Welcome

2 Dr Margaret Chan – introduction
2 What is WHO reform?
3 Meet Dr Joy St John, Executive Board Chairman

Reform: Latest news

4 Executive Board report
6 Stakeholders speak
7 Strengthening India’s vaccine regulatory authority

In brief

9 In brief
10 Coming soon
Welcome to this second overview of Change@WHO, which provides an update on the reform process.

Much is happening on multiple fronts. Several items summarize the findings of external reviews of WHO’s performance. These join the views of Member States as we work together to give WHO a sharper focus and a more responsive managerial framework.

What is WHO reform?

WHO reform positions the Organization to better address the increasingly complex challenges of health in the 21st century. In short, these reforms enable WHO to more effectively fulfill its constitutional mandate as the “directing and coordinating authority on international health work.” By establishing clear priorities and adopting better management and governance practices, WHO can better serve the global health community, and, ultimately, protect health and save lives.

Click here to learn more about reform and access related documents.
Meet Dr Joy St John, Executive Board Chairman

Dr Joy St John is the Chief Medical Officer of Barbados, and chairman of the WHO Executive Board. Following the 132nd session of the Executive Board, she talked with Gaudenz Silberschmidt, Senior Advisor, Office of the Director-General, about her work.

GS: What achievement as the chairman, concerning reform, are you most proud of?

JSJ: The strengthened role of the PBAC. I hadn’t experienced that many PBACs, but I thought it was a massive waste of a powerful organ. And when we did reform the PBAC it saved my life. If the chair of the PBAC had not functioned in the way we wanted him to function as part of reform we wouldn’t have finished the agenda. The agenda of the PBAC was expanded, the decision making power of the PBAC was increased and therefore a lot of work — critical work — was done. A great achievement, and you can see the results in real time. So I’m quite pleased about that.

GS: What advice would you give to Member States, where would you like to see their support?

JSJ: Well they need to pay attention to the process of WHO reform. The documents that have informed us and kept us abreast of progress have been very good. So they need to read them, and they also need to give input and advice. Member States need to say a) you are doing a good job, or b) you are not, and c) this is how we would like it to be improved.

GS: You raise an interesting point, because indeed we face the challenge — both by Member States and staff — that despite our efforts it is difficult to get constructive criticism and feedback. We haven’t yet found a way to get this from people that have had time to devote to it and to put their mind into it.

JSJ: I think part of the problem is that it is happening really fast — believe it or not this process has been at lightning speed. It is difficult to divorce yourself from it and look on and give that kind of constructive criticism. And you are part of something that is happening so fast and changing around you.

Click here to read and comment on the full interview

“From a global perspective what we achieved in these days is far reaching, it was not a talk shop, and much will come of this — I think we had a good foundation to press on with WHO reform and we kept it real.”

Dr St John in her EB132 closing remarks

“This has been an amazing, uplifting, enjoyable and downright fun experience. I so loved what I did, I loved the challenges, I loved it when there was a bit of friction…”

World Health Organization     April 2013
Executive Board pushes forward with reform

The 132nd Executive Board held in January turned out to be among the best-attended in the history of the Board with close to 1000 registered delegates and observers, a full agenda (including several items on WHO reform), and more than 800 pages of background documents for the delegates to read...

Reform discussions included review of partnerships, streamlining for more strategic decisions, an information sharing platform, changes to the Staff Rules and the reform implementation plan.

What is the Executive Board?

The Executive Board is composed of 34 individuals technically qualified in the field of health, each one designated by a Member State elected to do so by the World Health Assembly. Board members are elected for a three-year term.

The Board meets at least twice a year; the main meeting is normally in January, with a second shorter meeting in May, immediately after the World Health Assembly. The main functions of the Executive Board are to put into action the decisions and policies of the World Health Assembly, to advise it and generally to facilitate its work.

Through reform the role of the Executive Board will also be strengthened to make priority setting and decision making more strategic for the Organization.

Reform roundup

Partnerships review
WHO hosts a number of partnerships that provide a valuable complement to the work of the Organization. The Programme, Budget and Administration Committee of the Executive Board (PBAC) is reviewing the partnerships to ensure that their work is in line with WHO’s, and that the Organization fully recovers costs of hosting partnership secretariats.

Streamlining for more strategic decisions
Member States expressed diverse views on streamlining the work of the governing bodies. The outcome was a request for an in-depth study on the legal and practical implications of changing the Rules of Procedures for Executive Board and World Health Assembly work. The proposed changes aim to make the agendas shorter and more focused, so that the governing bodies can concentrate on making decisions on key issues with full, productive discussion and debate.

Paper smart meetings
Is it possible for the meetings of governing bodies to become paper-less? With new information technologies, the thousands of pages that are printed for each participant at every meeting might be a thing of the past. Member States asked the Secretariat to look into options to minimize the use of paper.

