WHO reform

High-level implementation plan and report

Report by the Director-General

1.   The Sixty-fifth World Health Assembly requested the Director-General[1] to report, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly, on progress in the implementation of WHO reform, on the basis of a monitoring and implementation framework. This report provides a comprehensive overview of progress up to the end of the first quarter of 2013 in the three broad areas of WHO reform: programmes and priority-setting; governance; and management, as well as a high-level implementation plan for reform (see Annex 1). A comprehensive, detailed and budgeted implementation plan is the basis for managing change, monitoring progress, and mobilizing resources to finance the proposed reform activities. The plan and report are structured around the 12 elements of reform that were identified in the monitoring and implementation framework considered by the Sixty-fifth World Health Assembly,[2] and include an additional element on change management. The report provides a narrative describing action taken in each area, and a status update on the outputs and key deliverables.

2.   The objectives of WHO reform[3] are:

(1)   Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus (Programmatic).

(2)   Greater coherence in global health with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples (Governance).

(3)   An Organization which pursues excellence; one that is effective, efficient, responsive, transparent and accountable (Management).

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[1] See decision WHA65(9).

[2] See document A65/INF.DOC./6.

[3] See document EBBSS/2/2.

3.   Over the last two years, Member States have endorsed over 40 specific proposals in the three broad areas of reform through adoption of governing body resolutions and decisions. Several other proposals are currently under discussion.

PROGRAMMATIC REFORM

4.   Central to programmatic reform is the development of a set of agreed global health priorities that will guide the work of the Organization in the years ahead. The process for developing these priorities has involved a dialogue among Member States, including a meeting on programmes and priorities held in February 2012, and discussions by the WHO governing bodies, supplemented by informal interactions and a series of web consultations. The Sixty-fifth World Health Assembly welcomed the criteria for priority setting and the six categories for organizing the future work of WHO proposed by the Executive Board: communicable diseases; noncommunicable diseases; promoting health through the life-course; health systems; preparedness, surveillance and response; corporate services and enabling functions. The Health Assembly also requested the Director-General to use the agreed framework and guidance provided by the Sixty-fifth World Health Assembly, especially concerning health determinants and equity, in the formulation of the draft twelfth general programme of work and the proposed programme budget for 2014–2015.[1]

5.   This has been done, resulting in a new presentation of the proposed programme budget,[2] and the addition of six programmatic "leadership priorities" to the draft twelfth general programme of work.[3] Both the draft general programme of work and proposed programme budget 2014–2015 will be considered by the Sixty-sixth World Health Assembly.

6.   The leadership priorities will influence the way that work is carried out across and between the different levels of the Secretariat. They highlight the areas in which WHO seeks to exert its influence in the world of global health. The leadership priorities are: advancing universal health coverage; accelerating work on the health-related Millennium Development Goals; addressing the challenge of noncommunicable diseases; implementing the International Health Regulations; increasing access to essential, high-quality and affordable medical products; and addressing the social, economic and environmental determinants of health. They are complemented by two reform leadership priorities: strengthening WHO's governance role, and reforming management policies, systems and practices.

7.   The draft general programme of work proposes specific outcomes, with indicators and targets that will demonstrate the contribution of the Organization to progress in improving the health of populations. These outcomes will be the primary measure of progress in the programmatic reform of WHO.

GOVERNANCE REFORM

8.   Greater coherence in global health is one of the leadership priorities in the draft twelfth general programme of work. This includes promoting better health as an outcome of global, regional and national processes as well as better coordination across the many organizations active in global health.

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[1] See decision WHA65(9).

[2] Document A66/7.

[3] Document A66/6.

In both of these areas WHO is increasingly active, particularly in areas linked to the programmatic leadership priorities. Examples of this include the following:

- WHO Member States and the Secretariat played a critical role to ensure that health had a prominent place in the Rio+20 outcome document.[1] Subsequently, WHO has worked with UNICEF and the Governments of Botswana and Sweden to lead the health sector consultation on the post-2015 development agenda, culminating in a high-level meeting in March 2013 in Botswana.

- Progress toward universal health coverage is a priority for many countries. As a result of close collaboration between WHO and the group of countries comprising the Foreign Policy and Global Health Initiative, the United Nations General Assembly adopted a resolution on Global Health and Foreign Policy in December 2012, emphasizing the importance of universal health coverage and recommending that it be considered as part of the post-2015 agenda.[2]

- Following the 2011 mandate of the United Nations General Assembly, WHO Member States have negotiated a comprehensive global monitoring framework for noncommunicable diseases, the draft of which will be considered by the Sixty-sixth World Health Assembly.[3] This demonstrates the role of WHO in forging international frameworks and agreements, where there is consensus on results to be achieved and there are clear indicators to monitor progress.

9.   The Executive Board at its 132nd session in January 2013 considered the situation of partnerships hosted by WHO and took steps toward harmonizing arrangements for hosted partnerships. In decision EB132(10) it requested the Director-General to develop an operational framework for the Programme, Budget and Administration Committee for its regular review of the programmatic convergence, and hosting terms of individual partnerships. The first of these reviews will be presented to the Board in January 2014. The Secretariat is also conducting a study of the actual costs of hosting these partnerships, with the aim of ensuring full recovery of costs.

10.   Discussion by the Board on the development of a policy of engagement of nongovernmental organizations resulted in the following decision,[4] inter alia: (1) to submit, for the consideration of the Executive Board at its 133rd session in May 2013, overarching principles for WHO's engagement with non-State actors, defining separate operational procedures for both nongovernmental organizations and private commercial entities; and (2) to harmonize the development of the draft policy for engagement with nongovernmental organizations with the draft policy on WHO's relations with private commercial entities, such development being guided by the principles stated by the Sixty-fifth World Health Assembly.[5] This guidance and further consultation will contribute to the formulation of draft policies on engagement with nongovernmental organizations and with private commercial entities, which will be presented to the Board at its 134th session in January 2014.

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[1] The future we want. United Nations General Assembly resolution 66/288, Annex.

[2] United Nations General Assembly resolution A/67/L.36.

[3] Document A66/8.

[4] Decision EB132(11).

[5] See decision WHA65(9).

11.   The Executive Board has mandated an in-depth analysis of options for streamlining and strengthening reporting by Member States of health data, health policy, laws and regulations and the implementation of resolutions, as well as the communications between Member States and the Secretariat. Proposals will be presented to the Board at its 134th session in January 2014.

12.   The Executive Board adopted at its 131st session in May 2012 revised terms of reference for the Programme, Budget and Administration Committee in order to strengthen its oversight role. The oversight role of the Executive Board has also been enhanced by introducing reports from the six regional committees, which were received for the first time in January 2013 from all six regional committees.

13.   The Health Assembly and the Executive Board have also taken steps to improve their methods of work. These include the enforcement of limits on speaking time and enhancing the role of the bureau of the Executive Board in the establishment and strategic orientation of the Executive Board agenda. The Executive Board has also requested the Secretariat to study measures to improve electronic access to governing body meetings and minimize the use of paper documents, with the aim of improving the efficiency and effectiveness of meetings. As yet, there is no agreement on the changes to the Rules of Procedure of the Executive Board proposed by the Secretariat, and the Board has commissioned a study on the legal implications of possible changes in those Rules. The results of both these studies will be presented to the Executive Board at its134th session in January 2014. With a view to increasing the strategic focus of its deliberations, the Executive Board has also requested the Director-General to submit options for criteria for inclusion, deferral or exclusion of items on the provisional agenda for consideration at its 133rd session.

