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WHO reform: progress and implications for the European Region

Working document

WHO reform: progress and implications for the European Region

The present document is the sixth consecutive report on WHO reform, presented by the Regional Director to the WHO Regional Committee for Europe consistent with a commitment undertaken by the 61st session of the Regional Committee in 2011 requesting an annual report on the implications of WHO reform for the European Region as part of a rolling agenda for Regional Committee sessions. Since the 65th session of the Regional Committee for Europe in 2015, the global governing bodies have focused primarily on four broad areas of reform:

- reform of WHO's work in health emergency management;

- framework of engagement with non-State actors;

- governance reform issues resulting from the Open-ended Intergovernmental Meetings;

- managerial reform:
    - to strengthen accountability;
    - to apply strategic budget space allocation; and
    - to implement the global mobility scheme.

These areas represent reforms identified by Member States as essential to the Organization's transformation. Extensive discussions on these issues have taken place at the January and May sessions of the global governing bodies in 2016. Significant implications of these reforms for the WHO European Region are described in this report.

Contents

Reform of WHO's work in health emergency management

Global developments

1.   The reform of WHO's work in health emergency management has been undertaken in response to Executive Board resolution EBSS3.R1 (2015) and World Health Assembly decision WHA68(10) (2015), which call for wide-ranging reforms in the Organization's work in outbreaks, humanitarian emergencies and crises. The reform process has been guided by recommendations from a number of advisory bodies (the Ebola Interim Assessment Panel, the Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, and the International Health Regulations (2005) Review Committee) and is aligned with the report of the United Nations Secretary-General's High-level Panel on the Global Response to Health Crises.

2.   At the Sixty-ninth session of the World Health Assembly in May 2016, the Director-General, presented a report on the reform of WHO's work in health emergency management (document A69/30), which gave an overview of the design, oversight, implementation plan and financing requirements for a new WHO Emergencies Programme.

3.   The report received strong support from many Member States, particularly those in the European Region; the establishment of the new WHO Health Emergencies Programme was deemed an essential and timely development, which will complement the Organization's traditional technical and normative roles with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies.

4.   The Programme applies an all-hazards approach across the whole risk management cycle, and is based on the principles of a single programme, one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics.

5.   All of WHO's work in emergencies is thus brought under the aegis of a single Programme, with a common structure across headquarters and the six regional offices, with a view to optimizing intra-agency coordination, operations and information flow. The common structure reflects WHO's major functions in the management of health emergencies: infectious hazards management; country health emergency preparedness and the International Health Regulations (IHR) (2005); health emergency information and risk assessments; emergency operations; and emergency operations management and administration and external relations.

6.   The Programme includes mechanisms to harness the broad range of WHO's technical expertise outside the Programme, with strong partnerships, particularly through the Inter-Agency Standing Committee, and strengthen existing networks of emergency medical teams, the Global Outbreak Alert and Response Network and Stand-by Partners.

7.   The oversight and monitoring of the Programme's development and performance is ensured by the Emergencies Oversight and Advisory Committee, appointed by the Director-General in March 2016.

8.　The Programme has an overall budget of US$ 494 million for the 2016−2017 biennium, representing an increase of US$ 160 million over the current budget for WHO's primarily normative and technical work in health emergency management. Furthermore, the establishment of the WHO Contingency Fund for Emergencies will enable the Organization to ensure rapid initiation of operations in acute emergencies.

9.　Following the consideration of the budget for the new Programme by the Sixty-ninth World Health Assembly, a financing dialogue was convened on 22 June 2016 to review the major elements of the budget, cost drivers, immediate funding priorities, potential financing strategies and some initial indicative funding decisions. In October 2016, a broader financing dialogue will be convened to mobilize the resources needed for the new Programme in the current biennium. For subsequent fiscal periods, starting with the 2018–2019 biennium, the resource requirements for the new Programme will be covered as an integral part of the Organization's programme budgeting process.

10.　Now that the design of the new Health Emergencies Programme has been completed, the new emergency management structure is being rolled out across WHO headquarters, all six regional offices and in the first set of priority countries. As of 1 July 2016, the operating targets set for the new Programme include:

(a)　to appoint senior management teams in all major offices;

(b)　to put new emergency processes in place (risk assessment, grading, incident management system); and

(c)　to finalize the WHO Emergency Response Framework and realign the key staff and units involved to their new functional reporting lines.

11.　The target date for transitioning current staff to the new structure is 1 October 2016. In order to ensure that the Programme has the capacity to perform its functions, the recruitment of a substantial number of additional staff, with new skill sets, will be required over a period of 24−36 months.

Implications for the European Region

12.　The WHO Regional Office for Europe is fully committed to implement the new WHO Health Emergencies Programme and strengthen its operational capacities to effectively support Member States in their preparedness for and response to health threats in the European Region, which are increasing in number and complexity.

13.　The Programme has been established through a process of reform involving all three levels of the Organization: country offices, regional offices and headquarters. The Regional Office for Europe has contributed proactively to the design of the Programme through various channels, including the engagement of the Regional Director in the Global Policy Group, the participation of the Director, Division of Communicable Diseases and Health Security, on the Executive Support Group and the Design and Rollout Teams for the design and roll out of the new Programme, and the participation of country and regional office technical staff on various working groups.

