will analyse the costs and potential benefits of this approach.

113. A credible and transparent management of perceived or actual conflicts of interests on the part of individual experts providing independent advice to WHO, especially to support its normative and policy advisory functions, is of crucial importance. The Director-General promulgated in June 2010 a revised mechanism for the disclosure and management of interests of experts invited to advise the Secretariat. The revised mechanism is a significant improvement on previous practice; at the same time, a recent review has revealed a number of shortcomings and lack of consistency in implementation and quality of compliance. The Secretariat will act on those findings to increase awareness and familiarity with the new process and to centralize its monitoring and oversight to the extent possible.

114. The issue of institutional conflicts of interests – namely, the perception that WHO's technical and policy decisions may be unduly influenced by the interests of outside partners and stakeholders with which it cooperates or from which it receives funding – is the most complex to manage.

115. The main challenge is to balance the need for WHO to consult and cooperate with, and mobilize resources from, a broad range of stakeholders of both a public and private nature, at the same time preserving its integrity as a normative and policy-making organization. With the exception of entities with which WHO does not engage as a matter of principle – primarily the tobacco industry – the Secretariat assesses on a case-by-case basis the appropriateness of a prospective collaboration with a third party entity, institution or organization.

116. In this regard, the assessment should be designed to ensure that there are no unacceptable reputational, political, legal or other risks for WHO as it decides on whether or not to collaborate with an entity, institution or organization. The existing Guidelines on Interaction with Commercial Enterprises provide a general framework and guidance for the Secretariat, but their scope is limited to engagement with private commercial entities, while the foregoing assessment should be much broader.

117. While these three facets of conflict of interest require distinct approaches, they constitute different aspects of the same underlying issue that would benefit from centralized coordination and oversight. The Ethics Office (see below) will therefore play a coordinating and oversight role in the management of conflicts of interests.

Transparency and disclosure policy

118. In decision EBSS2(3), subparagraph (1)(d), the Board requested the Director-General to take forward the work on the establishment of an information disclosure policy. Work is currently in hand to draft the policy which will be based on principles and best practice drawn from an analysis of other multilateral agencies. The draft policy will be presented to the Executive Board at its 132nd session in January 2013.

The new Ethics Office

119. WHO has established, through its Rules and policies, a range of standards, procedures and functions related to ethics, including declaration of interests, whistleblower protection, request for outside activities, prevention of misconduct, fraud, and harassment. With a view to strengthening the

oversight of ethical conduct of staff, and in order to administer the declaration of interest policy and procedures better, the Board at its special session requested the Director-General to take forward the proposal of establishment of an ethics office which will bring together all these functions that are currently spread across several departments within the Organization. [1]

120. Taking into account the critical conclusions in the Joint Inspection Unit's report on *Ethics in the United Nations system* in 2010, [2] and following a review of models and best practices of ethics offices across the public sector, the proposed Ethics Office will have an Organization-wide role. It will, inter alia, (i) centralize ethics functions and advice currently provided by distinct departments/offices within WHO; (ii) take a proactive role in fostering management and staff awareness, across all levels of the Organization, of WHO standards on ethical behaviour, business practices and conduct, as established in WHO's rules and regulations; (iii) develop a "WHO Code of Ethics" (to replace the WHO Compilation of Policies and Practices on Ethical Principles and Conduct); (iv) provide advice and guidance to management and staff across all levels of the Organization regarding promotion of ethical standards within WHO; and (iv) manage the planning, conduct, and reporting of investigations into alleged misconduct and violations of ethical standards, as reflected in WHO's rules, regulations, and codes.

> **Decision point 13.**
>
> The Health Assembly is invited to note progress made in the area of accountability, risk management, conflict of interest, and ethics.

An established culture of evaluation

Evaluation policy

121. Evaluation is one aspect of improving the accountability of WHO. Given the importance of evaluation in the overall WHO reform programme, however, it is treated as a separate section in this report.

122. The Board, and Member States in subsequent consultations, indicated support for strengthening evaluation in WHO and requested the Director-General to submit the revised draft evaluation policy document, incorporating comments, for consideration by the PBAC at its meeting in May 2012.

123. The policy will foster a culture and use of evaluation across the Organization, provide a consolidated institutional framework for evaluation at the three levels of WHO, and facilitate conformity with best practice and with the norms and standards of the United National Evaluation Group.

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[1] See decision EBSS2(3) subparagraph (1)(d). See also document EBSS/2/2 paragraph 188.

[2] Document JIU/REP/2010/3.

Decision point 14.

