



TEN YEARS OF TRANSFORMATION:

Making WHO fit
for purpose in
the 21st century



World Health
Organization

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Making WHO fit for purpose in the 21st century

Over the past decade, extraordinary progress has been made in transforming the World Health Organization (WHO), bringing it into the 21st century and positioning it not only as the world's public health agency, but as forward-looking and fit-for-purpose. By developing innovative leadership, managerial structures and systems, the changes that WHO has undergone have resulted in increased effectiveness, efficiency, responsiveness, transparency and accountability. Above all, these reforms have been grounded in robust metrics to measure performance and have been integrated into organization-wide systems and processes.

The need for change in WHO had long been a priority for WHO Member States, which first adopted results-based management in the programme budget for the biennium 2000–2001, structured around approximately 30 areas of work. A revised planning framework was introduced in 2006, based on a six-year medium-term strategic plan, with 13 strategic objectives linked to a 10-year general programme of work for the period 2006–2015. Some felt that WHO was leading the field among United Nations agencies in introducing results-based management, which was innovative at the time. Others, both within WHO and among some Member States, felt there was much further to go – particularly to show how all three levels of the Organization contribute to the achievement of corporate objectives.

Member States' appetite for improvements in WHO played a part in electing Dr Margaret Chan as Director-General in 2006. In her campaign, Dr Chan had recognized and made explicit her willingness to take on the challenges of modernizing and streamlining the Organization. Echoing Executive Board Members' sentiments following her nomination, she said, "I agree: WHO needs to be leaner, more effective, and rapidly responsive to a changing world." Setting the tone for the coming years, Dr Chan welcomed the opportunity to work with WHO's constituency in her address to the World Health Assembly in May 2007, stating, "We face the challenge of making WHO perform more efficiently and effectively, getting all levels of WHO to work more cohesively, and motivating staff. I believe that WHO leads the United Nations in terms of results-based management, but there is still some way to go to improve accountability and transparency."

Three fundamental challenges were articulated as the drivers of change. First, WHO was overcommitted and overextended. It needed selective and strategically focused priorities that would best reflect the Organization's comparative advantage in the changing global health landscape and lay the foundation for WHO's leadership in the coming decades. Second, WHO's role in global health governance and relation to other actors in international health required clarity. Third, when faced with new challenges and a rapidly changing environment, WHO needed to develop the capacity and culture to be able to respond with sufficient speed and agility.

Ultimately, optimizing WHO's governance, management and programmatic focus would enable the Organization to more

effectively fulfil its constitutional mandate as the “directing and coordinating authority on international health work” and, most importantly, better serve Member States and communities in improving health.

To make these changes a reality, WHO’s governing bodies defined three objectives:

1. Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage and financed in a way that facilitates this focus.
2. 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.
3. An Organization that pursues excellence, one that is effective, efficient, responsive, objective, transparent and accountable.

Ten years after initiating this bold agenda, the Organization has evolved fundamentally while weathering some of the greatest health crises the modern world has seen. Anyone walking in the doors at WHO today finds an agency that is revitalized, ready for the challenges of this century, operating smoothly across its three levels – headquarters, regions and countries – and squarely engaged with partners and governments to tackle this era’s health challenges. This report tells the story of that transformation, from 2007 through to the current day.

2007–2008: WHO appoints a new Director-General and faces the global financial crisis head on

On 9 November 2006, when the World Health Assembly appointed Dr Margaret Chan as Director-General, WHO was recovering from the shock of Director-General Lee Jong-wook’s tragic death in office. Though his loss rocked the Organization, the resilience of WHO’s Member States, leadership and staff were clearly demonstrated in the seamless transition from the interim administration to the new administration and a dynamic vision for the coming years.

During her 2006 campaign, Dr Chan issued a manifesto with a six-point agenda for leading the Organization forward:

1. Development for health
2. Security for health
3. Capacity for health
4. Information and knowledge for health
5. Partnerships for health
6. Performance for health.

Following Member States’ lead, WHO has focused its work and provided the support and expertise that has helped Member States achieve successes in the first five points. However, it was the commitments made under the sixth point that have underpinned the Organization’s dedication to and accomplishments in its own transformation in the past decade; to accelerate human resource reform to build a work ethic within WHO that is based on competencies, collaboration and pride in achieving results for health; to introduce a corporate communication and information strategy that promotes accountability to the public and to Member States; and to engage with Member States and partners to ensure effective financing for WHO.



The work of improving WHO performance was put in action immediately, with strategic planning taking place across the Organization in the second half of 2007. Critically, in that period the Global Policy Group was established, establishing a mechanism to give the six Regional Directors, the Director-General and the Deputy Director-General a platform for discussing WHO policies, sharing of experiences and best practice, solving problems and promoting greater coherence throughout the Organization. The Global Policy Group also provides a consultative forum for the Director-General in her decision-making.

Then, almost as immediately, the Organization and the world faced one of the greatest challenges it would have to overcome: the global financial collapse of 2008.

The 2008 financial crisis is largely considered to be the most serious economic collapse since the Great Depression of the 1930s. As the crisis evolved throughout 2008, concerns increased about its impact on health – and on WHO, the agency mandated to protect, support and improve global health. The Organization was quick to respond. Recognizing that the financial crisis had spurred widespread distrust of institutions and their financial modalities, WHO publicly and forthrightly acknowledged the need for increased accountability and transparency.

Concomitant with this period of financial instability, in 2008, WHO was one of the first United Nations (UN) agencies to introduce an enterprise resource planning system – the

WHO Global Management System (GSM) – which integrates planning, budget, financial management, human resource management, payroll, procurement, asset and contract management and other key business processes. Rolled out across WHO over the following two years, GSM provides a global view of the use of financial resources and operational activities in the programme budget and has dramatically enhanced accountability and transparency, through more effective and efficient management of programmes, strengthened financial controls, and a standardised approach to business intelligence. Implementing GSM generated the infrastructure and laid the foundation for all subsequent programmatic and managerial reforms. To further enhance accountability and transparency for the Organization, the Global Service Centre (GSC) was established in 2008 to centralize and standardize WHO's business processes, based on GSM.

Streamlining administrative services to increase efficiency and effectiveness: The WHO Global Service Centre

WHO established its Global Service Centre in late 2007 to provide harmonized, consistent, high-quality and timely administrative services to programmes and staff from WHO and its hosted entities (APOC, UNAIDS, UNICC, UNITAID and the Global Fund at the time), while reducing the costs and increasing efficiency of delivery. Cost efficiencies were created through consolidation of functions in a cost-effective location – Kuala Lumpur, Malaysia – and by achieving economies of scale in service delivery. Quality was ensured through specialization and professionalization of administrative processing. Operations are enabled by WHO's Enterprise Resource Planning system, which consolidated the Organization's multiple disconnected information technology systems into one, providing the global, integrated platform required for the GSC to be successful.

