WHO Reform: 2013 Annual Report

This report is a summary of the progress of WHO Reform from 1 January to 31 December 2013. The report is structured on the basis of the high-level implementation plan presented to the WHA in May 2013 (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_4-en.pdf). It comprises an update on the twelve elements of reform; a summary of the current status of reform outputs; a review of challenges of implementation; a description of the steps being taken by the Secretariat to strengthen planning, implementation and monitoring of reform activities; and an overview of the financing of reform.

1. Executive summary

Three years into WHO reform, the agenda for reform continues to be anchored in programmatic reforms to achieve improved health outcomes, governance reforms to enhance WHO’s leadership role in global health, and managerial reforms in pursuit of Organizational excellence.

Reforms are proceeding in step-wise fashion, with some areas advancing at a faster pace than others. As the reform process shifts from upstream work on policy analysis to an intensive period of implementation, two major themes will guide reform efforts over the 2014-2015 biennium: focusing reform efforts on areas of greatest benefit to the Organization; and institutionalizing the change being catalysed by reform through a more strategic approach to change management.
2. Status of reform as of 1 January 2013
   (22% of outputs had reached implementation phase)

3. Status of reform as of 31 December 2013
   (39% of outputs had reached implementation phase)
4. Overview of Progress

PROGRAMMATIC REFORM

IMPACT

Improved health outcomes, with WHO meeting the expectation of its Member States and partners in addressing agreed global health priorities, focused on the actions where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus

OUTCOME

WHO’s priorities defined and addressed in a systematic, transparent, and focused manner and financed in alignment with agreed priorities

The overarching objective of programmatic reform is improved health outcomes. The central element of this area of reform is a set of global health priorities agreed by Member States, which formed the basis of the development of the 12th General Programme of Work and the Programme Budget 2014–2015.

The approval by Member States at the Sixty-sixth World Health Assembly, in May 2013, of the Twelfth General Programme of Work (GPW12) and the Programme Budget 2014–2015, was a significant achievement in programmatic reform.

The six leadership priorities included in the GPW12 highlight the areas in which WHO seeks to exert its influence in public health, are: advancing universal health coverage; accelerating work on the 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; and addressing the social, economic and environmental determinants of health.

The GPW12 incorporates a new results chain for WHO, with defined, specific outcomes, indicators and targets that will demonstrate WHO’s contribution to the improvement of the health of populations. The outcomes will become the primary measure of the effect of programmatic reform.

The programme budget 2014-2015 will be used as the primary tool for institutional accountability and transparency. It will also drive the alignment of work across the three levels of the Organization and facilitate Member State oversight of all the Organization’s resources, from all sources, that are required to support achievement of agreed programmatic results.

The programme budget is organized around 30 programme areas, within six categories of work: communicable diseases; noncommunicable diseases; promoting health through the life-course; health systems; preparedness, surveillance and response; and corporate services/enabling functions.

The impact of these changes is already being felt. For example, operational planning in EMRO countries for 2014-2015 was focused on a limited number of priorities, rather than attempting to cover all 30 programmatic areas. Regional and intercountry plans were then adjusted based upon this country-level planning.
GOVERNANCE

IMPACT
Greater coherence in global health with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples

OUTCOMES
- Strengthened oversight by governing bodies
- Harmonization and alignment of governance processes
- Enhanced strategic decision-making by governing bodies
- Streamlined reporting of and communication with Member States
- Strengthened effective engagement with other stakeholders

The overall objective of this area of reform is to provide greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples. This also includes promoting better health as an outcome of global, regional and national processes.

Although some progress has been made, momentum in this area overall has been slower than in other areas of reform. Member States have yet to reach consensus on the way forward on a number of items, such as internal governance mechanisms and engagement with non-State actors.

Oversight by the Governing Bodies
Oversight of the Organization is provided by the governing bodies and their respective subcommittees: the World Health Assembly, Executive Board, Regional Committees. The EB and the PBAC have particularly important roles to play in oversight of all the work of the Secretariat.