MANAGEMENT REFORM

Support to Member States

14.   In December 2012, the Global Policy Group established a Taskforce with the aim of resolving the relative lack of clarity on the roles and functions specific to each of the three levels of WHO. This lack of clarity can lead to duplication of work and a lack of coordination between the three levels, reducing WHO's effectiveness and leaving gaps in meeting Member States' needs. The Taskforce developed an overarching framework for the work of the Organization, mapping WHO's six core functions to the three levels of the Organization, which was then applied to the proposed programme budget 2014–2015. This has enabled a description of how these functions translate into a set of deliverables specific to each level of WHO, which together contribute to the Organization-wide outputs against which WHO's performance will be measured. The Taskforce also highlighted the importance of category networks, and proposed institutionalizing them with terms of reference and standard operating procedures. These internal networks have been established in order to plan, coordinate and monitor the work of WHO within each of the six categories of work in the proposed programme budget 2014–2015. In the future they will play a crucial role in ensuring that each level delivers what has been agreed. The Global Policy Group has also decided to conduct a review of organizational design to ensure that structure follows function, and moves WHO towards more effective matrix management across the Organization. This review will take place later in 2013, in preparation for implementation of the programme budget in the period 2014–2015.

15.   Increasing the effectiveness of WHO's work at country level is significantly dependent on the strong leadership of the country office. To this end, a roster of qualified candidates for heads of WHO Offices in countries, areas and territories was established in 2010 through a competitive process. The roster has significantly expanded, and now comprises over 200 candidates. All heads of WHO Offices

receive an enhanced induction including on effective management and accountability and enrol in a mandatory training on health diplomacy.

16.   A public searchable database of WHO knowledge resources and information products known as the Institutional Repository for Information Sharing (IRIS) is now available in all six official languages on the Internet, with over 50 000 records, including recent governing body documents, resolutions and reports.[1] The database has been used extensively, with over 12 million site visits since it was launched in June 2012. The database is being further expanded to include all World Health Assembly and Executive Board resolutions and information products and documents from Regional Offices.

Human resources

17.   At its 132nd session, the Executive Board confirmed the Director General's proposed changes to the Staff Rules, based on a draft appointment policy that will support a flexible workforce.

18.   Much effort has been made to streamline recruitment and selection processes, which has resulted in a reduction of the average time for the process to move from the initial advertisement to the decision from 5.9 months in 2010 to 4.2 months in 2012.

19.   A guide for managers in applying WHO performance competencies has been issued. A policy on rewards and recognition will be issued shortly. Furthermore, a guide to help supervisors manage performance is in the final stages of development.

20.   A global eLearning platform will be launched in September this year. Proposals for the development of a management development programme are currently being evaluated.

21.   The Western Pacific Region has rolled out a mobility scheme for professional staff. Based on this experience several other regional offices have introduced mobility schemes, and a global staff mobility scheme is currently in development.

Finance

22.   The report on proposals to improve WHO's financing[2] presented to the extraordinary meeting of the Programme, Budget and Administration Committee in December 2012 identified several challenges in the current funding model of WHO: misalignment of funds with priorities, lack of predictability, vulnerability, insufficient transparency, and a lack of flexibility of WHO's funding. Based on this assessment, the Programme, Budget and Administration Committee recommended, inter alia, that the World Health Assembly approve the entire programme budget and establish a financing dialogue with the aim of better aligning resources with Organizational priorities, and requested the Secretariat to explore mechanisms to facilitate receipt of supplements to assessed contributions on a voluntary basis; to explore avenues to broaden WHO's donor base; and to take measures to strengthen the coordination of resource mobilization, resource management, internal financial controls, and reporting.

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[1] www.who.int/iris.

[2] Document EBPBAC/EXO2/2.

23.   To support development and implementation of these proposals, the Global Policy Group has established a WHO taskforce on resource mobilization and management strategies to make recommendations to the Director-General on steps to further strengthen Organization-wide resource mobilization and management.

24.   A recently concluded study on the costs of administration and management in WHO will be considered by the governing bodies, and further discussions will be needed on approaches to improve the transparency and sustainability of financing these important areas.

Accountability and transparency

25.   The draft twelfth general programme of work and proposed programme budget 2014–2015 have been developed on the basis of the new results chain presented to the Sixty-fifth World Health Assembly. The proposed programme budget for 2014–2015 defines deliverables for each level of the Organization, which together will contribute to 82 outputs in 30 programme areas. These outputs define Secretariat responsibility and accountability, and together with the actions of Member States and other partners, will contribute to the achievement of measurable health outcomes in each programmatic area over the six-year period of the general programme of work. These outcomes, in turn, will ultimately contribute to eight impact goals, which have measurable targets for improvements in the health of populations.

26.   An Organization-wide risk management framework and risk register has been developed for the Board and will be considered by the Programme, Budget and Administration Committee and Board in May 2013.[1] A Compliance, Risk Management and Ethics Unit has been established in the Office of the Director-General, and recruitment of staff for the unit is under way. This new unit will take responsibility for maintaining and monitoring the Organization-wide risk management framework.

Evaluation

27.   Steps to strengthen evaluation in WHO have resulted in the adoption of an evaluation policy by the Executive Board in 2012, and development of a supplementary WHO Evaluation Handbook providing guidelines on the conduct of evaluations in compliance with the policy, and increased capacity for internal audit and evaluation with recruitment of additional staff. The Global Network on Evaluation, comprising representatives from the three levels of the Organization, has been established to foster a culture of evaluation, strengthen capacity and improve quality control mechanisms. An Organization-wide evaluation plan is in development, and a searchable database of WHO evaluations will support a mechanism for tracking the implementation of evaluation recommendations. The planned increased capacity for internal audit and evaluation, to be achieved through the recruitment of additional staff in 2013 and 2014, will also strengthen the central evaluation function.

28.   The first stage of the external evaluation of WHO reform was presented to the Sixty-fifth World Health Assembly and the modalities for a second stage have been developed. The recommendations of the first stage evaluation will be implemented in the context of the reform implementation (as outlined in Annex 2). The Executive Board has established an Evaluation Management Group, comprising the Officers of the Executive Board, to provide oversight of the second stage of the external evaluation, the results of which will be reported to the Executive Board in January 2014. The objective of the

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[1] Document EB133/10.

second stage of the evaluation is to assess the WHO reform implementation strategy and the Organization's preparedness to implement the reform process.

29.   In December 2012, the United Nations Joint Inspection Unit published two reports: on decentralization in WHO; and a review of the management and administration of WHO. The reports were discussed by the Executive Board at its 132nd session, and the recommendations have been incorporated in this reform implementation plan (see Annex 3).

