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WHO reform: new strategic vision and transformation plan

At the 61st session of the WHO Regional Committee for Europe, in 2011, the Regional Director made a commitment to report annually, as part of a rolling agenda for Regional Committee meetings, on WHO reform and its impact on the WHO European Region.

This year, that commitment takes on renewed significance, as the Organization is embarking on a fundamental transformation agenda, aligning its mission and long-term objectives for the period 2019–2023 with the Sustainable Development Goals.

This document highlights the key elements of this transition, as set out in the Thirteenth General Programme of Work. It also incorporates the comments and guidance thereon provided by the 142nd Executive Board, the 25th Standing Committee of the Regional Committee and the Seventy-first World Health Assembly, and outlines further action initiated by the Director-General and the Global Policy Group during 2018.

Issues linked to global governance reform have been included, as discussed by the Executive Board at its 143rd session, since an effective governance framework will be essential for a transformed WHO in the years ahead.

This report is presented to the Regional Committee for Europe for consideration at its 68th session.

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Introduction

1. In 2011, at the 61st session of the WHO Regional Committee for Europe, the Regional Director pledged to keep European Member States regularly informed about the then recently initiated WHO reform process, as part of a rolling agenda for Regional Committee meetings.
2. The WHO European Region has been proactive in WHO's reform work over the past several years, particularly through the establishment of successive working groups on governance by the Standing Committee of the Regional Committee (SCRC). Numerous governance reform issues have been studied by the SCRC and its working groups, and their recommendations have been endorsed by the Regional Committee on issues such as: (a) strengthened governance and oversight by Member States; (b) improved geographical representation and transparency in the nominations of members of the Executive Board and the SCRC; (c) procedures for nomination of the Regional Director; (d) management of governing body agendas; (e) management of resolutions and amendments, including regular reviews for sunseting Regional Committee resolutions; and (f) alignment between global and regional governance initiatives.
3. This year the commitment to keep European Member States informed about WHO reform takes on renewed relevance and significance, as the Organization is currently undergoing a revival and is embarking on a transformation agenda. Major strategic and organizational shifts will be required at all levels of the Organization to translate the new aspirational goals into practice, as outlined below.
4. The Regional Office is fully contributing to this new transformation plan for the Organization, through the Regional Director's active collaboration with the new Director-General, Dr Tedros Adhanom Ghebreyesus, her contribution to steering the transformation agenda in the Global Policy Group (GPG) and a broad, strategic shift that will place country collaboration at the centre of the Region's future work.
5. The present report focuses primarily on the new strategic vision and transformation plan for the Organization, as set out in the Thirteenth General Programme of Work for the period 2019–2023 (GPW 13). In addition, however, a section has been added on global governance reform, as discussed by the Executive Board at its 143rd session in May 2018, since such reforms contribute to facilitating a better governance structure for a transformed WHO.
6. A separate progress report (document EUR/RC68/8(L)) provides an overview of the main aspects of regional governance since 2010, as requested in Regional Committee resolution EUR/RC60/R3.

Strategic vision and transformation plan

The case for change and the vision laid out in GPW 13

7. Following the arrival of the new Director-General in July 2017, an integrated transformation process across the three levels of the Organization has been initiated under the leadership of the GPG, aligning GPW 13 with the health-specific Sustainable Development Goals (SDGs). The transformation process draws on the active input of Member States and partners and lessons learned from previous reform work, as well as feedback from a major

organizational culture survey, conducted by the Secretariat and covering all regions and country offices, which had an overall response rate of 61% (5600 staff members).

- (a) GPW 13 represents a major departure from earlier programmes of work, in that it goes beyond merely focusing on the WHO Secretariat's responsibilities: it aims to provide a roadmap for substantively improving health outcomes globally and for addressing the key drivers of health inequalities in the world.
- (b) The central focus of GPW 13 is on three aspirational priorities for the period 2019–2023:
 - 1 billion more people with universal health coverage;
 - 1 billion more people living healthier lives; and
 - 1 billion more people made safer.
- (c) The Organization intends to promote these three aspirational priorities through five “platforms”, which will have specific targets and indicators for the 2019–2023 time frame, and which will be the focus of elevated political attention, partnerships and resource mobilization.
- (d) The five platforms are grounded on the Organization's existing capacities and expertise, as follows:
 - Platform 1: improving human capital across the life course;
 - Platform 2: accelerating action on preventing noncommunicable diseases and promoting mental health;
 - Platform 3: accelerating elimination and eradication of high-impact communicable diseases;
 - Platform 4: tackling antimicrobial resistance;
 - Platform 5: addressing health effects of climate change in small island developing States and other vulnerable States.

