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WHO reform for a healthy future

In September 2010, the Regional Committee discussed the future of financing for WHO, as a precursor to the present reform agenda. At that time, it also adopted resolution EUR/RC60/R8, focusing in particular on priority-setting, the predictability of financing, and governance.

Subsequent to those discussions, the scope of WHO reform has broadened significantly, and European Member States among others have been at the forefront in shaping the Organization's reform agenda as it currently stands and emphasizing that the process remains driven by Member States.

Discussions at the Sixty-fourth World Health Assembly and the 129th session of the Executive Board, as well as on-line consultations with Member States, have further clarified the areas in which reforms will be needed if the Organization is to live up to its constitutional mandate in the 21st century as "the directing and co-ordinating authority on international health work".

By decision EB129(8) taken at its May 2011 session, the Executive Board specifically requested regional committees to engage in strategic discussions regarding the WHO reform process, as input to the Board's special session on WHO reform scheduled for 1–3 November 2011.

The present document has been drafted with a view to bringing the WHO reform agenda "Reform for a healthy future" to the Committee's attention and supporting the abovementioned strategic discussions. It summarizes the basic objectives underpinning the WHO reform, recapitulates the process so far and outlines the planned format for a structured discussion of the various aspects of reform at the Regional Committee session. The document further highlights elements of the WHO reform that are of particular relevance to the European Region and concludes by providing an overview (in the form of a verbatim copy of a WHO headquarters paper) of the three "concept papers" requested by the Executive Board. Copies of those three concept papers and of one on managerial reform are contained in annexes to this document.

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Overall objective and rationale for WHO reform

1. The reform process currently under development in WHO has been framed with the following three basic objectives in mind:

- (a) to refocus the core business of the Organization, in order to address the key health challenges facing countries, regions and the world in the twenty-first century;
- (b) to strengthen its governance – both internal and in terms of its role as the “directing and coordinating authority on international health “ – so that it can respond better to global, regional and national public health challenges;
- (c) to reform the management and financing of WHO, in order to address those challenges more effectively.

2. As such, the reforms need to be seen as a **process** that will continue to adapt WHO to a changing and increasingly complex global environment, in order for it to support its Member States most effectively. At the same time, reforms must be instituted that will enable the Organization to respond to the challenges of global health governance, including the greatly increased number of stakeholders and partners in international health work, which reflects health’s higher position on the political agenda as well as the fact that it is becoming a global priority.

3. As most “drivers” of health are outside the health sector, improved health outcomes and a fairer distribution of health require strong intersectoral action, and a new form of global governance. Health and well-being are considered today as investments in economic and social development.

4. As referred to by nearly all European Member States at the time of the web consultations on “The future of financing”, WHO is overextended at present. This is reflected in the importance being attached in the current reform agenda to prioritization of the Organization’s core business. This is essential if the Organization is to show strategic leadership and bring added value to Member States vis-a-vis other stakeholders in global health work.

The process of reform

5. The reform process currently under development in WHO was initiated in January 2010 through an informal consultation convened by the Director-General on “The future of financing”, later broadened through a web-based consultation on a wide-ranging set of key issues.

6. European Member States constituted the majority of respondents to that consultation, reflecting their continued support for and interest in WHO’s policy debates and overall development – not to mention the fact that 53% of overall voluntary contributions to the Organization and 43% of assessed contributions come from Europe.

7. Subsequently, the issue of the future of financing was discussed at the sixtieth session of the Regional Committee in Moscow, 13–16 September 2010, culminating in the adoption of resolution EUR/RC60/R8, calling for “support ... in a results-oriented process to clarify and

strengthen WHO's role in global health governance, as well as in the development of mechanisms to facilitate adequate long-term funding of the Organization's priorities".

8. Based on feedback from the web consultations, the debates in the Regional Committees and extensive discussions in the Global Policy Group (GPG), which brings together the Director-General and the regional directors, a broadened reform agenda was presented to and discussed by the Sixty-fourth World Health Assembly in May 2011. The Health Assembly in turn adopted resolution WHA64.2 on the subject, endorsing the overall thrust of the proposed reforms and calling for concept papers to be presented on the issues of governance, the proposed World Health Forum and an approach to independent evaluation of the work of WHO.

9. At its 129th session held immediately after the closure of the Sixty-fourth World Health Assembly, the Executive Board gave further guidance on the reform process through its decision EB129(8), by which it requested the Director-General to hold further consultations with Member States on the three concept papers and asked that strategic discussions on the reform process should be held by the regional committees at their sessions in September–October 2011, as input to a special session of the Board, open to all Member States, to be convened in November 2011.

10. As follow-up to the Board's decision, extensive consultations have been held as follows:

- (a) An on-line platform for consultation with Member States has been set up. More than 40 countries have requested access to the platform, and comments have so far been provided by the European Union and its 27 Member States, the United Kingdom and Mexico.
- (b) A briefing was held on 1 July 2011 at WHO headquarters for all Geneva-based missions. At the request of the missions, an overview paper on the reforms has been developed, and is quoted *in extenso* in paragraphs 24–49 of this paper.
- (c) Additional, informal consultations were arranged on 15 July 2011 at the request of several Geneva-based missions.

11. The consultations and discussions with Member States outlined above will culminate with a special session of the Executive Board on 1–3 November 2011. As input to that session, a single consolidated paper will be presented, covering the different aspects of WHO reform – programmatic, managerial and governance – with analysis of comments and guidance from Member States, including those arising from the strategic discussions at Regional Committee sessions. In addition, reports of the discussions in the Regional Committees will also be presented at the special session of the Executive Board.

Planned format for Regional Committee discussions

12. As European Member States have been at the forefront in shaping the WHO reform agenda and very active in providing input and comments as the process has evolved, it is expected that the discussions at the forthcoming session of the Regional Committee for Europe will form an essential part of the advice and guidance to the GPG and the Director-General in preparation for the special session of the Executive Board in November 2011.

13. To this end, and to ensure that the process is truly driven by Member States, the Regional Director is proposing that the Regional Committee considers agenda item 8 ("WHO reform for a healthy future") through a mix of plenary discussions and thematic discussions in three working groups.

14. In the opening plenary, the Regional Director will present an overview of the reform process and of the issues set out in the three concept papers on governance, independent evaluation and the World Health Forum, as requested by the Executive Board at its 129th session. The main elements of managerial reform, summarized in Annex 5, will also be presented, following which the floor will be open for general discussion. After the opening plenary, three working groups are being proposed covering Governance, Core business and key aspects of the managerial reform agenda. For each of the groups, facilitators have been proposed, drawn from serving members of the Executive Board and of the Standing Committee of the Regional Committee (SCRC), as well as independent “resource persons” assigned to each group to support the discussion and help prepare the reporting back to the closing plenary session. The topics to be covered by each working group include key questions of reform referred to the Regional Office from the Director-General’s Office, as well as additional questions of particular relevance to the European Region. The feedback from Member States on these issues and questions is an important part of the consultation process and will help to shape the consolidated paper to be prepared for the Board’s special session in November 2011. Details of the working groups’ set-up are provided in Annex 1.

Elements of particular relevance to the European Region

15. Work is under way in the European Region to follow up on the requests made by the Regional Committee at its sixtieth session, when it endorsed seven strategic directions and five priorities for the Region. A large number of these issues also relate to the WHO reform agenda, and the Regional Director therefore believes that they can usefully inform the reform process, as set out below.