The GSC provides standardized services in the areas of global human resources, global finance and global procurement and logistics to approximately 8,000 WHO staff and programmes worldwide. GSC governance is organized through a globally representative body of WHO's administration, which provides strategic guidance and monitors the Centre's performance. A service catalogue has been developed to inform clients about services offered and service levels to be expected from the Centre. The GSC is operationally independent from the regular management structures of WHO, ensuring that its services are not compromised by local pressures.

The establishment of WHO's Global Service Centre has led to overwhelmingly positive outcomes. The Centre has matured and has clearly shown that it brings additional value to the Organization. In terms of productivity levels, for example, the cost per transaction at the GSC decreased by 48% between 2009 and 2012 (in 2009 US\$ value terms), meaning that it cost 48% less for the Centre to process a transaction in 2012 than it did in 2009. The overall volume of transactions stabilized at an average of 260,000 per quarter over 2012–2013. The capacity of the Centre to handle this number of transactions was generated by a combination of increased proficiency in processing and efficiency improvements in internal GSC processes. Additionally, basing the GSC in Kuala Lumpur rather than Geneva contributed to substantial cost savings amounting to US\$ 30 million per biennium.

The most significant reform process in the Organization's history was still in its infancy, but it had already faced and withstood a tremendous challenge. The next step was to work

with Member States to put flesh on the bones of the reform agenda, institutionalizing the change process and establishing clear milestones to measure progress.



We are waiting for the reforms at country level. We hope it will clarify the kinds of resources – financial, human, and technical – we will have access to. We will have a better sense of their flow and this will definitely help us plan and also help WHO to have more focus at country level. We no longer want to spread ourselves thin with too little to invest. Some of my current programmes have less than USD 2,000 for a biennium. With more focus, we will see more impact.

Dr Usman Abdulmumini,
Former WHO Representative to Eritrea

2009–2010: WHO continues its transformative journey and leads in the global response to the influenza A H1N1 virus pandemic

By early 2009, WHO had made clear its commitment to addressing its performance gaps and initiated a broad programme of modernization, a process put in motion with the establishment of the Global Policy Group, Global Management System and the Global Service Centre. However, Member States and the Director-General also recognized that the fragile global economy was affecting the state of the world’s health, particularly in vulnerable populations, including women and children, and that this must be the priority.

Consultation on the financial crisis and global health

In response to concerns expressed by Member States, the Director-General convened a high-level consultation in January 2009 before the Executive Board’s 124th session, on the impact of the global financial and economic crisis on health. The objectives were (a) to build awareness of the ways in which an economic downturn may affect health spending, health services, health-seeking behaviour and health outcomes; (b) to make the case for sustaining investments in health; and (c) to identify actions – including monitoring of early warning signs – that can help to mitigate the negative impact of economic downturns.

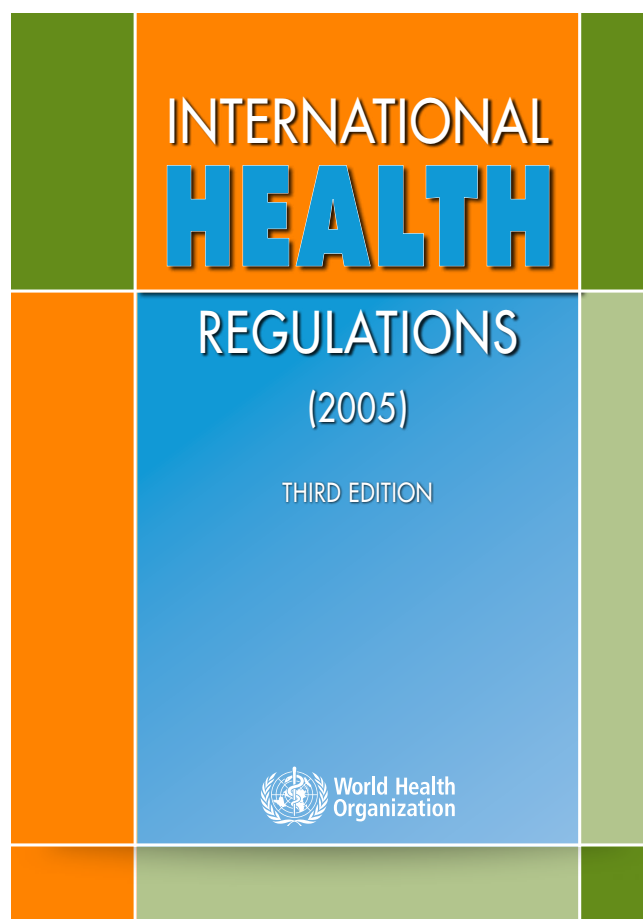
The consultation resulted in a five-point framework for action, emphasizing the need for new ways of doing business in international health. The framework highlighted the need to reduce duplication of effort, to promote greater synergy between individual health programmes, to align around country priorities and to accelerate UN reform. The participants agreed that “progress will depend on action at country, regional and global level. WHO is also concerned to increase its own effectiveness, and work is in hand to seek efficiencies, to explore new and better ways of working, and to review priorities.”

These conclusions presaged the next steps that WHO would take in its own reform and made clear that that WHO itself was vulnerable to the financial crisis. The Director-General acknowledged the need for change, stating, “I am personally looking at the overall efficiency of WHO’s operations. And I want to assure you that I am prepared to exercise strict financial discipline in my capacity as chief technical and administrative officer of this Organization.”

The influenza A H1N1 virus pandemic and the International Health Regulations (2005)

While the world was grappling with the slowly recovering economy, attention was drawn dramatically to the importance of public health preparedness and capacities when in March 2009, a new influenza virus, initially described as “swine flu,” emerged in Mexico, with early reports suggesting a case fatality rate of 64%. This proved to be the first test of the revised International Health Regulations (IHR), a binding agreement between 196 countries, including all WHO Member States, to work together for global health security, adopted by the World Health Assembly in 2005.

When the influenza outbreak was detected, WHO immediately responded to requests to provide support, expertise and coordination to its Member States. In late April, WHO declared its first ever “public health emergency of international concern,” a designation defined in the IHR (2005). WHO plays the coordinating role in the IHR and, together with its partners, helps countries to strengthen relevant capacities.





While the high case fatality rate of the influenza A H1N1 virus did not continue – the pandemic was one of the mildest on record – events like the outbreak serve to focus global attention on the need for robust public health protections. The WHO Review Committee on the Functioning of the IHR (2005) in Relation to the 2009 H1N1 Influenza Pandemic found both strengths and weaknesses in the response. While WHO had identified and responded to the virus quickly and created good networks, criticisms surrounded the slow distribution of the vaccine, its low production capacity, and the appearance of conflicts of interest. The Committee made several recommendations to improve future management of such situations, including better support for development of country core capacities under the IHR.

