World Health Organization
REGIONAL OFFICE FOR Europe

REGIONAL COMMITTEE FOR EUROPE
64TH SESSION

Copenhagen, Denmark, 15–18 September 2014

WHO reform: progress and implications for the European Region

World Health Organization
REGIONAL OFFICE FOR Europe

Regional Committee for Europe
64th session

EUR/RC64/16

Copenhagen, Denmark, 15–18 September 2014

30 July 2014
140458
ORIGINAL: ENGLISH

Provisional agenda item 5(g)

WHO reform: progress and implications for the European Region

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

The document describes progress in reforms achieved under the traditional headings of programmatic, governance and managerial reforms. Issues of particular relevance to the European Region are highlighted. An annex to the document provides a summary of reform initiatives undertaken in the European Region during the past four years.

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Telephone: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: governance@euro.who.int Web: http://www.euro.who.int/en/who-we-are/governance

Contents

Background

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

2. Two reports were presented to RC63 in Çeşme Izmir, Turkey: document EUR/RC63/15 on "WHO reform: progress and implications for Europe" and document EUR/RC63/16 Rev.1 on "Governance reform in the WHO European Region". With the endorsement of the Standing Committee of the Regional Committee for Europe (SCRC), these two topics have been merged into one document for presentation to RC64.

3. In general, significant progress has been made over the past 12 months in moving WHO's reform agenda forward, particularly in the areas of flexibility, transparency and predictability of financing. The progress achieved is due, in large measure, to the fact that the 134th session of the Executive Board, the twentieth meeting of the Programme Budget and Administration Committee (PBAC) and the Sixty-seventh World Health Assembly all focused on the same limited set of reform issues, namely:

- a framework for engagement with non-state actors
- improved decision-making by governing bodies
- follow up to the financing dialogue
- strategic allocation of budget space and
- financing of administrative and management costs.

4. The present document describes progress achieved in all of these areas under the traditional headings of programmatic, governance and managerial reforms. Issues of particular relevance to the European Region are highlighted.

5. The Annex provides a summary of reform initiatives undertaken in the European Region from 2010 onwards.

Programmatic reform

Global developments

6. Following adoption of the WHO Twelfth General Programme of Work 2014–2019 and the programme budget (PB) 2014–2015 by the Sixty-sixth World Health Assembly, the next major step in programmatic reform will be to strengthen country engagement in a strategic bottom-up planning process for the 2016–2017 biennium.

7. The planning process for 2016–2017 differs significantly from that for 2014–2015, as priorities for programmes will be set first at the country level and will subsequently feed into the global process. The bottom-up process also involves the costing of outputs and outcomes at all three levels of the Organization as the basis for the global budget; a long-standing request, most notably from Member States in the European Region.

Implications for the European Region

8. Global guidance for bottom-up planning for the 2016–2017 biennium was somewhat delayed, so that Member States in the European Region only had limited time for in-country consultations and for setting priorities. Nevertheless, significant effort was made by the Regional Office to engage with countries in discussing their priorities for 2016–2017 on the basis of a robust health situation analysis within the Health 2020 framework and the Twelfth General Programme of Work 2014–2019.

9. The global objective is to have the draft PB 2016–2017 – containing priorities, a description of Organization-wide work for the coming biennium, specific deliverables at each of the three levels of the Organization and a proposed budget by major office and programme category – ready for discussion at RC64. The target date for the first full draft of PB 2016–2017 is mid-July 2014.

10. PB 2016–2017 is a global plan. The Region's specificities will be reflected in a document on the regional perspective submitted to RC64. The regional priorities set out in Health 2020 will be reflected in the regional and country operational plans, which will be finalized once PB 2016–2017 is adopted by the World Health Assembly in May 2015.

Governance reform

Global developments

11. Governance reform figured prominently on the agenda of the 134th session of the Executive Board in January 2014 and was carried forward to the twentieth meeting of PBAC and the Sixty-seventh World Health Assembly in May 2014. In general, both Member States and the Director-General recognized that this component of reform had progressed the least since the launch of the overall reform agenda in 2010, and renewed emphasis was urgently required.