16. “Health 2020”: a coherent pan-European health policy framework, as a vision for the Region’s health development for the next 10 years and an inspiration for its Member States, was first requested by the Regional Committee at its sixtieth session in September 2010. The policy framework is being developed through a two-year participatory process with Member States, in order to benefit from their input and to ensure their ownership. It also forms the basis for a limited number of strategic priorities that will guide the work of the Regional Office in the years ahead. The policy, with its full review of evidence and its two major studies, could provide valuable input to the reform stream at global level, for example on health governance.

17. Strengthening health systems based on primary health care is a core and “flagship” priority for WHO globally, regionally and at country level. In Europe, this is a key pillar of the Health 2020 policy framework and has been elaborated in the Tallinn Charter on Health Systems; both policy instruments go hand in hand and are mutually reinforcing. Strong European leadership on several elements of strengthening health systems, together with the recently rejuvenated work stream on public health, can provide another essential input to global WHO reform.

18. Governance of the WHO Regional Office for Europe (resolution EUR/RC60/R3): The extensive work done by the SCRC’s ad hoc Working Group on Governance in 2010, focusing both on strengthened oversight and on improvements to the Rules of Procedure and methods of work of the Regional Committee and its Standing Committee, should be directly relevant to the internal governance stream of WHO reform.

19. The Regional Office’s new country strategy: All of WHO’s work should be for the benefit of Member States, and attention must therefore be paid to finding the most efficient way to channel the corporate knowledge and work of the Organization to the countries, as well as to support them in following up on resolutions adopted by WHO’s governing bodies. This would go hand in hand with WHO’s support to country-specific activities in overall health and health

system development and to priority technical areas. Taking the diversity of the European Region into consideration, the “one size fits all” approach will not work. There are significant differences in countries capacity (both institutional capacity and technical expertise) which should be taken into consideration when deciding on the modality of collaboration and WHO’s country presence. Furthermore, full use should be made of the intercountry and multicountry modes of operation whenever feasible, as well as of networking to draw on the extensive and diverse experience and knowledge of European countries in the most effective way. In countries with no country office, on the other hand, a mechanism needs to be found for effective two-way and intercountry collaboration. In this regard, the experience of other regions is being explored. The conclusions and lessons learned through the recent, external evaluation of WHO’s country presence in the European Region could inform the reform stream on organizational effectiveness.

20. Closely linked to the country strategy is the coherence between the Regional Office’s functions and structures. Significant efforts have been made during the past year to strengthen the office in Copenhagen so that it encompasses all core functions. This work continues to the extent that financial resources allow. Parallel to this, an external review of the Organization’s geographically dispersed offices (GDOs) in the European Region has been carried out as the basis for defining their functions and their coordination and integration with the Regional Office in Copenhagen. This work has also entailed reviewing the role of the country offices, their functions and integration with the Regional Office. At the request of the Regional Committee at its sixtieth session, a paper on strategic coherence is being put forward for consideration by the Regional Committee at the current session. This type of initiative of reviewing functions and structures can also inform the reforms on organizational effectiveness and the streamlining of interactions between the three levels of the Organization.

21. Initiatives with regard to managerial reforms have also been taken over the past year, notably the Regional Director’s proposal to use the programme budget as a tool for accountability. The Regional Director has had ongoing discussions with the Standing Committee about introducing stringent accountability criteria for a selection of outcomes and new initiatives, in line with the vision for better health for Europe. Accordingly, as from the 2012–2013 biennium, a selection of key outcomes and initiatives in the programme budget will form a “contract” between the Regional Director and the Secretariat, on the one hand, and the Standing Committee and the Regional Committee on the other, for enhanced accountability.

22. In addition to the above elements of reform that are of particular relevance to the European Region, an extensive overview of the global WHO reform agenda has been prepared by the Director-General’s Office. Relevant questions linked to global reform have furthermore been included in the planned working group meetings, as referred to in paragraphs 13 and 14 above.

23. The Director-General’s overview paper is reproduced *in extenso* below, for the Regional Committee’s review and consideration. Annexes 2, 3 and 4 of this document contain the three concept papers on governance of WHO, independent evaluation of WHO and the World Health Forum referred to in the overview paper, while a summary paper on managerial reforms is contained in Annex 5.

WHO reform for a healthy future: an overview

Introduction

24. This section gives an overview of the WHO reform agenda that is now in development.¹ Its purpose is to explain the rationale and components of the reform and to show how they fit together. It also describes the time frame and process of consultation with Member States and staff, leading to the special session of the Executive Board to be held 1–3 November 2011.

Rationale of the reform

25. WHO plays a critical role as the world's leading technical authority on health. Addressing the increasingly complex challenges of the health of populations in the twenty-first century – from persisting problems to new and emerging public health threats – requires the Organization to make changes. Continuous process improvement is a vital component of organizational excellence.

26. In taking on more and more of these challenges, WHO has, like many other organizations, become overcommitted. At a time of financial crisis, it is underfunded and overstretched. Priority-setting has not been sufficiently strategic. The Organization's financing does not always match well with its priorities and plans.

27. Further, despite several innovations put in place over the past few years, some of the Organization's ways of working are outdated. The kind of comprehensive reform that is now proposed is critical to a renewed Organization that works efficiently, effectively, and transparently. A transformed WHO will also be more flexible, responsive, and accountable.

28. Finally, the global health community has greatly expanded, such that there are now a large number of players with overlapping roles and responsibilities. In 1948 WHO was the only global health organization; now it is one of many. This proliferation of initiatives has led to a lack of coherence in global health.

Expected outcomes of the reform

29. **Refocusing core business to address the twenty-first century health challenges facing countries and the world.** WHO will narrow the scope of its work to what it can do best, working on priority issues identified by Member States, with adequate financing for these areas of focus. These areas of core business are: (1) health systems and institutions; (2) health and development; (3) health security; (4) evidence on health trends and determinants; and (5) convening for better health.

30. **Reforming the financing and management of WHO to address health challenges more effectively.** These reforms will result in: increased organizational effectiveness; clearly differentiated roles and responsibilities among headquarters, regional and country offices; improved results-based management and accountability; flexible, predictable and sustainable financing, and strengthened resource mobilization and strategic communication; and a new, flexible human resources model that emphasizes the recruitment and retention of excellent staff.

¹ Document A64/4 World Health Organization: reforms for a healthy future.

31. **Transforming governance to strengthen public health.** These changes will lead to increased effectiveness of the governance of WHO, in part by clarifying the roles of the governing bodies. A reformed WHO will also play a larger role in global health governance by bringing coherence to the many initiatives involved in global health.

Components of the reform

Core business

32. Having defined the areas of work, the task now is to delineate further: (1) the priorities in each area of core business; (2) the expected outputs; and (3) the proposed measurements of performance. Some of the priorities that have been identified thus far are highlighted below.

Health systems and institutions

33. Strengthening health systems that are based on primary health care will remain WHO's top priority. This will include, among many components, universal coverage and health financing, the promotion of access to medical products and information and the development of the health workforce. WHO will continue to put most of its efforts into countries with the weakest health systems.

Health and development

34. The focus of WHO will be to support countries through the provision of authoritative guidance, norms, standards and technical cooperation in these areas: the health-related Millennium Development Goals and poverty reduction, prevention and control of noncommunicable diseases, environmental health, and increased awareness of the social determinants of health.

Health security

35. For public health emergencies, WHO will provide surveillance, alert and verification support, and event management systems, along with direct operational support on the ground when needed. A key priority will be to assist countries to build their institutional and laboratory capacity, epidemiological surveillance and risk communication, stockpiling of essential commodities, and the networks, linkages and rapid-response plans required to deal with public health emergencies; as well as to fully implement the International Health Regulations (2005). For natural disasters and other humanitarian crises, WHO's priority is to provide strategic information and to lead the health cluster.