At its 2013 meetings, after approval of revised Terms of Reference in 2012, the PBAC expanded its oversight responsibilities to include monitoring and evaluation of programmatic and financial implementation across WHO. These changes were reflected in the reports the PBAC provides to the EB.

Reporting from the Chairs of the RCs to the EB began in January 2013. This is a step toward greater transparency and increased communication between global and regional levels, but thus far, the content of these reports is uneven and the reports reflect varying degrees and depths of discussion.

Regional Committee also vary in the degree to which they have improving their oversight functions. EURO has changed its Standing Committee to the RC to play a stronger role in agenda setting and preparation of the EURO RC. The African region has also revised the terms of reference of its Programme Subcommittee, to ensure that the scope of its work emphasizes the performance of oversight functions, including monitoring the implementation of resolutions.
Harmonization and Alignment

The governing bodies are interconnected by definition in the WHO Constitution. Agenda items need therefore to be aligned to facilitate consensus and decision-making at each level of the Organization. Such alignment is progressing toward its 2015 target deadline.

Rules of procedure in global and regional governing bodies have been harmonized in relation to: 1) nomination processes for Regional Directors, 2) review of credentials and 3) participation of observers.

Decision-making by the Governing Bodies

To function effectively, a rational schedule of meetings is needed. However, owing to the challenges of rescheduling the usual sequence of meetings (eg, report preparation, budget/programme analyses and summaries), Member States decided to maintain the current schedule and timing.

Little progress was made in 2013 on limiting the numbers of agenda items and draft resolutions at meetings of the governing bodies. Compared with 2012, the numbers of agenda items, the number of pre-session documents, and the number of pages of documentation all increased. Member States have yet to agree on mechanisms to streamline their work or improve strategic decision-making. Discipline is being observed in terms of the number and length of Member States’ interventions, contributing to a significant improvement in the efficiency of governing bodies meetings.

To strengthen support to Member States in their preparation for and participation in the work of the governing bodies, several changes have been introduced in the provision of documentation and access to meetings:

a) Handbooks containing such information as rules of procedure and orientation for incoming members of the EB have been prepared and will be rolled out in 2014. These are designed to improve engagement of Member States in meetings.

b) Electronic access, via WebEx, to governing bodies meetings began with the January 2013 PBAC meeting. Participants were also able, for the first time, at the 2013 WHA, to access documents on smartphones using QR codes. Distribution of provisional summary and verbatim records on paper and via mail stopped in 2013; all documents are now shared electronically.

c) In 2013, scanning of all WHO and EB documents from 1948 to 2013 was completed for inclusion in the Institutional Repository for Information Sharing (IRIS). IRIS now contains a total of 16,350 digital files in all official languages and is increasingly discoverable through a number of web crawlers and search engines. In 2013, IRIS recorded more than 25 million downloads. A number of system enhancements were undertaken to improve accessibility and functionality. A global version of IRIS that will include RC documents from the Regions is in development.
Engagement with Stakeholders

1. Non-State Actors

This area of governance reform has proven to be of great interest to Member States and other organizations. A public web consultation on WHO’s engagement with non-State actors was held from 6-24 March 2013 (http://www.who.int/about/who_reform/governance/non_state_consultation/en/index.html). A number of issues and questions were identified as a basis for further discussion. Nearly 90 responses were received http://www.who.int/about/who_reform/governance/consultation_comments_view/en/index.html. This input helped shape the planning and agenda for an informal consultation that was held 17-18 October (see summary report at: http://www.who.int/about/who_reform/informal_consultations_WHO_nonstateactors_report_oct2013.pdf?ua=1). More than 320 representatives of Member States and non-State actors participated in the consultation in person or via webcast.

At this consultation, the supremacy of Member States’ decision-making authority was clearly affirmed, as were the aims of this reform—to improve the quality and value of engagement with non-State actors and to disengage when necessary.