12. After protracted discussions, consensus was reached on a number of issues.

- **Capacity-building and training for members of the EB**: The Secretariat will hold briefing sessions for new EB members and incoming health attachés of the permanent missions, in addition to the web-based guide already available. The first such briefing took place during EB135 in May 2014.
- **Electronic access to governing body meetings**: Webcasting of future public sessions of the EB and the PBAC will be introduced. The Sixty-seventh World Health Assembly approved webcasting of future plenary sessions and meetings of Committees A and B.
- **Minimal use of paper documentation**: Further efforts will be made to minimize the Organization's use of paper in the preparation of and follow up to governing body meetings by using web-based platforms, hyperlinks to meeting documents and email for correspondence.
- **Use of an electronic voting system for appointment of the Director-General**: Rental of a cost-effective, secure electronic voting system for the nomination and appointment of the Director-General was approved by the Health Assembly; it will be tested in 2016 in a mock voting exercise.
- **Management of draft resolutions**: Changes were introduced to the present Rules of Procedure of the Executive Board in order to minimize the late submissions of draft resolutions and subsequent amendments. (Similar amendments were introduced by RC63

in resolution EUR/RC63/R7 regarding the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe.)

- **Progress reports on technical items**: Progress reports on technical items will henceforth be considered only by the Health Assembly and not by the Executive Board.

13. The 134th session of the Executive Board did not reach agreement on how to limit the number of agenda items to be considered at its January session each year. European members of the Board pointed out that, even after removal of all progress reports on technical items, the agenda of the 134th session still had over 50 items. Therefore, notwithstanding an excellent chairperson, the Executive Board had been able to conclude its business only by resorting to two long evening sessions and consequently to lengthy discussions during the Health Assembly.

14. European Member States described two practices instituted in the European Region in 2010: use of a rolling agenda for Regional Committee sessions with a multiyear focus and systematic review of resolutions to determine which ones were in progress and which ones could be "sunset". These two initiatives serve as examples for ensuring a more strategic approach to managing the agendas of the global governing bodies.

Initiatives in the European Region

15. The European Region has been proactive in governance reform, starting in February 2010 with the establishment of the SCRC working group on governance, as supported by resolution EUR/RC60/R3 on "Governance of the WHO Regional Office for Europe: Amendments to the methods of work and Rules of Procedure of the Regional Committee and of the Standing Committee of the Regional Committee."

16. Subsequent to that, and in response to a request from RC62, the Twentieth SCRC at its meeting in November 2012 decided to establish an ad hoc working group on governance to review a number of issues that continued to be of concern to Member States in the European Region and to consider adding new ones. The issues addressed by the ad hoc working group included the elaboration of detailed schedules for representation of Member States on the Executive Board and the SCRC, procedures for the submission of and amendments to Regional Committee resolutions, the screening of credentials of participants in Regional Committee sessions and establishment of a code of conduct for the nomination of the Regional Director of the WHO European Region. Relevant changes to the Rules of Procedure of the Regional Committee and the SCRC were adopted in resolution EUR/RC63/R7.

17. The Twenty-first SCRC, at its meeting in September 2013 immediately after RC63, decided that governance reform was so important, both globally and regionally, that the ad hoc group should continue its work as the SCRC subgroup on governance. Additional terms of reference elaborated for the subgroup at the second meeting of the Twenty-first SCRC in Malta in December 2013 were to:

- consider options for formulating future resolutions, assessing their strategic value, their relations to the Health 2020 strategy and relevant global strategies, their financial and administrative implications and reporting requirements and timelines;
- consider the necessity, scope and appropriate ways and means of closer involvement of Member States in the work of the Regional Office and the SCRC, including through their permanent missions;
- consider options for improving the nominations procedure, including shortlists of nominations for leadership positions, members of expert groups and committees and officers of governing bodies, for greater transparency and harmonious distribution among subregional groupings; and

- consider methods to improve Member States' preparations for Regional Committee sessions and to enhance the participation of non-state actors in the sessions, taking into account the ongoing global discussion.