14.　The structure of health security-related work in the Regional Office was reorganized already in 2010, bringing together the three programmes primarily involved

in all-hazards health emergency management (prevention, mitigation, response and recovery) – namely the Alert and Response Operations, Country Emergency Preparedness and IHR Coordination – under one division and one director. All three of these programmes have been severely understaffed for several years owing to lack of adequate funding.

15.　During the design phase of the emergency reform process, the health security structure of the Regional Office was further aligned with the structure of the WHO Health Emergencies Programme, which is common across all seven major offices of the Organization.

16.　The Regional Office's priority areas will be: health emergency information and risk assessments; country health emergency preparedness and the IHR (2005); and emergency operations functions. The health emergency information and risk assessment team will continue to operate at all times (24/7) as the regional IHR Contact Point, while the capacity for monitoring signals and risk and needs assessments will be further strengthened and harmonized to improve the detection and verification of public health events with potential international implications. Information management, reporting and dissemination will be strengthened to ensure accurate, reliable and timely emergency health information products.

17.　With regard to emergency operations, the Regional Office is currently involved in the management of three ongoing graded emergencies. In relation to the humanitarian crisis in Ukraine, WHO is coordinating the response to the health needs of internally displaced persons and affected communities. In response to the Syrian Arab Republic conflict, WHO is supporting the Government of Turkey in the management of the health response to the refugees in Turkey and, in line with resolutions of the United Nations Security Council, is coordinating health cluster activities in northern Syria. In response to the Zika virus outbreak, the Regional Office established the Incident Management System, which allowed the efficiency of the new emergency structure and system to be tested, revealing the value of improved coordination and communication across all levels of the Organization. In that regard, special emphasis will be placed on ensuring greater convergence of the Organization's work in humanitarian action, health security and outbreak management, as well as strengthening partnerships – particularly within the United Nations system – for a fast, effective, predictable and comprehensive response to health emergencies, addressing the risk management cycle as a whole.

18.　Pursuant to demand and at the request of Member States, the Regional Office has identified country health emergency preparedness and the IHR (2005) as a priority area, and will focus on strengthening Member States' preparedness using all-hazards and whole-of government approaches. The IHR Monitoring and Evaluation Framework and the Sendai Framework for Disaster Risk Reduction will be the main instruments used to ensure multi-hazard and multisectoral preparedness, linking national IHR core capacities with resilient health systems and essential public health functions.

19.　The infectious hazards management function will be developed around the current Influenza and other Respiratory Pathogens Programme, which also serves as the Pandemic Influenza Preparedness Framework secretariat in the Regional Office. The Regional Office has started to map the high-risk pathogens most relevant to the European Region and will continue to develop prevention and control strategies, tools

and capacities for those high-threat infectious hazards. The establishment and maintenance of expert networks to detect, understand and manage new or emerging high-threat infectious hazards is also foreseen under this function.

20. The Regional Office has also started the process of mapping countries to define their vulnerability both to high-threat pathogens and humanitarian crises. The Region's first set of priority countries has been identified and resources will be allocated at the country level on the basis of that prioritization.

21. With the start of the implementation phase on 1 July 2016, key senior-level positions have been filled – starting with the appointment of the Regional Emergency Director. A formal human resources alignment process has been initiated, in collaboration with the human resources management team and the Staff Association, to match qualifications and experience of existing staff members to positions in the new structure. Additional staff will be recruited for remaining vacant positions, as resources become available. The target date for completing the transitioning of existing staff to the new structure is 1 October 2016.

22. Human resources capacity is expected to be strengthened in line with the implementation of the structure of the new WHO Health Emergency Programme across the Organization, from 1 July 2016. The new structure, coupled with increased capacity is expected to improve the implementation of priorities in the European Region defined in the new Programme. In that regard, during 2016–2017, priority will be given to strengthening human resources for country health emergency preparedness and the IHR (2005) and the health emergency information and risk assessment functions. As and when funding becomes available, new staff will be recruited for emergency operations, as well as for emergency operations management and administration and external relations.

Framework of engagement with non-State actors (FENSA)

Global developments

23. In the WHO reform process, no single reform issue has proven more intractable than the attempts to draw up a comprehensive framework of engagement with non-State actors.

24. Over the course of five years, Member State representatives, having spent innumerable hours in meetings of the Programme, Budget and Administration Committee of the Executive Board, the Executive Board, the Open-ended Intergovernmental Meeting, and formal and informal drafting groups set up by successive World Health Assemblies, have finally yielded a consensus on this issue, which is the key to overall governance reform and to the Organization's interaction with other stakeholders in international health work. The new FENSA provides comprehensive policies and procedures on engaging with nongovernmental organizations, private sector entities, philanthropic foundations and academia.

25. Previous reports on this issue submitted for consideration by the Regional Committee have outlined the difficulties encountered in discussions on the Framework,

and the positions taken by Member States of the European Region in that regard. Much of the credit for achieving agreement must go to the tireless and unwavering stewardship and positive guidance provided over the past two years by the representative of Argentina, who chaired the discussions of the Open-Ended Intergovernmental Meeting.