Examining WHO financing brings to light the need for better alignment of objectives and greater predictability and stability

The high profile of the H1N1 outbreak brought into focus the discussions in 2009 that had highlighted concerns among Member States about the way WHO is financed. Two issues

were prominent: how to better align the objectives agreed by the Organization's governing bodies with the monies available to finance them and how to ensure greater predictability and stability of financing.

In early 2010, WHO convened an informal consultation on the future of WHO financing. The consultation brought together senior officials and ministries of health, development cooperation, finance and foreign affairs. While the starting point for the meeting was a discussion about financing, participants raised more fundamental questions about the Organization itself. The group concluded that improvements in financing first require greater clarity about the current role of WHO, a role that was being profoundly shaped by changing disease profiles, rising public expectations for health care, rising costs of new technologies, a growing impact on health of policies made in other sectors and a proliferation of new health initiatives and partnerships.

At the consultation, the Director-General committed to gathering the views of Member States on the issues raised. From April to October 2010, WHO held a web-based consultation with Member States and a discussion at the 2010 Regional Committees, with a view to reporting to the January 2011 session of the WHO Executive Board. In parallel with this consultative process, WHO's Global Policy Group reached conclusions similar to those expressed by Member States: WHO needed to capitalize more effectively on its leadership position in global health, and doing so required fundamental reforms in the way the Organization operates.

By the end of 2010, the direction of reform was clear, with Member States engaged and the full force of the Director-General's commitment behind the process. The next steps were for Member States to shape and define the reform, giving structure to the articulated need and creating a framework for accountability.

Building trust through monitoring: The Independent Expert Oversight Advisory Committee

Understanding that financing will flow only to organizations that demonstrate accountability and transparency, WHO welcomed the proposal of Member States that an independent evaluation mechanism be established to oversee the internal workings of the Organization. In May 2009, the Executive Board established the Independent Expert Oversight Advisory Committee (IEOAC), which reports to the Executive Board through the Programme Budget and Administration Committee. Meeting three times a year, the IEOAC

- a. Reviews the WHO financial statements and significant financial reporting policy issues
- b. Advises on the adequacy of the Organization's internal controls and risk management systems
- c. Exchanges information with, and reviews the effectiveness of, the Organization's internal and external audit functions and monitors the timely, effective and appropriate implementation of all audit findings and recommendations.

The IEOAC plays a key role in the architecture built to enhance WHO's accountability and transparency, which has seen substantial improvements in internal controls (reduction of outstanding audit recommendations from 25% in 2011 to 3% in 2016), risk management (establishment of an organization-wide risk register and management approach), integrated performance assessment and financial reporting and strengthened internal financial controls (internal control framework and management dashboards to monitor progress on key administrative and managerial metrics).

2011–2012: WHO embraces a broad reform agenda and supports heads of government in tackling noncommunicable diseases at the General Assembly

The year 2011 would prove to be when the change process at WHO took on tangible form, with Member States embracing and taking ownership of its direction and implementation. Seizing the opportunity to move forward with this agenda, in January 2011, the Executive Board considered a report summarizing the results of 2010 consultations with Member States. As stated in that report, “The starting point for the reform process is clarification of the Organization’s distinct contribution to global health. What is WHO uniquely well-positioned to do? What functions do Member States expect WHO to perform better than any other agency or organization?”

The Director-General concluded the Executive Board session with a statement that set out, in broad-brush terms, the main elements of an innovative programme of modernizing and streamlining WHO. These included thinking on core business and priorities to respond to the call for greater focus; on WHO’s role in different aspects of global health governance; and on what were then emerging as the main components of management reform – results-based planning, organizational design, human resources and financing. Discussions illustrated three main objectives:

1. Greater focus to meet the expectations of Member States in addressing health priorities

2. Greater coherence in global health through better governance
3. An organization that was fit for purpose through management reforms.

This three-part structure of priorities, governance and management has remained the organizing framework for the past decade of improvements to WHO’s functioning .

WHO Member States drive organizational change

At the request of the Board, the Director-General presented a consolidated report entitled The Future of Financing for WHO to the 64th World Health Assembly in May 2011. The report was frank in its description of the challenges facing public health and WHO, stating that the world faced “new realities unprecedented in the history of public health” and that in the face of these new realities, WHO found “itself overcommitted, overextended, and in need of specific reforms. Priority-setting is neither sufficiently selective nor strategically focused. Given the large number of agencies now active in health, duplication of effort and fragmented responses abound, creating an unprecedented need for greater coherence and more effective coordination.”

The report proposed a series of actions to address the gaps in WHO’s ability to optimize its support to Member States and to fulfill its constitutional mandate as the directing and coordinating authority on international health work. The proposals reflected the work of informal working groups at headquarters and of a formal consultation on global health governance, with participants from governments joined by others from international agencies, civil society and the private sector.



Member States passed a resolution endorsing the agenda and further refined the three objectives originally articulated by the Executive Board:

1. Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage and financed in a way that facilitates this focus.
2. Greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play active and effective roles contributing to the health of all peoples.
3. An Organization that pursues excellence—one that is effective, efficient, responsive, objective, transparent and accountable.

Since May 2011, three distinct and interconnected fields of work have emerged in line with these objectives: WHO's programmes and priorities; the governance of WHO and WHO's role in global health governance; and management.

Member States had confirmed and taken ownership of the need for and process of revitalizing WHO.

Heads of government tackle noncommunicable diseases at the General Assembly

Not surprisingly, global public health events did not pause to allow WHO and its Member States to focus solely on improving the Organization's own functioning. As WHO had emphasized in a 2010 Status Report, noncommunicable diseases had become the world's leading health problem, causing two-thirds of all deaths, with 80% of the burden falling in low- and middle-income countries. The impact of these diseases is far-reaching, affecting not only individual health but also national economies through loss of able-bodied members of the workforce and high treatment and management costs. In 2011, the world took notice and its leaders took concrete steps to address this health crisis.

Through WHO's work in raising the profile of this slow-moving epidemic, global attention was focused on noncommunicable diseases at the High-Level Meeting on Noncommunicable Diseases in September 2011, convened as part of the 66th session of the UN General Assembly. This was only the second time in the history of the UN that the General Assembly considered a standalone health issue. As Secretary-General Ban Ki-moon noted, "The summit in September in New York is our chance to broker an international commitment that puts noncommunicable diseases high on the development agenda, where they belong."

At the High-Level Meeting, world leaders agreed that the global burden of noncommunicable diseases is a major threat to development and committed in the Political Declaration they adopted to working across all sectors to prevent and control these diseases.