Participants asked for a definition of non-State actors; an inventory/mapping of non-State actors with whom WHO is currently engaged; and a description of the different types of engagements. There was general support for a transparency register and consensus that: due diligence procedures and their application should be strengthened; risks, including conflicts of interest, should be managed; and transparency should be increased. Participants requested further details on all of these matters, which will be provided at a 2014 follow-up meeting.

2. Partnerships

In January 2013 the Executive Board decided that hosted partnerships should be included as a standing item on its agenda, to include information on recent developments and key issues. Issues to be addressed include review by the PBAC of WHO’s arrangements with hosted partnerships; modalities to ensure full cost recovery; the establishment of a joint committee of WHO-hosted partnerships; the management of liabilities; reporting on the outcome of independent evaluations commissioned by WHO-hosted partnerships; coordination of the work of hosted partnerships with WHO regional and country activities; the development of generic hosting terms, and a risk management framework.

In response to the EB decision, a Joint Committee WHO-Hosted Partnerships was established and held its first meeting in October 2013. The committee serves as a forum where coordination of programmatic and administrative issues affecting the hosting relationship is discussed. It reports and makes recommendations to the DG through its Chair.

The committee has approved its terms of reference, begun to develop generic hosting terms for partnerships and appointed a subcommittee to propose guidelines for coordinating the regional and country activities of hosted partnerships with those of WHO programmes. Papers on hosted health partnerships and on periodic review of WHO-hosted partnerships were prepared for the January 2014 EB meeting.

Streamlined national reporting

The reporting by Member States to WHO on national data is fundamental to the Organization’s work. Member States have asked for modernization and streamlining of such reporting, as multiple requests from the Secretariat and other UN agencies and partners can be time-consuming, duplicative, and impose untenable workloads on Member States.
Proposals were made in 2013 for harmonized platforms, single annual questionnaires, definition of minimum data sets, and other methods of reducing demands on Member States. The consensus of Member States was that national reporting would need to be revised under an overall information management strategy and that further consultation is needed before decisions can be taken. These consultations are now being planned.
MANAGEMENT REFORM

The overarching goal of management reform is to improve WHO’s organizational effectiveness, at all three levels of the Organization, with a special focus on country-level performance; alignment; and efficiency. The outcomes needed to achieve this impact are shown in the sidebar.

Support to Member States

Taskforce on Roles and Functions

In December 2012 the GPG decided to establish a Taskforce on the roles and functions of the three levels of WHO, co-chaired by RDs EMRO and WPRO. The Taskforce was asked to: describe the roles and functions of the three levels of the Organization with due consideration of the diversity of the regions, the different socio-economic and political contexts in which the country offices operate and the Headquarters’ dual functions, ie office and corporate functions; examine how the roles and functions at each of the levels are performed currently; analyze the role differentiation, the relations between each of the levels of the Organization and the implications of current practice; review the roles and responsibilities of senior management, ie ADGs, DRDs and DPMs, for strengthening overall WHO management; identify factors that foster synergies or constrain Organizational effectiveness with respect to performance of roles and the relations across the three levels; based on the analyses and reviews of the existing information on the roles and functions of the three levels of the Organization, develop a practical and realistic framework that will further align the roles and functions of the Organization, promote synergies and collaboration across the different levels, and enhance Organization effectiveness and operational and budgetary efficiency; and make recommendations on the way forward.

It met in January and February and presented its report and recommendations to the Global Policy Group in March (http://www.who.int/about/who_reform/task_force_report_three_levels_who_2013.pdf?ua=1).

The task force agreed on a framework for the Overarching Roles and Functions of the Three Levels of WHO (ORF3L), which describes the roles and functions of each level of WHO based on the six core functions in the 12th GPW. All levels of the Organization work towards improving the health of populations at country level, but an explicit division of labour was needed to show how all levels are contributing to work in countries. This was incorporated into the development of the programme budget.