26. The work of numerous drafting groups held on the side-lines of the Sixty-ninth World Health Assembly culminated in the adoption, through Committee A, of resolution WHA69.10 on the final day of the Health Assembly. The resolution sets out milestones to:

(a) to begin implementation of the Framework immediately (June 2016);

(b) to report annually to the Executive Board through the Programme, Budget and Administration Committee (first report in January 2017);

(c) to establish the full register of non-State actors by the Seventieth World Health Assembly (May 2017);

(d) to request that "the Seventieth World Health Assembly review progress on the implementation at the three levels of the Organization, with a view to taking any decisions necessary to enable the full, coherent and consistent implementation of the Framework of engagement with non-State actors" (May 2017);

(e) to operationalize implementation of the Framework in full over a period of two years (by May 2018); and

(f) to conduct an initial evaluation of implementation of the Framework in 2019.

Implications for the European Region

27. While the final agreement on FENSA is particularly welcome, challenges remain with regard to its implementation throughout the Organization.

28. Representatives of Member States of the European Region have been actively involved in the negotiation of the Framework and the Regional Office has contributed to and carefully followed its development. Throughout the negotiation process, the Regional Office held regular informational briefings with staff to inform them about the progress made. The fact that Regional Office and country office staff have been well informed throughout the process will support implementation of the Framework.

29. The partnership unit in the Office of the Regional Director for Europe has been identified as the regional dedicated unit for the Framework and will support technical units and country offices with its implementation. An initial information session for staff members, at which the Framework as adopted by the World Health Assembly was introduced, was held in early July. A guide for staff and a handbook for non-State actors are in preparation by WHO headquarters, with finalization anticipated by the end of October 2016. Until then, the Regional Office has taken a pragmatic way forward, including documenting actual workload and existing engagements. Further training for staff will be given in autumn 2016 and spring 2017, including on the use of the register for non-State actors.

30.   Following the adoption of FENSA, the Regional Office will develop – in collaboration with the Standing Committee of the Regional Committee for Europe (SCRC) – a proposal, in line with FENSA article 55, on granting accreditation to regional non-State actors not in official relations with WHO, which would permit them to attend Regional Committee meetings. The proposal will be submitted for consideration by the 67th session of the Regional Committee in 2017.

31.   Lastly, the Regional Office will prepare a partnership strategy, as previously requested by the Regional Committee but postponed pending the ongoing negotiations on the global Framework. The new partnership strategy will focus on strengthening relations with all partners working at regional and national levels to implement Health 2020 and the health-related Sustainable Development Goals and will be submitted for consideration by the 67th session of the Regional Committee in 2017.

Governance reform issues resulting from the Open-ended Intergovernmental Meeting on Governance Reform

Global developments

32.   Pursuant to decision EB136(16) (2015), the Executive Board decided to establish an inclusive Member State consultative process on governance reform. That decision foresaw that work would be completed by the Sixty-ninth World Health Assembly, providing practical recommendations on how to improve the efficiency of WHO governance.

33.   The Open-ended Intergovernmental Meeting on Governance Reform met twice in 2015 and twice in 2016, prior to the Sixty-ninth World Health Assembly. Its recommendations, as approved by the Assembly in decision WHA69(8), addressed agenda management for the global governing bodies, use of information technology to improve access to governing body meetings and documentation, senior management coordination and accountability, alignment between regional committees and the Executive Board, and the oversight functions of regional committees, including oversight of country offices.

Implications for the European Region

34.   Over the past five years, the Regional Office for Europe has taken an active role in governance reform.

35.   Taking agenda management by way of example, in the European Region a "rolling", multi-year agenda has been established for Regional Committee sessions, which gives members of the SCRC a more strategic overview of when particular issues will be scheduled for discussion in the Regional Committee, and facilitates their preparation of Regional Committee sessions. This is complemented by annotated agendas that provide information on the planned conduct of discussions.

36.   Regarding oversight of the Regional Committee, the strengthened oversight functions of the SCRC, combined with the increase in its membership from nine to 12 members to provide a better geographical balance of representation, was

implemented in 2010 through resolution EUR/RC60/R3, and represents best practice in the Organization, as called for in decision WHA69(8).

37.   Several other governance initiatives in recent years have been undertaken in the European Region, as described in Annex 1 to this report.

38.   Annex 2 elaborates on the practical implementation of the governance-related issues set out in decision WHA69(8).

Managerial reforms

Global developments

39.   In 2016, three issues under the "umbrella" of managerial reform have received attention from global governing bodies: strengthening accountability at all levels of the Organization; strategic budget space allocation; and human resources reform, with particular reference to implementation of the global mobility scheme.

Accountability

40.   Since discussions in the Programme, Budget and Administration Committee and the Executive Board in 2015 of what was described by the Chairman of the Independent Expert Oversight Advisory Committee as "a culture of tolerance for non-compliance" in the Organization, the Director-General and the Regional Directors have afforded the greatest priority to intensifying efforts to heighten accountability.

41.   Steps taken in 2015 and 2016 have included the establishment of risk registers in all budget centres, the introduction of clearer disciplinary measures for cases of misconduct, and the introduction of performance indicators and self-assessment checklists in country offices.

