WHO Reform
Progress report on reform implementation

Programme, Budget and Administration Committee of the Executive Board
21 January 2015
The new reform structure has been implemented following the last PBAC

- Reference point was 51 outputs (inclusive of Change Management as the 4th grouping). This was restructured to 31 outputs (without CM).

- Tracking progress using the new results hierarchy, 71% of the outputs (22 out of 31) have reached implementation stage.
Progress was made despite conflicting priorities due to the Ebola response.

Completion rate in %

- Engagement with stakeholders
- Governance
- Programme Planning & Financing
- Evaluation
- Accountability & Transparency
- Human Resources
- Information Management
- Communication

Jan. 2015
mid 2014

WHO Reform - PBAC
21 January 2015
The Ebola outbreak and WHO's reform initiatives are closely linked

The outbreak has highlighted a number of the fundamental issues underpinning reform

- The impact of the outbreak supports the need for WHO to be able to better adapt and respond to shifting, complex realities.

Stress-test on the functioning of WHO

- In responding to the crisis, the Organization has been stretched beyond capacity;
- This has had consequences on the pace and delivery of WHO's work across the Organization, including on reform activities.

Reinforced the importance of WHO's leadership priorities

- UHC, SDH, IHR, access to medical products.

Exposed persisting weaknesses

- Human resource processes/systems to rapidly match staff skills to urgent needs;
- Organizational effectiveness; finance; admin and managerial constraints.

A new reform stream around emergency response emerges
Programmatic reforms

Key achievements:

- Better reflection of country priorities through bottom-up planning process;
- Closer alignment of PB with priorities of the Organization (GPW) through utilization of the CCS;
- Increased availability of short term funding (for current biennium).

Further needs identified in the Ebola outbreak:

- Planning and budgeting systems for emergencies;
- Financing and resource mobilization for emergency response operations.
Governance reforms

**Key achievements:**

- Revised draft framework for the engagement with non-State actors;
- Increased efficiency of governing body meetings due to decreased number of documents and agenda items;
- Health reflected in the proposed post-2015 development agenda.

**Further needs identified in the Ebola outbreak:**

- WHO's functional role / mandate in emergency response.
Managerial reforms

Key achievements:

- Strengthened accountability through additional tools and support to managers (e.g. risk mgt, manager's self-assessment checklist, etc.);
- Harmonized selection process;
- Enhanced focus on organizational learning through creation of an evaluation unit.

Further needs identified in the Ebola outbreak:

- Rapid recruitment and immediate deployment;
- Information management systems;
- Logistics;
- Communication and media relations;
- Performance mgt. & accountability.
Reform financing

- Total amount received: $6.8m specified for reform

- Expenditure (2014 to date): $9.9m

- Funding for 2014-15 received from: Australia, China, Germany, Norway, Sweden, USA, and BMGF

- Ongoing review of budgetary needs due to use of internal resources and delayed implementation due to Ebola emergency response.

- Following outcome of EBSS discussion further review of budget may be needed.