Category and Programme Area Networks

In the second half of 2013 the Secretariat reviewed the design and functioning of internal networks, specifically the category and programme area networks, which aim to foster the integration and coordination of work on the results chain across the three levels of the Organization and bring thematic coherence to strategy development, planning and monitoring. These networks are being strengthened in order to enhance delivery of results and monitoring of implementation of the Programme budget 2014–2015 as well as planning for the budget for the subsequent biennium.

IMPACT

An Organization which pursues excellence; one that is effective, efficient, responsive, transparent and accountable

OUTCOMES

- Effective technical and policy support for all Member States
- Staffing matched to needs at all levels of the Organization
- Financing and resource allocation aligned with priorities
- Managerial accountability, transparency and risk management
- Strengthened culture of evaluation
- Improved strategic communications
- WHO reform implementation coordinated, monitored and evaluated
Country Support

Reform at country level means strengthening country offices to ensure that WHO provides efficient and effective support to Member States.

As part of this strengthening, a roster of qualified candidates has been established for competitive selection of HWOs.

HWOs were consulted in preparation for their 7th global meeting with the Director-General and Regional Directors in November 2013. In an online survey, most respondents saw the current Country Focus Policy (CFP) and the Country Cooperation Strategies as successful for better coordination, management and reflection of the priorities of Member States. However, WHO also noted impediments to the CFP and pointed to a continuing need to improve coordination, bottom-up planning and priority setting, and to clarify the roles and responsibilities within the Organization.

At the November meeting, issues ranging from technical topics as part of WHO leadership priorities, such as noncommunicable diseases and universal health coverage, were covered. Reform was at the center of the discussions.

Countries’ need for WHO support change over time as their social, economic and health situations progress. WHO needs to be prepared and flexible enough to provide support through those changes. HWOs have an important role as change agents in defining the success of the reform.

In both Regional fora and at the 7th Global Meetings of HWOs, WRs discussed WHO reforms at country level, particularly those that are part of managerial reform, and agreed on a set of actions to implement reform at country level. These actions were divided among three categories: strengthening the role of WHO as an inclusive facilitator and convener at country level; aligning the planning and resource allocation process with the priorities for WHO cooperation at country level; and addressing country-level human resources challenges.

Human Resources

Although HR is widely recognized as a fundamental area of reform, more work is required to accelerate progress. However, a major achievement in 2013 was the finalization of the revised HR strategy, which forms the basis for all further work on HR reforms.

The Executive Board at its 134th session noted the revised human resources strategy. Reforms already made relating to human resources include: changes to the Staff Rules, particularly with respect to continuing appointments; creation of a new management development programme; development and launch of an eLearning platform; harmonization of selection processes for longer-term positions in professional and higher-level categories; and initiation of a succession planning exercise for staff members before they retire. Human resources will be the priority for reform in 2014–2015.

Finance and Resource Allocation

Financing the work of the Organization is at the core of WHO reform and is one of the areas of reform in which most progress was made in 2013. The overarching objectives of this area are to improve the predictability, alignment, flexibility, and transparency of WHO’s financing.

An extraordinary meeting of the PBAC was convened in December 2012 to explore options for financing (http://apps.who.int/gb/pbac/pdf_files/Extraordinary/B132_3-en.pdf). At this meeting, the PBAC recommended, among other finance-related proposals, the establishment of the financing dialogue.
In response to this decision, two meetings of the Financing Dialogue were held, in June and November 2013. These meetings made significant progress towards the reform financing goals, resulting in available and projected funding from Member States and partners that totaled 85% of the programme budget. It is thus likely that the 2014-2015 budget will be fully funded.

A programme budget web portal was launched, as a transparent mechanism for information about WHO’s finances and as a tool for accountability and reporting on results and expenditures (https://extranet.who.int/programmebudget/). This portal provides unprecedented transparency on resource flow and results delivery.

At the 66th World Health Assembly in May 2013, Member States requested the Director-General to propose, for consideration by the Sixty-seventh World Health Assembly, in consultation with Member States, a new strategic resource allocation methodology in WHO, starting with the programme budget for 2016-2017, utilizing a robust bottom-up planning process and realistic costing of outputs, based on clear roles and responsibilities across the three levels of WHO. Consultations are ongoing.