30.   WHO is also being assessed by the Multilateral Organization Performance Assessment Network (MOPAN) in 2013. The assessment involves headquarters, the regional offices, and six country offices in: Ethiopia, Guatemala, Indonesia, Mozambique, Pakistan and Viet Nam. It will examine four strategic dimensions – strategic, operational, relationship and knowledge management – in order to assess organizational effectiveness. For the first time, the assessment will consider WHO's contribution to country level results (including progress towards the MDGs). This is the fourth MOPAN assessment of WHO, and results will become available towards the end of 2013, providing an independent assessment of organizational performance.

Communication

31.   Communication capacity and effectiveness has been significantly strengthened with the establishment of a central WHO communications team, together with expansion of communication training for staff, and significant growth in the use of social media. These new communication approaches have provided a particularly effective means for rapid communication, with more than 700 000 people following WHO on Twitter.

32.   A global perception survey was conducted in 2012, providing information on the views on the Organization of 3500 external stakeholders and WHO staff. The results have been published on the WHO web site,[1] and will inform the development of a WHO global communications strategy. The survey will be repeated every two years and will also provide information to assess progress in several aspects of WHO reform.

Status of WHO reform outputs

33.   Annex 1 provides details on progress in implementation of specific outputs and key deliverables in each of the 12 elements of reform, using the following terms:

Output status	Meaning
To commence	Planned activities have not yet started
Ongoing	Planned activities have commenced but are not yet completed
Completed	Planned activities are completed and output delivered
Continuous	Planned activities have commenced and have been mainstreamed into the work of WHO
Partially complete	Planned activities have commenced but were not completed within the original planned deadline

[1] http://www.who.int/about/who_reform/change_at_who/who_perception_survey/en/index.html.

34.   Of the 51 outputs currently included in the implementation plan, 5 were scheduled to be completed or mainstreamed by 2012, 23 by end 2013, 14 by end 2014 and 9 by end 2015. By end March 2013, 12 (24%) outputs had been completed or mainstreamed into the work of WHO.

Table: Status of outputs in the reform implementation plan (as at end March 2013)

Output status	Count
Completed	3
Continuous	8
Partially completed	1
Ongoing	33
To commence	6
Total	**51**

ACTION BY THE HEALTH ASSEMBLY

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

ANNEX 1

WHO REFORM HIGH-LEVEL IMPLEMENTATION PLAN AND REPORT

1.   This high-level implementation plan and report reflects the current status of the different reform proposals, and will continue to be regularly updated for review by the governing bodies. Four-monthly progress reports will be presented to the Independent Expert Oversight Advisory Committee for review. The implementation plan and report has also been modified to incorporate the recommendations of the first stage evaluation and of the United Nations Joint Inspection Unit in Annexes 2 and 3, respectively. The high-level implementation plan and report provide details of outcomes and outcome indicators, outputs, key deliverables, and budgets at the output level. A more detailed comprehensive implementation plan and report describing the expected outcomes and outputs, with details of activities, costs, responsibilities, milestones and indicators will be available on the WHO reform web site.[1]

Areas of WHO reform	Elements of WHO reform
1. Programmatic reform	1.1 Programmatic priorities
2. Governance reform	2.1 Oversight by the governing bodies
	2.2 Harmonization and alignment of the governing bodies[2]
	2.3 Decision-making by the governing bodies
	2.4 Streamlined national reporting[3]
	2.5 Engagement with stakeholders
3. Management reform	3.1 Support to Member States
	3.2 Human resources
	3.3 Finance and resource allocation
	3.4 Accountability and transparency
	3.5 Evaluation
	3.6 Communication
4. Change management	4.1 Change management

Assumptions, risks and dependencies

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

3.   Risk assessment is based on the WHO risk management framework comprising: identification and categorization of external risks; risk assessment and prioritization; mitigation; implementation of risk mitigation; monitoring and review of the risk. The external risks described in the table below are

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[1] See http://www.who.int/about/who_reform/en/index.html.

[2] Reform areas 2.2 Scheduling and alignment of the governing bodies and 2.3 Harmonization of governing bodies have been merged to better reflect the discussion and decisions of the governing bodies.

[3] The reform area 2.4.4 Streamline national reporting in accordance with Articles 61–65 of the WHO Constitution, using modern tools have been elevated to a separate area of reform 2.4 reflecting the expansion of key deliverables.

of particular relevance to WHO reform, and of the highest priority in terms of management and mitigation.

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

Reform area	Key assumptions	Risk	Dependencies
Programmatic reform			
1.1 Programmatic priorities	The work of WHO has a significant impact on health outcomes at the global, regional and national level	Catastrophic global political, economic or epidemiological event (e.g. outbreak)	The ability to address programmatic priorities more effectively is dependent on all other aspects of governance and managerial reform
Governance reform			
2.1 Oversight	Strengthened oversight by the governing bodies will contribute to greater organizational effectiveness	Lack of agreement on distinctive oversight roles of different governing bodies and Director-General	2.3 Decision-making 2.4. Streamlined national reporting 3.4 Accountability 3.5 Evaluation
2.2 Harmonization and alignment	Increasing harmonization and alignment between regional and global governing bodies will facilitate consensus-building on key decisions and strengthen the governing bodies	Inconsistency in positions taken by Member States at regional and global governing bodies	2.3 Decision-making
2.3 Decision-making	The current burden of work for the governing bodies is excessive, weakening decision-making processes, and limiting the engagement of some resource-poor Member States	Inability to reach consensus on shorter and more strategic agendas for governing body meetings	2.1 Oversight 2.2 Harmonization and alignment 3.4 Accountability
2.4. Streamlined national reporting	Streamlined national reporting will improve bases for national and global decision-making	Complexity and cost of improving reporting and communications	2.1 Oversight 3.6 Communications
2.5 Engagement	The current landscape of global health is complex and cluttered, and particularly difficult to manage for low-resource countries	Failure to manage major conflicts of interest	3.1 Support to Member States 3.4 Accountability

Reform area	Key assumptions	Risk	Dependencies
Management reform			
3.1 Support to Member States	WHO needs to change from an organization that delivers separate outputs through technical programmes, to become an interdependent network of offices, delivering effective support to Member States	Inability to reach a shared understanding of the comparative advantages of different organizations working in global health	3.2 Human resources 3.3 Finance 3.4 Accountability 3.5 Evaluation
3.2 Human resources	WHO is a knowledge-based organization, and depends on a highly skilled, flexible and motivated staff	Inadequate human resource reforms in the United Nations common system	3.1 Support to Member States 3.3 Finance
3.3 Finance	Greater predictability, flexibility, sustainability and transparency in financing will enable better delivery on priorities	Prolonged global economic crisis	1.1 Programmatic priorities 3.1 Support to Member States 3.2 Human resources 3.4 Accountability 3.5 Evaluation
3.4 Accountability	Transparency and accountability generate trust and confidence, which will strengthen financing, and generate opportunities for greater efficiency and effectiveness	Inadequate alignment of internal accountability mechanism	3.2 Human resources 3.3 Finance
3.5 Evaluation	A culture of evaluation is essential to reform	Failure to link evaluation findings to organizational learning	3.4 Accountability
3.6 Communication	Rapid technological advances and increased access to information necessitate radical changes in the way WHO communicates with the public	Failure to address the inequitable access to information and the Internet	2.4 National reporting 3.1 Support to Member States
Change management			
4.1 Change management	Organizational reform requires a planned approach to managing change	Lack of financing	3.1 Support to Member States

Performance management and reporting

5.   The three objectives of WHO reform set out in paragraph 2 of this report reflect the desired "impact" of reform in the recently adopted results chain for WHO. Progress towards these objectives will be measured in the following ways:

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

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

7.   Based on the monitoring mechanism, regular progress reports will be produced and presented to the Independent Expert Oversight Advisory Committee for validation. These reports will form the basis of regular reports to the governing bodies.