Evidence on health trends and determinants

36. Collection, collation, analysis and dissemination of health-related data from all countries, and strengthening the information systems that generate and use these data are key elements of core business. Overall, the priority will be to work with countries to strengthen the institutional capacity to generate and present information in ways that meet the needs of policy-makers and managers. Outcomes of particular concern will be to establish vital registration systems – in line with the recommendations of the Information and Accountability Commission; to increase the quality, rigour and integrity of WHO's knowledge base, evidence-based guidelines and recommendations; and to put in place an Organization-wide system for managing data that increases the quality of information services; increases efficiency through working with collaborating centres and other partners; and reduces the burden of data demands on countries.

Convening for better health

37. A priority in this area will be for WHO to use its convening power to bring different initiatives together for increased coherence and inclusiveness, including those outside the health sector whose work affects health. WHO will also use its convening power to bring together regional and subregional partners at country level that can help countries with their national health policies, strategies and plans.

Financing and managerial reforms

38. Work is ongoing to improve WHO's way of doing business. The priority areas are:

(1) *increased organizational effectiveness, with a special focus on improved country performance* through a clear description of products and services, and a clarification of the roles and responsibilities of the three levels of WHO, and their synergies, aligned to each area of core business.

(2) *enhanced results-based planning, management and accountability*, with a robust results-based management framework, incorporating short-, medium- and long-term planning, based on a clear results chain; specific measures to improve accountability and transparency, including steps to strengthen programmatic and financial controls and a policy on disclosure of information; and an evaluation policy framework that includes objective performance assessment and an approach to independent evaluation.

(3) *strengthened financing, with a corporate approach to resource mobilization and effective strategic communication*. An increased proportion of predictable, sustainable and flexible funding, with stronger financial management, is an essential component of reform. Outputs will include proposals for maximizing assessed contributions and a replenishment model for core voluntary contributions; proposals to expand the resource base, including a possible mechanism to pool funds from non-traditional sources; and strengthened financial management and controls, including objective and transparent allocation of resources.

(4) *an improved human resources framework*, which will include a workforce planning approach; a revised staffing model (core and project staff); streamlined competency-based recruitment processes linked to organizational needs; and enhanced performance management and development processes.

Governance

39. Both global health governance and the governance of WHO itself are addressed in this part of the reform. A priority is to capitalize more effectively on WHO's leadership position in global health, using the Organization's constitutional mandate to be the "directing and coordinating authority on international health work".

40. Potential outputs in global health governance include: (1) establishment of regular consultation with a wide range of partners in global health; (2) creation of a multi-stakeholder World Health Forum, convened by WHO, to ensure that all voices are heard; clarification of roles and responsibilities, with the aims of sharpening the division of labour, avoiding fragmentation, eliminating duplication of effort and contributing to better health outcomes; and (3) development of a charter or framework for global health governance.

41. Potential outputs in WHO's governance include: (1) the creation of a more coherent and robust mechanism for corporate priority-setting through the governing bodies (including the

World Health Assembly, the Executive Board, the Programme, Budget and Administration Committee of the Executive Board, and the Regional Committees and subcommittees), such that resolutions and decisions, programmes, Secretariat capacity and financing are closely coordinated; and (2) stronger oversight mechanisms at all three levels of the Organization.

Process of the reform leading to the Executive Board special session

Principles

42. Development and implementation of the WHO reform process is inclusive, driven collectively by Member States, open and transparent, developed through extensive consultations with Member States and staff, and action oriented.

Meetings and background papers

43. For the special session of the Executive Board 1–3 November 2011, all Member States will review and discuss a comprehensive proposal for WHO reform prepared by the Secretariat that will incorporate an overview of the reform programme, and proposals on core business, financing and managerial reforms, and governance. The core business section will describe the priorities for each area of core business, the expected outputs and proposed measurements of performance in each area, and a mechanism for prioritization. The financing and managerial reforms section will include a framework for results-based planning, an accountability and transparency framework, and a draft evaluation policy, including an approach to independent evaluation. The governance section will describe proposals to strengthen WHO's governance and to bring greater coherence to global health governance, including the proposed World Health Forum.

44. At its session on 25 May 2011, the Executive Board requested the Director-General to develop three concept papers on: the governance of WHO, an independent evaluation of WHO, and the World Health Forum.² The Executive Board also requested the Director-General to hold consultations among Member States on these papers at WHO headquarters, and to create a platform for web-based consultations. It further asked the Regional Committees to hold strategic discussions on the reform process during their upcoming meetings.

Consultation

45. The first consultation with Geneva-based missions took place on 1 July 2011. At this meeting, the missions discussed the three concept papers. A second consultation with Geneva-based missions will take place on 15 September 2011, at which time the draft proposals for financing and managerial reforms prepared by the Secretariat will be discussed.

46. The Regional Committees will receive this overview paper, along with the three papers – on the governance of WHO, an independent evaluation of WHO, and the World Health Forum – together with a summary of the July consultation with the Geneva-based missions. The summarized deliberations in the Regional Committees will be reported to the special session of the Executive Board.

47. Consultation with Member States and staff will continue throughout the coming months. Web-based platforms are being developed to provide the widest possible access to updated information and to receive feedback on the proposals. Consultation on the three concept papers will continue until the end of September 2011; consultation on the financing and managerial reforms will continue until the close of the Executive Board special session.

² Decision EB129(8) on WHO reform.

48. WHO staff at all levels of the Organization are being consulted about the reform through town-hall meetings and an Intranet site, where a feedback form is also available. To support the development of proposals on WHO reform, the Secretariat has organized itself into a series of task forces and working groups across all levels of the Organization.

49. The Executive Board special session will decide on the next steps of the reform.

Annex 1. Working groups on WHO reform

Objective

The discussions in the Regional Committee on WHO reform will be used as strategic input to the special session of the Executive Board in November 2011. As such, it is important that the advice and guidance from Member States on the various areas of WHO reform is as structured as possible. To this end, three working groups will be set up under agenda item 8, scheduled for Wednesday 14 September 2011.

- Group A: Governance
- Group B: Core business
- Group C: Managerial reforms

Approximately one hour will be allocated for group work, followed by reporting back to plenary.

Issues

The issues to be discussed in each gGroup are provided in the following pages. The topics to be covered include both issues mandated by the Office fo the WHO Director-General (DGO/HQ), as well as additional questions of particular relevance to the European Region. The feedback and comments from Member States on these questions constitute an important element of the consultation process on WHO reform.

Facilitators and resource persons

Facilitators for each group have been proposed, drawn from serving members of the Executive Board and of the SCRC, as detailed below. Independent resource persons have also been assigned to each group to stimulate the discussion and help with the subsequent reporting back to the plenary session.

Attendance

Member States will be free to choose which group to attend, and it is expected that several Member States may want to have representatives in more than one group. Logistically however, it will only be possible to have full interpretation in two groups, i.e. Group A (Governance) and Group B (Core business), whereas Group C (Managerial reforms) will have interpretation in English and Russian only.

Expected outcomes

The expected outcome of the working group session are twofold: (a) structured guidance from Member States back to the Regional Director and the Director-General on the overall thrust of the WHO reform process and (b) specific guidance on reforms pertaining to the three concept papers on Governance, the World Health Forum and Independent evaluation of WHO, respectively.

A summary report of the working group deliberations and subsequent plenary discussion will be prepared for referral to DGO/HQ, for consolidation into the paper to be presented to the special session of the Executive Board on reform, 1 – 3 November 2011.