18. The subgroup's recommendations, as approved by the SCRC, are summarized in the report of the Twenty-first SCRC (document EUR/RC64/4).

19. The sequence of events summarized above demonstrates the importance of and priority placed on governance reform by both the Regional Director and the Member States of the WHO European Region. The numerous issues studied by successive SCRC's and their subgroups are summarized in the Annex, which shows that the experiences and lessons learned on governance issues in the European Region over the past four years could be of significant benefit to both global governance reform and to other WHO regions. These issues include management of governing body agendas, the criteria for nominating members of the EB, strengthened oversight of standing committees of regional committees and management of regional committee resolutions and amendments.

Engagement with non-state actors

20. WHO's engagement with non-state actors is central to the governance of global health and to the Organization's interaction with other stakeholders.

21. Clarification of the Organization's rules of engagement with non-state actors was discussed at length by the Executive Board at its 134th session in January 2014, in a global consultation with Member States in March 2014, and at the twentieth meeting of PBAC and the Sixty-seventh World Health Assembly in May 2014.

22. As a result of this work, the issue has progressed well and the report by the Director-General to PBAC and the Health Assembly included both a broad framework for engagement with non-state actors as well as four detailed policies and operational procedures for decision-rules with regard to engagements with:

- nongovernmental organizations
- private commercial entities
- philanthropic foundations and
- academic institutions.

23. In the discussions in all three governing bodies, Member States of the European Region were unanimous in pointing out that this aspect of governance reform was becoming urgent and that the absence of clear rules of engagement complicates strategic negotiations on noncommunicable diseases and on the planning of the forthcoming conference on nutrition. Structured relations with non-state actors based on clear rules of engagement are essential to protect WHO's constitutional mandate as the key coordinator in global health, while at the same time protecting the Organization's integrity and avoiding potential conflicts of interest.

24. While there was unanimous support in both the EB and the Health Assembly for the overall thrust of reform in this area, some groups of Member States still found the issues of conflicts of interest and relations with private commercial entities problematic. After lengthy discussions in Committee A and in an open-ended working group, the Health Assembly adopted a decision calling on Member States to submit specific comments and questions with regard to the proposed framework and detailed policies by mid-June 2014, to be followed by a comprehensive report by the Secretariat at the end of July 2014. That report would try to respond to all the issues raised and would be available in time for an informed discussion in all

six regional committee meetings. On the basis of those discussions, a paper would be prepared for the 136th session of the Executive Board and the Sixty-eighth World Health Assembly in May 2015.

25. It was pointed out that the slow pace of progress on this element of reform and on the issue of limiting the agendas of Executive Board sessions (referred to in paragraph 14 above) could not be attributed to the Secretariat, but to the inability of the Organization's Member States to reach consensus on these issues.

Implications for the European Region

26. The SCRC subgroup on governance reviewed the issue of engagement with non-state actors and the implications of a global framework on the European Region's partnership strategy and concluded, with the agreement of the Twenty-first SCRC, that a decision regarding engagement with non-state actors in the European Region should await the outcome of the global discussions. At that time, it was hoped that the Health Assembly would come to a conclusion on the issue at its Sixty-seventh session, with enough specificity and guidance to enable the Regional Office to incorporate relevant regional aspects into a paper on partnerships for health for RC64.

27. The subgroup therefore limited its attention to the involvement of nongovernmental organizations and particularly on how to facilitate more active participation at RC meetings. While active involvement is in everyone's interest, it should be recognized that the European Region has 53 Member States, all of which would wish to express views; this was less of a dilemma for other regions but a real constraint for the European Region. The "traffic light" system for limiting the duration of interventions would therefore have to be applied to statements by nongovernmental organizations.