Continued >
Executive Board pushes forward with reform

Finding the right balance
With more actors than ever before working in the area of health, WHO needs efficient tools to be able to engage partners and stakeholders, but at the same time be protected from vested influence. Work on formulating policies for engagement with nongovernmental organizations and the commercial private sector has begun. The Executive Board has requested that this work be expanded to cover engagement with all non-State actors. Proposals on principles of engagement will be discussed by the Health Assembly in May.

Common information-sharing platform
The WHO constitution sets out reporting requirements for the Member States, which include statistical data reporting, health policy reporting, and reporting on implementation of resolutions and decisions by the governing bodies. WHO is looking at ways to create one channel that Member States can rely on and where they know they will find all relevant information that concerns them and their relations with WHO. This will improve transparency, accountability and coherence.

Staff Rule changes end continuing appointments for new staff
Several changes to the Staff Rules were approved by the Board, including the phase out of continuing appointments for staff members who did not hold a fixed-term appointment on 1 February 2013, and those who join the Organization after that date. Staff members holding a continuing appointment on 1 February 2013 are not affected.

The staff associations had requested the Board to reconsider these proposals, but it agreed that the proposed changes were necessary in the current economic climate.

Follow WHO reform implementation online:
The PBAC was given a demonstration of the online WHO implementation plan, which gives an overview of the status of implementation of reform and allows tracking of progress.

We measure progress of reform in how far we have come in delivering 48 outputs. These will contribute to achieving the three objectives of the reform.
Stakeholders speak

Listening to external and internal stakeholders is key to policy making and strategic communications.

3500 external and internal stakeholders took part in a recent stakeholder perception study. The findings highlight a paradox – most people value the important work of WHO, but a significant number have concerns regarding the independence of the Organization and the influence of vested interests. This is an important area for further work to address these concerns.

Here’s a summary of the key findings:

• More than 80% of external stakeholders and 94% of WHO staff see WHO as being either indispensable, or important for work to improve people’s health.

• Two thirds of external stakeholders and WHO staff perceive WHO first and foremost as providing leadership on health matters.

• 90% see WHO as the most effective organization when it comes to influencing policy for improving people’s health at the global level.

• Although the majority of respondents have confidence in WHO and its work, 24% of external stakeholders and 40% of employees expressed the opposite view.

• 21% of external and 25% of internal respondents have doubts regarding WHO’s ability to take the necessary measures to ensure the independence of its public health experts, similar proportions voiced concerns about WHO’s independence from inappropriate industry influence.

• Nearly 90% of stakeholders view WHO’s information as being reliable and accurate. A third of external respondents and over two fifths of employees said delivery of WHO’s information was too slow and difficult to navigate.

Grayling, a global communications consultancy, undertook the confidential survey on behalf of WHO in the second half of 2012, with financial support from the UN Foundation. The survey findings will now contribute to the development of a global communications strategy for WHO, and provide baseline and targets to measure progress in the future. The survey will be repeated every 18-24 months to identify the effectiveness and direction of our communications.

Click here to read the full perception survey and comment on this article
At the heart of WHO reform is strengthening work with countries so that they can more effectively meet their technical and policy support needs. This draws on expertise from the three levels of the Organization, as well as external experts.

This new way of working is demonstrated in the WHO country office for India, led by Dr Nata Menabde.

Every year, millions of patients in resource-limited countries receive quality assured life-saving medicines and vaccines that are bought through UN agencies and partnerships such as UNICEF, UNFPA, UNITAID, the Global Fund and the GAVI Alliance.

In all cases, these agencies only buy products that have been through the WHO Prequalification Scheme, which ensures that medicines, vaccines and diagnostics meet international standards of quality, safety and efficacy. A key aspect of this scheme is to strengthen the capacity of national regulatory authorities, quality control laboratories, and manufacturers, so as to ensure product quality.

As part of this work, WHO has recently been working to strengthen India’s national regulatory authority for vaccines. India has 12 major vaccine manufacturing facilities producing vaccines that are sold on the national and international market in 150 countries, making India a major global vaccine supplier. Nearly one third of prequalified vaccines, and over two thirds of medicines purchased through these international organizations were produced in India.

“Our efforts to help India strengthen its national regulatory authority is an excellent example of WHO reform in action,” says Dr Nata Menabde, WHO Representative to India. “It accentuates WHO’s role as a leader in health issues and shows how we work across the Organization.”

With this project, the Country Office served as facilitator and technical country focal point working closely with the Government, engaging the relevant expertise from WHO’s Regional Office and Headquarters, and other institutions to scale up technical support to the regulatory authority.

In December 2012, WHO led an independent assessment of the system. The result: India’s regulatory system for vaccines was assessed as functional by WHO, indicating that the country’s vaccine manufacturers remain eligible to apply for prequalification of specific products.

“In this latest assessment we mobilized WHO experts as well as bringing in external assessors from Egypt, France, Indonesia, Iran, Sweden, Thailand, and the United States” says Dr Menabde. “Everyone’s role and responsibilities were clearly spelled out so there was no duplication but each level provided clear added value”.

Continued >
This recent assessment reviewed several functions of the regulatory system including post-marketing surveillance for adverse events following immunization; regulatory inspections of manufacturing sites and distribution channels; and authorization and monitoring of clinical trials.

