Leadership and management at WHO: Evaluation of WHO reform, third stage

Evaluation brief

Context

In 2011, WHO embarked upon an ambitious project of reform in order to overcome the difficulties arising from unpredictable financing of WHO’s priorities. This was expanded to include other areas of governance in order to improve efficiency and effectiveness of WHO operations. In all, there are three key areas of WHO reform: programmatic, governance and managerial.

Objectives and scope the Evaluation

As part of the WHO reform process, the Executive Board, in its special session in November 2011, requested a two-stage independent evaluation of WHO reform. Stage one of the evaluation focused on whether the WHO reform proposals had identified a sufficient range of issues that needed to be dealt with in the reform process; and made recommendations on a roadmap for stage two of the evaluation. The objective of stage two of the evaluation was to assess the implementation strategy of the WHO reform and the Organization’s preparedness to implement the reform process. Based on the consideration of significance and utility, the Secretariat included WHO reform stage 3 evaluation in its workplan for 2016-2017. The objectives of this third stage evaluation of WHO reform were to: (i) assess actions taken in response to the stage one and stage two evaluation recommendations; (ii) assess the effectiveness and impact of WHO reform since the start of its implementation; and (iii) provide recommendations on the way forward.

Key findings and conclusions

Six years into the reform process, the Organization can demonstrate tangible achievements in the governance, programmatic and managerial domains which provide a foundation for further progress and change.

Under governance reform, key achievements include: (i) an increase in the level of Member State engagement in governing body meetings; (ii) the continued importance of WHO’s role in shaping the global health agenda outside WHO’s walls; (iii) the implementation of adaptations to optimize, harmonize and align regional and global governing bodies with some success, notably at regional level; and (iv) the strengthening of WHO’s engagement with other actors through the WHO Framework of Engagement with Non-State Actors.

Under programmatic and priority-setting reform, key achievements include: (i) significant headway in the approach to planning and prioritizing activities based on country needs; (ii) improvements in the delivery model at the three levels of the Organization, most notably the implementation of programme and category networks to improve coordination across the Secretariat; and (iii) a sharp increase in the transparency of resource allocation and financing.

Under managerial reform, key achievements include: (i) major progress toward strengthening oversight and accountability through the setup of the Compliance Risk and Ethics department and the Evaluation Office, the implementation of a risk management framework, the definition of a whistleblowing policy, a disclosure and management of conflicts framework, accountability compacts and letters of representation between the Director-General and senior staff; (ii) positive steps toward a culture of evaluation and learning with the definition of an evaluation policy, a framework for strengthening evaluation and organizational learning, the creation of an independent evaluation office, and the creation of an organizational learning and change network; and (iii) the implementation of significant enablers for Human Resources with the definition of an HR strategy, the endorsement of mobility policy, important updates to Staff Rules and Regulations and the implementation of a new performance management system.

Four main enablers and unintended positive effects of reform stand out:

- the importance Member States and major donors played in showing support and encouraging progress on managerial reforms;
- positive collaborative practices across the Organization, including between elected leadership, between business owners at headquarters, between reform teams at headquarters and regional level, in technical sectors within headquarters and regions, between regions, and importantly between the Secretariat and the Member States;
• the combination of leadership and managerial skills; and
• technology, notably business intelligence, communication and transactional systems.

Three main factors were identified as having hindered reform or having unintended negative effects:

• the WHO governance and management structure;
• the shift in focus to WHO’s response to the Ebola outbreak since 2014; and
• a rather “mechanistic” approach to reform and change management.

Moreover, some key challenges remain:

• The challenge to demonstrate results and “sell the WHO story”;
• The strategic issue of coherence, relevance and decision-making;
• Continuing the subtle morphing of WHO’s operating model: the need to align the operating model of the Organization on its future positioning and ensuring the Organization works effectively;
• Making the most of transparency: as the Organization continues to increase the transparency of its activities, care needs be taken to ensure that the benefits of this added transparency offset the risks and materialize as tangible benefits for the Organization, and not merely transparency as an end in itself.

Recommendations

The evaluation identified three overarching priorities, which were further broken down into 10 recommendations and 27 supporting actions.

Priority 1: Define a clear business model for WHO’s work. This involves: (i) setting a clear direction for the future of WHO and its Secretariat as part of the definition of the 13th General Programme of Work for the period starting 2020; and (ii) linking financing to value delivery and encouraging professionalization of the Organization’s approach to resource mobilization.

Priority 2: Align WHO’s operating model to the business model proposed in priority 1. This involves: (i) improving the effectiveness of governance of the Organization, which starts with clarifying whether Member States place priority on the consultative and consensus-building nature of governing body meetings, or on effective and strategic decision making; (ii) aligning and optimizing the geographical footprint of the Organization, notably the distribution of staff at headquarters, regional and country offices as well as extending outposting and offshoring of technical functions outside Geneva and reconsidering the delivery model for country support; and (iii) strengthening vertical programmatic integration to deliver in a coherent and integrated way across the different levels of the Organization.

Priority 3: Implement prerequisites for success, which involves a number of necessary enablers. This essentially relates to the need for WHO to make marked improvement in its ability to manage change through the following actions: (i) unlocking the potential of FENSA though an explicit approach to strategic partnerships and robust change management; (ii) addressing latent internal fractures and divisions, for example between staff and management, regions and headquarters, through the development of a strategic and purposeful approach to internal communications and adequate engagement with staff; (iii) a dedicated focus on further strengthening leadership and management skills of key positions; (iv) implementing the mandatory nature of the geographical mobility policy in 2019; and (v) strengthening the Secretariat’s organizational development capacity.

Recommendation 1: Set a clear direction for the future of WHO and its Secretariat as part of the definition of the 13th General Programme of Work.

Recommendation 2: Link financing to value delivery.

Recommendation 3: Review governance architecture.

Recommendation 4: Align and optimise geographical footprint.

Recommendation 5: Strengthen vertical programmatic integration.

Recommendation 6: Unlock the potential of the WHO Framework of Engagement with Non-State Actors.

Recommendation 7: Address internal fractures and divisions.

Recommendation 8: Further strengthen leadership and management skills of key positions.

Recommendation 9: Implement the mandatory mobility policy.

Recommendation 10: Strengthen organizational development capacity.

Contacts

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