The Health Assembly is invited to note that the draft WHO Evaluation Policy will be presented for adoption to the Board at its 131st session following review by the Programme, Budget and Administration Committee at its sixteenth meeting.

Evaluation culture

124. Beyond the adoption of the WHO Evaluation Policy, comments from Member States emphasize the need to strengthen a culture of evaluation in WHO and to foster learning about evaluation across the Organization. This will require (a) evaluation to become an integral and adequately financed component of operational planning at headquarters, regions, and in country teams; (b) strengthening of a quality assurance system to promote best practice, through provision of supporting tools such as clear guidelines on evaluation, methods, databases of outputs and recommendations, rosters of external expertise, and analysis of experiences and lessons learnt and, (c) a coordinated approach that facilitates the promotion and ownership of the evaluation function at all levels of the Organization, including a mechanism to assess the performance of evaluation in practice in WHO.

125. In the interim period and as an input for developing the work plan and budget for evaluation activities for 2013, evaluation work will be focused on: the development of detailed evaluation guidelines, methods and procedures to support the performance of individual evaluations; identification of functional roles and responsibilities in relation to evaluation that integrate the evaluation function across the Organization; guidance on how to develop estimates of what resources will be required for evaluation.

Independent evaluation

126. In January 2012 the Board welcomed the offer of the External Auditor to proceed with the first stage of a two-stage, independent, external evaluation based on updated terms of reference, and incorporating input from the Joint Inspection Unit of the United Nations system.

127. Stage one of the evaluation, which has been completed,[1] provides input into the reform process through a review of the completeness, comprehensiveness and adequacy of the reform proposals formulated by the Secretariat in the areas of finance, human resources and governance. In addition to the stage one review and validation exercise, the first stage evaluators were also asked to propose a roadmap for a stage two evaluation which will build on results of stage one, with particular focus on the coherence between, and functioning of, the Organization's three levels.

Decision point 15.

The Health Assembly is invited to note the findings and recommendations of stage one of the Independent Evaluation as presented by the External Auditor's Evaluation Team and to provide further guidance on the conduct of stage two of the evaluation.

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[1] See document A65/5 Add.2.

128.   In decision EBSS2(3) on managerial reforms,[1] the Board also requested the Joint Inspection Unit to update two earlier reports; on *Decentralization of Organizations within the United Nations System – Part III: the World Health Organization* and the *Review of management and administration in the World Health Organization.* This work has begun and the resulting reports of the Unit along with the results of the Stage two evaluation will inform the future development of the reform programme.

An organization that effectively communicates its contribution to and achievements in global health

129.   The first objective of reform has been to improve the coordination of communications work across the Organization. The aim has been to increase efficiency; develop the surge capacity to deploy communications staff in an emergency to any location where they are needed, along with the standard operating procedures required for emergency communications; and to forge a better link between communications, resource mobilization and donor stewardship.

130.   At headquarters, communicators now work out of a central pool to provide communications services to all departments. Initial standard operating procedures are being developed for emergency communications. Communications training for staff with a focus on regional and country offices is under way including through the use of e-learning materials. Expected benefits include joint communication work around priority events and World Health Days, and regular communications briefs to all WHO Offices in countries, territories and areas.

131.   The development of an Emergency Communications Network will start with development of training modules and an initial training course. This network will eventually create a pool of communicators across the Organization who are pre-trained, with the necessary skills to be quickly deployed for four to six weeks in the event of disease outbreaks, disasters or other emergencies, in order to support country offices, regional offices or headquarters.

132.   The second objective has been to develop effective and cost-efficient platforms for communications, enabling staff and partners to communicate clearly what WHO delivers: using success stories that describe the impact of WHO's work, effective champions and spokespersons, wise use of social media, proactively reaching out to and educating the media, investing in technology for broadcast and web-based media outreach, and ensuring that more multilingual communications materials reach a broader audience in Member States. Progress has been made, particularly in the use of social media. Editorial boards to brief editors on emergency health scenarios are planned.

133.   The third objective has been to establish a regular system of measuring public and stakeholder perception and needs that will provide important input into the development and periodic review of a comprehensive Organization-wide communications strategy. Reputation risks will be managed more vigorously through a strengthened communications surveillance system for early warning, proactive response, and joint work with United Nations and other partners on shared concerns. The baseline stakeholder perception survey questionnaire and methodology is almost complete and will be launched in April 2012. An internal survey to assess staff perceptions will be launched simultaneously. The results of these surveys will guide the development of the future global communications strategy.

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[1] See decision EBSS2(3) paragraph 7.

Decision point 16.

The Health Assembly is invited to note progress made in the area of strategic communications.

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