The success of this assessment may lead to additional opportunities for collaboration between the Government of India and WHO – for example the provision of technical support for the development of a Comprehensive Institutional Development Plan for strengthening pharmaceuticals in India. The central level regulators who have received intensive training by WHO are now an excellent in-country technical resource. And the external experts engaged in the process have built long-term connections for additional collaboration.

“This is exactly WHO’s comparative advantage: convening the relevant experts and collaborating with the Government to create the best system possible to guarantee the world’s consistent access to safe, good quality, affordable vaccines and medicines,” says Dr Menabde.
MOPAN assesses WHO in 2013

The 2010 Multilateral Organization Performance Assessment Network (MOPAN) reviewed WHO’s organizational effectiveness, and found that WHO had made progress with results based management, the Global Management System (GSM) and adoption of International Public Sector Accounting Standards. In other areas, including human resources, resource allocation and budgeting, the assessment pointed to the need for improvements. The 2013 MOPAN assessment will again look at effectiveness based on WHO reform. MOPAN is a network of 17 donor countries with a common interest in assessing the organizational effectiveness of the multilateral organizations they fund.

How much should WHO spend on administration and management?

Effective management and efficient administration are critical needs in any large organization, and require significant resources. However, low administration and management costs do not necessarily signify greater efficiency; on the contrary, lowering costs may reduce performance.

This is one of the conclusions of a PriceWaterhouseCoopers (PWC) study on administration and management (A&M) costs commissioned by the PBAC and presented as an interim report to their meeting in January. PWC emphasized that A&M costs largely depend on the type of organization; knowledge-based organizations – like WHO – tend to spend proportionately more on A&M than organizations with large infrastructure investments, such as transport. The PBAC asked the Secretariat to continue the work and present a final report to the Board in May.

UN JIU recommendations taken on board

At the request of the Executive Board, the United Nations Joint Inspection Unit (JIU) recently updated two milestone reports from 1998 and 2003 on administration and decentralization in WHO, and presented these to the Executive Board. The JIU confirmed that the proposals for reform are heading in the right direction, and made a series of recommendations to the governing bodies and the Secretariat. These recommendations – which cover a wide range of topics, including organizational structures, country support, human resources, financing and resource allocation, the GSM and the Global Service Centre, building management, communications and access to information, and evaluation – are incorporated in the WHO reform implementation plan and can be tracked online.

Chatham House: The role of WHO in the international system

How can WHO find its place in the new and more crowded institutional landscape for health, and how should it strike a balance between its core functions? Is WHO principally a normative, standard-setting agency, or a provider of technical assistance to governments?

These are some of the questions posed in the first paper in a new series from Chatham House. The paper sets out a number of challenges that WHO has faced since its foundation in 1948. It then goes on to identify a number of recurrent themes as it traces the history of reform – from early efforts between 1989-98, through the term of office of Director-General Dr Brundtland (1998-2003), leading up to the current reform programme that began in 2010.

Click here for more information about MOPAN and the assessments

Click here to read the study of the costs of administration and management

Click here to access the online implementation plan

Click here for the full report
In brief

Eighteenth meeting of the Programme, Budget and Administration Committee of the Executive Board (PBAC)
15-17 May 2013

The PBAC will review an update on progress on WHO reform implementation, including revised performance measurements.

Discussions on several elements related to WHO’s new directions in financing, including elements related to the proposed programme budget 2014-2015, and the proposed financing dialogue to be held subsequent to Health Assembly approval of the 2014-2015 proposed programme budget.

This PBAC will be the first web streamed governing body meeting open for Member States to listen to the debates from afar.

Click here for the documents

Sixty-sixth World Health Assembly (WHA66) 20-28 May 2013

The draft programme budget 2014-2015 and the draft twelfth general programme of work will be the focus of discussion during the Health Assembly.

The Health Assembly will continue the discussion that was started on the financing dialogue in the Board in January 2013, so as to find ways to stabilize and make more predictable the financing of WHO’s work in the longer term.

Click here for the documents

133rd Executive Board 29-30 May 2013

The Executive Board will discuss the overarching principles for WHO’s engagement with non-State actors, progress on the second stage evaluation and global health governance.

Click here for the documents

Evaluating reform: First stage complete, second stage on its way

WHO is on the right track with reform – this was the conclusion of stage one of the independent evaluation report presented to the World Health Assembly in 2012. The evaluation is being carried out in two stages; the second stage will assess the WHO reform implementation strategy and the Organization’s preparedness to manage change and overcome barriers for implementation. The Executive Board established an Evaluation Management Group (EMG) consisting of the Officers of the Board to oversee the evaluation. The EMG will establish the terms of reference for the evaluation; screen and rank received proposals; and make recommendations on the selection of an evaluation team to the Executive Board in May. The final report of the second stage evaluation team will be presented to the Executive Board in January 2014.

Click here for the first stage evaluation report

Click here for the modalities for the second stage evaluation

Contact:
Email: who_reform@who.int
www.who.int/about/who_reform/en/index.html