The Executive Board meets in special session

In view of the profound changes mandated by the Health Assembly and reflecting the discussions at the Regional Committees between July and November 2011, WHO's Member States decided, for only the second time in the Organization's history, to convene a special session of the Executive Board to consider and drive the shape the direction of the process of making WHO the Organization it should be. In welcoming the opening of the Special Session in November 2011, Director-General Chan boldly stated, "As you have made extremely clear, priority setting should be the force that drives all reforms. Reforms follow priority functions. Money follows agreed priorities."

About 100 Member States attended the three-day session, in which the Board outlined key elements in WHO's programmes and priorities; the governance of WHO and WHO's role in global health governance; and management reforms. The Board agreed upon and provided detailed mandates relating to each of the principles of reform.

No time wasted in moving things forward

Member States wasted no time in moving things forward, taking concrete steps toward the three objectives: Agreed programmes and priorities for WHO; clarifying the governance of WHO and WHO's role in global health governance; and improving Organizational management.

WHO's programmes and priorities

Member States met in Geneva for two days in February 2012 to discuss WHO's categories of work and the criteria for setting priorities. They considered current priority-setting practices in WHO, their strengths and weaknesses and the relationship between the country cooperation strategies, the formulation of the general programme of work and the programme budgeting process.

It was agreed that WHO's general programme of work should include a clear results chain and that the programme budget should link outputs and outcomes to resources and articulate a clear delineation of what is to be achieved by different levels of the Organization. With these conditions fulfilled, the general

programme of work could be the foundation for medium-term strategic planning for WHO collaboration, establishing priorities and programme budgets geared to countries' individual needs as well as to the collective global and regional actions that affect groups of Member States. Before adopting this structure, there had been little previous use of systematic methodology at WHO in arriving at priorities. More often the process had been to work through consultation to build a consensus around the relative importance of different criteria.

To ensure full stakeholder engagement and contribution, a web-based consultation for nongovernmental organizations (NGOs) on programmes and priority-setting also took place, as per the decision of the Executive Board.

Governance of WHO and WHO's role in global health governance

The global public health landscape has changed dramatically since WHO was established in 1948. While governments are the Organization's main partners, collaboration and coordination with other stakeholders helps build common goals that contribute to improving the health and lives of millions. WHO's policies in this regard needed to be revised to ensure efficient working relations with stakeholders in public health, to promote complementarity between different actors and to manage potential conflicts of interest.

To initiate this work, WHO's governing bodies requested a draft policy paper on WHO's engagement with NGOs. As a first step in developing the draft policy, WHO convened a one-day consultation with NGOs in October 2012 to learn their perceptions of WHO's engagement with them, as well as their views and ideas for the draft policy. In addition to all NGOs in official relations with WHO, several NGOs in informal relations with the Organization, including foundations, were invited. Sixty-three participants representing 44 NGOs participated, with some NGOs submitting written comments. The meeting was broadcast via WebEx to those unable to attend, as well as to WHO regional and country offices.

Management

Among other initiatives, a robust internal control framework was developed that reinforces a culture of ethical behaviour and workplace integrity. The framework covers all processes that have financial consequences to ensure adherence to rules and procedures and clear lines of accountability. The framework also encourages risk- and compliance-awareness among its personnel and assists managers in identifying and responding to risks in a systematic manner.

By the end of 2013, the discussion originally initiated in January 2010 on the future of the financing of WHO, subsequent deliberations by the Regional Committees, Executive Board and World Health Assembly and the inputs provided by Member States and stakeholders had resulted in a concerted vision on what was needed to place WHO at the forefront of the global health challenges of the 21st Century.

"WHO's reform is bringing credibility in Kazakhstan. The UN country team used to think WHO was rigid, non-responsive

in the field. But this is changing fast. Aligning WHO with broader UN reforms has further energized the country team. People appreciate WHO's bid to become more transparent, accountable, flexible and more responsive to country needs." Dr Melita Vujnovic, WHO Representative to Kazakhstan (2012)

2013–2014: WHO operates under a results framework, strengthens WHO performance at country level and focuses on the Ebola outbreak in West Africa

In 2013 and 2014, the changes at WHO began to manifest in concrete innovations in programmes and policies. The Organization established a department of Compliance, Risk Management and Ethics to advise management and staff members on how to identify, mitigate and monitor organization-wide risks and compliance gaps, as well as to strengthen awareness of ethics standards. Following adoption of the WHO Evaluation Policy in 2012, a standalone Evaluations Office was created to contribute to establishing a culture of evaluation at all levels of WHO, so that evaluation plays a critical role in improving performance, increasing accountability for results and promoting organizational learning. In 2013, the World Health Assembly approved the entire Programme Budget for 2014–2015, for the first time in its history – prior to this, the Assembly only approved Assessed Contributions (equivalent to only 23% of the programme budget in 2012–2013). WHO's Member States also worked together and with the Organization to introduce a new results framework in the Programme Budget. As Dr Joy St John, Executive Board Chairperson, stated in her January 2013 closing remarks to the 132nd session of the WHO Executive Board, "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."



Sometimes it's the small things

Though the sweeping, high-level changes often garner the most attention, sometimes it is the small things that make clear that change is happening at the most basic, cultural levels. WHO introduced new policies to make all Organization-sponsored travel more strategic, reduce cost, and increase accountability:

Make travel and meetings more strategic: Meeting venues are chosen with a view to reducing the need for participants to travel or to travel long distances, and staff are strongly encouraged to make use of video and teleconferences.

Increase accountability: Travel reports need to be submitted and approved before a travel claim is submitted. Staff members receive full per diem only on submission of hotel bills – if the bills are not submitted, the staff member receives 50% per diem.

Reduce cost of travel: Fewer trips are eligible for business-class tickets. Previously, all flights more than six hours in length were eligible for business class – now only travel longer than nine hours is eligible. At the same time, business class entitlement for non-staff was removed, making all non-staff travel in economy class irrespective of the duration of flight.

In addition to changing Organization-wide travel policy, during this period WHO launched the Global Conference and Training Centre of WHO in Tunis. The Centre specializes in organizing conferences regardless of the meeting location. The combination of centralizing staff specialized in organizing travel and the low post costs in Tunisia contribute to overall reductions in travel-related spending. Additionally, holding meetings in Tunis (usually instead of Geneva), which is a relatively low cost venue and with associated low travel costs has provided additional savings.

The result were an average reduction of more than 550 travels per month and a total reduction of flight-ticket costs of more than US\$ 28 million from 1 January 2011 to 31 October 2012.