8.   The first stage of the independent evaluation of WHO requested by Member States and the reports of the United Nations Joint Inspection Unit on administration and decentralization in WHO have informed this implementation plan and report. The second stage of the independent evaluation will contribute to this process by assessing the WHO reform implementation strategy and the Organization's preparedness to implement the reform process.

Managing change

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

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

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

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

13.   Assistant Directors-General and directors of programme management are responsible for overseeing and reporting on implementation of WHO reforms within their cluster or region. Their work is coordinated through meetings of Assistant Directors-General and meetings of deputy regional directors/directors of programme management.

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

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

1.1 PROGRAMMATIC REFORM: PRIORITIES

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

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

Outcome indicators	Baseline	Target 2015
Outcome indicators adopted in the general programme of work		

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
1.1.1 Vision and priorities for global health for 2014–2019, with defined impacts and outcomes, presented as the draft twelfth general programme of work for endorsement by Member States at the Sixty-sixth World Health Assembly	2013	Ongoing	160
Key deliverables:			
• Member State meeting develops consensus on criteria for priority setting and programmatic categories of work for WHO	February 2012	Completed	
• Revised draft twelfth general programme of work following review by regional committees in 2012	January 2013	Completed	
• Revised draft twelfth general programme of work following review by the Executive Board at its 132nd session	May 2013	Completed	
1.1.2 Scope of work for WHO for 2014–2015, with defined outputs linked to outcomes, presented as the proposed programme budget 2014–2015, for approval by Member States at the Sixty-sixth World Health Assembly	2013	Ongoing	–
Key deliverables:			
• Consensus on key programmatic areas for the work of WHO	February 2012	Completed	
• Revised draft of proposed programme budget 2014–2015, following review by regional committees, presented for consideration by the Executive Board at its 132nd session	January 2013	Completed	
• Revised draft of the proposed programme budget 2014–2015, following review by the Executive Board at its 132nd session, presented for consideration by the Sixty-sixth World Health Assembly	May 2013	Ongoing	

2.1   GOVERNANCE REFORM: OVERSIGHT

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

Outcome 2.1 Strengthened oversight by governing bodies

Outcome indicators	Baseline	Target 2015
Percentage of Member State representatives satisfied with WHO's governance		Progressive improvement

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
2.1.1 Strengthened Programme, Budget and Administration Committee with expanded role to include oversight of monitoring and evaluation of programmatic and financial implementation at the three levels of the Organization	2013	Continuous	–
Key deliverables:			
• Revised terms of reference for the Programme, Budget and Administration Committee	January 2012	Completed	
• Reports by the Programme, Budget and Administration Committee to the Executive Board reflect the Committee's expanded role	January 2012	Continuous	
2.1.2 Increased strategic, executive and oversight role for the Executive Board	2013	Continuous	–
Key deliverables:			
• Report by the Board to the World Health Assembly reflects the Board's increased strategic, executive and oversight role	From May 2013	Continuous	
2.1.3 Increased oversight role for regional committees and subsidiary bodies	2013	Continuous	–
Key deliverables:			
• Reports by regional committees to the Board reflect the committees' increased oversight role	From January 2013	Continuous	

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

2.2   GOVERNANCE REFORM: HARMONIZATION AND ALIGNMENT

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

Outcome 2.2 Harmonization and alignment of governance processes

Outcome indicators	Baseline	Target 2015
Alignment of agendas of meetings of WHO governing bodies on relevant issues		Progressive alignment
Harmonized rules of procedure of global and regional governing bodies	4 regions*	100% harmonized

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
2.2.1 Rational schedule for governing body meetings	2013	Completed	–
Key deliverables:			
• Decision on schedule for governing bodies meetings	January 2013	Completed	
2.2.2 Increase linkages between the regional committees and the global governing bodies	2012	Continuous	–
Key deliverables:			
• Regional committees comment and provide input to all global strategies, policies and legal instruments such as conventions, regulations and codes	From May 2012	Continuous	
• The Health Assembly refers specific items to the regional committees in order to benefit from diverse regional perspectives	From May 2012	Continuous	
• Regional committees adapt and implement global strategies as appropriate	From May 2012	Continuous	
• Chairpersons of the regional committees routinely submit a summary report of the committees' deliberations to the Board	From May 2012	Continuous	
2.2.3 Harmonized practices across the regional committees in relation to the nomination of regional directors, the review of credentials, and participation of observers	2012	Partially completed	–
Key deliverables:			
• Reports by regional committees to the Board reflect the committees' increased oversight role	2012	Completed	
• Appointed credentials committees or the task of reviewing credentials entrusted to the Officers of the regional committee	2012	Partially completed*	

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
• Ensure that there are relevant rules within the rules of procedure that enable regional committees to invite observers to attend their sessions, including as appropriate, Member States from other regions, intergovernmental and nongovernmental organizations	2012	Partially completed*	

* See document EB132/5 Add.3: except for the Regional Committee for Africa and the Regional Committee for South-East Asia (which have the item on their regional committees agenda for 2013), all the other regional committees have harmonized their practice as requested by the Health Assembly with regard to the review of credentials of delegates and the participation of observers in the work of the committees.

2.3 GOVERNANCE REFORM: STRATEGIC DECISION-MAKING

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

Outcome 2.3 Enhanced strategic decision-making by governing bodies

Outcome indicators	Baseline	Target 2015
Extent of the alignment of the governing bodies' agendas with the general programme of work and the programme budget, and their harmonization	Not applicable	Progressive improvement
• Provision of governing body documents in all official languages within the deadline	60%*	100%

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
2.3.1 The governing bodies vet resolutions, and limit reporting requirements and timelines	2013	Continuous	–
Key deliverables:			
• Executive Board to limit number of draft resolutions based on assessment of strategic value, financial and administrative implications, and reporting requirements and timelines	2013	Continuous	
2.3.2 Improved methods of work of the Board and World Health Assembly including standardized approaches to resolutions/decisions	2013	Ongoing	–
Key deliverables:			
• Debates to become more disciplined to discourage lengthy national reports and focus on the substance of the item	From 2011	Continuous	
• "Traffic light" system and enforcement by chairmen of time limits	Continuous	Continuous	
• Officers of the Board use criteria, including those used for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board's agenda	2013	Continuous	
• Board to consider amending its Rules of Procedure in order to manage the late submission of draft resolutions	Continuous	Ongoing	

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
• Governing bodies make better use of the Chairman's summaries, reported in the official record, with the understanding that they do not replace formal resolutions	2013	Continuous	
• Capacity building and training for new Board Members and Officers	2013	Ongoing	
• Options for criteria for inclusion, exclusion or deferral of items on the Executive Board provisional agenda	2013	Ongoing	
• Options proposed on possible changes needed in the rules of procedure of the governing bodies in order to limit the number of agenda items and resolutions	2013	Ongoing	
2.3.3 Strengthened support to Member States in preparation for and participation in the work of the governing bodies in collaboration with regional offices, with particular regard to the timely provision of quality documentation in all official languages	2014	Ongoing	100
Key deliverables:			
• Handbook on procedural issues for briefing of Executive Board chairmen and chairmen of committees of the Health Assembly	2012	Partially completed	
• Mission briefings prior to governing body meetings	Continuous	Ongoing	
• Improve electronic access to governing body meetings and documentation on a registered basis	From 2013	Ongoing	
• Conduct a study, including options on the feasibility of holding meetings of the Executive Board and World Health Assembly with minimal use of paper documents	January 2014	Ongoing	

*Baseline 132nd Executive Board, January 2013.

