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The reform process at WHO continues to move ahead, as documented in this issue of Change@WHO. We are beginning to see some concrete changes.

The Twelfth General Programme of Work, 2014–2019 and the Programme Budget for 2014–2015 have now been approved. These key documents, which will govern the work of WHO, are the first to be issued as part of the reform process.

The Twelfth General Programme of Work, organized around areas of leadership, sets out a high-level strategic vision for WHO, with priorities and an overall direction. It aims to make the work of WHO more strategic and more effective.

The Programme Budget is organized around categories of work and provides the basis for specific budgetary investments. For the first time, it provides a view of all financial resources, from all sources, thus giving Member States an opportunity to approve and monitor the budget in its entirety.

Securing a firmer financial footing for our work has been another high priority for reform. The first financing dialogue was held in June with the aim of ensuring that the approved budget is fully funded. A frank overview of the real money that will be coming in is a prerequisite for good management.

This new initiative, which was a learning experience for both Member States and the Secretariat, will continue with a second meeting this November. The financing dialogue is also on the agenda for the Regional Committee meetings, which start in September.

Of direct personal relevance to staff are reforms in Human Resources policies, which will culminate at the end of this year in a new strategy and implementation plan for the next three years. Reforms include streamlined recruitment procedures, an e-learning platform to aid career development, a new system for managing performance, and an improved system for the administration of justice.

Staff will also be interested in WPRO’s mobility and rotation policy, which has been in place since 2009. Such a policy helps support a principal objective of reform: to give WHO the flexibility needed to respond to the complex health challenges of the 21st century.

Margaret Chan
Director-General@WHO

Click here to learn more about reform and access related documents
Meet Dr Dirk Cuypers
Chair of PBAC and Financing Dialogue

Director of Planning, Resource Coordination and Performance Monitoring, Elil Renganathan, spoke to Dr Dirk Cuypers on the role of the Chairman of the Programme, Budget and Administration Committee of the Executive Board (PBAC), his experiences of reform and the financing dialogue.

“Everyone needs to have the same understanding of the strategic vision and direction we want to go.”

Q Many of us know you as the Vice-Chairman of the PBAC, member of the Executive Board and the incoming Chairman of the PBAC, but what is your professional background?

A I graduated from the University of Gent in 1979 as a general practitioner, and practised for one year before I switched to the private sector to work in the pharmaceutical industry.

In 2002, I switched back to the public sector because the Government was looking for people with experience in the private sector to contribute to the “Copernicus” reform, which covered the whole administration. They established 14 positions and I was appointed as Chairman of the Board of Directors of the Federal Public Service for Public Health, Food Chain Safety and Environment of Belgium. I was one of the first to accept the challenge – to move from the private sector to the public sector – and to start a new career.

Q Based on this reform experience from Belgium, what advice would you have for the WHO Secretariat when it comes to reform?

A The principles remain the same: first of all try to involve all the staff members through bottom-up redesign of the Organization and its processes. That is very important – reform will only work if everyone is heading in the same direction. Everyone needs to have the same understanding of the strategic vision and direction we want to go. Secondly, transparency and engagement are very important. Ensuring that all staff work in line with the changes and new procedures is key, for example making sure they do fundraising in WHO according to the principles of the financing dialogue. As a one-WHO image is very important for the reform process to be effective, everyone needs to speak with the same language.
“We cannot do everything in one year, but I think that we can make steps every year.”

Q So for your time as the Chairman of the PBAC, what are your priorities and what are the areas that you would like to focus on?

A Well, of course, although I am the Chairman of the PBAC, it is the Member States who are making the decisions. I only have a facilitating role but I think it’s an important role. I think one of the critical achievements of the reform is the reinforcing of the PBAC’s role. It is my wish to fully use and implement this reinforcement in order to give guidance and to help the Executive Board and the Health Assembly to be well informed and to carefully consider decisions. I also prioritize making sure that the PBAC members receive all the correct information that it needs to give such guidance as described by the mission of the PBAC.