The new results framework was used in formulation of the programme budget. A results chain links the work of the Secretariat (outputs) to health and development changes (outcomes and impacts). These are the highest levels of the results chain and are the joint responsibility of the Secretariat and Member States and partners. The Secretariat’s work, below the output level, consists of inputs—financial, human and material resources—and activities, the tasks and actions taken to contribute to the outputs.

A study of the costs of administration and management (A&M) in WHO was undertaken and its preliminary recommendations were discussed at the PBAC in January 2013. Four options for financing A&M costs were proposed. The PBAC recommended that the Executive Board ensure that a mechanism be established (as part of the planning process for the programme budget for 2016–2017) for a realistic and equitable allocation of costs based on the consumption of services.

Funding shortfalls are being addressed in line with steps to further strengthen a coordinated approach to Organization-wide resource mobilization and management, to be further developed in 2014. An external evaluation of the financing dialogue process is also being submitted to the Health Assembly.

**Accountability and Transparency**

Accountability for results and resources, with better assessment of performance and increased transparency, is fundamental to all of the reform proposals. The mechanisms to achieve this include an improved internal control framework; an Organization-wide approach to risk management; and stronger management of conflicts of interest.

Compliance and control mechanisms at all levels of the Organization were integrated into a coherent and comprehensive Internal Control Framework, which was approved by the GPG in November 2013. The framework outlines the process for providing reasonable assurance to WHO management of the achievement of objectives relating to operations, reporting and compliance. It extends beyond financial objectives and controls to encompass programme operations, human resources, procurement, travel and safeguarding of assets. It describes the roles of governing bodies, senior staff and other managers for implementing the framework. Further work to revise and refine the framework and to develop accompanying tools, is underway.

A new department of Compliance, Risk Management and Ethics (CRE) was established in October 2013. The mandate of CRE is to advise management and staff on how to identify, mitigate and monitor Organization-wide risks and compliance gaps, as well as strengthening awareness of ethical standards. This office will facilitate a more strategic Organization-wide approach to risk management.
Another reform project undertaken to increase the visibility and impact of WHO’s work was a new policy on open access for all WHO-authored or WHO-funded research published in journals and books. This policy will ensure that WHO publications are widely disseminated and freely available. Researchers and policy-makers will not have to seek permission or pay fees to reproduce WHO material.

**Evaluation**

An evaluation policy was approved at the 2012 EB, and was therefore reported on for the first time in 2013. A series of consultations with senior management at all three levels of the Organization resulted in a prioritized list of programmatic evaluations that WHO will support or commission in 2014-2015; this workplan will be presented to the EB in May 2014.

The Global Network on Evaluation (GNE) was formed in early 2013. It is a network of staff with evaluation responsibility, interest, expertise and/or experience, representing the country, regional, headquarters, and global levels of the Organization. Its task is to establish and maintain a mechanism for the institutionalization and promotion of evaluation as a means to improve programme performance and accountability for results at the beneficiary level, through capacity building, information sharing, lessons learnt and evidence-based planning.

The inaugural meeting of the GNE in April 2013 established the mechanisms by which the GNE operates, and identified the workplan for 2013. Eleven task forces were set up under the coordination of an overall Task Force, and they operated virtually to deliver the agreed outputs.

In July 2013 the GNE performed a global staff survey to assess how well the evaluation policy had been institutionalized and how to develop evaluation capacity. The results strongly supported the establishment of a learning programme for staff to improve their technical capacities. The results of the survey will inform the future work of the GNE.

A second meeting of the GNE took place in December 2013. At this meeting, the objective was to assess progress so far and to establish the GNE workplan for 2014.

An Evaluation Practice Handbook was published (http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf) and will be developed into an e-learning tool.

