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WHO reform: progress and implications for the European Region

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WHO reform: progress and implications for the European Region

The present document is the fifth consecutive report on WHO reform presented by the Regional Director to the WHO Regional Committee for Europe, in line with the commitment made to the 61st session of the Regional Committee (RC) to report annually, as part of a rolling agenda, on the implications of WHO reform for the European Region.

The document highlights the progress achieved since RC64, in September 2014, in the key areas of reform that were the focus of attention of the global governing bodies in 2015, namely, strategic budget space allocation; framework of engagement with non-State actors; overview of reform implementation, with particular emphasis on governance reform; strengthening the accountability framework; and the new global staff mobility scheme, as part of human resources reform.

Issues of particular relevance to the European Region have been highlighted.

The Annex to the document provides a summary of reform initiatives undertaken in the European Region during the past five years.

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Background

1. The present document is the fifth consecutive report on WHO reform presented by the Regional Director to the WHO Regional Committee for Europe (RC), consistent with a commitment made to the 61st session of the Regional Committee to report annually, as part of a rolling agenda, on the implications of WHO reform for the European Region.

2. RC64 reviewed the progress made on global reform and its implications for the European Region, as set out in document EUR/RC64/16. In 2015, the attention of the global governing bodies has focused primarily on the following key areas of reform:

- strategic budget space allocation;
- framework of engagement with non-State actors;
- overview of reform implementation, with particular emphasis on governance reform;
- strengthening the accountability framework within WHO; and
- the proposed global mobility scheme for Secretariat staff, as part of human resources reform.

3. Member States recognized that all the above areas were of crucial importance to the Organization's entire reform process. As such, these issues were discussed extensively at the January and May sessions of the global governing bodies, in which representatives of all regions participated actively and which, to some extent, demonstrated differing regional views and positions.

4. All topics are also of particular significance and interest to the European Region, as outlined in the relevant sections below.

5. The Annex provides a brief summary of reform initiatives undertaken in the European Region from 2010 onwards, grouped under the three categories of programmatic reform, governance reform and managerial reform.

Strategic budget space allocation

Global developments

6. The issue of finding a rational, fair and equitable methodology for allocating the biennial budget between headquarters and the six WHO regions was already a key reform topic in 2014. The Executive Board established the Working Group on Strategic Budget Space Allocation to coordinate and manage the process, under the leadership of the Programme, Budget and Administration Committee (PBAC) Chairman (Belgium) and with one PBAC member from each Region serving as members of the Working Group.

7. At the time, it was recalled that, during the past two decades, two major exercises had been conducted on the same issue: one in 1998, limited to assessed contributions and culminating in resolution WHA51.31 on regular budget allocations to the regions, and a second in 2006, which was used as an ex post facto validation mechanism for

WHO headquarters and regional allocations. However, a major difference between those previous initiatives and the current exercise was the fact that both the 1998 and the 2006 methodologies had been initiated by the WHO Secretariat, whereas the 2014–2015 initiative was Member State-driven and seen by delegates as an essential element of overall budgetary reform.

8. The PBAC Working Group recognized that the issue of resource allocation was interdependent with several other reform initiatives under way, such as the work on bottom-up planning, the costing of outputs and deliverables, the roles and functions of the three levels of the Organization, and the review of the financing of administrative and management costs.

9. At the twenty-first meeting of PBAC (PBAC21) and the 136th session of the Executive Board (EB136) in early 2015, Member States relatively quickly agreed on the endorsement of the recommendations of the Working Group regarding the general principles to be applied to budget segments 2 (Provision of global and regional public goods), 3 (Administration and management) and 4 (Response to emergency events, such as outbreak and crisis response). They also agreed to leave both the overall size and the relative allocation of these three segments intact.

10. The focus of reallocating budget space was therefore given to segment 1 (Technical cooperation at country level). It is important to note that this segment concerns only the allocation of budget space (US$ 932.5 million) among the six regional offices and does not entail the budget space for WHO headquarters.