Q What about the financing dialogue. What are your hopes and expectations for the next meeting. Let me start with a very open question – why a financing dialogue?

A I think the financing dialogue was a necessity in the reform, and it is now one of the steps of the reform process. In support of management of WHO it is necessary to have more predictable financing. The financing dialogue is marketing our core business and programmes to our stakeholders. It is important that Member States and all donors understand and engage in financing the priorities as established by the Organization based on public health needs – at global, regional and country level. The financing dialogue is a necessary step in doing our business. It also provides an opportunity for all donors to exchange their views. That is very important to enable us to understand each other. The African problems are not necessarily the same as the Nordic or Asian health problems, this creates a forum for creating this understanding. And to discuss how to possibly finance it.

Q Dirk, you chaired and facilitated the first financing dialogue in June – what are your thoughts on the outcome of the meeting?

A Well, the first meeting was a very constructive meeting. We saw that both Member States and other donors have the flexibility and the will to adapt to a new way of working with the reform process. I may say that no one was unhappy, everyone was happy to continue with the new way we were approaching the problem. It is not easy for the Secretariat, nor for Member States and donors, to make the switch in mindsets, but it is essential that we all commit ourselves to this new way of working.

Q So let me conclude with asking you what are your hopes and expectations for the financing dialogues?

A The implementation of the dialogue is one step in the direction of the implementation of the full reform. We cannot do everything in one year, but I think that we can make steps every year. It is my hope that the future financing dialogues will evolve so that they become the Organization’s most important resource mobilization instrument, and so that the remaining financing gap will centred on coordinated resource mobilization steered by the Director-General.

Click here to read and comment on the full article
During two weeks in May the world’s health leaders met in Geneva for the eighteenth meeting of the Programme, Budget and Administration Committee of the Executive Board, the Sixty-sixth World Health Assembly and the 133rd session of the Executive Board.

Increasing transparency, managing risks and avoiding conflicts of interest were three areas Executive Board members highlighted in the discussion on the proposals on principles of engagement with non-State actors. Their advice on the policy for interaction with non-State actors underlined the importance of protecting the Organization from vested interests. As requested in decision EB133(2), the final draft policy will be presented to the Executive Board at its 134th session in January 2014.


The Health Assembly also decided to establish a financing dialogue and the Secretariat was asked to move forward with the preparations for the first meeting on financing for WHO that took place in June and the 2nd meeting that will take place on 25-26 November 2013.
On 24 June this year, WHO held the first-ever WHO financing dialogue. More than 250 participants from Member States, United Nations agencies and non-State partner organizations, joined the meeting in Geneva – either in person or via webcast. This event offered the opportunity for key stakeholders to discuss the financing of the Programme budget 2014–2015 and represented the first step towards full funding of all WHO activities and deliverables.

The financing dialogue is more than a simple meeting: it is a conversation with Member States and other partners that will continue during the coming months, culminating in a second meeting to be held on 25 and 26 November. The ultimate objective of this process is to ensure that WHO has the means to deliver agreed results, with the work of the Organization benefitting from enhanced quality and effectiveness. The dialogue will assist in securing predictable, transparent financing of at least 70% of the Programme budget 2014–2015 by the beginning of 2014, with funding fully aligned with the budget’s planned outputs.

In addition, this new process strives to broaden the range of donors and contributors to WHO in order to reduce an existing vulnerability. Currently, more than 80% of the Organization’s funding is provided by just 20 donors. During the June meeting, Member States and partners expressed their support to the Organization and undertook to make sure that available resources are aligned with the US$ 3977 million Programme budget 2014–2015 and that funding becomes more predictable. Several participants announced that they would increase the flexibility of their contributions.

Participants were also introduced to a new WHO web portal that provides detailed information on the financing of the programme budget in order to inform contributors’ funding decisions and meet the Member States’ calls for increased transparency and accountability. The system will provide key stakeholders with up-to-date programmatic, budgetary, financial and monitoring information.