Following on these proven successes, in 2016, additional policy changes were implemented, including setting a budget ceiling for non-emergency staff travel for the biennium, aiming at a 10% reduction compared to the previous biennium; the requirement to escalate late travel requests at headquarters to assistant directors-general for approval; the introduction of a monthly ceiling and reduced per diems for long-term consultants across various major offices; and the use of the online booking tool for all travel from Geneva within Europe. As a result, duty travel expenditure in 2016 was reduced by 14% when compared to the previous year, primarily due to a decrease in the average cost per trip and a reduction in the cost of airline tickets.

A vision for WHO and a new results framework: improving accountability and impact

In May 2013, the 66th 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 IHR (2005)
- Increasing access to essential, high-quality, safe, effective and affordable medical products
- Addressing the social, economic and environmental determinants of health.

The leadership priorities define the key issues WHO Member States have agreed the world should focus on to deliver better health outcomes. They link to the Organization's role in health governance and highlight areas in which WHO's advocacy and technical leadership are more needed. They provide opportunities for WHO to shape the global debate, secure country involvement and drive the way the Organization works.

To define the scope of WHO's work, the Assembly also adopted the Programme Budget for 2014–2015, which included a new results framework, reflecting the agreement reached by Member States in February 2012. The new results framework in the Programme Budget 2014–2015 makes significant progress in improving accountability, facilitating a systematic way to monitor performance, and it shows how WHO's work contributes to improving public health globally.

The framework is structured around six categories and 30 programme areas, for which departments and offices identified the activities required to deliver the agreed outputs and achieve the related targets. The Secretariat is responsible for these outputs, and the results link this work of the Secretariat to the health and development changes to which it contributes, both in countries and globally. 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, as well as 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.

Strengthening WHO performance at country level

WHO's work in countries is more crucial than ever in the context of the 2030 Agenda for Sustainable Development, the globalization of health security threats, and the expanding

cast of development actors. More than half the Organization's work in terms of financial and human resources is at the country level, demanding a high degree of accountability. The heads of WHO offices are uniquely placed to act as change agents in defining the success of the transformations WHO is undertaking.



The seventh biennial global meeting of the heads of WHO offices in countries, territories and areas with the Director-General and Regional Directors was held from 18 to 22 November 2013. Issues ranging from technical topics as part of WHO leadership priorities, such as noncommunicable diseases and universal health coverage, were covered, and the changes in WHO's prioritization, governance and management were at the centre of the discussions. At country level, implementing these changes means strengthening country offices to ensure that WHO provides efficient and effective support to Member States. Countries' need for WHO support changes over time as their social, economic and health situations progress. WHO needs to be prepared and flexible enough to provide support through those changes.

Participants at the meeting formulated several key action points crucial to strengthening WHO work in countries:

- Strengthen WHO's convening and facilitating role at country level: ensure a minimum country presence in each country, with staff skilled in policy analysis, monitoring and evaluation and communication.
- Align planning and resource allocation with country priorities: ensure bottom-up planning of resources, develop easier and faster processes for revising budget ceilings, provide financial flexibility to enhance responsiveness and make the country cooperation strategy a strategic management tool.

- Address country-level human resources (HR) challenges: ensure that HR profiles match country needs and priorities; fast-track compulsory mobility and rotation to facilitate re-profiling at country level; align staff development and training efforts with emerging needs at country offices and make career development effective.

The outcomes of the meeting were taken on board, and WHO has taken concrete steps to enhance its leadership at country level. A more rigorous, professionalized, merit-based process for selecting WHO representatives has been established. Under the improved selection process, assessed and successful applicants are added to a global roster of candidates eligible to apply to a vacancy announcement. To attract suitable candidates in particularly complex countries, incentives have been added; for instance, the positions have been aligned in seniority with comparable positions in other organizations in the United Nations system, deputy WHO representatives have been appointed, and the appointment of WHO representatives has been internationalized, with a target of at least 30% of appointees coming from countries outside the region into which they are appointed.

Recognizing that health leadership roles are expected from more than just the WHO Representative, the Secretariat has concentrated on building the strategic capacity of technical staff members of country teams through the introduction of training in areas such as: (1) national health policy dialogue, to ensure that WHO convenes relevant stakeholders to build consensus around national health priorities and support the

Leadership priorities

Our leadership priorities give focus and direction to our work. They are areas where it is vital for WHO to lead —the key issues which stand out from the body of our work.

WHO values

WHO has been at the forefront of improving health around the world since 1948.

Health:

is a state of complete physical, mental and social well-being, not just the absence of disease or infirmity

is the fundamental right of every human being, everywhere

is crucial to peace and security

depends on the cooperation of all individuals and States

should be shared: extending knowledge to all peoples is essential



WHO directs and coordinates international health by:

providing leadership on matters critical to health

shaping the health research agenda

defining norms and standards for health

articulating policy options for health

providing technical support and building capacity to monitor health trends

Improving predictability and transparency through WHO's financing dialogue

In response to Member State concerns about WHO's financing situation, the WHO Programme Budget and Administration Committee conducted an extraordinary meeting on WHO financing in December 2012. As one of the outcomes of that meeting, the Committee recommended that Organization "establish a financing dialogue for the financing of the programme budget". Further to the Health Assembly endorsement of this recommendation, WHO began a strategic conversation with and between Member States and key non-state actors on the future of financing for WHO. This process was formalized through the innovative WHO Financing Dialogue, designed to ensure that WHO is well equipped to address the increasingly complex challenges of the health of populations in the 21st century.

The Dialogue aims to match the results and deliverables as agreed in WHO's biennial Programme Budgets with resources available to finance them and to achieve full funding of the Programme budget. The first meeting took place on 24 June 2013, where the principles of alignment, transparency, predictability, flexibility and broadening the donor base were reaffirmed.

A second Financing Dialogue meeting took place on 25–26 November 2013, when 266 representatives from 92 Member States and 14 non-Member State partners reviewed WHO's funding outlook and worked together to find solutions to funding challenges. As Norwegian Ambassador Steffen Kongstad said in his opening statement, "This well-constructed dialogue will strengthen WHO's intended democracy." The meeting also noted some positive steps toward greater flexibility and predictability of funding and highlighted the importance of ensuring longer-term financing linked to the six-year General Programme of Work. "This new approach to financing WHO has the potential to show the way for other UN agencies," said Mr Pierre Blais of Canada.

The second round of the Financing Dialogue was held on 5–6 November 2015 in Geneva, and a third round – focused on both WHO's overall financing and the financing of the new WHO Health Emergencies Programme – was held in October 2016. Although challenges in ensuring stable financing remain, since the first financing dialogue in 2013, there have been welcome improvements in the predictability and transparency of WHO funding:

Predictability: The level of financing predictability has improved, with 70% of funding available at the start of the biennium 2014–2015, compared with 62% for 2012–2013 and 52% for 2010–2011.