42.   Although strengthening organizational accountability will be a continuous process and will remain a priority, the Chairman of the Independent Expert Oversight Advisory Committee, in his report (document EBPBAC24/2) to the Twenty-fourth meeting of the Programme, Budget and Administration Committee, noted improvements evidenced by a reduction in the incidence of non-compliance, and stated that the overall trend was positive.

Strategic budget space allocation

43.   In May 2015, the Executive Board adopted decision EB137(7), recommending that the Sixty-ninth World Health Assembly formalize the new methodology for strategic budget space allocation by adopting the same decision.

44.   The merits of finding clear criteria for a rational, fair and equitable allocation of the biennial budget between WHO headquarters and its six regional offices were discussed extensively in the report on WHO reform (document EUR/RC65/15) presented to 65th session of the Regional Committee in 2015.

45.   The World Health Assembly's decision to formalize the methodology for strategic budget space allocation was strongly supported by all Member States of the European Region, and was adopted by consensus.

Human resources reform: implementation of the global mobility scheme

46.   The geographical mobility policy previously discussed by the global governing bodies came into force in January 2016. The scheme is being introduced in a phased manner, starting with a voluntary phase from 2016–2018.

47.   The first mobility exercise took place in early 2016, based on a compendium of international positions to which all major offices had contributed, and with placements recommended by a Global Mobility Committee comprising senior management representatives from the six regions and headquarters.

48.   Important lessons were learned from the exercise, which will be incorporated into the modus operandi for the next mobility round, scheduled for the second half of 2016 or early 2017.

Implications for the European Region

Accountability

49.   The European Region continues to have a strong accountability framework and has no tolerance for non-compliance to WHO rules and regulations.

50.   Over the past four years, eight internal audits have been performed in the WHO European Region, of which seven in country offices: Turkey (2012), Tajikistan (2012), Turkmenistan (2013), Uzbekistan (2013), Belarus (2013), Republic of Moldova (2013) and Montenegro (2014), and one in the Regional Office (2014). During the financial period 2012–2015, two external audits were performed in the Region: one in the country office of Turkey (2013) and one in the Regional Office (2015).

51.   A separate report on accountability and compliance (document EUR/RC66/24) has been prepared for the Regional Committee, which presents in detail the issues identified by these audits and the Regional Office's actions to address them.

52.   The Regional Office is committed to the timely follow up of audit recommendations and there are no long-standing open audit recommendations.

53.   In order to strengthen the consequences of non-compliance, key administrative performance indicators have been established for the Organization (see Table 1) and are linked with the performance evaluation system (ePMDS) for directors and heads of WHO offices.

Table 1. Key performance indicators linked with the performance management system.

No.	Area	Key performance indicator
1	Compliance with financial rules	Rejection rates of PO goods and services over US$ 15 000 and below CRC limit
2	Managing donor relationships	Aging financial reports
3	Technical reporting to governing bodies	% outputs reported on time for biannual monitoring reports
4	Efficient use of voluntary contributions	Awards with end date within 1 month with balance over 10%
5	Financial management of human resources	Old issues (unresolved)
6	Sound management of human resources	Establish 2016 objectives and mid-year review fully executed within established time frames
7	Financial management of contracts	Level of overdue encumbrances (past planned date over 3 months)
8	Provision of documentation to support services for governing bodies meetings within agreed deadlines	Adherence to corporate deadlines, including governing body documents submitted throughout the year

54.   Over the course of each year, directors and heads of WHO offices will be informed on a quarterly basis about their performance in these eight broad, administrative areas.

Strategic budget space allocation

55.   Following the global work on the strategic budget space allocation methodology, the Regional Office decided to test and apply the same methodology for the initial allocation of assessed contributions among the countries with which it has concluded biennial collaborative agreements.

56.   Applying the strategic budget space allocation methodology for those countries showed that the model, as approved by the World Health Assembly, was robust and applicable in the European context. It also showed that historically, assessed contribution allocations in the European Region had been mostly in line with the strategic budget space allocation outcome. To ensure gradual implementation, however, and to avoid excessively drastic increases or decreases, the changes were limited to within plus or minus 20%.

57.   It is important to emphasize that this initial allocation was used primarily for planning purposes, and that the final allocation of assessed contribution funds will be based on actual implementation, emerging needs and other considerations that might arise later in the year. This is also in line with the strategic allocation of flexible resources promoted by the Director-General.

Human resources reform: implementation of the global mobility scheme

58.   Both the management and the staff of the Regional Office have played an active role in the promulgation of the new staff mobility scheme. The Regional Office provided around 30% of the positions advertised for the compendium (more than any

other regional office) and several staff members from the Regional Office applied for posts outside the European Region.

59.   Management worked closely with the Staff Association to elaborate key lessons learned and to develop a list of recommendations for the next mobility exercise. Many of those recommendations are currently being considered at the global level by WHO management and staff associations.

Annex 1. Overview of reform initiatives taken in the WHO European Region from 2010 to 2015

Programmatic reform[1]

2010

The WHO Regional Committee for Europe adopted resolution EUR/RC60/R5 on addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region. The resolution called for:

- the development of a coherent European health policy framework for programme action; and

- renewed political commitment to the development or renewal of comprehensive national policies, strategies and plans to improve health outcomes and strengthen health systems.