Please click here to visit the website
In fact, the Global Fund would not be able to fulfil its mandate without the strong support of WHO at global, regional and country levels. WHO’s core roles providing normative guidance, technical support and building capacity at the country level are absolutely essential and complementary to the work of the Global Fund.

**Dr C. Benn** Director, External Relations, The Global Fund to Fight AIDS, Tuberculosis and Malaria

Norway is pleased that we have finally embarked on a collective financing dialogue that will allow all of us to openly discuss together in a pragmatic fashion how priorities in the approved programme budget can be financed.

**Mr A.P. Sanne** Director, Norwegian Directorate of Health and Social Affairs

I believe that the world cannot live without WHO. If it didn’t already exist we would have to invent it today.

**Dr N. Daulaire** Director, Office of Global Health Affairs, USA

It is in our collective interest to have WHO fit and able to address the increasingly complex health challenges of the 21st century.

**Ms Tan Y.W** Permanent Representative (UN), Permanent Mission of Singapore in Geneva

Financing Dialogue - voices from Member States and partners

It is a historic moment for WHO’s Member States and WHO to take a bold step in holding this dialogue to address the challenges confronting the financing of WHO, we applaud the effort to find ways to achieve full financing of the budget.

**Dr L.E. Makubalo** Health Attaché, Permanent Mission of South Africa in Geneva
Our reform story

The first decade of the 21st century brought unprecedented challenges and opportunities for people’s health. Old public health problems persist and new ones emerged. New technologies, ageing populations, globalization, migration, climate change, disasters and emergencies all increase the complexity of the health challenges we face.

The global public health landscape is crowded and poorly coordinated. This demands renewed leadership in global health from WHO; focused on the main priorities in global health, responding on rapid emerging needs, adapting to new ways of working, and using resources efficiently and effectively.

Reform – our aims

1. Programmatic reform to improve people’s health
2. Governance reform to increase coherence in global health
3. Managerial reform in pursuit of organizational excellence

Reform – our pathway

Programmes & Priorities

Leadership priorities give focus and direction to WHO’s work:

- Advancing universal health coverage
- Achieving the health-related Millennium Development Goals
- Addressing the challenge of noncommunicable diseases and mental health
- Implementing the International Health Regulations
- Increasing access to essential, high-quality and affordable medical products
- Reducing health inequities by addressing the social, economic and environmental determinants of health

Governance

Reforms of the World Health Assembly, Executive Board and its subcommittees, and Regional Committees will strengthen the oversight of WHO, harmonize governance processes, enhance strategic decision-making, and streamline reporting and communication.

Management

Revitalizing managerial processes and organizational structures will build an organization that is more effective, efficient, responsive, objective, transparent, and accountable. Key elements include a new approach to results-based management, a new financing mechanism, a new human resource model, and a strengthened resource allocation decision-making.

Areas and outcomes

- Improved strategic communications
- Strengthened culture of evaluation
- Enhanced strategic alignment of governance processes
- New human resources
- Enhanced strategic decision-making

Programmatic reform

- WHA’s priorities, defined, addressed and financed in alignment with agreed priorities
- Strengthened oversight by the governing bodies
- Harmonization and alignment of governance processes
- New results chain
- Effective technical and policy support for all Member States
- Strengthened effective engagement with other stakeholders
- Supported by governance bodies

PRINCIPLES OF ENGAGEMENT

- NEW RESULTS CHAIN
- Enhanced strategic engagement with non-state actors
- Financing Dialogue, proposals for streamlined reporting of Member States and hosted partnerships
- WHA67 adopts a general programme of work 2014-19 and approves the whole programme budget 2014-15, defining the strategic direction for WHO, and sets up a new financing mechanism, EB133 discusses principles of engagement with non-state actors
- Financing Dialogue with Member States and other donors, with the aim of increasing the predictability, alignment, transparency and flexibility of WHO funding
- A world without polio
- Effective technical and policy support for all Member States
- Enhanced strategic decision-making by governing bodies
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- A world without polio

What success looks like

- WHO’s priorities, defined, addressed and financed in alignment with agreed priorities
- Strengthened oversight by the governing bodies
- Harmonization and alignment of governance processes
- New results chain
- Effective technical and policy support for all Member States
- Strengthened effective engagement with other stakeholders
In any process of organizational change there is always a need to take a step back so that the big picture comes into focus. Over the last two years, numerous meetings have been held and papers presented, ideas discussed and decisions taken.