Transparency: The Programme Budget online portal, created as part of the Dialogue, gives access to explore, at any time, details of WHO's planned work, the results the Organization intends to deliver and the funds WHO has toward the achievement of these results across countries, regions and headquarters. The Portal has significantly increased transparency in WHO's funding situation and its needs by programme area and major office.

Alignment and flexibility: Aligning funding with the Programme Budget has improved. At the end of 2014, categories 1 to 5 were financed to at least 75% of the approved level through the strategic allocation of flexible funding. The flexibility of funding from some contributors has seen slight improvements.

Reducing vulnerability: WHO has initiated discussions with contributors from emerging economies and has seen a small improvement in broadening the donor base. The 2016–2017 Programme Budget reflects WHO's changed approach to financing, with performance expectations now expressed as costed outputs so that achievements can be measured and WHO can be held accountable for results and resources.



development of effective and cost-effective national policies; (2) global health diplomacy to enhance the negotiation of political choices for health as an intersectoral issue with links to trade, security, foreign policy and other issues and to support the creation of alliances between States and health actors for global health outcomes, and (3) communications, to ensure that the Secretariat effectively applies appropriate technologies to communicate public health messages with a range of audiences in countries.

Planning processes at country level are also improving. The Secretariat defines its priorities with Member States through country cooperation strategies, with operationalization through biennial country workplans. The country cooperation strategies and bottom-up planning process have helped to focus WHO's resources at country level on a limited number of jointly agreed priorities. The Proposed programme budget 2018–2019 specifies that 75% of countries will meet the 80% target set for alignment between the allocated budget and a maximum of 10 health priorities, as compared with 66% in the Programme budget 2016–2017.

Using external perceptions to help identify strengths and target gaps

Although WHO is an intergovernmental organization, driven by its Member States and piloted by the Director-General, it serves a global constituency. The public's perception of WHO in part defines whether and how individuals, communities and governments access and absorb the critical technical support and health information the Organization is mandated to provide. As such, a confidential survey of external perceptions of WHO was conducted by Grayling, a global communications consultancy, on behalf of WHO, with financing from the UN Foundation. The results, released in 2013, included the following key findings:

- More than 80% of external stakeholders and 94% of WHO staff saw WHO as being either indispensable or important for work to improve people's health.
- Two-thirds of external stakeholders and WHO staff perceived WHO first and foremost as providing leadership on health matters.
- 90% saw WHO as the most effective organization for influencing policy to improve people's health at the global level.
- Although the majority of respondents had 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 had 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 viewed WHO's information as being reliable and accurate. One-third of external respondents and over two-fifths of employees said delivery of WHO's information was too slow and difficult to navigate.

In addition to stakeholder polling, external assessments also help build a better understanding of and appreciation for the transformation in which WHO is engaged. The 2013 Multilateral Organization Performance Assessment Network (MOPAN) conducted an assessment of four UN entities, including WHO. The findings of this assessment acknowledged considerable improvements in WHO's organizational effectiveness, especially in the areas of financial management and accountability, oversight and audit, WHO's humanitarian response and human resources management. These positive assessments indicate that the WHO reforms initiated in 2011 have already started bearing fruit in making the Organization more effective, efficient, relevant and fit for purpose.

The Ebola crisis in West Africa challenges WHO and the world



The Ebola virus outbreak, which began in 2013 in West Africa, is the largest and most complex Ebola outbreak on record. Principally affecting Guinea, Sierra Leone and Liberia, widespread and intense transmission devastated families and communities, compromised essential civic and health services, weakened economies and isolated affected populations. This event stretched to the limit all the technical and operational strengths of WHO and other international partners, and tested many of its new accountability and transparency mechanisms.

A lack of basic surveillance capacities in West Africa meant that the virus initially spread undetected for three months. When the outbreak was recognized, its scale was underestimated by experts and minimized by authorities. It was not until 1,600 people had been infected and the epidemic was spiralling out of control that the severity of the situation was fully recognized, and on 8 August 2014, WHO declared the Ebola outbreak to be a public health emergency of international concern, thereby attracting the world's attention.

When the epidemic was recognized as a global threat, the world mobilized unprecedented resources and capacities, which included the full capacities of the governments of affected countries and their neighbours, WHO's complete operational capacity, supported by partner agencies, deployment of foreign military assets and the decision by the Secretary-General to establish the first-ever UN health emergency mission. The outbreak had everyone's complete attention, but it also put enormous strain on national and international response capacities, including WHO's outbreak and emergency response structures. The response was hampered by a lack of trained and experienced personnel willing to deploy to the affected countries, inadequate financial resources, a limited understanding of effective response methods, ineffective community engagement and poor coordination.

As of June 2016, more than two years after the first death from the epidemic, a total of 28,616 confirmed, probable and suspected cases had been reported in Guinea, Liberia and Sierra Leone, along with 11,310 deaths. The epidemic also caused an estimated US\$ 2.2 billion in economic losses in the most affected countries, halting—and in some cases even reversing—hard-won progress toward the Millennium Development Goals.

The Ebola outbreak was a human tragedy that took thousands of lives, caused tremendous suffering and left deep wounds in communities. Yet it was preventable. Much more could have been done to halt its spread earlier. The crisis served as a wake-up call for increased global action to prevent future health crises, as reflected in the numerous high-profile calls for improvements to the global architecture for responding to health emergencies.

This event shifted and expanded WHO's own change process, calling for deep introspection about the capacities required to lead in global health in the 21st century. While WHO has not traditionally been mandated to be operational, it was clear that this new capacity was an essential addition to its technical and normative roles, if it was to lead in addressing health crises.

2015–2016: WHO's Member States focus on how to ensure that WHO is the right organization in the new era of Sustainable Development Goals

In 2015 and 2016, WHO, its Member States and its partners faced an unprecedented number of public health challenges from the need to improve health infrastructure and support implementation of universal health care through responses to health crises. At the same time, they, and the world, celebrated the achievements reached under the Millennium Development Goals and welcomed the new Sustainable Development Agenda for 2030. Nonetheless, WHO and its Member States did not reduce their focus on revitalizing the Organization.