11. Reviewing segment 1, at both PBAC21 and EB136 there was a protracted discussion on the choice of indicators and whether the data used in the model adequately reflected the current realities and crises in some regions.

12. After lengthy debates, the Executive Board finally adopted decision EB136(5), which, inter alia, requested that the Working Group be enlarged, to include an additional representative from each region, and to further develop budget segment 1 based on the issues raised in the course of the Executive Board’s discussion on methodology and choice of indicators, as well as written comments submitted to the Director-General by Member States by the end of February 2015.

13. The expanded Working Group met in Geneva, Switzerland, on 8–9 April 2015 and on 21 May 2015, on the margins of the Sixty-eighth World Health Assembly, to review different options and simulations provided by the Secretariat. In an extensive report to the 137th session of the Executive Board, the Working Group outlined the step-by-step analytical process by which it had arrived at a scientific model that takes into account the different needs and concerns of the WHO regions, based on data that are commonly available, relevant and of the quality required.

14. The model, which provides for a zero allocation for each indicator where a country performs at the same level or better than the Organisation for Economic Co-operation and Development (OECD) median, would lead to a slight increase in the allocation for budget segment 1 for the African Region, the Region of the Americas and the European Region, a reduction for the Western Pacific Region and slight decreases for the South-East Asia and Eastern Mediterranean Regions. Those reductions reflect,

however, the socioeconomic developments and substantial gains in health outcomes that have occurred in the respective regions in recent decades, and consequently point to a reduced need to draw on WHO's collective resources for their own health sector development.

15. In recognition of the excellent work carried out by the Working Group, the Executive Board adopted decision EB137(7) by consensus, requesting the Director-General to implement the recommended model, over a period of three to four bienniums, and to minimize any negative budgetary impact at regional and country levels, particularly in the countries with the greatest need, in consultation with the regional directors, using the current allocation for technical cooperation at country level as the starting point.

16. While some Member States expressed concerns, the Director-General assured delegates that no regional allocation of budget segment 1 would be reduced in absolute terms in 2016–2017, as the reductions foreseen through the model would be offset by the overall budget increase of 8%. Furthermore, Member States would have the opportunity to review and discuss future regional allocations of segment 1 every two years, in conjunction with successive programme budget proposals.

Issues of particular relevance to the European Region

17. The European Member State representatives on the expanded 2015 Working Group were Dr Dirk Cuypers of Belgium (Chair, continuing member) and Dr Outi Kuivasniemi of Finland (new member).

18. While recognizing the difficulty of resolving what was essentially a political problem through mathematical modelling, European Member States attending EB136 pointed out that the alternative to the Working Group's simulations was not an option, since this would revert to the status quo, that is, the allocation of budget space based largely on historical precedent. It was also pointed out that the disagreement among Member States concerned only budget segment 1, accounting for less than 25% of the total proposed budget for 2016–2017.

19. While all the earlier simulations presented to EB136 showed larger increases to the European Region for budget segment 1 than the final model adopted through decision EB137(7), European Member States acknowledged that the reduced increase was in large part due to the introduction by the Working Group of a reasonable and fair threshold of zero allocation for any indicator where a country's performance equalled or exceeded the OECD median. According to the final model, the European Region's share would therefore increase gradually over the coming three bienniums from 5% to 6.4% of the global allocation to budget segment 1.

20. European Member States welcomed the excellent work by the PBAC Working Group on such a difficult issue, and strongly endorsed decision EB137(7).

Framework of engagement with non-State actors

Global developments

21. WHO's engagement with non-State actors is central to the overall governance of global health and to the Organization's interaction with other stakeholders in international health work. The issue has consequently been a key item on the Organization's reform agenda and has been discussed repeatedly – and, unfortunately, inconclusively – by the global governing bodies over the past four years.

22. In response to Health Assembly decision WHA67(14) and feedback from all six regional committees during September and October 2014, the Secretariat made further revisions to the framework document EB136/5 presented to PBAC21 and EB136 in January 2015.