2.4   GOVERNANCE REFORM: STREAMLINED NATIONAL REPORTING

20.   Reporting of information from Member States to WHO is fundamental to the work of the Organization. Member States have therefore requested the Secretariat to propose options on how to modernize, improve and streamline reporting based on a detailed analysis on the current practice of reporting, with its strengths, weaknesses and costs. This will address the three dimensions of health data, health policy and the resolutions and decisions of the governing bodies. Furthermore first steps will be taken towards the establishment of an extranet platform for formal communication between all three levels of the Secretariat and Member States that is accessible across the whole Secretariat and to the focal points of the Member States.

Outcome 2.4 Streamlined reporting of and communication with Member States

Outcome indicators	Baseline	Target 2015
Proportion of Member States reporting on minimal health data set, national laws, policies and implementation of Assembly resolutions	0	TBD
Number of Member States regularly using the extranet platform	0	TBD

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
2.4.1 A streamlined national reporting system for health data; health policies and law; and the implementation of governing body decisions	2014	Ongoing	130
Key deliverables:			
• Proposals on streamlining national reporting and communication with Member States including relevant financial information	January 2014	Ongoing	
• Definition of a minimal set of health data and indicators as well as a recommended additional set in the context of the results of a detailed analysis on the current practice of reporting	January 2014	On going	
• A reporting mechanism on national health policy and laws	January 2014	Ongoing	
• A realistic reporting mechanism on the implementation of governing body resolutions and decisions	January 2014	Ongoing	
• A single planned annual questionnaire, which covers regular required reporting, and a reduction in the number of other questionnaires sent out	January 2014	Ongoing	
• A harmonized platform for all reporting, and a web-based repository where all required and relevant reports by Member States are posted and available for sharing among Member States	January 2014	Ongoing	
2.4.2 A platform for communication with Member States	2014	Ongoing	50
Key deliverables:			
• Develop and pilot an extranet platform for formal communication between all three levels of the Secretariat and Member States	January 2014	Ongoing	

2.5   GOVERNANCE REFORM: ENGAGEMENT

21.   The growing number of organizations working in health creates a need for clearer definitions of responsibility, better rules of engagement, and opportunities for multistakeholder dialogue on global health issues, with the aim of aligning priorities and accelerating progress towards national, regional and global health goals. Member States have emphasized that engagement with other stakeholders should be guided by the following: (i) the intergovernmental nature of WHO's decision-making remains paramount; (ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest; (iii) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective; (iv) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes.[1]

Outcome 2.5 Strengthened effective engagement with other stakeholders

Outcome indicators	Baseline	Target 2015
Percentage of countries where WHO is perceived as providing the main support to government/partner coordination for health	80%	85%

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
2.5.1 Engage and, where appropriate, lead and coordinate across the United Nations system and with other international agencies on issues that impact health	2015	Ongoing	–
Key deliverables:			
• Health positioned strategically in the post-2015 agenda	2015	Ongoing	
• Follow up on the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases	Continuous	Ongoing	
• Agenda for universal health coverage	2013	Ongoing	
• Implementing the provisions of International Health Regulations (IHR 2005)	2015	Ongoing	
• Increased access to essential, high quality and affordable medical products	2015	Ongoing	
• Social, economic and environmental determinants of health addressed	2015	Ongoing	
2.5.2 Principles, policies and operational procedures for engagement with non-State actors	2014	Ongoing	80

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[1] See decision EBSS2(2).

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
Key deliverables:			
• Draft policy paper on WHO's engagement with nongovernmental organizations prepared for consideration by the Executive Board at its 132nd session	January 2013	Completed	
• Draft principles and operational procedures for engagement of non-State actors based on consultations with Member States for the 133rd session of the Board	May 2013	Ongoing	
• Policy for engagement with nongovernmental organizations based on consultative process with Member States and NGOs	January 2014	To commence	
• Policy on WHO's relations with private commercial entities based on consultative process with Member States and private commercial entities.	January 2014	To commence	
2.5.3 Increased Member State involvement with and oversight of partnerships	2015	To commence	50
Key deliverables:			
• Report prepared on WHO's hosting arrangements of health partnerships and proposals for harmonizing work with hosted partnerships for consideration by the Executive Board at its 132nd session	January 2013	Completed	
• Framework for review of hosted partnerships	January 2014	To commence	
• Review of hosted partnerships by governing bodies	From January 2015	To commence	
• Study on the true cost of hosting partnerships	January 2014	To commence	
2.5.4 Strengthened coherence in global health matters	2015	Ongoing	–
Key deliverables:			
• Report on global health governance for consideration by the Executive Board at its 132nd session and 133rd session	May 2013	Ongoing	
• Exploration of options for a framework to guide interaction between all stakeholders active in health[1]	2015	To commence	

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

3.1   MANAGERIAL REFORM: SUPPORT TO MEMBER STATES

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

Outcome 3.1 Effective technical and policy support for all Member States

Outcome indicators	Baseline	Target 2015
Number of country cooperation strategies that are up to date and aligned with national health policies strategies and plans	x (2013)	129 (2015)
Number of qualified candidates in the heads of WHO Offices roster	219	300

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.1.1 Increased alignment of profile of WHO country presence with country needs and priorities	2015	To commence	200
Key deliverables:			
• Renewed or developed country cooperation strategies in all countries, based on revised framework to align with country needs and priorities	2015	To commence	
• Staffing and resource plans for each country office aligned with the country cooperation strategies	2015	To commence	
3.1.2 Strengthened country offices	2015	Continuous	593
Key deliverables:			
• Roster of qualified candidates for competitive selection of heads of WHO Offices in countries, areas and territories	From 2012	Continuous	
• Enhanced induction for heads of WHO Offices, to include training on health diplomacy, managerial skills and accountability	From 2012	Continuous	
3.1.3 Promote alignment, synergy and collaboration across the Organization	2014	Ongoing	450
Key deliverables:			
• WHO taskforce on roles and responsibilities of different levels of the Organization	May 2013	Completed	
• Strengthened capacity and functions of country support units in headquarters and regional offices, in line with the Joint Inspection Unit recommendations	2013	To commence	
• Review of the organizational structure to enhance management and operational effectiveness, in line with the Joint Inspection Unit recommendations	2014	To commence	