As the WHO reform agenda has developed in scope and complexity, a challenge has emerged: how to capture — simply and clearly — the essence of WHO reform on a single page? With this in mind we have developed a strategic thinking map — an overview of WHO reform with literally hundreds of pages boiled down to one.

The map tells the story of reform, beginning in the top row with who we are and what we do. The next level, “Our reform story”, describes the context within which the need for reform became apparent.

Early in the process, three strands emerged: programmes and priority setting, governance, and managerial reform. The circle at the centre summarizes the twelve different elements of reform within each of the three strands; and the specific outcomes we aim to achieve.

What will WHO be like in the future? How will a changed WHO change the world? What will be the benefits for global health? The map concludes with some examples of what success will look like.

The bottom of the map provides a summary of the journey so far, and highlights some of the milestones that we will be travelling past in the next few years.

WHO is changing!

What will WHO be like in the future? How will a changed WHO change the world? What will be the benefits for global health?
What are WHO’s leadership priorities - and why are they different from categories of work?

In May this year, the Sixty-sixth World Health Assembly approved the Twelfth General Programme of Work for the six-year period 2014–2019. The General Programme of Work sets out a vision for WHO, describing the leadership priorities that define the areas in which WHO influences the world of global health:

- Advancing universal health coverage
- Health-related Millennium Development Goals
- Addressing the challenge of noncommunicable diseases
- Implementing the provisions of the International Health Regulations (2005)
- Increasing access to essential, high-quality, safe, effective and affordable medical products
- Addressing the social, economic and environmental determinants of health

And the reform priorities of:

- Strengthening WHO’s governance role
- Reforming management policies, systems and practice

The Programme budget 2014–2015, on the other hand, is organized around 30 programmatic areas, within six categories of work for the Secretariat:

- Communicable diseases
- Noncommunicable diseases
- Promoting health through the life-course
- Health systems
- Preparedness, surveillance and response
- Corporate services/enabling functions

Many people ask about the difference between the leadership priorities and the categories of work. The answer is linked to the nature of WHO’s mandate “to act as the directing and coordinating authority on international health work”.

WHO is an organization of 194 Member States, supported by a Secretariat led by the Director-General. The leadership priorities define the key issues WHO Member States have agreed the world should focus on in order to deliver better health outcomes. The categories of work provide a structure for the work of the Secretariat in its support to countries. Put simply, categories of work describe the scope of the Secretariat’s work, while leadership priorities give focus and direction to WHO’s work. The leadership priorities link to the Organization’s role in health governance, and highlight areas in which WHO’s advocacy and technical leadership are most needed. They provide opportunities for WHO to shape the global debate, secure country involvement and drive the way the Organization works – integrating efforts across and between levels of WHO.
WHO’s new results framework: improving accountability and impact

The new results framework in the Programme budget 2014–2015 makes significant progress in improving accountability and shows how WHO’s work contributes to improving public health globally. This results-based management framework facilitates a systematic way to monitor performance.

The framework is structured around six categories and 30 programme areas. Following consultation across the three levels of the Organization, budget centres (departments and offices) are identifying the activities they will undertake to deliver the agreed outputs in each programmatic area, and achieve the related targets. The Secretariat is responsible for these outputs, sometimes referred to as the “manageable interests” of the Secretariat.

The results chain links this work of the Secretariat (outputs) to the health and development changes to which it contributes (outcomes and impacts), both in countries and globally. In this way, WHO’s outputs relating to the programme budget are directly linked to the health outcomes and impacts that WHO aims to achieve.

The simplicity and consistency of this new results framework facilitates a more robust organization-wide planning process. In turn, this process ensures that agreed priorities and country needs guide budgeting, financing and allocation of resources, and systematic monitoring of performance. In addition, it enables a clearer articulation of the roles and responsibilities of each of the three levels of the Organization; and it facilitates delivery of the Secretariat’s outputs.