Quality assurance checklists were developed in order to assess the evaluation registry, which took place in July 2013. The results of the assessment helped finalize the evaluation practice handbook and served as a pilot for the approach to quality assurance in a new global evaluation registry platform (https://extranet.who.int/evaluationregistry/Report.aspx). Evaluation reports are now publicly available in WHO’s Institutional Repository for Information Sharing (http://apps.who.int/iris/).

**Communication**

1. Communications strategy

An online survey of 3500 external and internal stakeholders was undertaken to provide input into the reform process and how to better communicate it (http://www.who.int/about/who_reform/change_at_who/who_perception_survey/en/#.Ux3cW_IdV8E).

Most respondents said they value the work of WHO and have confidence in its work, but a significant percentage had concerns about the Organization’s independence and freedom from undue influence. The findings are being used to shape communications around reform and to provide input into a larger strategy for global communications. Face-to-face consultations also took place in 2013 at HQ and in all Regions to develop this global communications strategy. It is now being revised based upon the feedback received.
WHO’s work in communications has required reform because of rapid changes in information technologies; the changing landscape of global health actors; growing public demand for information on health and WHO’s work; and the continual emergence of new health challenges. All of these have created the need for increased communications capacity, strengthened coordination, and new and cost-effective communications platforms. Significant achievements were made in many of these areas in 2013, as follows.

2. Capacity building

About 800 staff members (from headquarters, all regional offices and some country offices) were trained in 2013 on various aspects of strategic communications. Risk and emergency communications training was given for 150 staff from three countries (China, Philippines and Viet Nam) in the Western Pacific Region; 120 from two countries (Indonesia and Timor-Leste) in the South-East Asia Region; 130 from four countries (Egypt, Morocco, Pakistan and Somalia) in the Eastern Mediterranean Region; 80 from two countries (Republic of Moldova and Turkey) in the European Region; and 30 (including IHR focal points) from several countries in the Region of the Americas. The Emergency Communications Network was created in 2013, and its members were deployed to all the most serious emergencies (graded 3 in the Emergency Response Framework) in 2013. In total, 50 WHO staff members, stand-by partners and consultants each completed an intensive 10-day operational exercise in 2013 and 2014 to prepare them for deployment in emergencies, and about half were later deployed to the Central African Republic, the Philippines, the Syrian Arab Republic and to west Africa as part of WHO’s response to an Ebola outbreak.

3. Social Media and Reform Communications

Intensive efforts were made in 2013 to increase WHO’s social media presence. On Facebook, WHO has about 675 000 fans who “like” the page, up from 40 520 in January 2012. On Twitter, the @WHO account currently has 1.21 million followers (compared with about 311 000 in January 2012). The Twiplomacy Study 2013 on “How international organisations tweet” ranked WHO among the five most conversational international organizations out of 101 surveyed (i.e. asking and responding to questions, engaging in dialogue).

A number of communication tools for the reform have been developed, including an infographic and a quarterly newsletter, Change@WHO, which disseminates stories, especially about changes at country level, of the impact reform is already having.

Change management and programme management

Stage 2 Evaluation Report

The Stage 2 Independent Evaluation of WHO reform, prepared by Pricewaterhousecoopers, was delivered in October 2013 (http://www.who.int/about/who_reform/reform-stage2-evaluation/en/). The purpose of this part of the independent evaluation was to assess: the status of actions taken on the recommendations from the Stage 1 report; modalities of implementation of reform proposals; adequacy of the implementation plan; and the change management strategy.

The report found that a number of reform initiatives had progressed (as highlighted in this report) and had taken into account the recommendations of the external auditor. It noted that initiatives are moving at different speeds and that the whole reform, which is an ambitious undertaking, will require time to complete.
Four overarching recommendations were made, each accompanied by detailed actions: 1) Member States should take an active role in the success of the reform, through adequate financing; more strategic decision making; and provision of efficient and effective oversight of the reform. 2) Benefit management should be improved through a stronger theory of change for the reform. 3) Change and communication activities should be based on a thorough organizational impact assessment to address change management needs. 4) Strengthening reform Programme management consists in building capacity in programme and project management within the Reform Support Team and across the Organization, through adequate staffing and training.