28. Initiatives to ensure greater involvement of nongovernmental organizations at future RC sessions will nevertheless be pursued. Options in that regard include posting pre-recorded statements on the Regional Committee's website, participation of nongovernmental organizations in panel discussions and technical briefings.

29. Other aspects of engagement with non-state actors, such as with private commercial entities, philanthropic foundations and academia in the European Region, will be deferred to RC65, in light of the Health Assembly's decision referred to in paragraph 25 above.

Managerial reform

Global developments

30. Good progress has been made since RC63 on the three interrelated issues of the financing dialogue, strategic allocation of budget space and financing of administrative and management costs.

Financing dialogue

31. WHO's first financing dialogue has helped the predictability and transparency of WHO's financing, with 69% of the approved budget level for 2014–2015 available at the start of the biennium (compared with 61% for 2012–2013). The opportunity for Member States and other contributors to share information on funding projections and their alignment with PB 2014–2015 had increased their trust in the Secretariat. While it may be reasonable to expect that the

PB 2014–2015 budget will likely be fully funded in terms of the total amount for the biennium, this overall financial picture masks serious shortfalls in some programmes, major offices and countries.

32. An independent external evaluation of the financing dialogue was conducted by the international consulting firm Pricewaterhouse Coopers in April 2014; who concluded that the financing dialogue resonated well with contributors' expectations and reinforced the PB as an important resource mobilization tool. Lessons learned, however, showed that the dialogue was not anchored sufficiently in an Organization-wide resource mobilization vision and strategy.

33. Member States confirmed these findings during discussions at PBAC and the Health Assembly in May 2014, and the Director-General assured them that action would be taken immediately after closure of the Health Assembly to strengthen the coordinated resource mobilization strategy.

34. Under this item, the Health Assembly adopted an important decision referred to it from PBAC, that resolutions adopted by the Sixty-seventh World Health Assembly would be implemented only to the extent that their funding was included in PB 2014–2015. Furthermore, resolutions that had cost implications over and above the provisions in PB 2014–2015 would be referred to the 136th session of the Executive Board and the Sixty-eighth World Health Assembly, through PBAC, with a report by the Director-General on options to provide for the unfunded costs.

35. The decision was welcomed by European Member States in view of the increasing number of resolutions and the necessity for more discipline in clarifying their administrative and financial implications.

Strategic allocation of budget space

36. Strategic resource allocation, which was re-named "strategic allocation of budget space" at the twentieth meeting of PBAC and the Sixty-seventh World Health Assembly in May 2014, stimulated the most discussion at the 135th session of the Executive Board. It was agreed that any new method should be based on four pillars: robust bottom-up planning, realistic costing of outputs and deliverables, clearly defined roles and functions at the three levels of the Organization, and a review of the financing of administrative and management costs.

37. In view of the importance of the issue, at its meeting in January 2014 the EB decided to extend its May 2014 meeting by an extra day to allow time for the consideration of a new method for allocating strategic budget space, to be submitted to the Sixty-seventh World Health Assembly. A working group was established to coordinate and manage the process, under the leadership of the chairperson of PBAC and with one committee member from each region.

38. In the ensuing discussions in PBAC and the Health Assembly, it was recalled that two major exercises had been conducted on this same issue during the past two decades: one in 1998 culminating in resolution WHA51.31 dealing with allocation of assessed contributions to the regions, and a second in 2006 which had been used post facto as a "validation mechanism" of allocation of budget space to WHO headquarters and the regions. Both initiatives had been based on extensive consultations and significant analytical work.

39. Delegates pointed out that the proposal by the PBAC working group for budget allocation to "technical cooperation at country level" (segment 1) clearly built on the algorithm used in 1998. Therefore, the same objections were likely to arise from certain regions and Member States, and some Member States doubted that consensus could be reached on an allocation model that was considered fair and equitable to all concerned. The view was advanced, notably by European Member States, that the Health Assembly should limit its aspirations to the guiding

principles for resource allocation advanced by the PBAC working group and leave actual distribution of the budget to the discretion of the Director-General. Transparency and predictability in financing were key, but use of mathematical algorithms for this purpose would probably prove both counterproductive and divisive among Member States.