23. There was broad agreement among Member States attending PBAC21 and EB136 that the revised document was an improvement on earlier versions and that the overall thrust of reform in this important area was on the right track. There was also agreement that the process now needed to be concluded, since clear rules of engagement with non-State actors were essential to protect WHO's constitutional mandate as the key coordinator in global health. Further delays in adopting the draft framework risked jeopardizing both ongoing and upcoming strategic negotiations on important health issues with other stakeholders.

24. Following protracted discussions at both PBAC21 and EB136, the Executive Board adopted decision EB136(3), in accordance with which the Director-General convened an open-ended intergovernmental meeting with a view to discussing detailed textual proposals. The intergovernmental meeting took place on 30 March–1 April 2015 and discussed key issues related to conflict of interest, due diligence, risk management and transparency.

25. On the first day of the Sixty-eighth World Health Assembly, Committee A decided to establish a drafting group to discuss additional outstanding issues in anticipation of reaching consensus on what had now become one of the most complex issues of the entire WHO reform process.

26. Under the chairmanship of Argentina, the drafting group held nine extensive meetings on the sidelines of the Health Assembly and reached consensus on many parts of the framework of engagement with non-State actors. On the last day of the Health Assembly, Member States adopted resolution WHA68.9, setting out a way forward in order to be able to submit a finalized draft framework for adoption to the Sixty-ninth World Health Assembly in May 2016, through EB138.

27. In line with resolution WHA68.9, an open-ended intergovernmental meeting on the framework of engagement with non-State actors was convened on 8–10 July 2015. The meeting made considerable progress, including on the relation of the framework with other WHO policies and the oversight of such engagement by PBAC. However, no final agreement was reached and further formal discussions will be held on 7–10 December 2015. The Secretariat was requested to prepare a report before that meeting on the implementation of the framework and its impact on the work of the

Organization. The Chair would further consult with the regional coordinators so as to hold an informal session prior to the December meeting.

Issues of particular relevance to the European Region

28. At the time of last year's discussion of the framework of engagement with non-State actors during RC64, there had been consensus among European Member States that the draft document should be adopted in its form at that time by the Sixty-eighth World Health Assembly in May 2015. The Regional Committee had recognized that further, minor improvements could be made to certain sections, in particular with regard to the issues of conflict of interest and the process and timetable for evaluation. The Regional Committee, however, believed that such amendments could best be made as experience was gained through the practical application of the framework, rather than trying to perfect every detail in the document prior to its implementation.

29. European Member States had also welcomed the idea of entrusting a strengthened oversight function of engagement with non-State actors to PBAC. However, reservations were voiced regarding the proposal to impose a complete ban on any form of secondment from non-State actors, since this could well prove to be counter-productive for the Organization in the long term. Similarly, while sound provisions regarding conflict of interest were essential and should be carefully drafted, at the time several Member States felt that the revised provisions in that regard went too far and would not serve the Organization well.

30. European Member States participated actively in the drafting group's deliberations during the Sixty-eighth World Health Assembly. It was pointed out that WHO would need to adapt to the new landscape of international actors and stakeholders in public health, and that the new framework of engagement with non-State actors would have to reflect current realities. As such, the issue of clear rules of engagement, including their implications, was of key importance to the Organization and the reform process. While the complexity of the content of the issue had prevented the Health Assembly from reaching full agreement, the tireless and unwavering stewardship and guidance of the Argentine Chair was appreciated by all.

31. European Member States also strongly supported the way forward, as set out in resolution WHA68.9, by means of which the intergovernmental working group would continue its work during the remainder of 2015, with a view to submitting a consensus-based, comprehensive framework to the 69th World Health Assembly, through EB138 in January 2016.

32. As will be recalled, the subgroup on governance of the Standing Committee of the Regional Committee for Europe (SCRC) had considered the issue of engagement with non-State actors in the European Region and the implications of a global framework on the European Region's partnership strategy. The SCRC decided, however, that the issue should await the outcome of the global discussion but that it could be put back on the agenda once the World Health Assembly had reached a conclusion on the matter.