Strategic and organizational shifts required to translate vision into practice

Strategic shifts

8. Underlying the aspirational priorities and underpinning the five platforms will be three important strategic shifts, detailing how WHO will contribute to achieving the GPW 13 priorities: stepping up leadership at all three levels of the Organization; driving public health impact in every country; and focusing global public goods on impact.

9. As far as leadership is concerned, it is clear to the Director-General and the GPG that the Organization's senior leadership must be fully aligned and that transformation efforts must be driven jointly by the Director-General and the GPG as one team.

10. Effective leadership also means that WHO will need to strengthen its public voice and advocate for the inclusion of health on the agendas of key political forums, such as the United Nations General Assembly, the G7, the G20 and the BRICS group of countries (Brazil, Russian Federation, India, China and South Africa), and in regional multilateral bodies such

as the European Union. In this regard, a stronger focus on multisectoral action will also be essential, reflecting the fact that important determinants of health often lie outside the health sector. Such action must include frequent engagement with political leaders and high-level officials at the country level, including parliamentarians.

11. The second strategic shift will be to place countries squarely at the centre of the Organization's work. This shift is at the core of the policy framework laid out in GPW 13, and will be a major focus of the Organization in the years ahead. While WHO's engagement with countries will need to be flexible to take into account each individual country's context and capacity, it will include a strengthening of WHO country office leadership, a fit-for-purpose staffing structure, appropriate delegation of authority and streamlined business processes that facilitate efficiency and effectiveness.

12. As an initial step in this process, the Regional Office is establishing an inventory in which all current regional initiatives, ways of working, platforms and tools that support increased effectiveness and efficiency at the country level are being mapped out, and which will be used as an internal document to support the global transformation of the Organization's country work.

13. The third strategic shift is to further strengthen the Organization's normative work, which is one of its core functions, and to concentrate more of that work on impact in countries. WHO is unique among global health organizations in its normative guidance mandate as set out in its Constitution, which is a key source of its authority and comparative advantage. The challenge now will be to strengthen this normative guidance, including on data collection, research and innovation, so that it can provide more direct benefits for countries by promoting better evidence-based decision-making on health issues.

Organizational shifts

14. In order for WHO to deliver on all of the above within the 2019–2023 time frame of GPW 13, the Director-General and the GPG have set out several internal organizational shifts that will also need to be implemented at all levels of the Organization.

15. First, the Organization's results framework will be further refined. Responding to repeated calls by Member States, an independent accountability mechanism to monitor performance will be established, enabling effective performance monitoring, value for money analysis and enhanced accountability by the Secretariat. With the new focus on outcomes and impact, rather than simply programme outputs as in the past, the revised results framework will require a clearer focus on WHO's contribution to each target, and the contribution by each level of the Organization.

16. Secondly, WHO's operating model will need to be reshaped in order to strengthen country work, and to enable a differentiated approach depending on each country's context. Key priorities in this regard will include:

- strengthening the quality of leadership at the country level, by ensuring that the Organization has high-calibre WHO representatives who are both effective health leaders and diplomats, suited to addressing the country's priorities;
- empowering WHO's country offices with adequate programmatic, financial, administrative and management authority;

- ensuring that country cooperation strategies and biennial cooperation agreements contain clear actions, results chains and performance indicators;
- developing regional strategies and plans of action that accommodate regional specificities in support of effective implementation at the country level; and
- redistributing resources and technical expertise geographically closer to the country level.

17. Thirdly, a new external engagement agenda will need to be established, bringing together resource mobilization, partnerships and communications. In this regard, social media communications will also be of critical importance to deliver a reinforced story of how WHO improves the health of populations around the world.

18. To translate these three organizational shifts into practice will require a global workforce that is fit for purpose, highly competent, motivated and empowered. The GPG and the Director-General are committed to implementing WHO's geographical mobility policy, as well as to providing stimuli to increase geographical representation and gender parity¹ among personnel.

19. A rejuvenated and competent workforce will also require new initiatives and investments in management and administration, focusing on the following areas:

- developing clear, standardized, transparent and accountable delegation of authority covering management structures across the three levels of the Organization;
- reviewing and refining management and administrative capacities of both technical and administrative staff;
- implementing systematic and continuous business process improvement across all levels of the Organization; and
- investing in streamlined, user-friendly and fit-for-purpose information technology systems.