<table>
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<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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<tr>
<td>Financial, human and material resources</td>
<td>Tasks and actions undertaken</td>
<td>Delivery of products and services</td>
<td>Increased access to health services and/or reduction of risk factors</td>
<td>Improvement in the health of people</td>
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Secretariat accountability

Joint responsibility with Member States and partners
Human Resources reform

By the end of 2013 WHO will have a new human resources strategy and implementation plan for the next three years. Actions to reform the human resources function will include: streamlining recruitment, establishing a new mobility and rotation framework, creating an e-learning platform to increase access to development opportunities for staff, establishing a new performance management system and improving the administration of justice.

At its 133rd session last May, the Executive Board considered a report from the Staff Association, which described the progress made in three priority areas for action, identified through joint discussions with the Director-General: options for internal justice reform, the development of an unemployment insurance system, and the improvement of performance evaluation to ensure management accountability.

The goal of the work on the internal justice system is for WHO staff to have access to a system of justice that addresses their grievances in a fair and expedient way.

Currently, investigations are conducted internally; recommendations are provided by a peer review board and decision-making is subject to long delays. In addition, the ILO’s Administrative Tribunal can take more than four years to pass judgement, at great cost to both staff and the Organization, and there is no appeal mechanism. The Director-General has expressed the need to consider all options in developing what is expected to be an important and swift reform of the internal justice system.

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Welcome to the new HR director

We welcome the new Director for Human Resources Management (HRD), Ms Françoise Nocquet, who joined WHO at the beginning of September 2013.

Ms Nocquet brings to the Organization her background as legal adviser specialized in international civil service law, her familiarity with intergovernmental organizations within and outside the United Nations common system, and her experience as Deputy Director, HR in United Nations Development Programme as well as Director, HR in the Organization for Security and Co-operation in Europe. She places a high value on leading by example, consistency and dedication and under her leadership, Human Resources Management will build partnerships across WHO for an effective and fair implementation of the HR component of the WHO reform.

Read the staff association statement
Read the Human Resources annual report

The Director-General has expressed the need to consider all options in developing what is expected to be an important and swift reform of the internal justice system.
The United Nations Joint Inspection Unit, in its report JIU/REP/2012/6, praised the mobility and rotation policy which has been in place in the WHO Western Pacific Region since 2009, recommending that the Organization draw on it in developing a global mobility policy. Over the last three years, 36 staff have been able to move within that Region thanks to the mobility policy. Here’s how one staff member, Dr Howard Sobel, describes his recent experience of moving from the country office in the Philippines to the country office in Cambodia and then to the Regional Office for the Western Pacific:

Q What were the challenges you came across?

A Moving to Cambodia was a great experience… it was very nice going from very different systems, very different cultures, very different situations, and yet when you’re working in a new country, if you’ve got good experience and you’re very practical, you find much more similarities than differences in what you have to do in working there. Going to Cambodia, I really hit the ground running as a result of the great experiences I had in the Philippines; it was great moving for that reason. At the beginning it was hard on the family - my son was established in the Philippines, but when he got to Cambodia he became the darling of the teachers and the students alike! Everybody loved him, and he matured into a person who is able to do a lot of stuff.

Q What lessons do you think the WPRO scheme has for other regions and headquarters?

A I can talk from my own experience, and my experience was a positive one. My personal opinion is that virtually every technical officer in the regional office and HQ should have varied experience so that they can understand that sometimes what gets promoted at higher levels is just not applicable when you’re sitting down in the country. I would get documents or requests every week and a lot of it made no sense to my national counterparts. You gain a lot of important skills when you get the country experience and I think that’s missing for a lot of people.

Q But do you think mobility and rotation is for everyone?