In March 2015, the new WHO Accountability Framework was launched to support the Organization's results-based management approach whereby delegated responsibility, authority and accountability exist in a decentralized environment and to underline its commitment to the shared values and culture of accountability and transparency. In support of increased accountability, several other initiatives were introduced across the three levels of the Organization:

- a. A systematic approach to reviewing programmatic and administrative performance of country offices was developed and piloted in WHO's country offices in Ethiopia, Indonesia and Nepal. The approach follows a standard methodology and systematically identifies best practices and areas for improvement in administration and programmatic management.
- b. Management dashboards were introduced in all major offices to monitor performance at the budget centre level and identify areas that might need corrective action.
- c. A managers' guide and a checklist for internal controls were produced and introduced across the Organization.
- d. Compliance functions were established in all major offices.
- e. A corporate risk register was introduced.
- f. Specific policy instruments were developed, including a code of ethics and professional conduct and a policy on sexual exploitation and abuse prevention and response.
- g. The new policy on whistleblowing and protection against retaliation was finalized and came into force in March 2015. To support implementation, the Integrity Hotline was introduced in June 2016, making available in all WHO locations free telephone numbers and a web access tool for reporting alleged misconduct to an independent external party, which reports back to WHO.

h. Annual accountability compacts, developed between the Director-General and the Assistant Directors-General, are now published on the WHO website and include leadership, stewardship and behavioral objectives that are monitored and discussed on a quarterly basis. Delegations of Authority and Letters of Representation of Regional Directors have also been published for the first time.

The corporate risk-management policy entered into force in November 2015, and the first full risk-management cycle was completed in June 2016 with reports submitted to senior management and the introduction of the concept of “critical risks” – those risks scored as significant and severe and for which senior management was requested to take a final decision on the risk response actions and to ensure that those actions were implemented. In addition and in order to complement the bottom-up process, senior managers have identified WHO’s principal risks through a top-down assessment; these principal risks have been made available publicly.

Further advances in transparency and accountability have included linking the internal control self-assessment checklist to the annual letter of representation of the Regional Directors and Assistant Directors-General. The checklist allows for a review of controls in five overarching areas (internal environment, risk management, control activities, information and communication, and monitoring). It has been a powerful tool to enable managers to reflect on (and understand) their environment and operations, identify strengths and weaknesses, prioritize actions and enhance compliance with WHO rules, regulations and procedures. The letter of representation provides assurance to the Director-General that the internal controls that fall within the managerial responsibilities of the Regional Directors and Assistant Directors-General are functioning.

Staff rules and regulations were adapted to allow for a mobility scheme to start in 2016, and the Executive Board endorsed a set of guiding principles for determining the strategic allocation of budget space. At the biennial meeting of the heads of WHO offices, leaders from all three levels of WHO agreed on tangible action items to strengthen work at country level and to address the implications of the Sustainable Development Goals and improve organizational accountability for results.

In perhaps its most ambitious undertaking, WHO added a new objective to its agenda for change: the reformation and building of its emergency capacities. WHO’s transformation was continuing at full speed.

Creating something new: WHO adds operational capacities to its portfolio

While WHO’s response to the Ebola outbreak was scaled up in 2015, and the Organization played a key leadership, technical and operational role in bringing the outbreak to an end, the slowness of its initial response and the lack of capacities it was able to bring to bear were heavily criticized. Rather than duck away from these critiques, WHO and its Member States faced them squarely and committed to doing what was necessary to make WHO the organization the world needs.

For the third time in the Organization’s history, the Executive Board convened a Special Session in January 2015 to review WHO’s response to the Ebola crisis. The Board called for a reconceptualization of WHO’s role in international health emergency preparedness and response and established an assessment panel to make recommendations in this regard. The Ebola Interim Assessment Panel, led by Dame Barbara Stocking, released its final report in July 2015. In it, the panel made recommendations in three areas: (1) the IHR (2005), (2) WHO’s health emergency response capacity, and (3) WHO’s role in and cooperation with wider health and humanitarian systems. In May 2015, the Health Assembly welcomed the panel’s work and mandated that WHO implement its recommendations. At the same time, it set up the WHO Contingency Fund for Emergencies, with a target capitalization of US\$ 100 million to meet the need for available, flexible funding to catalyse an immediate WHO response to outbreaks and humanitarian emergencies.

The efforts undertaken in the next year to expand and enhance WHO’s emergency capacities were guided by the panel’s report and shaped by the recommendations of the group of experts that formed the Advisory Group on Reform of WHO’s Work in Outbreaks and Emergencies with Health and Humanitarian Consequences. A new cluster was formed, bringing WHO’s work in outbreaks together with its work in emergencies, and a tremendous effort was undertaken across the Organization, at headquarters, regions and country offices, to design and establish a single emergencies programme across the three levels of WHO, with one workforce, one budget, one set of rules and processes and, above all, one clear line of authority. An Independent Oversight and Advisory Committee was established to monitor progress and provide expert advice.

In May 2016, the Health Assembly welcomed the new WHO Health Emergencies Programme, designed to be comprehensive, addressing all hazards flexibly, rapidly and responsively, with a principle of “no regrets.” Working synergistically with other WHO programmes and partners, the WHO Health Emergencies Programme addresses the full cycle of health emergency preparedness, response and recovery. While encouraging the full participation and integration of all partners, the programme operates with clear accountability and standard performance metrics. It has consolidated and expanded WHO’s existing capacities at country, regional and headquarters levels, and it leverages the unique governance structure of WHO.

From Millennium Development Goals to Sustainable Development Goals

In September 2000, the largest gathering of world leaders in history adopted the UN Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty. They endorsed a series of time-bound targets with a deadline of 2015 that became known as the Millennium Development Goals (MDGs). By 2015, although not all health-related MDG targets were met, successes included a doubling of global funding for health, the creation of new funding mechanisms and partnerships and the institutionalization of the critical role of civil society in tackling diseases such as HIV/AIDS. Research investments led to the scale-up in all countries of new interventions such as antiretroviral therapy for HIV treatment and insecticide-treated bednets to prevent malaria. The 15-year period saw major declines in child and maternal mortality and progress in the fight against HIV, tuberculosis and malaria in developing countries.

In September 2015, countries adopted the Sustainable Development Goals (SDGs) as part of a new sustainable development agenda. The 17 SDGs – almost all of which link to health – are broader and more ambitious than the MDGs, presenting an agenda to ensure that “no one is left behind.” The SDG health-related targets closely reflect the main priorities in WHO’s programme of work for 2014–2019. Many of these targets have already been agreed by Member States in the World Health Assembly. For example, the global voluntary targets for the prevention and control of noncommunicable diseases set in 2013 are closely linked to SDG Target 3.4, to reduce premature noncommunicable-disease mortality by one-third by 2030.