Group A: Governance (*see concept paper in Annex 2*)

Issues to be considered:

Internal WHO governance

- How can the strategic work of the governing bodies be more clearly focused towards their constitutional functions?
- How can the work of regional and global governing bodies be aligned, e.g. through better sequencing of the different governing bodies' meetings?
- What can be done to promote active engagement and participation of all Member States in the governance of WHO?

External health governance

- What are the different instruments and options to enable WHO to engage with civil society, partners and the private sector, to improve coherence in global health governance?
- Is WHO's convening power used optimally vis-à-vis other partners and stakeholders in international health?
- World Health Forum: (*see concept paper in Annex 4*)
 - What should be the relation of such a forum with WHO's governing bodies?
 - How should such a forum ensure independence and avoid conflict of interest?
 - Can the issue of participation of civil society and the private sector be dealt with through other mechanisms, such as hearings or open consultations?

Facilitators: Gaudenz Silberschmidt (Executive Board member, Switzerland) and Bekir Keskinilic (SCRC member, Turkey)

Resource person: Mihaly Kökeny

Secretariat support: Arun Nanda and Helge Larsen

Group B: Core business

Issues to be considered:

Five areas of core business versus six core functions in the General Programme of Work 2008–2015

- What should be the strategic underpinning for priority-setting of our core business?
- How can the priority-setting process and governing bodies' resolutions be better aligned?
- How, in practical terms, can a sharper articulation of priorities and core business be arrived at, as called for by European Member States during the 2010 consultations on "The future of financing for WHO"?

Regional and national diversity

- Does it make sense to have a standardized and uniform set of priorities and core functions for the whole Organization, in the light of the prevailing diversity between WHO's six regions?
- How can regional and national diversity in priority-setting and core business be accommodated?
- What would be the impact on WHO's strategic planning, budgeting and resource allocation processes of accommodating such regional and national diversity, i.e. top-down versus bottom-up planning?

Facilitators: Björn Inge Larsen (Executive Board member, Norway) and Mirosław Wysocki (SCRC member, Poland)

Resource person: Ilona Kickbusch

Secretariat support: Jose Martin Moreno and Roberto Bertolini

Group C: Managerial reforms

The managerial reform proposals prepared by the Secretariat are still in their early stages, as presented in Annex 5 of this document. Nevertheless, suggestions and feed-back from Member States will form an important input to the Secretariat's further work in these areas.

Two broad issues will be considered by Group C: Organizational effectiveness/country presence, and Strategic management/financing. In view of the breadth of the issues to be covered, facilitators and resource persons will be allocated to each topic, and it is suggested to cover each part separately, one after the other.

Organizational effectiveness and country presence

- What could be done to improve the complementarity and synergy of the three levels of WHO?
- Would a better division of labour between the three levels also necessitate changes to the WHO Constitution, and if so, should this be contemplated?
- How can WHO improve its performance at country level?
- To what extent should WHO's country presence be adapted to regional specificities?

Facilitators: Adham Ikramov (Executive Board member, Uzbekistan) and David Harper (SCRC member, United Kingdom)

Resource persons: Vladimir Starodubov and Mark Tsechkovsky

Secretariat support: Imre Hollo and Erik Blas

Strategic management and financing

- What can the Secretariat do to ensure greater financial sustainability and predictability?
- To what extent can Member States contribute in this regard?
- Ideas for strengthening the Organization's programme budgeting process and related accountability?
- Independent formative evaluation: (*see concept paper in Annex 3*)
 - How can an independent evaluation contribute to improving WHO's performance?
 - What should be the oversight mechanism for the independent evaluation?
 - What is the desirable time-line for the first independent evaluation?

Facilitators: Ewold Seeba (Executive Board member, Germany) and Lars-Erik Holm (SCRC Member, Sweden)

Resource Person: Vladimir Lazerevik

Secretariat support: Imre Hollo and Christina Profili

Annex 2. Governance of WHO

Concept paper

23 June 2011

1. In resolution WHA64.2 the World Health Assembly requested the Executive Board to establish an appropriate process to examine the issues related to WHO's governance identified in the report of the Director-General.¹ Subsequently, at its 129th session, the Board requested the Secretariat to prepare three concept papers by the end of June 2011, the content of which would continue to evolve throughout the consultative process.

2. In line with the Executive Board's decision,² this paper is the first draft of a concept note in relation to the governance of WHO. It summarizes the main issues identified in recent consultations as well as those raised by the Sixty-fourth World Health Assembly and the Board at its 129th session, and proposes possible ways to continue the discussion.

3. The salient aspects raised by Member States can be grouped into four broad areas. The first relates to priority setting and the need for the **governing bodies' work to be more focused and strategic so that they effectively carry out their Constitutional functions**. The key reform here will be the alignment of the governing bodies' resolutions with corporate priorities, ensuring a more strategic and disciplined approach to decision-making by the Health Assembly, and enabling the necessary oversight of programme and financial implementation, including the fiscal soundness of Organizational practices.

4. The second area relates to the **need for better alignment between the global and regional governing bodies**. The main issue is the achievement of greater coherence between the regional and the global governing bodies, with better coordination of the respective agendas promoting complementarity and synergy and avoiding duplication of debate.

5. The third area can be summarized as **better sequencing of the different governing body meetings**. The issues identified include the need to strengthen the role of the Programme, Budget and Administration Committee of the Executive Board and to review the timing and duration of its meetings in order to increase its oversight and preparatory functions, in particular with regard to the consideration of the Proposed programme budget; to ensure that the Board and its committees address a number of issues – especially managerial matters – more effectively and take final executive decisions on them without referral to the Health Assembly; to plan a leaner but more substantive agenda of agreed technical and policy priorities for the Health Assembly and thus facilitate more strategic debate; to explore the need for further subsidiary bodies of the Board, for example on programme development; and to consider a more tactical use of the Independent Expert Oversight Advisory Committee, for example requesting it to perform thematic reviews.

6. The fourth area can be described as the promotion of more active **engagement and participation of all Member States in the governance of the Organization**. The issues identified are the following: more informed participation by all Member States so that the governance processes are truly inclusive; and increased attention to the re-balancing of the way in which Member States exercise their role as informed and active participants of the governing bodies by, for example, provision of sufficient briefing on the historical and technical background of issues under consideration.

¹ Document A64/4.

² Decision EB129(8).

7. To ensure a thorough process of governance reform that is driven by Member States, the areas for improvement and issues identified above need to be assessed and debated in sufficient depth. Member States may wish to consider establishing an open-ended working group of the Board, with the mandate of developing the agenda for change in the domain of WHO's governance. This is a proven, effective method of work that has previously been employed by the Board and some regional committees to identify solutions in similar change processes.

Points for discussion

8. Member States are invited to comment on the key issues identified, to suggest others, to propose possible solutions to the points identified, and to comment on the proposed ongoing process.

Annex 3. Independent formative evaluation of the World Health Organization

Concept paper

22 June 2011

Introduction

1. World Health Assembly resolution WHA64.2 requested the Director-General “in consultation with Member States to develop an approach to independent evaluation, and to present a first report on the independent evaluation of the work of WHO to the Sixty-fifth World Health Assembly in May 2012”. Subsequently, the 129th Executive Board requested that, by the end of June 2011, three concept papers be prepared which will be further revised on an ongoing basis throughout the consultative process. In line with the Executive Board Decision, this paper is the first draft of a concept note setting out the proposed scope, terms of reference and process for the Independent Evaluation.