Feedback and guidance from the governing bodies

Executive Board

20. Members of the Executive Board, meeting at its 142nd session in January 2018, expressed their appreciation for the inclusive process of consultation with Member States in which the Director-General had engaged during the drafting of GPW 13. There was near-unanimous support for the aspirations and ambitions outlined in the draft document, and of the decision to align GPW 13 with the SDGs. More clarity was, however, required in spelling out the precise contribution of the Organization in achieving the "triple billion" priorities, as there would be several key actors involved in this aspirational endeavour.

21. It was pointed out that the occasion of the 40th anniversary of the Alma-Ata Declaration in 2018 was a fitting opportunity to reposition the Organization and to reaffirm that people-

¹ Only the Regional Office for Europe has achieved gender parity among its senior staff – for all other major offices of the Organization that target is still some way off.

centred primary care would be the foundation of a new holistic strategy to achieve universal health coverage.

22. European members of the Executive Board welcomed the strategic shift towards giving strengthened focus to WHO's normative functions to better support countries directly, and stressed the point that this key role of the Organization must never be allowed to be politicized.

23. The shift towards focusing on impact at country level was welcomed, but improvements in this area would be contingent on a careful, country-specific and needs-based analysis.

24. With regard to the organizational shifts proposed, several Executive Board members pointed out that a strong and transparent accountability and risk management framework would be an essential prerequisite for any potential move from earmarked to flexible funding, and for documenting the proper management of unearmarked funds for donors.²

25. In reply to the Executive Board members' comments, the Director-General explained that GPW 13 was limited to outlining the Organization's vision and mission over the next five years. Further details regarding the Organization's specific contributions to the aspirational "triple billion" targets, the nature of engagement with countries, and the transparent and strengthened accountability framework would be outlined in programme budgets, which also would be submitted to Member States for approval, as part of established governing body processes.

26. Although indicative figures for the overall estimated costs of GPW 13 had been provided in document EB142/3 Add.2, they had been intended for information purposes only, with actual financing of the Organization's work coming from appropriations linked to successive programme budgets.

27. Regarding the cycle of programme budgets and general programmes of work, Executive Board members suggested that WHO should take steps to align the Organization's planning cycles with those of the United Nations, as a means of contributing to ongoing United Nations reforms. It was felt that that aspect had not been adequately covered in the draft GPW 13.

28. Finally, the view was expressed that, as a general prerequisite for lasting and meaningful reform, a stronger focus on WHO staff and human resources reform would be essential. While there were references to staff mobility, gender and geographical representation in the organizational shifts outlined in GPW 13, it was felt that a comprehensive package of human resources reform was not adequately covered in the document. It was suggested that the issue could be included as a separate agenda item for a future session of the Executive Board.

29. In resolution EB142.R2, the Executive Board requested the Secretariat to finalize the outstanding work relative to the draft GPW 13 by, inter alia, taking Board members'

² The Regional Director would like to draw Member States' attention to the work already carried out in the European Region over the last few years to strengthen internal controls and accountability, including the development of performance indicators and compliance targets for directors and heads of country offices. That and several other initiatives have been picked up by the Office of Internal Audit and Oversight as examples of best practice, which should be shared with other WHO regions.

comments into account when developing a revised, final version for submission to the Seventy-first World Health Assembly in May 2018.

SCRC

30. The 25th SCRC, meeting in its fourth session on 19 May 2018 in Geneva, was briefed on the new strategic vision and transformation plan by the Director, Programme Management and Director, Health Emergencies and Communicable Diseases.

31. The practical management of the reform efforts through existing global networks of directors of programme management, directors of administration and finance, and external relations managers of the Organization was stressed, as well as the active involvement of country representatives in all steps of the reform process. Measures to improve the workplace culture were being introduced as part of the Respectful Workplace initiative.

32. The Regional Office was concentrating particularly on determining the strategic priorities of countries over the next five years, including the staffing levels required for increased technical support at country level. In some cases, that might mean that individual staff positions would cover several Member States. As such, the Regional Office would focus on interdivisional and intercountry delivery, including shared missions to countries, whenever that would be the most cost-effective option.

33. The Regional Director noted the important change of placing countries at the centre of the Organization's policy framework, which could over time lead to an increase in resources allocated to country presence of up to 30%. That, combined with an intensified focus on efficiency savings, would be reflected in the business model of the European Region, covering country offices as well as the geographically dispersed offices.

34. The Standing Committee took note of the report and feedback from the Regional Director.

World Health Assembly

35. Further to Resolution EB142.R2, an extensive discussion took place on the transformation plan reflected in GPW 13 during the Seventy-first session of the World Health Assembly.

36. Following on from the earlier discussions in the Executive Board, several European Member States welcomed the ambitious and visionary shifts foreseen in GPW 13, as expressions of true reform within the Organization. Some clarifications were still needed, for example on how WHO would monitor and measure its contribution towards the "triple billion" goals, and details on the Organization's explicit role and functions during large-scale emergencies. Those concerns did not, however, prevent the Health Assembly's approval of the GPW.