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.1.4 Improved knowledge management	2015	Ongoing	730
Key deliverables:			
• Public searchable database of WHO knowledge resources and products	2015	Ongoing	
• WHO information management policy and strategy	2015	To commence	
3.1.5 Strengthened technical excellence	2014	To commence	200
• Establishment of a taskforce to strengthen technical excellence	2013	To commence	
• Development of a strategy for strengthening technical excellence	2014	To commence	

3.2   MANAGERIAL REFORM: HUMAN RESOURCES

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

Outcome 3.2 Staffing matched to needs at all levels of the Organization

Outcome indicators	Baseline	Target 2015
Percentage of recruitment processes completed within 180 days	65% (2013)	90% (2015)

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.2.1 Human resources strategy that encompasses a model for strategic workforce planning and career development	2013	Ongoing	229
Key deliverables:			
• Revised WHO human resources strategy	2013	Ongoing	
• Proposed changes to Staff Rules, based on a draft appointment policy to support a flexible workforce, for consideration by the Executive Board at its 132nd session	January 2013	Completed	
• Human resources plan including for each major office staffing norms and baselines	2014	To commence	
3.2.2 Streamlined recruitment and selection processes	2014	Ongoing	150
Key deliverables:			
• Harmonized recruitment policy and practice across all major offices	2013	Ongoing	
• Generic job descriptions for key categories of staff including; administrative officers, epidemiologists, health technical coordinators, and emergency health communicators	2013	Ongoing	
• Global rosters of "prequalified" staff in the aforementioned categories based on generic vacancy notices and competitive selection	From 2013	To commence	
• Measures to enhance gender balance and report on progress to the governing bodies meetings	2014	To commence	

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.2.3 Mobility and rotation framework	2013	Ongoing	70
Key deliverables:			
• Global mobility and rotation scheme based on experiences with regional schemes and on global workforce planning	From 2013	Ongoing	
3.2.4 Enhanced staff learning and development	2013	Ongoing	481
Key deliverables:			
• Global eLearning platform incorporating learning management system (LMS), and based on blended learning approach	2013	Ongoing	
• Management development programme	2013	Ongoing	
3.2.5 Improved performance management	2013	Ongoing	278
Key deliverables:			
• New performance development and management system and tool	2013	Ongoing	
• Policies on (a) rewards and recognition and (b) improving performance	2013	To commence	
3.2.6 Enhanced administration of justice	2014	To commence	50
Key deliverables:			
• Study on WHO administration of justice	2013	To commence	
• Revised system of administration of justice	2014	To commence	

3.3   MANAGERIAL REFORM: FINANCE

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

Outcome 3.3 Financing and resource allocation aligned with priorities

Outcome indicators	Baseline	Target 2015
Percentage of programme budget by category and major office funded at the beginning of biennium	55% (2013)	At least 70% (2015)
Alignment of income and expenditure with approved programme budget by category and major office	Not fully aligned	100% aligned

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.3.1 Increased transparency, predictability and flexibility of WHO's financing	2013	Ongoing	1230
Key deliverables:			
• Extraordinary meeting of the Programme, Budget and Administration Committee to discuss financing of WHO	December 2012	Completed	
• Adoption of the general programme of work and the programme budget by the Health Assembly to facilitate alignment of resources with priorities	May 2013	Ongoing	
• Financing dialogue to encourage predictability of financing, and reduced earmarking of funds	June–December 2013	Ongoing	
• Web-based portal for real-time tracking and reporting of resource flows and results	June 2013	Ongoing	
• Exploration of the possibility of supplements to assessed contributions on a voluntary basis with interested countries	2013	Ongoing	
3.3.2 Results-based planning and budgeting mechanism based on new results chain	2013	Ongoing	652
Key deliverables:			
• New results chain	2012	Completed	
• Methodology for a standardized costing of outputs	2013	Ongoing	
• Methodology for assessing the contribution of outputs to outcomes, and of outcomes to impact	2013	Ongoing	

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.3.3 Sequenced planning to reflect country needs	2015	To commence	–
Key deliverables:			
• Revised corporate planning process	2013	To commence	
• Draft proposed programme budget 2016–2017 developed on the basis of the new process	2015	To commence	
3.3.4 Improved Organization-wide resource mobilization	2013	Ongoing	457
Key deliverables:			
• WHO task force on resource mobilization and management to propose policies on resource management	May 2013	Ongoing	
• Organization-wide resource mobilization plan	2013	Ongoing	
3.3.5 Improved financing of administration and management costs	2014	Ongoing	394
Key deliverables:			
• Study of costs of administration and management in WHO	March 2013	Completed	
• Revised approach to financing of administration and management costs in WHO	May 2014	Ongoing	
3.3.6 New resource allocation mechanism	2014	Ongoing	–
Key deliverables:			
• Principles of transparent allocation	May 2013	Ongoing	
• Application of principles of allocation to the programme budget for 2014–2015	2014	To commence	

3.4   MANAGERIAL REFORM: ACCOUNTABILITY AND TRANSPARENCY

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

Outcome 3.4 Managerial accountability, transparency and risk management

Outcome indicators	Baseline	Target 2015
Proportion of corporate risks with response plans approved and implemented	Not applicable	100% (2015)

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.4.1 Improved accountability and internal control framework	2015	Ongoing	1844
Key deliverables:			
• Standard operating procedures for administrative processes; travel, human resources, finance and procurement	2013	Ongoing	
• Performance and compliance monitoring based on standard metrics and dashboard	2013	Ongoing	
• Established Compliance, Risk Management and Ethics (CRE) Office	2013	Ongoing	
• Standardized delegations of authority and performance compacts for senior staff	2013	To commence	
• Comprehensive, Organization-wide independent evaluation of the Global Management System	2015	To commence	
• Long-term strategy for the functions and operations of the Global Service Centre	2014	To commence	
3.4.2 Improved risk management framework	2013	Continuous	
Key deliverables:			
• Risk management framework with oversight by the Compliance, Risk Management and Ethics (CRE) Office	2013	Continuous	Budgeted under 3.4.1 – CRE office
• Organizational-wide risk register	2013	Continuous	

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.4.3 Information disclosure policy	2013	Ongoing	–
Key deliverables:			
• Draft policy on information disclosure, based on best practice in international organizations, for consideration by governing bodies	2013	Ongoing	
• Revised document management systems and information retention policies to support information disclosure policy	2013	Ongoing	
3.4.4 Increased effectiveness in management of conflicts of interest	2013	Ongoing	–
Key deliverables:			
• Audit of declaration of interest policy	2012	Completed	
• Revised declaration of interest policy and practice based on audit recommendations	2013	To commence	
• Established Ethics Office	2013	Ongoing	Budgeted under 3.4.1 – CRE office
3.4.5 Increased capacity of audit and oversight	2012	Completed	2734
Key deliverables:			
• Recruitment of additional staff for internal audit	2012	Completed	
• Recruitment of additional staff for investigations	2012	Completed	