2. The aim is to establish an efficient and effective process for independent valuation of WHO, which is rapid, is not resource intensive, and has significant impact and influence. Experience with this process will inform decisions on establishment of a mechanism for regular independent evaluation of the work of WHO. Key principles that will apply in planning and conducting the evaluation are independence, transparency, credibility and efficiency. An independent formative¹ assessment of a thematic area of work for the Organization will also contribute to shaping and guiding several elements of WHO Reform, for example, improving results-based planning and accountability, and increasing WHO’s effectiveness at the country level.

Purpose

3. The purpose is to develop an approach to independent evaluation of the work of WHO in order to improve programme performance. The outcome of the evaluation will be a report to Member States on the work of WHO in a thematic area, with specific recommendations on steps to enhance the work of the Organization in this area.

Scope and Terms of reference

4. Member States have expressed support for the proposal that the evaluation should focus on health systems strengthening, as this is a high priority for Member States, a fundamental requirement for improving health outcomes and the Millennium Development Goals, a major and increasingly important area of work for WHO at each level of the Organization. The evaluation provides an opportunity to clarify the role of WHO in this area. It will focus on WHO’s capacity to support countries (developed and developing) in strengthening their health systems, including national health policies, strategies and plans; universal coverage and health systems financing; health work force; access to essential medicines and technologies; and health information systems.

¹ “Formative evaluation” is designed with the purpose of improving programmes, and contrasts with “summative” evaluation, which examine the effects or outcomes of programmes.

5. The evaluation will encompass the three levels of WHO, and the six core functions of the Organization as described in the Eleventh General Programme of Work² as applied to the work of the Organization in health systems strengthening. It will review the ways in which these functions are carried out, and make proposals for enhancing internal and external alignment, effectiveness, efficiency and transparency of the work of WHO. These will include specific measures to improve results-based management and accountability; enhance human resources; and strengthen priority setting, financing, resource mobilization and resource allocation.

WHO functions	Study questions to be addressed at the global, regional, subregional and national level
Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.	What do countries expect from WHO in terms of products and services for health systems strengthening – what are the key aspects of health systems strengthening on which WHO should focus its attention and resources? Does WHO exercise effective leadership in health systems and how could this improved? Which partnerships with other agencies have been most effective in supporting health systems strengthening and how can these collaborations be enhanced to strengthen coherence and alignment?
Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge	How is WHO influencing the research agenda around health systems? How could WHO improve its effectiveness in disseminating knowledge and innovation?
Setting norms and standards, and promoting and monitoring their implementation	To what extent is the development of norms, standards and global public goods for health systems driven by country demand, and how could this be improved? Are there any ways in which the development process for norms and standards could be made more efficient, transparent and objective? How effectively does WHO monitor and report on the implementation of norms and standards and how could this be improved?
Articulating ethical and evidence-based policy options	How effectively does WHO help countries translate norms and standards into national policy and what could be done to strengthen the alignment of the different levels of the Organization to more effectively support this process?
Providing technical support, catalysing change, and building sustainable institutional capacity	Is WHO structured appropriately to provide adequate support to Member States in health systems strengthening? How can different WHO programmes align their work more effectively to contribute to health systems strengthening? How could WHO change the way it delivers technical support to more effectively build sustainable institutional capacity in countries?
Monitoring the health situation and assessing health trends	How could the monitoring of health indicators by WHO be further strengthened to enhance accountability?

6. The independent evaluation will also address several aspects of WHO reform:

² Eleventh General Programme of Work 2006–2015. Geneva, World Health Organization, 2006.

- How can the structure, staffing and alignment of WHO be strengthened to provide more effective support to countries in the area of health systems strengthening?
- How effective is the current planning framework in articulating the work of WHO in health systems strengthening, and in functioning as a tool for programming, accountability, resource mobilization and resource allocation.
- What steps need to be taken to strengthen financing, resource mobilization and strategic communications for health systems strengthening in WHO?
- What changes to human resource policy, planning and management would have the most impact in increasing the competence and capacity of WHO to support countries?

7. In carrying out the evaluation, the Evaluation Consortium will draw on existing data, reporting and assessments, and will seek the views of Member States, staff and partners. The Evaluation Consortium will make visits to headquarters, Regional Offices, and selected Country Offices. The Evaluation Consortium will have access to all relevant documentation in the secretariat.

Oversight

8. The Executive Board will provide oversight for the independent evaluation, reviewing the terms of reference and work plan, selecting the Evaluation Consortium, and receiving regular reports on the activities, observations and recommendations of the Evaluation Consortium. The Director-General will propose that the Executive Board establishes a subgroup of the Board as an evaluation oversight committee to carry out these functions. The Director-General will provide a secretariat for the independent evaluation.

Selection of Evaluation Consortium

9. The evaluation will be carried out by an independent evaluation consortium, selected through an objective and transparent process. The Evaluation Consortium will comprise a multi-disciplinary team of 8–10 individuals from a consortium of institutions with proven capacity and experience in carrying out evaluations of the work of international organizations in the field of public health, and with the technical and managerial experience and skills that reflect the purpose and scope of the evaluation. These will include technical aspects of health systems strengthening and organizational aspects of planning, resource management, organizational design and human resources. Members of the Evaluation Consortium will be expected to exercise their professional judgement, and will be free from conflict of interest.

10. The Evaluation Consortium will be selected following a public “Request for Proposals” for an Evaluation Consortium and Work Plan. To reflect the scope and diversity of the work of WHO, priority will be given to proposals submitted by consortia of institutions from both developing and developed countries.

11. The criteria for selection of the Evaluation Consortium will be (1) demonstrated capacity and experience of the consortium of institutions submitting the Proposal in evaluation of international organizations in public health; (2) evidence of understanding of the purpose and expected outcome of the evaluation as reflected in the Proposal and Work Plan; (3) experience, competence and diversity of proposed members of the Evaluation Consortium, and; (4) cost.

Proposed process

12. The Director-General will present a draft scope and terms of reference for the independent evaluation to the special session of the Executive Board in November 2011. Following endorsement by the Executive Board, the Director-General will issue a public request for proposals. These proposals will be assessed by the Evaluation Oversight Committee constituted by the Executive Board based on the above criteria, and the Evaluation Consortium selected. The Executive Board will be informed of the outcome of the selection process, and the proposed work plan.

13. An initial meeting of the Evaluation Consortium will be held at WHO headquarters in January with the Evaluation Oversight Committee to discuss the work plan for the independent evaluation. The Evaluation Consortium will commence its work in February 2012.

14. The Evaluation Consortium will make visits to WHO headquarters, the six regional offices and several country offices. The Evaluation Consortium will also engage with Member States and other key stakeholders.

15. The Evaluation Consortium will meet in April 2012 at WHO headquarters for a consultation on their findings with the Member States (Geneva-based missions) and the secretariat. The Evaluation Consortium will present a first report to the Sixty-fifth World Health Assembly in May 2012.

Proposed time line

Special session of Executive Board approves terms of reference for independent evaluation and establishes Evaluation Oversight Committee	Nov 2011
Director-General issues request for proposals for independent evaluation	Nov 2011
Evaluation Oversight Committee reviews proposals and selects Evaluation Consortium	Dec 2011
Award of contract to the Evaluation Consortium	Jan 2012
“Kick-off” meeting of Evaluation Consortium with Evaluation Oversight Committee to discuss work plan	Jan 2012
Headquarters, regional and country visits by Evaluation Consortium	Feb–Apr 2012
Consultation on interim report of Evaluation Consortium	Apr 2012
First report of independent evaluation to Sixty-fifth World Health Assembly	May 2012

Budget (USD)*

Evaluation Consortium: 10 team members for 100 days	850 000
Travel and expenses (6 field visits per team member, 7 days per visit)	400 000
Evaluation Consortium reports (publishing and translation)	50 000
TOTAL	1 300 000

* Budgets are indicative. Secretariat costs are not included.