2011

The WHO Regional Committee for Europe adopted resolution EUR/RC61/R1, which endorsed the draft of Health 2020 as a unifying, coherent action framework to accelerate attainment of better health and well-being for all.

2012

The WHO Regional Committee for Europe adopted resolution EUR/RC62/R4, which endorsed "Health 2020: a European policy framework supporting action across government and society for health and well-being" (document EUR/RC62/9) as a guiding framework for health policy development in the Region as a whole and in individual Member States.

2013

After global approval of the programme budget for the biennium 2014–2015, the Regional Office implemented a new results chain, in line with the global push for greater clarity and accountability for results.

Operational planning provided a basis for the analysis of detailed outputs and funding needs and gaps, as considered in the financing dialogue.

2014

The Regional Office played an active role in planning the programme budget for the biennium 2016–2017, based on bottom-up priority setting at the country and regional levels to ensure that the proposed budget was well aligned with demand.

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[1] All Regional Committee resolutions were accessed on 18 July 2016.

Governance reform

2010

The Regional Committee for Europe adopted resolution EUR/RC60/R3 on governance of the WHO Regional Office for Europe: Amendments to the methods of work and Rules of Procedure of the Regional Committee and of the SCRC. The resolution:

- strengthened the governance function of the Regional Committee by increasing the focus on high-level policy issues, resulting in increased attendance by ministers of health;

- strengthened the oversight function of the SCRC through the presentation of high-level management reports on key strategic issues;

- increased the membership of the SCRC from 9 to 12, thus providing a better geographical balance of representation;

- introduced subregional groupings of Member States for nominations to the Executive Board and the SCRC, providing greater predictability and transparency in the nomination process;

- introduced clear criteria for the experience and areas of competence required for all nominees for membership of the Executive Board and the SCRC;

- confirmed that the periodicity of membership of the WHO Executive Board for those Member States in the WHO European Region that are permanent members of the United Nations Security Council should remain three out of six years;

- increased the transparency of SCRC proceedings, with names and contact details of Standing Committee members posted on the Internet;

- changed the process for the nomination of the Regional Director for Europe, including the role and title of the Regional Search Group; and

- changed the Rules of Procedure of the Regional Committee and the Standing Committee to incorporate all of the above.

2013

The Regional Committee for Europe adopted resolution EUR/RC63/R7 on governance of the WHO Regional Office for Europe. The resolution:

- set out a detailed schedule of European Member State representation on the Executive Board, by subgroup, covering the 10-year period 2013–2023, for additional transparency;

- enhanced transparency and communication between the SCRC and Member States by calling for the designation of SCRC focal points for each specific technical item and resolution on the Regional Committee's agenda;

- called for the Chairperson and vice-Chairperson of the SCRC to work closely with subregional organizations in preparing for Regional Committee meetings;

- set out new procedures for the submission of – and amendment to – Regional Committee resolutions (with similar procedures later adopted by the 134th session of the Executive Board for its future meetings);

- established a code of conduct for the nomination of the Regional Director for Europe; and

- adopted a formal mechanism for screening credentials of participants at Regional Committee sessions.

Meanwhile, resolution EUR/RC63/R8, which endorsed document EUR/RC63/17 Rev. 1, provided for the regular review and "sunsetting" of Regional Committee resolutions.

The following additional measures were introduced to prepare Member States for governing body sessions:

- the briefing in March 2014 in Copenhagen for members of governing bodies (financial and programmatic issues) was made open to all Member States;

- a rolling, multi-year agenda for Regional Committee sessions was introduced to give delegates a better strategic overview of when agenda items would be tabled; and

- annotated agendas were introduced to provide information on the modalities of discussions.

2014

- The first draft of a tool to support the SCRC in the nomination procedure for membership of the Executive Board and the SCRC was developed, based on the criteria approved in resolution EUR/RC63/R7.

- Templates for technical Regional Committee resolutions were developed for better control and oversight of strategic links to Health 2020, the Twelfth General Programme of Work 2014–2019 and other World Health Assembly, Executive Board and Regional Committee resolutions, and to clarify the administrative and financial implications.

- WebEx (or a similar interactive web-based platform) was introduced as a tool for briefing sessions for new members of the SCRC and European participants in sessions of the governing bodies.

- Initiatives were taken to ensure more active involvement of nongovernmental organizations at future Regional Committee meetings.

2015

- The tool to support the nomination procedures for membership of the Executive Board and the SCRC was finalized, providing increased transparency, objectivity and fairness.

- Rule 47 of the Rules of Procedure of the Regional Committee for Europe regarding the nomination process for Regional Director was revised.

- Conference declarations and the criteria for bringing those declarations before the Regional Committee were considered (ongoing).

- The reporting requirements of Regional Committee resolutions were revised.

Managerial reform

Managerial reform is, by its very nature, an internal exercise and is therefore not driven by resolutions of governing bodies. The main achievements to date are summarized below.

2010

- All internal administrative processes were reviewed to reduce unnecessary administrative tasks (re-engineering of business processes).

- A new organigram was prepared that better reflects the new strategy of the Regional Office.

- Country presence and geographically dispersed offices were reviewed and evaluated by an external group of experts.

- The Programme, Resources and Management Unit was established (by merging planning and budget) to strengthen planning and reflect a more integrated approach.