Change management

The main vehicle for communicating reform is a newsletter, Change@WHO, which follows reform developments. Each issue reports on the three strands of programmes and priority setting, governance and managerial reform. Change@WHO is published three times per year, in two formats: on the web and as a pdf. The web version is available in all six official languages of the Organization. The newsletter and an infographic (http://who.int/about/who_reform/who_reform_story.pdf?ua=1) are being distributed through HQ on paper and via occasional video stands.

Because the reform results framework identifies only actions to be taken and does not show how these lead to Organizational change, a theory of change and results chain for reform are in development. A clearer theory of change will improve management of reform and lead to identification of more appropriate indicators for monitoring change. It will also enable the identification of priorities, distinguishing critical steps from activities that are supporting, but not transformational.

An improved theory of change will also ensure that linkages are clearly defined and mapped across the levels of the results chain. On the basis of these newly defined linkages, a revised reform implementation plan has been developed for presentation to WHO’s governing bodies in May 2014.

A five-stage framework, which describes the entire life cycle of change in relation to each reform output—assess and strategize; design; construct; implement; operate and review—will be integrated into the revised reform implementation plan. The main effect of the plan will be to shift the focus from deliverables and outputs towards outcomes and impact of reform.

A monitoring framework for the key performance indicators of reform is in development. A limited set of these indicators will be identified at the outcome and output level, aligned with the theory-of-change framework, with baselines and target performance levels for each indicator. This will guide reform activities to areas where benefits are the greatest. Updated timelines for implementation of reform initiatives based on their strategic contribution to reform objectives will be reflected in the revised reform implementation plan. The revised implementation plan will be integrated into an electronic platform that will be used for planning, monitoring and reporting on reform.

The Director-General presented an implementation plan with indicators, outputs and status of the key deliverables to the 132 session of the Executive Board in January 2013. The implementation plan was further developed throughout the first half of 2013 when an online Reform implementation plan was launched, providing an easily accessible overview of the results chain, operational plan, monitoring and risk management framework and a status report of the different reform strands. The need for strengthening change management and programme management, reform results framework, including detailed outputs, deliverables and budgets, to ensure that WHO can deliver and measure results of the reforms, was highlighted in the 2nd stage evaluation. WHO has taken these recommendations on board and is further refining the implementation plan.
Results framework

A high-level monitoring and implementation framework, which is constructed around a results chain for reform, enables progress on reform to be reported to the governing bodies. The robustness of the reform results chain is critical to support effective monitoring and achievement of desired outcomes and impacts, and to increase transparency and Member State oversight of progress in reform.

Risk management framework

A reform risk management framework across work areas was reviewed by the Independent Expert Oversight Advisory Committee (IEOAC). This will be integrated within an Organization-wide approach to strategic risk management in WHO, and, as recommended, will differentiate between the risk management responsibilities of the Secretariat and the Member States. A strengthened project management approach to reform implementation will also facilitate more effective risk management, including the training of staff, and development of a broader risk management architecture (systems, rules, procedures, guidelines, etc.).

Project management tool

The Secretariat is now building capacity in programme management, as the reform moves towards implementation. The 2nd stage evaluation report highlighted the need to strengthen short- and long-term planning and coordination of reform activities with a systematic way of reporting progress on activities. As a result, the Secretariat has developed a Programme Management and Planning Tool for WHO reform. This tool, envisioned to be made available to Member States and the Secretariat, will house the results framework from which project plans (with detailed activities, timelines, and resources) are entered, updated, and monitored. The tool, which is currently being tested and prepared for implementation, will enable the systematic generation of progress reports and dashboard on reform activities.
## 5. Financial Situation (2012-13)

WHO received in the latter half of 2012 and in 2013 $6.8 million to support the implementation phase of reform. This brought the total received since the programme’s initiation to $9.9 million. In addition to these donations, the Director-General has made flexible resources available.