40. The Health Assembly concluded that more analysis and in-depth discussions were needed before a new allocation method could be presented for consideration by the Executive Board in January 2015. It requested the Secretariat to clarify the composition of the four "operational segments" of WHO's work, including how the functions and allocation of resources in PB 2014–2015 would be distributed across these segments. The relevant information would be forwarded to the regional committees for input and further guidance in September 2014.

41. It was therefore acknowledged that a new method for budget space allocation might not be ready in time for finalization of PB 2016–2017. Nevertheless, it was hoped that while the new mechanism might not be finalized, the work completed by the Executive Board in January 2015 could be used to inform allocations in PB 2016–2017.

Financing of administrative and management costs

42. A detailed external review of the financing of administrative and management costs was carried out in early 2013. The review had revealed significant shortcomings in the way in which WHO's administrative and management costs had been budgeted and financed in the past:

- lack of clear links between achievement of deliverables and associated costs, as a large part of administration and management was budgeted separately in category 6;
- lack of clarity regarding the full cost of administration and management, as part of the cost was often absorbed under categories 1–5, thus reducing transparency; and
- lack of visibility of all costs in category 6, as the "post occupancy charge" was recorded under salary costs in all six categories.

43. While changes to PB 2014–2015 would not be practical at this stage, the Director-General proposed that in the preparation of PB 2016–2017 differentiation would be made between fixed and indirect management costs, which could be attributed to "stewardship and governance", and variable costs in terms of "infrastructure and administration" directly linked to the delivery of technical programmes in categories 1–5. The former would be financed exclusively by the programme support costs mechanism and the post occupancy charge, whereas the variable infrastructure and administration costs would be charged to programmes, regardless of the source of funding.

44. The Health Assembly endorsed the Director-General's proposal to elaborate the details of cost recovery and management financing in a comprehensive report on an overall financial strategy for WHO, to be presented to the Executive Board in January 2015.

Initiatives taken in the European Region

45. The European Region has been active in financing reform and has provided structured input to global initiatives, as evidenced in the Annex.

46. The Twentieth SCRC, at its meeting immediately before the opening of the Sixty-sixth World Health Assembly, decided that a regional standpoint on the principles guiding strategic allocation of resources in WHO was important, although care would have to be taken to ensure that initiatives in the European Region were in line with global developments. The SCRC

consequently decided to establish a subgroup to review resource allocation issues of importance to the Region, as an input to the global process.

47. The SCRC subgroup received a briefing by the Regional Office on previous resource allocation mechanisms in the Organization, notably the regular budget allocation algorithm developed in 1998 and confirmed in resolution WHA51.31; the 2006 budget validation mechanism endorsed by the 117th session of the Executive Board; and the budget allocation policy of the WHO Regional Office for the Americas, which is still used to allocate assessed contributions to the Pan American Health Organization. The subgroup agreed on a number of guiding principles for global resource allocation.

48. It is fair to say that significant elements of the PBAC report on strategic allocation of resources (document A67/9) presented to the Sixty-seventh World Health Assembly were inspired by the work of the SCRC subgroup, thus demonstrating the positive effects of regional input to global reform.

Other managerial reform issues

49. Work on aspects of managerial reform other than financing has advanced to varying extents. Initiatives to strengthen WHO's evaluation culture are progressing, and both the Executive Board and the Health Assembly were given the results of the second stage of the independent evaluation of the Organization. Improvements are being made in quality assurance and in the infrastructure to support evaluations.

50. The governing bodies had reservations with regard to the human resources reform. While some elements had progressed – notably, improved recruitment and selection processes – the overall strategy was found to lack vision and clear direction.

51. Member States considered the human resources reform as a driver of reform at all levels of the Organization. The proposed implementation plan presented to the governing bodies was, however, found to cover too long a period, and the Secretariat was asked to speed up the process. The Director-General said that the human resources reform would be given all due emphasis and attention in 2015.