- The oversight role of the SCRC was increased through regular consideration of management reports.

2011

- The Compliance Unit was established to strengthen administrative and financial discipline in the Regional Office and increase donor confidence.

- The rationalization of core presence in country offices was reviewed.

- A new approach to programme budget development was undertaken, known as "the programme budget as a strategic tool for accountability" or "the contract", which would also serve as a pilot for WHO reform.

2012

- "Daily highlights" were published on the Regional Office's website during Regional Committee sessions to increase the transparency of governing bodies meetings.

- The use of social media was increased.

2013

- The Regional Office's external website was redesigned and launched to increase the visibility of the Regional Office.

- A new Intranet page was launched to facilitate communication with staff.

- A new human resources plan was prepared for the Regional Office, in keeping with the programme budget 2014–2015 and shifting resources to technical programmes and away from administration. In 2014, this resulted in increased capacity for technical and policy support to Member States.

2014

- The new human resources plan was implemented.

- A new internal control framework and an Office-wide risk registry were compiled, and risk mitigation mechanisms were discussed.

- A new central address registry was put in place on 1 July 2014 to improve and streamline contacts with Member States and partners.

- A new policy was introduced to increase the control (pre-checks) of consultant and special service agreements.

- A change management process was launched, supported by the Office of the Director-General, to increase the involvement of Regional Office staff in the reform process.

2015

- Compliance checks were extended to non-staff contracts, which represent an important source of potential reputational risk.

- A responsibility matrix was developed, which clearly spells out the division of labour and the resulting responsibilities between the Regional Office and the country offices.

- A pool of pre-approved experts was established to facilitate easier implementation, while maintaining quality control.

Annex 2. Implications of decision WHA69(8) for the European Region

1.   In May 2016, the Sixty-ninth World Health Assembly, by decision WHA69(8), adopted a set of measures concerning the methods of work of the governing bodies, accountability within WHO, and alignment between the three levels of the Organization. Some of these measures may require consideration by the Regional Committee, while others reflect decisions and practices already adopted in the European Region.

2.   The aspects of the decision adopted by the Health Assembly, and their possible implications for the European Region, are listed below, as they appear in decision WHA69(8):

(1)   to request that the Director General develop a six-year, forward-looking planning schedule of expected agenda items for the Executive Board, including its standing committees, and the Health Assembly, based on standing items, requirements established by decisions and resolutions of the governing bodies, as well those required by the Constitution, regulations and rules of the Organization − especially taking into account the General Programme of Work, and without prejudice to additional, supplementary and urgent agenda items that might be added to the governing body agendas;

(2)   to request the Director General to submit the above-mentioned forward-looking planning schedule, as an information document, to the Executive Board at its 140th session, and to update the schedule regularly, as needed;

3.   Since 2011 the Standing Committee of the Regional Committee for Europe (SCRC) has employed a multi-year, rolling agenda to give delegates a better strategic overview of the programme of work of the Regional Committee for the medium-term and to facilitate the preparation of the provisional agenda for each Regional Committee session. As of May 2016, the multi-year agenda for the Regional Committee for Europe will be discussed as a regular item on the agenda of the open session of the SCRC, and thus made available to all Member States.

4.   In view of the foregoing, the SCRC has agreed to review the multi-year, rolling agenda of the Regional Committee after the discussion of the global planning schedule by the 140th session the Executive Board. The Regional Director will consult with the Director-General on possible improvements to current practices in the context of the implementation of the above decision and apply or adapt the global criteria to the regional context as necessary, in consultation with the SCRC.

Agenda management

(3)   to request the Bureau of the Executive Board, taking into account inputs from Member States, to review the criteria currently applied in considering items for inclusion on the provisional agenda of the Board, and to develop proposals for new and/or revised criteria for the consideration of the 140th session of the Executive Board;

(4) *to request the Director General, in consultation with Member States and taking into account previous Member State discussions, to develop by the end of October 2016, proposals to improve the level of correspondence between the number of items on the provisional agendas of the governing bodies and the number, length and timing of their sessions, including the financial implications of proposed options, for consideration by the Seventieth World Health Assembly through the 140th session of the Executive Board;*

Rules of additional, supplementary and urgent agenda items

(5) *to request the Director-General to prepare an analysis of the current Rules of Procedure of the Executive Board and Rules of Procedure of the World Health Assembly in order to identify interpretational ambiguities and gaps in the processes for the inclusion of additional, supplementary and urgent agenda items and to make recommendations on the further improvement of those processes; and to report to the Seventy-first World Health Assembly through the Executive Board;*

5. The Regional Director develops the provisional agenda of the Regional Committee taking into account the regional priorities under the Health 2020 policy framework. The SCRC reviews the draft provisional agenda of the forthcoming session of the Regional Committee at most of its sessions; it discusses a preliminary draft agenda for the subsequent session of the Regional Committee at its meeting in May, which is open to representatives of Member States in the Region that are not members of the Standing Committee, but who may participate in that meeting as observers and contribute to the discussions. This process also enables the Standing Committee to discuss the inclusion in the provisional agenda of items requested by the World Health Assembly.