3.5   MANAGERIAL REFORM: EVALUATION

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

Outcome 3.5 Strengthened culture of evaluation

Outcome indicators	Baseline	Target 2015
WHO programmes are systematically evaluated in accordance with the criteria and quality requirements of the WHO policy. Regular reporting of Organization-wide evaluation workplans and progress on implementation of evaluation findings and results	N/A	100%

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.5.1 Evaluation policy including a mechanism for oversight of evaluation by governing bodies	2013	Ongoing	921
Key deliverables:			
• Adoption of WHO evaluation policy by the governing bodies	2012	Completed	
• Recruitment of additional staff for evaluation	2013	Ongoing	
• Annual workplan for evaluation presented to the governing bodies	From January 2013	Continuous	
• Web-based inventory of WHO evaluations	2013	Ongoing	
• Operational Global Network on Evaluation to promote evaluation culture and strengthen capacity across WHO	2013	Ongoing	
• Annual report on evaluation activities covering enhanced accountability and lessons learnt presented to governing bodies	2014	Continuous	
3.5.2 Conduct an independent evaluation of WHO	2014	Ongoing	500
Key deliverables:			
• First stage of the independent evaluation consisting of a review of existing information with a focus on financing challenges for the Organization, staffing issues, and internal governance of WHO by Member States	2012	Completed	

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[1] See document EB132/5 Add.7.

[2] See document EB132/5 Add 6.

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
• Paper on the specific modalities of the second stage evaluation for consideration by the Executive Board at its 132nd session	January 2013	Completed	
• Report of the second stage of the external evaluation for review by the governing bodies	January 2014	Ongoing	
3.5.3 Joint Inspection Unit to update its reports (a) Decentralization in WHO, and (b) Review of management and administration of WHO	2013	Completed	120
Key deliverables:			
• Joint Inspection Unit reports on (a) Decentralization in WHO, and (b) Review of management and administration of WHO	December 2012	Completed	
• Incorporate Joint Inspection Unit recommendations in reform implementation plan	January 2013	Completed	

3.6   MANAGERIAL REFORM: COMMUNICATION

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

Outcome 3.6 Improved strategic communications

Outcome indicators	Baseline	Target 2015
Percentage of Member States and other stakeholder representatives evaluating WHO's performance as excellent or good	77% (2013)	85% (2015)

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.6.1 Increased communications capacity	2013	Ongoing	850
Key deliverables:			
• Communication training for different categories of staff	From 2012	Continuous	
• Emergency communications network of pretrained communicators to deploy in emergency situations	2013	Ongoing	
3.6.2 Strengthened communications coordination	2013	Ongoing	400
Key deliverables:			
• Centralized communications team in headquarters	2012	Completed	
• WHO communications strategy	2013	To commence	
• Global communications forum for WHO communications staff held every biennium, and virtual coordination meetings every quarter	2013	To commence	
• Internal communications strategy	2013	To commence	
3.6.3 Cost-effective communications platforms	2014	Ongoing	600
Key deliverables:			
• Social media platforms in use, in headquarters and regions	From 2011	Continuous	
• Developed video platform	2013	Continuous	
• Upgraded WHO web site with improved searchability and usability	2013	To commence	
• Information technology as regular item on agenda of Global Policy Group and annual report to Programme, Budget and Administration Committee	From 2014	To commence	

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
3.6.4 Improved public and stakeholder understanding of the work of WHO	2015	Continuous	150
Key deliverables:			
• Biennial global stakeholder perception survey	From 2012	Continuous	
3.6.5 Strengthen publication policy and strategy	2014	To commence	50
Key deliverables:			
• Evaluation of WHO publishing policy and practice	2014	To commence	

4.1 CHANGE MANAGEMENT

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

Outcome 4.1 WHO reform implementation coordinated, monitored and evaluated

Outcome indicators	Baseline	Target 2015
Percentage of outputs in the WHO implementation plan being completed or on track	25% (2013)	100% (2015)

Outputs	Target date	Status	Budget 2012–2013 (US$ thousand)
4.1.1 Implementation plan for WHO reform	2013	Ongoing	–
Key deliverables:			
• High-level implementation plan for presentation to the Executive Board at its 132nd session	January 2013	Completed	
• Comprehensive costed implementation plan available on WHO web site, updated based on decisions of the governing bodies	January 2013	Completed	
4.1.2 Monitoring and reporting framework for WHO reform	2013	Ongoing	–
Key deliverables:			
• High-level implementation and monitoring framework	May 2012	Ongoing	
• Four-monthly reports on implementation for review and validation by the Independent Expert Oversight Advisory Committee	From February 2013	Ongoing	
• Regular reports to governing bodies	From May 2012	Ongoing	
4.1.3 Communication and engagement strategy on WHO reform for Member States, other external stakeholders and staff	From 2011	Ongoing	140
Key deliverables:			
• WHO reform web site and Intranet site	From 2011	Continuous	
• Newsletter on WHO reform; Change@WHO (3 issues/year)	From 2012	Ongoing	
• Briefings and consultations on WHO reform for Member States and staff	From 2011	Ongoing	
4.1.4 Change management support and organizational structure	From 2011	Ongoing	2800
Key deliverables:			
• Reform support team	From May 2011	Ongoing	
• WHO taskforce on managerial reform	2011	Completed	

WHO reform budget for the biennium 2012–2013 (excluding 13% programme support costs) and mapping to 2014–2015

Reform area	Anticipated costs (US$ thousand)[1] 2012–2013	Budget line[2] 2014–2015
Programmatic reform		
1.1 Programmatic priorities	160	**6.3**
Governance reform		
2.1 Oversight	–	**6.1**
2.2 Harmonization and alignment	–	**6.1**
2.3 Decision-making	100	**6.1**
2.4 Streamlined national reporting	180	**6.1**
2.5 Engagement	130	**6.1**
Management reform		
3.1 Support to Member States	2 173	**6.1**
3.2 Human resources	1 258	**6.4**
3.3 Finance	2 733	**6.4**
3.4 Accountability	4 578	**6.2**
3.5 Evaluation	1 541	**6.2**
3.6 Communication	2 050	**6.5**
Change management		
4.1 Change management	2 940	**6.1**
Total	**17 843**	

[1] Not included in the original Programme budget 2012–2013

[2] The costs of reform in 2014–2015 have been planned and budgeted within the proposed programme budget 2014–2015.