Annex: Overview of reform initiatives taken in the European Region from 2010–2014

Programmatic reform

2010: Resolution EUR/RC60/R5 "Addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region"

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

2011: Resolution EUR/RC61/R1 "The new European policy for health – Health 2020: vision, values, main directions and approaches"

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

2012: Resolution EUR/RC62/R4 "Health 2020 – The European policy framework for health and well-being"

- adopts "Health 2020: a European policy framework supporting action across government and society for health and well-being" (document EUR/RC62/9) as a guiding framework for health policy development in the Region as a whole and in individual Member States.

2013:

- After global approval of PB 2014–2015, the Regional Office implemented a new results chain, in keeping with the global push for greater clarity and accountability for results.
- Operational planning provided the basis for analysis of detailed outputs and funding needs and gaps, as considered in the financing dialogue.

2014:

- The Regional Office played an active role in planning PB 2016–2017, the next step in programme reform.
- Planning is based on bottom-up priority-setting at country and regional levels to better align the proposed budget with demand.

Governance reform

2010: Resolution EUR/RC60/R3 "Governance of the WHO Regional Office for Europe: Amendments to the methods of work and Rules of Procedure of the Regional Committee and of the Standing Committee of the Regional Committee"

- strengthens the governance function of the Regional Committee by more focus on high-level policy issues, resulting in increased attendance by ministers of health;
- strengthens the SCRC oversight function by presentation of high-level management reports on key strategic issues;
- increases the membership of the SCRC from 9 to 12, thus providing a better geographical balance of representation;
- introduces subregional groupings of Member States for nominations to the EB and the SCRC, providing greater predictability and transparency in the nomination process;
- introduces clear criteria for the experience and areas of competence required for all nominees for membership of the EB and the SCRC;
- confirms semi-permanence, with European members of the United Nations Security Council serving three of six years on the EB;
- increases the transparency of SCRC proceedings, with names and contact details of members posted on the web;
- changes the process for the nomination of the Regional Director for Europe, including the role and name of the regional search group; and
- changes the Rules of Procedure of the Regional Committee and the Standing Committee to incorporate all of the above.

2013: Resolution EUR/RC63/R7 "Governance of the WHO Regional Office for Europe"

- the Executive Board and the SCRC adopt a detailed schedule of Member State representation, by subgroup, covering the ten-year period 2013–2023, for additional transparency;
- further enhances transparency and communication between the SCRC and Member States by the designation of focal points for specific technical Regional Committee agenda items and resolutions;
- adopts the principle that the chairperson and vice chairperson work closely with subregional organizations in preparing for Regional Committee meetings;
- adopts new procedures for submission of and amendments to Regional Committee resolutions (with similar procedures later adopted by the 134th session of the Executive Board for its future meetings);
- regularly reviews and "sunsets" Regional Committee resolutions;
- establishes a code of conduct for the nomination of the Regional Director for Europe; and
- adopts a formal mechanism for screening credentials of participants at Regional Committee sessions.

Additional measures introduced to prepare Member States for governing body sessions:

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

2014:

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

Managerial reform

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

2010:

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

2011:

- Establish the Compliance Unit to strengthen administrative and financial discipline in the Regional Office and to increase donor confidence;
- review rationalization of core presence in country offices; and
- use a new approach to PB development, “PB as a strategic tool for accountability” or “the contract”, which will also serve as a pilot for WHO reform.

2012:

- Provide daily highlights on the website to increase transparency of governing bodies meetings; and
- increase the use of social media.

2013:

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

2014:

- Implement the new human resources plan;
- compile the new internal control framework, an Office-wide risk registry, and discuss risk mitigation mechanisms;
- implement a new central address registry on 1 July 2014 to improve and streamline contacts with Member States and partners;
- introduce a new policy to increase the control (pre-checks) of consultant and special service agreements;
- launch a change management process, supported by the Office of the Director-General, to increase involvement of staff at the Regional Office in the reform process.

= = =