Issues for consideration by Member States

16. Do Member States support:
 - (a) the proposed scope and terms of reference for the independent evaluation?
 - (b) the proposed process for providing oversight for the independent evaluation?
 - (c) the proposed process for selecting the Evaluation Consortium?
 - (d) the proposed time line for the independent evaluation

Annex 4. World Health Forum

Concept paper

22 June 2011

Introduction

1. World Health Assembly resolution WHA64.2 requested the Director-General “to present a detailed concept paper for the November 2012 World Health Forum, setting out objectives, number of participants, format and costs to the Executive Board at its 130th Session in January 2012”. Subsequently, the 129th Executive Board requested, by the end of June 2011, three concept papers which will be further revised on an ongoing basis throughout the consultative process. In line with the Executive Board decision, this paper is the first draft of a concept note in relation to the World Health Forum.

2. Increased investment in health over the last decade has resulted in significant improvements in health outcomes, an increasingly complex institutional environment and a growing number of organizations involved in global health. While the growing prominence of health in international affairs is welcome, there is a need to promote greater coherence and to provide an opportunity for a more inclusive dialogue between the many different actors involved. At present, however, there is no single platform that allows interaction between governments, global health organizations, partnerships, regional organizations, multilateral and bilateral agencies, philanthropic foundations, CSOs, private sector organizations and other relevant stakeholders.

3. Through the exercise of its role as the directing and coordinating authority for international health work WHO can provide such a platform. As an informal, multi-stakeholder body the World Health Forum will make it possible to capture a wide range of views and perspectives on major current and future issues in global health. It will not take decisions affecting individual organizations, nor will it change the decision-making prerogative of WHO’s own governing bodies. The conclusions of the Forum’s deliberations will be transmitted to the World Health Assembly via the Executive Board, as well as being available to all participating organizations.

Purpose, outcome and objectives

4. The *purpose* of the World Health Forum will be to explore, in an informal and multistakeholder setting, ways in which the major actors in global health can work more effectively together – globally *and* at country level – to increase effectiveness, coherence and accountability and to reduce fragmentation and duplication of effort.

5. The forum will provide an opportunity to hear a diversity of views and to capture elements of best practice. The initial *outcome* will be a report on principles and approaches in line with the Forum’s overall purpose. The focus will not just be on the work and role of WHO, but on ways of improving health outcomes through policy coherence and more effective collective action across a range of organizations and partnerships.

6. *Specific objectives* for the World Health Forum will be to (a) identify the major obstacles and constraints to more collaborative work across all the partners engaged in global health; (b) to define principles and approaches that will promote policy coherence and more effective working relationships at global and country level; and (c) to outline the steps needed to translate principles into practice.

Organization and management of the first forum

7. It is proposed that the first forum be held in Geneva over three days in November 2012. Once established the Forum will be convened every two years for a further two cycles, after which it will be independently reviewed.

8. The Forum will be open to all Member States. Representatives of all major global health organizations and partnerships will also be invited. Other participants will be invited from CSOs, academic institutions/think-tanks, professional associations, foundations, and the private sector. The aim will be to attract a number of participants sufficient to ensure a diversity of viewpoints, institutions and geographical representation, but small enough number to allow structured debate and clear conclusions.¹ While limiting the size of individual delegations may be necessary to ensure manageable numbers, the Forum will be web-cast to increase access to a wider audience. It may also be possible to explore the possibility of using web based technology to allow more direct interaction prior to the Forum itself.

9. The agenda for the meeting will be structured around the three meeting objectives. The method of work will mix a limited number of plenary sessions with facilitated thematic parallel sessions. The focus will be on structured debate rather than presentations or prepared statements. The meeting will select a chair and vice-chairs from the groups represented. The WHO Secretariat will act as rapporteur and support the Chair and vice-chairs. Formal background papers will be kept to a minimum, and circulated in advance.

10. A Chair's summary of key conclusions will be drafted at the end of the meeting, and more detailed report will be prepared shortly after. The meeting Chair will present a report of the Forum to the subsequent meeting of the WHO Executive Board.

11. Work is in hand to draw on the experience of other institutions and sectors that run multistakeholder forums to refine the eventual proposal to the Executive Board.² Once the Executive Board has finalized the proposal in January 2012, the Director-General will convene a Steering Committee (including both Member States and other organizations) to oversee more detailed preparations, including the nomination and invitation of participants and speakers.

12. The cost of the Forum will include preparatory activities (\$100 000) as well as the hosting of the meeting itself (\$675 000). While many participants will be self-financing, support for Member States (LDCs) will be on the same basis as for the World Health Assembly.

Points for discussion

13. The first stage in the consultation seeks Member States views on the proposed purpose, objectives, selection of participants and management of the Forum. Member States are invited to comment on the proposals above, to raise any other issues, or to suggest alternative ideas to those outlined in this note.

¹ For comparison, the Global Forum on noncommunicable diseases which preceded the recent Moscow Ministerial meeting attracted around 300 people. GAVI's partnership Forum has around 350 participants, and the Global Fund's equivalent about 400. By way of contrast the World Economic Forum in Davos invites around 2 500 participants. The World Social Forum in 2011 attracted 75 000 people and the most recent World Urban Forum in 2010 organized by UN Habitat attracted nearly 14 000 participants.

² Other examples of multi-stakeholder forums include the Committee on World Food Security, the Working Party on Aid Effectiveness, the International Dialogue on Conflict and Fragility. Member States may also wish to suggest other relevant bodies.

Annex 5. WHO managerial reforms

Preamble

This paper is the first draft of proposals prepared by the Secretariat on managerial reforms at WHO. It synthesizes the thinking of the Secretariat about aspects of management that can be enhanced to improve the effectiveness of the Organization. It has been prepared as a discussion document. These proposals will be revised after feedback from various consultations taking place in the next several weeks. The revised paper will be presented to the Special Session of the Executive Board, 1-3 November 2011, as part of a larger, consolidated paper on WHO reform, encompassing programmatic, managerial and governance reforms.¹

Proposals for managerial reform

1. The proposed managerial reforms fall into five main areas:
 - *organizational effectiveness, alignment and efficiency*, through clarification of the roles, functions, responsibilities and synergies of the three levels of WHO—Headquarters (HQ), Regional Offices and Country Offices—and improved operational efficiencies.
 - *improved human resources policies and management*, which will include a revised workforce model; streamlined recruitment procedures; and enhanced performance management and career-development processes, including a learning strategy.
 - *enhanced results-based planning, management and accountability*, with a robust results-based management framework, based on a clear results chain; measures to improve accountability and transparency, including strengthening programmatic and financial controls and policies on conflicts of interest; and an approach to independent evaluation.
 - *strengthened financing of the Organization, with a corporate approach to resource mobilization*, through an increased proportion of predictable and sustainable funding, with stronger financial management; a replenishment model; and expansion of the resource base, including innovative financing mechanisms.
 - *a strategic communications framework*, which will strengthen trust in WHO's position as the world's leading global health authority.