Overview of reform implementation

Global developments

33. In January 2015, the Secretariat presented a document that provided an overview of reform implementation, highlighting at the same time the effect of the Ebola outbreak in West Africa on WHO reform.

34. The unprecedented complexity and scale of the outbreak had placed an enormous strain on the Organization's managerial structures and systems. It had also clearly pointed to the need to accelerate reform in areas such as the complementary roles and functions of the three levels of the Organization with regard to emergency situations; human resources reform and the capacity to rapidly mobilize human resources to meet urgent needs at the country level; and resource mobilization, providing quick access to adequate financing.

35. While Member States attending PBAC21 and EB136 welcomed the Director-General's frank assessment of the weaknesses identified as a result of the Ebola outbreak, the Executive Board focused mainly on what it considered to be persistent weaknesses in both the progress on and the coherence of governance reform. Member States generally believed that the slow progress in governance reform now risked delaying the overall WHO reform agenda – a view also put forward by the Chair of the Independent Expert Oversight Advisory Committee (IEOAC) in his report.

36. With regard to the method of work of the governing bodies, it was pointed out that the Director-General had the constitutional authority to implement a number of changes. For other more fundamental changes to governance reform, the members of the Executive Board agreed that Member States should assume responsibility, and demonstrate more self-discipline.

37. The Executive Board adopted decision EB136(16), by which it decided to establish an inclusive Member State consultative process on governance reform, to complete its work on how to improve WHO governance efficiency by the Sixty-ninth World Health Assembly in May 2016.

38. The consultative process would include two meetings open to all Member States, as well as the establishment of a working group made up of two members with relevant experience from each region. Estonia and the Russian Federation represent the European Region. The first meeting of Member States was held on 13 May 2015, immediately preceding PBAC22, and a second Member State meeting will take place in November 2015.

39. Extensive discussions took place both within PBAC and at the Sixty-eighth World Health Assembly in May. In the light of recent audit reports, it was underscored that a strong culture of accountability should be put in place across the Organization, with zero tolerance of non-compliance at all levels.

40. Lessons learned from the recent Ebola outbreak response further pointed to the need to align reform activities across the three levels of the Organization, including the urgency of strengthening performance at the country level. Category 5 reform on preparedness, surveillance and response has been initiated and the recommendations of

the relevant technical directors at the six regional offices and at headquarters have been provided to the Global Policy Group. These recommendations will contribute to shaping the future work of WHO in preparedness and response to emergencies with health consequences.

41. With regard to the reform and strengthening performance at the country level, the Secretariat informed delegates that steps had already been taken to increase the country-level share of the total budget from 37% in the biennium 2014–2015 to 40% in 2016–2017; furthermore, a significant share of that increase would be geared to strengthening administrative processes, compliance and effectiveness.

42. Linked to the issue of country-level performance was the need for clear rules regarding corporate management and alignment. While the Global Policy Group provided the Director-General with essential policy advice, the unique executive and decision-making role of the Director-General as the Organization's chief technical and administrative officer was clearly set out in the WHO Constitution, and was reaffirmed. A clear and coherent communication strategy, covering all three levels of the Organization, was an integral part of strengthened corporate alignment and should be finalized as soon as possible.

43. Other issues discussed included governance issues, such as the respective roles of the Executive Board Bureau and Health Assembly officials, with a view to ensuring better coordination and management of agendas; the possible establishment of a code of good practice for Member States attending governing body meetings; standardized and harmonized subcommittees of the regional committees; and the potential role of the Director-General in future nomination processes of regional directors.

44. It was recalled that the purpose of the debates at PBAC and the Health Assembly on the above issues was not to reach final conclusions on those issues but rather to provide input to the Member State consultative process and its working group, scheduled to convene again in November 2015. As such, it was hoped that a comprehensive set of recommendations, rather than a piecemeal approach to selected issues of reform, could be presented to EB138 in January 2016.