6. Such a thorough process of discussion and preparation of the provisional agenda is unique within WHO's governance and has thus far ensured a reasonable number of agenda items with a strong focus on the strategic priorities of the Region as well as alignment with the global priorities discussed by the World Health Assembly and the Executive Board. Pursuant to Rule 9 of the Rules of Procedure of the Regional Committee, the Regional Director may, in consultation with the President and Executive President of the Regional Committee and the Chairperson of the Standing Committee, include in a supplementary provisional agenda any urgent item that may arise after the dispatch of the provisional agenda.

7. The Regional Director is looking forward to the development – by the Bureau of the Executive Board – of revised criteria that may further improve the coherence and realism of the agenda of the Board – and consequently of the Health Assembly. The Regional Director will report on the outcome of this process to the Regional Committee and present her recommendations for aligning the criteria used by the SCRC with those of the global governing bodies in a manner that enhances coherence within WHO's governance cycle, while respecting regional specificities and best practices.

Improvement of information technology tools for better access

*(6)   to request the Director-General to continue strengthening, and making
          more user-friendly, the use of existing and new information technology
          tools in order to improve timely and cost- effective access to governing
          body meetings and documentation, both pre- and post-session, and to
          continue making arrangements for access to the webcasts post-session of
          public governing body meetings;*

8.   The Regional Office for Europe makes extensive use of modern technologies in
its communication and work with Member States. Sessions of the Regional Committee
and SCRC sessions are paper-free (delegations receive the documents for the session in
electronic format only), a Regional Committee mobile application has been developed
to disseminate information during Regional Committee sessions, sessions of the
Regional Committee are webcast live, and nongovernmental organizations attending
Regional Committee sessions can record video messages prior to the session, to be
posted on the Regional Committee's webpage.

9.   The Regional Office regularly uses a password-protected website for
dissemination of SCRC documentation and for consultation with Member States on
Regional Committee documents. The reports of SCRC sessions are adopted
electronically. The Regional Director's opening statement at each session of the SCRC,
and the full session of the SCRC in May, which is open to all Member States, are
webcast live for Member States.

10.   Social media is used during sessions of the Regional Committee to foster outreach
to all stakeholders as well as the general public.

Senior management coordination

*(7)   to recognize the Global Policy Group as an advisory mechanism to the
          Director-General and encourage the Director-General, in accordance
          with the WHO Constitution, to continue to strengthen senior management
          coordination for the coherent implementation of decisions, policies and
          strategies of the Organization across all levels;*

11.   The Regional Director fully supports the Global Policy Group as a collegial
instrument for discussion, coordination and consensus-building among the leadership of
WHO for major organization-wide policy, programmatic and managerial decisions in
the framework of the WHO Constitution. Senior management meetings with Regional
Directors and Assistant Directors-General, which are also held periodically, are
welcomed as an effective discussion and management tool.

Improving transparency and accountability

*(8)   to request the Director-General and Regional Directors to make the
          delegations of authority and letters of representation publicly available on
          an electronic platform1 in order to improve transparency and
          accountability;*

12.   The Regional Director supports the posting of delegations of authority and letters
of representation on the WHO website as a transparency and accountability measure.

As well as being posted on the central WHO website, they should also be linked to the website of the Regional Office.

Increasing harmonization across the regional committees in relation to the nomination of Regional Directors

(9)   in accordance with decision WHA65(9) (2012), to invite each Regional Committee to consider measures to improve the process of nomination of Regional Directors, taking into consideration best practices from the six regions;

13.   By decision WHA65(9), the World Health Assembly requested that Regional Committees harmonize their practices with particular regard to three elements: participation of observers in the Regional Committee, review of credentials of delegates, and nomination of Regional Directors. Concerning the latter, the Health Assembly requested Regional Committees to establish criteria for the selection of candidates, and a process for the assessment of all candidates' qualifications.

14.   The Regional Committee has had a well-structured process in place since the 1990s, with a set of criteria that the successful candidate was required to fulfil. A Regional Search Group was established by the Regional Committee with the task of encouraging qualified candidatures for the post of Regional Director, screening candidates and submitting a recommended shortlist to the Regional Committee. The process has been considerably strengthened since 2010 with the replacement of the Regional Search Group with a Regional Evaluation Group, the adoption of a Code of Conduct for the nomination of the Regional Director, and the amendment to Rule 47 of the Rules of Procedure of the Regional Committee to provide for time-limited oral presentations – open to Member States in the Region – made by all candidates, usually at the time of the SCRC session immediately prior to the opening of the World Health Assembly.

15.   In view of the foregoing, the Regional Director is of the view that the process for the nomination of the Regional Director fully complies with both decision WHA65(9) and decision WHA69(8) and represents best practice. The Regional Director does not recommend that the Regional Committee consider further revisions to the process at this time.

Improving transparency of the process for the selection of Assistant Directors-General

(10)   to request the Director-General to improve transparency of the process for the selection of Assistant Directors-General, including through timely advertisement of the Assistant Director- General positions in all official languages;

16.   This request falls under the exclusive competence of the Director-General.

Strengthening planning mechanisms

(11)   to encourage the Director-General and Regional Directors, working with Heads of WHO Country Offices, to strengthen the implementation of planning mechanisms that improve alignment across the three levels of the Organization;

17.   In the WHO European Region, planning is done in full collaboration with all
Member States and with the active participation of all regional divisions and country
offices. The Regional Office participates actively in all categories and programme area
networks, through participation of directors and programme managers (respectively)
and designated WHO representatives. These networks are the cornerstone of the
development of globally coherent objectives and the programme budget.