A I think everybody should move along, I think that people need to have a variety of experiences, WHO especially thrives on this kind of thing. It can be the wide exposure when I got sent to Ghana to help them out on a polio campaign. It was fantastic because I brought with me the Philippines experience and I got to see a different culture and yet it ended up being much of the same stuff – I recognized instantly that Ghana had the same issues that the Philippines had, even though it’s a very different situation. I think everybody needs to have a wide exposure to different areas. So is mobility and rotation for everyone? I can’t say it’s for everyone but I think people should be open to wide experiences, and mobility and rotation is one way to try and keep people fresh in what they’re doing.

Dr Howard Sobel has been with WHO since 1999 with a few years break when he worked for a Washington-based NGO, a refugee camp in Uganda and as an instructor at Johns Hopkins. At WHO he has worked in Headquarters, at country offices in Guyana, Cambodia and the Philippines. He is now working in the Regional Office for the Western Pacific.
In brief

Capacity to implement reform – WHO under the microscope

The Evaluation Management Group of the Executive Board selected the consulting firm PricewaterhouseCoopers (PwC) to examine WHO’s capacity to implement reform. The PwC team has been working since mid-June and is reviewing documentation and interviewing Member States, partners, and the Secretariat to get a better picture of WHO’s preparedness to implement reform. The team will also identify possible barriers to successful reform implementation. The second stage evaluation will be presented to the Executive Board in January 2014.

Roles and functions of three levels of WHO

The Task Force on the Roles and Functions of three levels of WHO mapped WHO’s six core functions over the three levels of the Organization and developed a matrix which was used as a basis for the development of the Programme budget 2014–2015. The Task Force also recommended that category networks are institutionalized in WHO as a means for promoting matrix management.

Click here to read the report

Nature highlights WHO’s budget

The approval of WHO’s Programme budget 2014–2015 went smoothly at this year’s Health Assembly – the budget was passed after a morning of deliberations. However, the discussions continued online and in social media. While some raised concerns over the priority setting and the budget allocation, others highlighted the steps towards budget responsibility and a clearer focus of the Organization’s work. The scientific journal, Nature, highlighted the shift towards fewer priorities and the drive towards more transparent funding that will allow the Organization to pursue the Member States’ priorities more effectively.

Click here to read the full article

Taking the temperature on the public’s view

The general public has a good opinion of WHO – that is the conclusion of the WIN/Gallup International Association’s End of Year and Global NGO and NPO Barometer 2013, in which 54,221 citizens in 54 countries were surveyed on their opinions of the challenges that our world faces today and on their awareness of major non-profit and nongovernmental organizations throughout the world.

87% of those surveyed knew of WHO and 64% had a good opinion of the Organization. The proportion of people with a good opinion has increased by 8% since the last survey in 2012. The majority thought that WHO is contributing to protecting people’s health by promoting health services, especially to the poor, protecting people from diseases and responding to public health emergencies. The WIN/Gallup End of Year survey comes out annually.
The Regional Committees will be meeting to discuss budgets and programmes of work for their respective regions.

In addition, as part of the governance reform process some of the agenda items from the Sixty-sixth World Health Assembly will be discussed in the Regional Committees.

WHO African Region, Sixty-third session of the WHO Regional Committee for Africa
2-6 September 2012

WHO South-East Asia Region, Sixty-sixth session of the WHO Regional Committee for South-East Asia
11-13 September 2013

WHO European Region, Sixty-third session of the WHO Regional Committee for Europe
16-19 September 2013

WHO Region of the Americas, Sixty-fifth session of the WHO Regional Committee for the Americas
30 September - 4 October 2013

WHO Western Pacific Region, Sixty-fourth session of the WHO Regional Committee for the Western Pacific
21-25 October 2013

WHO Eastern Mediterranean Region, Sixtieth session of the WHO Regional Committee for the Eastern Mediterranean
26 -30 October 2013

Second financing dialogue
25-26 November 2013

Executive Board, 134th session
20 - 25 January 2014
The Executive Board will discuss the draft policy on engagement with non-State actors, the report of the second-stage evaluation, the options for improved decision-making by the governing bodies, streamlined national reporting and communications, the financing dialogue, and strategic resource allocation.