Issues of particular relevance to the European Region

45. In view of the Regional Committee's strong emphasis on reform over the past five years, with the successive subgroups set up by the SCRC on this issue, it is expected that European Member States will actively collaborate in the consultative process and its working group in the coming months.

46. In this context, Member States and the Regional Committee are invited to comment on whether they are in agreement with the new principles proposed by the WHO Secretariat for a new monitoring and evaluation framework for the International Health Regulations (IHR), following the recommendations of the IHR Review Committee in November 2014.

47. With regard to governance reform, the Regional Director would also like to recall that a summary of governance initiatives undertaken in the European Region over the period 2010–2015 was compiled in early 2015 and posted on the WHO headquarters

governance reform webpage. The document[1] summarizes the European Region's governance reform initiatives over the past few years under the following five themes, several of which could be of relevance to the global process now established through decision EB136(16):

- procedures for nomination of the Regional Director;
- strengthened governance oversight by Member States;
- management of governing body agendas;
- management of resolutions and amendments; and
- transparency and criteria for nomination of members to the Executive Board and the SCRC.

48. Furthermore, the Annex to the present document lists chronologically the various reform initiatives undertaken in the European Region since 2010 under the three headings of programmatic reform, governance reform and managerial reform.

Strengthening the accountability framework within WHO

Global developments

49. During the discussions at PBAC and the Sixty-eighth World Health Assembly, the issue of accountability and compliance featured prominently. In his report, the Chair of the IEOAC emphasized the importance of further enhancing such a culture across the Organization. He noted that unsatisfactory internal audit reports, in particular at the country level, indicate a culture of tolerance of non-compliance with rules and policies.

50. The Director-General and the regional directors reiterated WHO's stance on zero tolerance of non-compliance and informed PBAC of the measures taken by the Secretariat to enhance transparency and accountability at all levels of the Organization. The fact that the Global Policy Group was also reviewing and discussing compliance matters on a regular basis was also highlighted.

51. In order to enhance compliance with rules and policies and to address recurrent issues, the Secretariat is analysing trends across the Organization; efforts are under way to bring together the various initiatives relating to accountability and compliance and to implement them consistently across the Organization.

Issues of particular relevance to the European Region

52. With regard to strengthening the accountability and control framework, the following initiatives have already been implemented in the European Region to meet these requirements.

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[1] Governance Reform in the WHO European Region: summary of initiatives undertaken 2010–2015. Copenhagen: WHO Regional Office for Europe; 2015 (http://apps.who.int/gb/mscp/pdf/Governance_Reform_in_the%20WHO_European_Region-Summary_w_links_cover_updated.pdf , accessed 23 July 2015).

53. In 2011, a compliance team was formally established with the mandate and terms of reference initially to carry out post-facto checking of all types of committal documents at the Regional Office to ensure compliance with WHO financial rules and regulations, as well as policy and established procedures.

54. However, the reviews performed highlighted the need to further improve the control framework. In 2012, the Regional Office therefore introduced in the global management system approval workflow a financial certification by the compliance team of all committal documents raised within the value of US$ 15 000–US$ 70 000.

55. In addition, a communication structure with a focal point in each technical unit and country office was established, through which the compliance team has regular contact and provides individual feedback on questions related to WHO financial rules, and the procurement of services, as well as WHO travel policy.

56. Furthermore, the compliance team provides training and advice to staff based on the needs identified by compliance reviews, with regular visits to the country offices.

57. Finally, the compliance team acts as the controlling office for verifying the imprest returns from the European Region country offices, including a monthly analysis of the receipts and payments and verification of bank and cash reconciliations.

58. Major achievements in the area of accountability include the following.

- All 36 country and geographically dispersed offices are routinely reviewed for compliance with the WHO financial rules and regulations according to a schedule based on a risk assessment table that divides the offices into high-, medium- and low-risk countries.
- The findings of these reviews are used, inter alia, in monthly training sessions with divisions at the Regional Office in Copenhagen, Denmark, and in WebEx sessions with country and geographically dispersed offices.
- There has been a reduction in the number of cash payments from 30% in 2011 to 19% in 2014.
- The number of agreements for performance of work (APWs) with a value above US$ 15 000 raised with a single source or with no adjudication report was reduced from 66% in 2010 to 2.8% in 2014.
- There was a decrease in the rejection rate of APWs with a value above US$ 15 000 from 44% in 2012 to 24% in 2014.