ANNEX 2

INCLUSION OF RECOMMENDATIONS OF THE FIRST STAGE OF THE EXTERNAL EVALUATION OF WHO

The Executive Board, at its special session on reform in November 2011, decided on an independent evaluation of the WHO reform proposals informing WHO's reform as the first of a two-stage process.[1] The first stage of the evaluation focused on whether the WHO reform proposals had identified a sufficient range of issues that needed to be dealt with in the reform process and made a series of recommendations that have been integrated and mapped to the reform implementation plan as follows:

	Recommendation	Related element of the WHO reform implementation plan
1	Interlinkages among governing bodies at headquarters and regional offices have to be carefully created, as these would have a far-reaching impact on organizational coherence and would provide the Organization with a strategic focus.	2.2.2
2	The accountability and responsibility structures for the three layers of governance, i.e., country offices, regional offices and global head office would need to be redesigned, keeping in view, the new programmatic approach, resource allocation mechanism and country focus on programme planning and delivery. A robust results-based management system and an effective performance management and development system could provide the requisite links.	3.1.3; 3.3.2
3	Country focus seems to be a running theme in the reform proposal, starting from programme formulation to resource allocation to programme delivery. A detailed strategy interlinking various aspects of proposed changes along with structural and procedural support needs to be formulated.	3.1.
4	A regular feedback mechanism is a must for providing assurance about the activities of the Organization. WHO needs to have an evaluation policy with clear deliverables, for conducting programme evaluations at regular intervals.	3.5
5	Such wide-ranging changes require acceptance at various levels. An advocacy plan, to explain the implications of the change strategy, identification of change agents and a detailed change management plan would be required to implement the plan of action, after the approval is received from the appropriate authority.	4.1
6	The existing internal procedures would require fine-tuning and adjustments for implementing the proposed changes, this would be especially important in implementing areas covered under "managerial reforms".	4.1

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[1] See decision EBSS2(3).

	Recommendation	Related element of the WHO reform implementation plan
7	It is understood that the reform proposal is still a work in progress, as various components of the proposal are at various stages of consideration. However, it is of paramount importance that desired outputs, outcomes and impact are identified, indicators to measure these are designed and a monitoring and feedback mechanism is put in place.	4.1.1; 4.1.2
8	The Organization is proposing a comprehensive reform programme, which involves action on a large number of fronts. It is recommended that a prioritization plan may be prepared to allow a smooth and gradual shift. This plan could also distinguish between the elements of changes proposed on the basis of level of approvals required.	4.1.1.
9	The implementation strategy should indicate resource requirements in financial, human, time and technical terms.	4.1.1
10	Consultations with non-Member State donors may be considered to understand their concerns. This feedback might be important for preparing a realistic strategy.	3.3.1
11	The success of the proposal would also be dependent on carrying out of changes in human resources policies. Given the fact that human resources policies do have inbuilt rigidities, WHO may have to resort to innovative solutions. It is recommended that best practices in similarly placed organizations may be considered.	3.2
12	The success of any change strategy is directly correlated to understanding of its gains by the stakeholders. It is suggested that a regular communication should be maintained with all concerned on the progress of the reform proposal, which would help in creating the right environment for implementation.	4.1.3
13	The proposed reform proposal has highly interdependent components, the success of the process would require that this interdependence is recognized and woven in the implementation strategy.	4.1.1; 4.1.2

ANNEX 3

INCLUSION OF RECOMMENDATIONS OF THE UNITED NATIONS JOINT INSPECTION UNIT ON ADMINISTRATION AND DECENTRALIZATION IN WHO

In line with the request of the Executive Board, at its special session on reform in November 2011, the United Nations Joint Inspection Unit conducted and updated reviews of (a) Decentralization of Organizations within the United Nations System – Part III: the World Health Organization; and (b) Review of management and administration in the World Health Organization.[1] The recommendations of the Joint Inspection Unit have been integrated and mapped to the reform implementation plan as follows:

Recommendation

ADMINISTRATION	Related element of the WHO reform implementation plan
1 The Director-General should review the current headquarters organizational structure to enhance management and operational effectiveness in line with the changes to be approved in the ongoing reform process.	3.1.3
2 In the course of the ongoing management reform, the Director-General should review the number of ADG positions, formulate their job descriptions and inform the Executive Board about measures to enhance the transparency of their selection and appointment process.	3.2.2
3 The Director-General should ensure that further development of the Global Management System be undertaken on the basis of a comprehensive, Organization-wide independent evaluation of the design, operational experiences and lessons learned.	3.4.1
4 The Director-General should elaborate a long-term strategy for the functions and operation of the Global Service Centre, including its governance and financing.	3.4.1
5 The Director-General should commission an external evaluation of the preparation of publications in WHO.	3.6.5
6 The Director-General should take measures to strengthen the central content management and ownership of the WHO intranet and ensure that the staff have better knowledge and access to use available professional information existing in the Organization.	3.6.2
7 The Director-General should elaborate a concrete action plan to ensure better monitoring and a more consistent implementation of human resources policies across the Organization	3.2.1
8 The Director-General should present a contractual model that adequately reflects the changing staffing needs and takes into account the existing financing modalities	3.2.1
9 The Director-General in consultation with Regional Directors should elaborate and promote an Organization-wide mobility policy across all three levels of the organization with concrete targets and a set of indicators to be monitored.	3.2.4
10 The Director-General together with the Regional Directors concerned should elaborate an action plan with targets and indicators to improve gender balance and report on its implementation to the Executive Board as part of regular human resources reporting.	3.2

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[1] See decision EBSS2(3).

Recommendation

11	The Executive Board should recommend that Member States support the Director-General's efforts aimed at increasing the predictability of financing, including through providing more flexible and multi-year voluntary contributions.	3.3.1
12	The Director-General should establish an appropriate formal mechanism for the resource allocation process to improve transparency and participation of different players of the Organization.	3.3.6
13	The Director-General should ensure that the compliance and control mechanisms at different levels be integrated into a coherent and comprehensive internal control framework	3.4.1
14	The Director-General should ensure that a long-term policy on building management be elaborated and its implementation supported by organization-wide standards and guidance	Not part of reform, will be reported through Capital Master Plan
15	The World Health Assembly should review the long-term policy on building management and to provide the necessary funding for its implementation	
16	The Director-General should include the global information technology programmes in the agenda of the Global Policy Group to ensure that the necessary support and resources are provided.	3.6.3
17	The Director-General should initiate a UNEG peer review on the evaluation function of WHO so as to benefit from the established best practices in the United Nations system and to fully align the evaluation function of WHO with the UNEG norms and standards and present this peer review to the Executive Board no later than 2014.	JIU is currently undertaking a review in the United Nations

DECENTRALIZATION	**Related element of the WHO reform implementation plan**
1 The Executive Board should complete, in the context of the current WHO reform process, a comprehensive review of the governance process at regional level and put forward concrete proposals to improve the functioning of Regional Committees and subcommittees and finalize the harmonization of their rules of procedure for the consideration of Regional Committees.	2.3.1
2 The Director-General, in consultation with the Assistant Directors-General and Regional Directors, should monitor the set-up and functioning of networks and annual meetings by technical and administrative areas of work at the three levels of the Organization.	3.1.3
3 The Director-General and Regional Directors, in consultation with Member States, should agree on criteria for a minimum and robust country presence. Criteria and procedures should also be developed to open and close sub-offices subject to changing needs.	3.1.1
4 The Director-General and Regional Directors should take action as appropriate to reposition the country support units/functions at headquarters and regions more strategically, enhance their capacity and leverage their role in harmonization and decision-making.	3.1.3
5 The Director-General, in consultation with the Global Policy Group, should revise the existing categories, grades and delegation of authority of heads of country offices in line with the size, capacity and operational needs of the country offices.	3.1.1
6 The Director-General and Regional Directors should include in their programme budgets and work plans specific objectives, activities and indicators relating to the promotion of intercountry and interregional cooperation and ensure that adequate funding is foreseen for their implementation.	3.1.3

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