Organizational effectiveness, alignment and efficiency

Issues

2. WHO has a decentralized structure, with its Country Offices, Intercountry/Sub-Regional Offices, Regional Offices and Headquarters. This is an asset. However, the Organization has identified five areas where organizational effectiveness can be improved:
 - The work of WHO Country Offices needs to be strengthened and made more effective;

¹ Three concept papers, on the World Health Forum, governance and an independent formative evaluation of WHO, have also been developed and shared with Member States. The feedback received on these topics will be incorporated into the one consolidated paper that will be available for the Special Session of the EB.

- Headquarters and Regional Offices must be better aligned to provide support to countries;
- Normative work needs to be done more effectively;
- Corporate functions must be structured for maximum efficiency; and
- Some functions can be shifted from higher-cost duty stations to lower-cost ones.

Proposed actions

3. First, Country Offices will be more empowered to become more effective in carrying out their main functions (strengthen national capacities; provider/broker of policy advice and technical expertise; catalyst and convenor of partners; facilitator of the country's contribution to regional and global health; and leader of the international response to public health emergencies). Country Offices will be given greater delegated authority with correspondingly increased accountability. There will also be a redistribution of human and financial resources from HQ and Regional Offices to Country Offices. Better collaboration of Country Offices with other UN agencies will increase individual country support.

4. Second, HQ and Regional Offices will be better aligned and coordinated to provide support to countries and eliminate duplication of effort. Proposals include the following:

- Determine the division of labour and complementarity.
- Determine which level of the Organization should lead which aspect of WHO's work and how to coordinate with other levels.
- Create standard operating procedures.
- Streamline how global and regional strategies are coordinated.
- Strengthen intercountry, interregional work and global centres of excellence distributed across regions to serve as sources of support.

5. Third, the Organization needs to perform its normative work more effectively by examining what is done at different levels of the Organization to eliminate duplication. "Rules of engagement" for aligning and rationalizing this work will be established. Steps include standardizing and harmonizing processes for the generation of norms, standards, policies, procedures and data based on evidence.

6. Fourth, the corporate functions of the Organization, such as governance, resource mobilization, legal, audit and communications, will be structured for maximum efficiency.

7. Fifth, some functions will be shifted to lower-cost duty stations. In addition, WHO will introduce other measures to increase organizational effectiveness, in areas such as travel and publications.

Human resources

Issues

8. The proposals for improving HR management seek to address several challenges: a mismatch between financing and sustainable staffing; need for faster recruitment; inadequate performance management; greater organizational mobility and rotation; and enhanced staff training. The current HR policy encourages staff to seek long-term employment with WHO, while the Organization's funding is largely for short-term projects. The Organization requires greater flexibility to manage staffing effectively.

Proposed actions

9. The first proposal is to create a new workforce model that distinguishes functions linked to predictable long-term funding from project functions linked to short-term voluntary funding. Time-limited contracts will be revised to recognize short-term work, with incentives that make such positions more attractive. This change would allow WHO to achieve an optimal workforce balance to deliver more effectively. HR planning will be totally integrated into the planning and budgeting process to ensure that staffing structures are appropriate for the results planned and the income expected to be available, both in the shorter and longer terms.

10. The second proposal is to streamline recruitment and selection processes, with faster turnaround times. Ways to achieve this might include the development of generic post descriptions for all grade levels and the creation of rosters for some functions.

11. The third proposal is to improve performance management processes to underpin a high-performing culture based on excellence and accountability. In addition to the current system, staff will be evaluated through a more comprehensive feedback process, together with a policy for reward, recognition and addressing underperformance.

12. The fourth proposal is to review and implement a framework for mobility and rotation. This framework would include realistic career path options that capitalize on staff skills, competencies and knowledge.

13. The fifth proposal is to improve staff development and learning across the Organization, with a priority placed on country level.

Managing for results

Issues

14. This proposal addresses five areas for strengthening the current results-based management system: a clear results chain; a realistic budget; revised timeframes for planning and implementation; country-driven planning; and a new resource allocation mechanism.

Proposed actions

15. First, planning, programme and budget do not clearly articulate an easily understandable results chain. The new proposed results chain, which is based on commonly agreed terminology, is shown below. A standard set of indicators will form the basis for monitoring and evaluation of impact, outcomes and outputs. These will be organization-wide at the Impact and Outcome levels and specific for Country Offices, Regional Offices and HQ at the Output level. The number of Impacts, Outcomes and Outputs will be reduced compared with existing numbers of Strategic Objectives and Expected Results. Each level of planning will be monitored using predetermined methodologies and at specified time points, which will depend upon the periodicity established for each.

16. Second, Member States have requested that WHO's budget be based more on realistic assumptions of projected costing of outputs, income and expenditures, and less aspirational. The Programme Budget will be based on accurate costing of outputs, expenditures and income. Approaches to standardized *costing of outputs* will be developed. *Expenditures* will be based on current and projected exchange rates, rates of inflation, staff and non-staff cost assumptions, and future planned activities. Projections of *income* will be based on the current economic situation,

trends in international development assistance for health and historical contributions by Member States and other donors.

Results Chain	Definition
Impact	The highest-level change (usually, a sustainable change in the health of populations) that can be reasonably attributed to the Organization. For example, improvement in the health status of a population through: a decrease in morbidity and mortality; elimination or eradication of a disease; or a decrease in prevalence of risk factors.
Outcome	The work to which the Secretariat is expected to contribute—changes, primarily in institutional capacity and behaviour in countries—and against which its performance will be measured. For example, coverage of an intervention or health system performance, such as: vaccine coverage; treatment coverage; and access to care.
Output	What the Secretariat intends to deliver to influence institutional capacity and behaviour in countries and for which it will be held accountable. For example, tangible products and services at each level of the Organization, such as: legal frameworks and normative standards (HQ); regional health strategies (Regional Offices); and increased national capacity for surveillance (Country Offices).
Activity	The processes that turn inputs into outputs.
Input	The resources (human, financial, material and other) that the Secretariat will allocate to producing the outputs.

17. Third, different timeframes for planning and implementation are needed. A longer horizon for commitments by Member States and donors would improve planning. The period of the programme budget is short and preparation begins far in advance of the budget period. Further, there are too many layers of planning and the Organization spends too much of its time planning. The periodicity—currently 10 years for the General Programme of Work, 6 for the Medium-Term Strategic Plan (MTSP), 2 years for the Programme Budget, and 2 years for operational plans—creates a cumbersome process. Proposals that streamline planning are to: maintain the current timeframe for the General Programme of Work, eliminate the MTSP layer and increase the Programme Budget to 3 or 4 years, with operational plans to be developed yearly.

18. Fourth, the Organization's planning must better reflect the needs of countries. A revised planning process is required to ensure that country needs drive planning more strongly and to create greater coherence among plans at all three levels of the Organization.

19. Fifth, a new resource allocation model is needed to better reflect changing Organizational priorities and needs. Alternatives should include the allocation of resources by area of core business and organizational and country priorities.

Accountability and transparency

Issues

20. Managerial accountability, transparency and improved reporting to Member States and the Governing Bodies are needed. The Global Management System, one tool for accountability, contains a wealth of information. However, analysis of the information, and reports with validated results that are timely, consistent and meaningful, and that include assessment of resources and expenditures compared with budget is not adequate. Enforcement of current control mechanisms is not robust. Most of the needed policies are in place, but compliance with

them can be improved. The audit and oversight system has limited capacity. Strengthened policies on conflicts of interest and information disclosure are required to deal with current complexities in global health.

Proposed actions

21. The Organization will strengthen accountability to the Member States and the Governing Bodies through more accurate and detailed reporting of results and resources. Mechanisms will be established for improved monitoring of programme planning and implementation, and financial and human resource management by WHO senior managers, at all levels of the Organization.