59. Other initiatives include the following.

- Detailed monthly management reports, covering all areas of finance, human resources, programme implementation and procurement, are produced.
- A management group, consisting of directors and other senior staff, has been established to review the monthly management reports in detail and to identify follow-up actions.
- Extensive oversight reports are provided to the SCRC on a regular basis (five times per year); key issues are discussed with Member States on these occasions so that the SCRC can better implement its oversight function.

- The compliance checks on non-staff contracts have recently been expanded, as such contracts represent an important source of potential risk to the Regional Office's reputation.
- A responsibility matrix that clearly sets out the division of labour and the resulting responsibilities between the Regional Office and the country offices has been developed.

60. As can be seen from the above, the Regional Office already has a robust internal control framework, but there is room for improvement. The Regional Director is therefore committed to continuing to strengthen this area. In the coming months, she will work to:

- link compliance of audit recommendations and financial rules with the Performance Management Development System;
- roll out the responsibility matrix, including a new delegation of authority template, in the Regional Office;
- work closely with the Office of Compliance, Risk Management and Ethics on implementing the risk register;
- introduce a compliance dashboard;
- strengthen the administrative capacity in country offices by recruiting administrative officers; and
- include discussion on follow-up to audit recommendations on the agenda of the Regional Committee.

Audit

61. In the past three years, the following seven country offices and the Regional Office in Copenhagen, Denmark, have been audited by the Office of Internal Oversight and Services: Tajikistan and Turkey (2012), Belarus, the Republic of Moldova, Turkmenistan and Uzbekistan (2013), and Montenegro and the Regional Office (2014).

62. As the result of strict and structured follow-up of audit recommendations, the Regional Office does not have any long-outstanding audit observations. In the draft 2014 audit report of the Division of Administration and Finance of the Regional Office, nearly 80% of the controls tested were found to be operating effectively.

63. In the past four years, external auditors audited the Regional Office twice (2011 and 2013), as well as the country offices in Albania, Estonia and Ukraine (2011) and Kyrgyzstan and Turkey (2013). All recommendations arising from the 2011 audits, undertaken by the Auditor-General of India, have been carried out. Of the audits performed by the Commission on Audit of the Philippines at the end of 2013, work is in progress to complete the few recommendations not yet implemented.

Human resources reform: global mobility scheme

Global developments

64. The unprecedented scale and complexity of the Ebola outbreak had overwhelmed the Organization's ability to rapidly adjust its staffing structure, with initial plans for deployment of approximately 700 staff positions to the three main affected countries, later to be revised upwards to 1000 positions.

65. As part of the overall human resources reform to address some of the weaknesses identified, the new WHO global mobility scheme will play an important role. With the Health Assembly's endorsement of the necessary amendments to the Staff Regulations in resolution WHA68.17 in May 2015, the new mobility scheme is scheduled for gradual implementation from early 2016, initially based on voluntary applications. In parallel, lists of non-rotational posts are being compiled by each regional office and by headquarters, that is, posts that require a high degree of technical specialization or are unique to one duty station only. It is expected that approximately 10–15% of all posts in the professional and higher categories will be classified as non-rotational.

66. During 2016–2017, the scheme will be implemented in a staggered manner, with internal announcements of an annual compendium of rotational posts to which staff members can voluntarily apply. After 2018, the scheme will be fully implemented on a mandatory basis for all staff members holding rotational posts in the professional and higher categories.

67. A key objective of the global mobility scheme is to enhance the career prospects of staff members, build their professional skills and thereby also contribute to strengthening country office capacity.

68. In response to questions from Member States, the Secretariat informed the Health Assembly that the mobility scheme would probably involve 300 to 400 staff movements per year at an overall cost of approximately US$ 8–9 million per biennium.