37. The view was also expressed that the planning horizon of GPW 13 should be extended from 2023 to 2025, to facilitate an alignment of WHO's planning cycle with that of the United Nations and United Nations Development Programme. In that regard, some Member States felt that the focus should be extended all the way to 2030, to coincide with the target date for the SDGs.

38. One of the Nordic countries, speaking on behalf of several countries in many of the Organization's regions, called for a detailed and objective review of what a strengthened country presence would mean in practice, i.e. in terms of funding, staffing, planning frameworks, alignment with the United Nations resident coordinator system, and so on. Preferably, the outcome of such a study would be presented to one of the future sessions of the Executive Board, in line with the Board's constitutional mandate to exercise oversight over the Secretariat's work on behalf of the World Health Assembly.

39. In summary, Member States agreed that approval of GPW 13 should not be seen as an implicit endorsement of the forthcoming biennial programme budgets. While the strategic outlook presented in the GPW might very well be visionary and aspirational, the proposed programme budgets must, on the other hand, be based on realistic assessments of capacity, income and resource mobilization potentials.

40. The World Health Assembly approved Resolution WHA71.1 by consensus.

Governance

41. An extensive discussion on global governance reform took place at the 143rd session of the Executive Board. As the Director-General pointed out, the Secretariat was working hard to reform WHO along the lines outlined above, but Member States also had an urgent responsibility to ensure that the Organization had an effective and up-to-date governance structure for a transformed WHO. In his opinion, there was clearly room for improvements in that regard.

42. Three documents had been presented to the Executive Board in relation to global governance: EB143/2 reviewing measures to improve the efficiency of the governing bodies with a better focus on strategic issues; EB143/3 containing an analysis of the existing Rules of Procedure of the Board and Health Assembly in order to identify interpretational gaps and ambiguities; and EB143/4, a report by the officers of the Board on the use, on a trial basis, of the set of criteria, list of factors and tool for the prioritization of proposals for additional items on the Board's provisional agenda.

43. A recurring theme in the Executive Board's discussion was the lack of progress over the last several years in the area of governance reform, which had repeatedly been on the Board's agenda since 2011. While at regional level good progress had been made on a number of issues,³ there was a distinct and unfortunate lack of concrete results at the global level.

44. To address this situation, the Chairman of the Executive Board had, with the support of the Secretariat, compiled a list of "low-hanging fruit" related to the work of the governing bodies, identifying governance reform measures which could be implemented relatively easily – with or without changes to the Rules of Procedure. After extensive debate, the Board concluded that some matters could be implemented by the Director-General without further delay and needed no changes in the Rules of Procedure, such as the discretion of the Chair on time allotted for statements, meetings of the officers of the Board, paperless meetings and development of robust costing methodology for resource implications of resolutions, and others. The Board also adopted decision EB143(7) amending several of the Board's Rules of

³ See document EUR/RC68/8(L) which provides an overview of governance reform initiatives at the WHO Regional Office for Europe since 2010.

Procedure, and recommended similar changes with regard to the Rules of Procedure of the World Health Assembly for consideration by the Health Assembly at its Seventy-second session.

45. The issue of establishing an effective and streamlined governance framework for a transformed WHO is, however, by no means over, and will no doubt constitute a major preoccupation at future sessions of the Executive Board and World Health Assembly for several years ahead.

Further implementation steps initiated by the Director-General and the GPG

46. In parallel with the discussions in the global governing bodies, several initiatives have been initiated by the Director-General and the GPG to move the WHO transformation plan and architecture forward.

47. For senior management, time is of the essence, as the plan is to implement the strategic and organizational shifts outlined in GPW 13 over the next 18 months. To that end, an integrated transformation process is already under way across the three levels and seven major offices of the Organization, led by the GPG. As indicated above, the transformation architecture is based on existing global networks of directors of programme management, directors of administration and finance and external relations managers across the Organization, as a means of ensuring sustainability and the ability to capitalize on ongoing initiatives. WHO representatives participate in meetings of these groups to maximize the country perspective.

48. The GPG is collectively leading and championing the transformation process. It meets each month to decide on key issues and provide strategic guidance for a small, dedicated Global Transition Team, with representation from both headquarters and the regional offices.

49. The Global Transition Team, in turn, drives and manages the day-to-day transformation work and coordinates efforts across the Organization.