22. The Internal Control Framework will be strengthened and linked to roles and responsibilities assigned to staff, with routine monitoring of compliance and management action for breaches of compliance.

23. Audit and oversight will be better resourced to increase their capacities. This will enable increased frequency and broader coverage of internal audits.

24. The overall conflicts of interest policy will be strengthened. This will include the revised policy for outside experts issued in June 2010, the process to assess staff conflicts of interest and measures to address institutional conflicts. An Ethics Office will be established.

25. An Information Disclosure Policy will be developed, to include policies on publication of internal policy documents (such as whistleblower, harassment and investigation policies) and information (such as internal audit reports, financial disclosures, etc.).

26. Although monitoring is a critical element in supporting greater accountability, the Organization requires more realistic and measurable performance targets, rigorous and independent assessment of performance, greater specificity and detail in reporting performance, and clear consequences for poor performance. To address these challenges, operational plans will be monitored to ensure progress in programmatic and budgetary performance, based on a set of standard key performance indicators. WHO requires better methods to hold staff and the three levels of the Organization accountable for results. An aggregated performance report will be produced, covering all major offices.

Approaches to independent evaluation

Issues

27. Evaluation plays a significant role in assessing and improving the performance of WHO and supporting organizational development. Numerous programmatic evaluations are carried out each year. There is a lack of systematic follow up on the recommendations of evaluations—follow up that would contribute to organizational learning and knowledge management. WHO lacks an established mechanism for oversight of evaluation by the Governing Bodies.

Proposed actions

28. The aim of the reform is to institutionalize a comprehensive approach to monitoring and evaluation in the work of WHO in two ways. First, by strengthening existing approaches through the development of a WHO Evaluation Policy based on best practice, which will be applied to all evaluations commissioned and conducted in WHO. Second, by establishing a mechanism for high-level independent evaluation, commissioned by the Governing Bodies, that is sustainable, effective, rapid, not resource-intensive, and has significant impact and influence.

29. There are several institutional arrangements through which the Governing Bodies could commission, provide oversight and conduct independent evaluations of the work of WHO:

- The Executive Board would commission and provide oversight for evaluations, approving Terms of Reference, endorsing selection of independent experts to conduct the evaluation, approving the work plan, and receiving and considering the evaluation report.
- Expand the mandate of the Office of Internal Oversight and Services (IOS). The Executive Board would review and approve the programme of work of evaluation of IOS, and receive and consider evaluation reports.
- Establish a separate Evaluation Unit. The Executive Board would need to establish a separate body that would report directly to the Board.

Financing

Revised financing framework

Issues

30. The current level of Assessed Contributions (AC) is not sufficient to carry out WHO's work. Voluntary Contributions (VC) are expected to remain the major source of the Organization's funding. The proposals seek to address the following problems: there is an imbalance of funding for different programmes between technical assistance and normative work, staff costs and activities, and few mechanisms are available to reallocate resources when needed. Funding is not sufficiently predictable or sustainable for agreed priorities nor fully aligned with the Programme Budget. The Organization is unable to plan for a longer time horizon and to reprogram funds if there is a lack of balance in contributions, and to move money around quickly for maximum responsiveness.

31. WHO needs a financing framework that provides predictable and sustainable funding, and contains mechanisms to increase voluntary contributions to address the gaps between required income and the programme budget, including a replenishment model and innovative financing mechanisms.

32. Management, administration work and corporate functions are insufficiently financed. At the same time, the burden on the Organization to support activities funded by VC has increased. This is coupled with an inability to raise adequate funds for programme support.

33. There are challenges posed between currencies of expenditure and currencies of income. This can create significant financial risks when currencies widely fluctuating. This mismatch is likely to continue and requires urgent attention.

Proposed actions

34. Options include:

- Increasing the percentage of the Organization's budget that is predictable (before the beginning of the biennium) up to 70%. This would ensure that staff costs and essential non-staff work with a longer horizon are covered in a more predictable way, which is crucial as the cost of staff, through which the Organization carries out its knowledge- and expertise-based work, constitutes more than 50% of the budget. Higher levels of predictable income could be achieved, for example, through an absolute increase in the percentage of AC or through the institution of a replenishment model, which would

facilitate a collective commitment to financing part of the programme budget before the budget period begins. Such a model would be based on global best practices.

- WHO requires sufficiently flexible income to respond to emerging needs and priorities as well as to reprogram funds to underfunded priorities. AC for the projected Programme Budget 2012-2013 is ~25% and Core Voluntary Contributions Account is ~10%. Increasing full and highly flexible income from this projected baseline to 40%, for example, through more VC provided at a higher order of the Programme Budget, is feasible and important.
- Increase the resource base through new and innovative sources of funding.
- Index AC to stable currencies to protect against fluctuations in exchange rates that would negatively affect implementation. This is a longer term solution that would help solve the imbalance between currencies of income and expenditure. An annual review of exchange rates that analyses the imbalances between currencies of income and expenditure and makes the necessary budgetary adjustments should be implemented.
- Enforce adherence to Programme Support Costs, which have been agreed by the Governing Bodies, and ensure that budgeting and cost accounting are done consistently across the Organization, allowing for comparison and better explanation of costs.

Revised corporate resource mobilization strategy

Issues

35. The current resource mobilization strategy is carried out in silos, such that the Organization's approach can become fragmented and uncoordinated. The lack of a corporate-level resource mobilization strategy that clearly defines priorities and approaches to donors makes it difficult for some parts of the Organization to take advantage of resource mobilization opportunities. Some have developed strategies of their own and successfully raised significant funds, but others have not. Resource mobilization efforts across the Organization are not well coordinated. Communications work is also occasionally fragmented and strong connections to resource mobilization are not always present.

Proposed actions

36. The proposed solution is to implement a revised corporate resource mobilization strategy. The aims of this strategy will be to: improve the effectiveness of existing resource mobilization activities through informed, consistent approaches to donors; and to expand or strengthen the donor base through approaches to emerging donor nations, country-level donors, philanthropic organizations and the private sector (coupled with appropriate risk management). Links should be strengthened among implementation, donor reporting and strategic communications.

Strategic communications

Issues

37. In an increasingly complex and crowded health landscape, Member States, partners, donors, the media and the public have drawn attention to the need for a more consistent, coordinated and high-profile communications representation of the Organization. Several recent external assessments underscore the need for a proactive and unified WHO voice.

Proposed actions

38. A comprehensive communications framework is essential to strengthen WHO's position as the world's leading global health authority and increase trust in the Organization. The framework will address immediate challenges and take into account longer-term concerns.

39. First, a regular system of measuring stakeholder perception and needs will provide important input into the development and periodic review of a comprehensive Organization-wide communications strategy. WHO will review its brand and identity for the 21st century and find cost-effective ways to implement brand standards throughout the Organization. Reputational risks will be managed more vigorously through a strengthened communications surveillance system for early warning, proactive response, and joint work with UN and other partners on shared concerns.

40. Second, WHO will build and properly deploy its communications capacity through improved coordination across the Organization, increasing efficiencies in the way communications functions are delivered, developing communications surge capacity for deployment in emergencies to any location where it is needed, aligning better with resource mobilization and donor stewardship, and developing standard operating procedures for emergency communications as well as continuously improving the communications skills of staff.

41. Third, WHO will develop effective and cost-efficient platforms for communications, enabling staff and partners to communicate success stories that describe the impact of WHO's work, use champions and spokespersons effectively, use social media wisely, be proactive in reaching out to and educating the media, invest in technology for broadcast and web-based media outreach and ensure that more multi-lingual communications material reach a broader audience in Member States.