18.   Furthermore the Regional Director, through the bottom-up planning process, has
invited all Member States in the Region to define their priorities for WHO for two
consecutive planning periods (2016–2017 and 2018–2019). The bottom-up process
involves intercountry programmes, both for countries and the Regional Office, and
includes a detailed costing of human and financial resources for each budget centre
(country office or regional division).

19.   The results of the bottom-up planning exercise in the Regional Office for Europe
were collated for strategic review at regional level prior to submission at global level.
The Regional Committee, when reviewing the draft programme budget, also reviews a
document presented by the Regional Office on its planning, including the country
priorities established during the bottom-up planning and the specific regional
orientations for each global category. After approval by the World Health Assembly, the
final regional implementation plan will be presented to the Regional Committee.

20.   The Regional Director is committed to continue working with the Director-
General to strengthen the implementation of the planning mechanism and ensure
alignment across the Organization.

Enhancing alignment

*(12)   to request the Director-General, working with the Regional Directors, to
assess and report on the implementation of operative paragraph 4 of
decision WHA65(9) in the context of reporting on WHO reform, with the
aim of enhancing alignment between the Regional Committees and the
Executive Board, in relation to each subparagraph;*

21.   Paragraph 4 of decision WHA65(9) endorsed a set of proposals for enhancing
alignment between regional committees and the Executive Board, namely:

(a)   that regional committees be asked to comment and provide input to all global
strategies, policies and legal instruments such as conventions, regulations and
codes;

(b)   that the Health Assembly refer specific items to the regional committees in order
to benefit from diverse regional perspectives;

(c)   that regional committees adapt and implement global strategies as appropriate;
and

(d)   that chairpersons of the regional committees routinely submit a summary report of
the committees' deliberations to the Board.

22.   This decision has been implemented progressively throughout WHO's governance
and the Regional Committee for Europe has been playing an active role in providing
input to the Executive Board on a range of items referred to it by the World Health

Assembly and the Executive Board. Under the general agenda item "Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board", the Regional Committee considers not only the report on the impact of global decisions on work in the Region, but also items referred to it by the World Health Assembly for discussion and comments, for example the High-level meeting of the United Nations General Assembly on prevention and control of noncommunicable diseases, and the criteria for the extension of the deadline for building core capacities under the IHR(2005).

23.   Under its agenda item on WHO reform, the Regional Committee has discussed its input on items such as the Framework of engagement with non State actors, governance reform and programme budget. Chairpersons of Regional Committees have been customarily reporting to the Executive Board since its 132nd session in January 2013, in particular on issues relevant to the global agenda.

24.   The implementation of the aforementioned decision requires constant and consistent coordination among the governing bodies of the Organization as well as between the Director-General and the Regional Directors. The Regional Director is committed to bringing to the attention of the Regional Committee the items referred to it by the World Health Assembly and the Executive Board, topics on which the views of the Committee are requested or otherwise warranted, as well as global strategies and similar general policy instruments with a recommendation to adopt implementing measures, rather than aiming to adopt separate and additional regional strategies.

Strengthening oversight functions

(13) to invite Regional Committees to consider reviewing their current practices, including those of their standing committees and subcommittees, where applicable, with a view to strengthening their oversight functions; and request the Director-General, working with Regional Directors, to develop and maintain a platform for sharing the outcome of the reviews to assist in identifying best practices in the oversight functions and to report at the appropriate time to the Executive Board;

25.   The main oversight of the work and performance of the Regional Office is performed by the SCRC, which keeps implementation of the programme of work under review throughout its five annual sessions. The Regional Director reports annually to the Regional Committee on the performance assessment of the Regional Office. The report provides an analytical overview of the performance of the Regional Office and describes the background and context of technical achievements, the financial situation and technical and managerial challenges.

Strengthening WHO cooperation with countries

(14) to invite the Regional Committees to improve oversight of the work of regional and country offices, including through identifying best practices and establishing a set of requirements on the reporting of regional and country office management, financial information and programme results to Regional Committees;

(15) to request the Director-General and the Regional Directors to provide the biennial WHO country presence report for review by the Regional Committees, and as an information document for the Health Assembly, through the Executive Board and its Programme, Budget and Administration Committee.

26.   Through the oversight function of the SCRC and the annual reporting to the Regional Committee through the Regional Director's report, the Regional Office already provides information on the management, financial and programmatic issues in relation to regional and country work. However, the Regional Director is committed to further discussing with the SCRC the improvement of its oversight role.

27.   The Regional Director is inviting Heads of Country Offices to attend sessions of the Regional Committee and, in collaboration with the SCRC, the Regional Office has set up a mechanism of national counterparts and national technical focal points. Regular WebEx meetings are held with the network of national counterparts, and a face-to-face meeting is held during Regional Committee sessions.

28.   Finally, the Regional Director will discuss with the SCRC the information and detail needed in the annual report to the Regional Committee, and where it will be positioned on the Regional Committee's agenda.

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