50. The following paragraphs briefly summarize some of the key global transformation initiatives currently under way.

Balanced scorecard

51. A balanced scorecard is being created, enabling the monitoring of selected key performance indicators against the Organization's strategic objectives. To the extent possible, the balanced scorecard takes its point of departure from existing best practice and lessons learned at headquarters and in the regions in monitoring programme delivery, financing and other internal processes.

Follow-up to the global culture survey

52. Following up on the results of the global culture survey carried out across the Organization in October 2017, global and regional action plans are being developed, with a

focus on strengthening alignment across the Organization with the new WHO vision and strategy, fostering mutual support, open and transparent dialogue, autonomy and collaboration, strengthening accountability and improving staff motivation. In particular, the GPG approved a set of priority corporate actions that include the following:

- overhaul the internal communications process and practices to ensure effective information-sharing and continuous dialogue with staff;
- revisit, communicate and embed “WHO values” in formal systems;
- establish a mentoring programme to promote knowledge transfer and career development support;
- develop leadership and management skills through training and institutionalized upward and peer-to-peer feedback; and
- provide clarity on career and learning pathways and provide opportunities and support to develop staff skills.

53. Complementing these corporate actions, each region will also develop region-specific follow-up action plans. In the European Region, this will be done with the assistance of an internal task force, taking stock of the regional results of the culture survey, of discussions with staff across all divisions and locations, and of the work already undertaken under the Respectful Workplace initiative.

Establishment of the Global Change Network

54. To bring the transformation closer to staff across the three levels of the Organization and amplify its messages and outreach, the GPG decided to establish the Global Change Network. It consists of staff named by their peers through the culture survey as being informal influencers. These influencers will work on a voluntary basis across the Organization to communicate and explain transformation decisions and key messages; to talk to colleagues, listen to them and escalate questions, good practices and concerns; to translate transformation decisions and the new culture into day-to-day behaviours, and embed these in the way work gets done.

Establishment of three-level working groups to support the review of WHO operational models

55. As part of the efforts to optimize WHO’s operating model and attain an efficient and predictable presence at country level and seamless three-level support for country impact, the Organization set up working groups tasked with mapping and describing current operational processes and recommending interventions and solutions to improve the delivery of WHO’s core technical functions. These groups address aspects related to the provision of technical assistance to countries; the development of norms and standards; the production and management of health information, evidence and intelligence; and resource mobilization and communication.

Development of an impact framework

56. An extensive impact framework has been developed to ensure the accountability of the Secretariat and Member States in the achievement of the “triple billion” goals of the GPW 13. The framework, which has been developed with the support of two eminent public health experts, covers at present 44 specific targets and related indicators. Work is continuing to further update and refine the framework during 2018.

Revised programme budgeting guidelines

57. A new programme and budgeting framework for 2020–2021 has recently been drawn up to operationalize the new impact framework for GPW 13. In line with the key principle of placing countries at the centre of WHO’s work, the new guidelines for 2020–2021 will start with bottom-up planning of country priorities. Draft programme budgets for the next biennium will, as per existing practice, be presented to the regional committees this year, although in somewhat less detail than in the past, owing to the short time available after approval of the new framework by the GPG.

Development of an investment case

58. Terms of reference have been drafted for the development of an investment case to support the mobilization of resources for implementation of GPW 13.

Transformational “quick wins”

59. Several “quick wins”, recommended by WHO representatives and supported by the GPG to harmonize processes across the Organization, including in countries, and to enhance the leadership of WHO representatives, have been acted upon.

Concluding remarks

60. The Regional Director and the regional leadership have made a strong commitment to supporting the global transformation agenda drawing, inter alia, on the comprehensive process of strategic reform that has been under way in the Region since 2010.

61. In that year, the Regional Committee, at its 60th session, endorsed a report, Better health for Europe – adapting the Regional Office for Europe to the changing European environment: the Regional Director’s perspective (document EUR/RC60/8), in resolution EUR/RC60/R2. The report identified seven key strategic priorities, including:

- (a) the development of a European health policy as a coherent policy framework;
- (b) improved governance in the WHO European Region and in the Regional Office;
- (c) further strengthening of collaboration with Member States;
- (d) engagement in strategic partnerships for health and creation of improved policy coherence;
- (e) strengthening of the European contribution to global health;

- (f) outreach by means of an information and communication strategy; and
- (g) promotion of the Regional Office as an organization with a positive working environment and sustainable funding for its work.

62. Follow-up actions on the above priorities have taken place since 2010, in close consultation with, and with the political endorsement of, the Regional Committee at its subsequent sessions. The achievements of this reform process, which is aligned with the objectives set out in GPW 13, represent the springboard from which the European Region will continue to contribute to the global transformation agenda.

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