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The following donors have contributed with funding, through one or more donations, since the beginning of the reform: Australia, Canada, Germany, India, Monaco, Norway, Sweden, Switzerland, United Kingdom, United States of America and the Bill and Melinda Gates Foundation.
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<td>Engagement with stakeholders</td>
<td>$130,000</td>
<td>$47,495</td>
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<tr>
<td>3</td>
<td>Managerial reform</td>
<td>$14,333,000</td>
<td>$6,754,404</td>
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<td>3.1</td>
<td>Support to Member States</td>
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<td>3.2</td>
<td>Human resources strategy that encompasses a model for strategic workforce planning and career development</td>
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<td>$1,623,925</td>
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<td>3.3</td>
<td>Finance and resource allocation (Including Financing dialogue, results chain)</td>
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<td>$1,397,557</td>
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<td>3.4</td>
<td>Accountability and transparency</td>
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<td>$713,722</td>
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<td>3.5</td>
<td>Evaluation</td>
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<td>3.6</td>
<td>Communications</td>
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<td>4</td>
<td>Change management</td>
<td>$2,940,000</td>
<td>$2,744,036</td>
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<td></td>
<td>Total</td>
<td>$17,843,000</td>
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6. Lessons Learned and Outlook for the Upcoming Biennium

These 12 months of WHO’s reform programme have highlighted a series of key lessons which, if appropriately addressed over the upcoming biennium, will assist in accelerating and strengthening the implementation of reform. These lessons, which have also emerged from the findings of the 2nd stage evaluation on reform, can be grouped into three broad areas: (i) Member State engagement in reform; (ii) management of reform; and (iii) structured delivery of change.

(i) Member State engagement in reform

The importance of Member State engagement in the success of reform has been reiterated throughout 2013. In reform areas related to programmatic priority-setting, financing, and accountability and transparency, among others, Member State consultations, deliberations and continued engagement have been vital to advancing future directions for the Organization. It is recognized that strengthened engagement of Member States in the reform process will be critical to achieving similar advances in, for example, governance and HR reforms, and that the Secretariat must continue to ensure Member States are well-positioned to engage in strategic debates on reform issues that set these policy orientations.

(ii) Management of reform

A number of elements related to the way in which reform is managed need to be improved to strengthen implementation of reform, particularly given the shift from policy analysis to downstream implementation within the reform agenda. In particular, it has become clear that there is a need specifically to strengthen the current high-level implementation plan to ensure that:

- the consequences and pathways leading to Organizational change are clearly defined and built from a robust background ‘logic’ to ensure identification of priorities, distinguishing critical steps from supporting, non-transformational activities
- logical linkages are defined and mapped between the different and interdependent levels of the results chain
- robustness of the reform results and performance frameworks is improved to support effective monitoring and achievement of desired outcomes and impacts
- regular reporting through such a framework fosters a degree of transparency and Member State oversight of progress in reform.

To address these issues, a revised reform implementation plan will be presented to WHO’s governing bodies in May 2014. This revised plan will incorporate a monitoring framework for the key performance indicators of reform at all levels of the results chain, aligned with the theory-of-change framework, with baselines and target performance levels for each indicator.

(iii) Structured delivery of change

Important determinants of success in the operationalization and institutionalization of WHO’s reform include a targeted change management approach appropriate for the level and type of impacts
generated through reform; a core internal change network to operationalize reform across the Organization; and a comprehensive communications and engagement strategy specific to external and internal stakeholders. The need for a consolidated impact and preparedness assessment to identify the impacts that reform initiatives will have on various stakeholder groups, and the needs related to each reform initiative across each level of the Organization, has also emerged. Platforms for renewed engagement with critical change agents are required. Heightened engagement will assist in the examination of the expected impact of reform, the definition of key messages for staff and external partners, and the identification of accountability for reform implementation activities. It will also help address deficiencies in change capacity, facilitate quality assurance adjustments to implementation where required, and identify emerging risks to implementation.