Issues of particular relevance to the European Region

69. Mobility is not a new issue to the Regional Office. In 2015 alone, there have been 17 moves (in and out of the European Region), which represents more than 10% of the eligible workforce.

70. There are 182 international professional staff members currently employed by the Regional Office. Of these, 18 will retire by the end of 2018 and an additional 95 have a duty station start date after 1 January 2010. Therefore, the eligible pool for mobility, that is, international professional staff members who have a duty station start date prior to 1 January 2010, is 69 and, according to the new policy, they will be subject to mobility in the coming biennium.

71. Given that these 69 staff members represent 38% of the international professional workforce, a well-planned and gradual implementation of the mobility policy will be required to minimize any negative implications and disruptions to the work of the Regional Office.

72. It is expected that the outcome of identification of non-rotational posts will further reduce the overall number of expected moves required by Regional Office staff in the coming biennium.

73. Defining positions as non-rotational is a complex exercise. On the one hand, there are several positions within the Regional Office that require an in-depth knowledge of the European context. For the sake of ensuring that the European Region remains relevant in terms of context-specific policy advice, it is crucial to preserve a workforce that is able to deliver this aspect to counterparts. On the other hand, the more positions deemed non-rotational, the lower the impact of the mobility policy.

74. The main challenge in the next months is to find the right balance between these seemingly opposite objectives. In addition, the Regional Office will need to strengthen its capacity to manage mobility in such a way as to minimize the risk of loss of institutional knowledge and gaps due to significant numbers of staff moving at the same time.

Annex: Overview of reform initiatives undertaken in the WHO European Region in 2010–2014

Programmatic reform

2010

Resolution EUR/RC60/R5 “Addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region”:

- calls for the development of a coherent European health policy framework for programme action; and
- calls for renewed political commitment to the development or renewal of comprehensive national policies, strategies and plans to improve health outcomes and to strengthen health systems.

2011

Resolution EUR/RC61/R1 “The new European policy for health – Health 2020: vision, values, main directions and approaches”:

- endorses the draft Health 2020 policy for health as a unifying and coherent action framework to accelerate attainment of better health and well-being for all.

2012

Resolution EUR/RC62/R4 “Health 2020 – the European policy framework for health and well-being”:

- adopts “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

- Following the global approval of programme budget (PB) 2014–2015, the WHO Regional Office for Europe implemented a new results chain, in keeping with the global drive for greater clarity and accountability for results.
- Operational planning provided the basis for 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 PB 2016–2017 – the next step in programme reform.
- Planning is based on bottom-up priority-setting at the country and regional levels to better align the proposed budget with demand.

Governance reform

2010

Resolution EUR/RC60/R3 “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 Standing Committee of the Regional Committee”:

- strengthens the governance function of the Regional Committee through greater focus on high-level policy issues, resulting in increased attendance by ministers of health;
- strengthens the oversight function of the Standing Committee of the Regional Committee (SCRC) through presentation of high-level management reports on key strategic issues;
- increases the membership of the SCRC from nine to 12, thereby providing a better geographical balance of representation;
- introduces subregional groupings of Member States for nominations to the Executive Board and the SCRC, providing greater predictability and transparency in the nomination process;
- introduces clear criteria for the experience and areas of competence required for all nominees for membership of the Executive Board and the SCRC;
- confirms semi-permanence, with European members of the United Nations Security Council serving on the Executive Board for three out of six years;
- increases the transparency of SCRC proceedings, with the names and contact details of SCRC members available on the website;
- changes the process for the nomination of the WHO Regional Director for Europe, including the role and name of the Regional Search Group; and
- changes the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe to incorporate all of the above.

2013

Resolution EUR/RC63/R7 “Governance of the WHO Regional Office for Europe”:

- adopts for additional transparency a detailed schedule of Member State representation on the Executive Board and the SCRC, by subregional grouping, covering the period 2013–2023;
- further enhances transparency and communication between the SCRC and Member States by the designation of focal points for specific technical agenda items and resolutions of the Regional Committee;
- adopts the principle that the Chair and the Vice-Chair shall work closely with subregional organizations in preparing for Regional Committee meetings;
- adopts new procedures for the submission of and amendments to Regional Committee resolutions (with similar procedures later adopted by the 134th session of the Executive Board for its future meetings);

- regularly reviews and “sunsets” Regional Committee resolutions;
- establishes a code of conduct for the nomination of the WHO Regional Director for Europe; and
- adopts a formal mechanism for screening the credentials of participants at Regional Committee sessions.

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

- open up the briefing for members of governing bodies (financial and programmatic issues) to be held in Copenhagen, Denmark, in March 2014 to all Member States;
- use a rolling, multiyear agenda at Regional Committee sessions to give delegates a better strategic overview of when agenda items will be tabled; and
- use annotated agendas that provide information on the conduct of discussions;

2014

- develop the first draft of a tool to support the SCRC in the nomination procedure for membership of the Executive Board and of the SCRC, based on the criteria approved in resolution EUR/RC63/R7;
- introduce templates for Regional Committee technical resolutions for better control and oversight of strategic links to Health 2020, the Twelfth General Programme of Work 2014–2019 and other Health Assembly, Executive Board and Regional Committee resolutions, and to clarify the administrative and financial implications;
- use WebEx or a similar interactive web-based platform for future briefing sessions directed at new members of the SCRC and at European delegates and participants of governing body sessions;
- pursue initiatives to ensure more active involvement of nongovernmental organizations at future Regional Committee meetings;

2015

- finalization of the tool to support the nomination procedure for membership of the Executive Board and the SCRC, providing increased transparency, objectivity and fairness;
- revisions to Rule 47 of the Rules of Procedure of the Regional Committee for Europe regarding the nomination process for Regional Director;
- conference declarations and criteria for bringing such declarations forward to Regional Committee sessions (ongoing);
- reporting requirements of Regional Committee resolutions.

Managerial reform

Managerial reform is, by nature, an internal exercise and is therefore not driven by resolutions of governing bodies. The main achievements to date can be summarized as follows:

2010

- review all internal administrative processes to reduce unnecessary administrative tasks (re-engineering of business processes);
- prepare a new organigram that better reflects the new strategy of the Regional Office;
- review and evaluate country presence and geographically dispersed offices by an external group of experts;
- establish the programme and resource management unit (by merging planning and budget) to strengthen planning and reflect a more integrated approach;
- increase oversight of the SCRC through regular management reports;

2011

- establish the compliance unit to strengthen administrative and financial discipline at the Regional Office and to increase donor confidence;
- review the rationalization of core presence in country offices;
- use a new approach for programme budget development – “PB as a strategic tool for accountability” or “the contract” – which will also serve as a pilot for WHO reform;

2012

- provide daily highlights on the website to increase the transparency of governing body meetings;
- increase the use of social media;

2013

- redesign and launch the external website to increase the visibility of the Regional Office;
- launch a new Intranet page to facilitate communication with staff;
- prepare a new human resources plan for the Regional Office, in keeping with PB 2014–2015 and shifting resources to technical programmes and away from administration. In 2014, this has resulted in increased capacity for technical and policy support to Member States;

2014

- implement the new human resources plan;
- compile the new internal control framework, develop an Office-wide risk registry and discuss risk mitigation mechanisms;

- implement a new central address registry on 1 July 2014 to improve and streamline contact with Member States and partners;
- introduce a new policy to increase the control (pre-checks) of consultant and special service agreements;
- launch a change management process, supported by the Office of the Director-General, to increase staff involvement at the Regional Office in the reform process;

2015

- compliance checks extended to non-staff contracts, as they represent an important source of potential risk to the Organization's reputation;
- development of a responsibility matrix that clearly spells out the division of labour and the resulting responsibilities between the Regional Office and the country offices;
- establish a pool of pre-approved experts to facilitate implementation, while maintaining quality control.

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