To ensure that WHO is able to fully support achievement of the Sustainable Development Goals, the Secretariat established a coordination mechanism for work in 2016 which is in the process of building on existing region-specific tools, training and guidance to develop a suite of practical resources for use at country level to enhance WHO’s performance and accelerate efforts toward supporting Member States in achieving the Goals. In the Region of the Americas, PAHO/WHO country offices have supported public consultations on integrating the Sustainable Development Goals into the national agenda in Argentina, Belize, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama and Venezuela (Bolivarian Republic of). In Turkmenistan in the European Region, WHO has supported the development and introduction out of an implementation plan for the Goals which focuses on prioritization and adoption of the relevant targets and indicators and integration of these into the national programmes and sector plans, as well as establishing national monitoring and measuring systems for progress towards the Goals. In Sudan in the Eastern Mediterranean Region, WHO has been working with Government through the EU–Luxembourg–WHO Universal Health Coverage Partnership to conduct a multisectoral strategic dialogue to mainstream universal health coverage into the national agenda and explore funding mechanisms.

Ensuring that WHO’s most important resource – its people – are where they need to be, with the skills to fulfil their roles

With the support of Member States, WHO has also taken steps to improve its workforce’s expertise and flexibility. A staff mobility scheme has been put in place to ensure an integrated approach to workforce planning and career development; improve staff performance, competence and efficiency resulting from the varied professional experience gained at the three levels of WHO; and better align the staffing structure with evolving health priorities. Additional HR reforms provide the foundational environment to help drive the impact of staff mobility. These reforms include a revised performance management and development system – the ePMDS – which has been introduced to link performance assessment and its consequences by placing emphasis on results-based work planning and the identification of measurable performance indicators, and the implementation of a redesigned and centralized system of internal justice, complemented by the establishment of a new WHO centre to administer the internal justice system in a low-cost duty station (Budapest, Hungary), with anticipated cost savings of US\$ 5 million per year.

Looking to the future: WHO in 2017 and beyond

After ten years of concerted effort, WHO has experienced a profound transformation. Under the leadership of its Member States, WHO has invested deeply in modernizing and improving how it prioritizes, how its governance structures function and how it manages its business. This is an on-going process, with steps being taken even now: A policy on information disclosure was adopted in early 2017 to enhance transparency, and in this spirit, WHO formally joined the International Aid Transparency Initiative, a voluntary, multi-stakeholder initiative that seeks to increase the transparency of development cooperation and increase its effectiveness in tackling poverty. The first submission of information for publication on the International Aid Transparency Initiative platform was submitted at the end of the first quarter of this year.

The past decade has seen the relationship between WHO and its Member States evolve, with Member States taking clear ownership of defining WHO’s role as a global leader and in support of countries on the ground. With a focus on transparency and accountability, Member States have not shied away from taking honest stock of WHO’s strengths and challenges, and taking the necessary – and sometimes difficult – decisions necessary to improve WHO. Even after a decade of focus, Member States have not lost their drive to bring ambitious, positive change to the Organization, with items on the agenda of the 70th Health Assembly that allow them to track progress, suggest new directions and encourage continued growth.

These years have also seen WHO move from operating through a decentralized structure that often resulted in fractured and inconsistent policies and decision-making, to an Organization aligned across the globe, drawing strength from its tri-level structure through which countries, regions and headquarters now leverage their comparative strength in coordinated action. Today, the Global Policy Group advises the Director-General, bringing the voices of all major offices together in concerted action. Category and programme area networks, incorporating representatives from all three levels of WHO, regularly meet face-to-face or via teleconference to strengthen bottom-up planning and allow countries to more clearly define their priorities and adjust their profile accordingly.

WHO has not only focused inward as it has transformed. Since 2007, WHO has also matured and grown as a partner. Using different platforms, WHO is committed to its collaboration with partners across the spectrum from the United Nations system to nongovernmental organizations, academia and private sector, as demonstrated by its Member States' adoption of the Framework for Engagement with Non-State Actors. WHO actively contributes to the objective of maximizing convergence with the UN system and works through the UN Chief Executives Board (CEB), the UN Development Group, in the High-Level Committee for Management and the High-Level Committee for Programmes to ensure that health is adequately reflected in the post-2015 agenda. WHO's role

in the United Nations Country Team is being progressively strengthened through the United Nations Country Team Leadership Skills Course, which all WHO representatives are encouraged to attend. The Organization has also scaled up its performance as the Health Cluster Lead Agency, working with partners across the spectrum to improve health conditions for some of the most vulnerable populations in the world.

Overall, WHO has innovated in its relations with external partners, added new operational capacities, enhanced its transparency and accountability, increased the predictability of its financing and institutionalized consultative and coordination mechanisms across the Organization. Together, these and all the other advances that have been made form a whole greater than the sum of its parts: WHO is undergoing a culture change, one that has shaped and will continue to shape the way the Organization looks at the world, and how the world looks at it. This fundamental change has already started to positively affect the impact that WHO is able to have in the most important places: communities that need support to achieve better health.

With the past decade of innovation, change and evolution to support it, the new Director-General and WHO's Member States have a strong foundation on which ensure the Organization's continued maturation in to an agency finely honed to meet the complex public health challenges of the next 10 years.

Adopting a framework for WHO's engagement with non-state actors: Innovating to ensure that communities benefit from the full range of global health expertise

WHO's relationships with non-state actors, such as NGOs, the private sector, academic institutions and philanthropic foundations, are increasingly critical to WHO's work. In 1948, WHO stood mainly alone on the global health stage. But in the almost 70 years that have passed since WHO's founding, the number of organizations in this field has dramatically increased. It is in the best interest of the health of people around the world for all these groups to share resources, experience and expertise, and to eliminate overlap and redundancies – in short, to work together effectively.

Recognizing the importance of WHO's relationships with non-state actors and expanding on the 2012 consultations with NGOs and similar meetings in 2013, in January 2014 the Executive Board asked for an informal consultation with Member States. Nearly 200 participants attended the March 2014 meeting to discuss a draft document on how WHO should engage with non-state actors, including methods of interaction and engagement that require development of new policies or revision of existing ones. Member States showed that they were ready to move beyond a debate on broader conceptual issues toward the development of comprehensive policies that are as inclusive of different actors as possible, while safeguarding the reputation and work of the Organization from conflicts of interest.

In May 2014, the Health Assembly welcomed the progress the Secretariat had made in developing the draft framework for engagement with non-state actors and called for further contributions and discussions. The Regional Committees discussed the draft in October, and in January 2015, the Executive Board established an Open-Ended Intergovernmental Meeting (OEIM) for Member States to negotiate the text of the framework. The OEIM met four times between March 2015 and 2016, and in May 2016, the 69th session of the World Health Assembly adopted the WHO Framework of Engagement with Non-State Actors (FENSA).

FENSA sets out the rationale, principles, benefits and risks of engagement and defines four groups of non-state actors (NGOs, private sector entities, philanthropic foundations and academic institutions) and five types of interaction (participation, resources, evidence, advocacy and technical collaboration). Conflict of interest and other risks of engagement are addressed through a process of due diligence, risk assessment and risk management, with a register of non-state actors providing additional transparency.

FENSA marks a new era in WHO's interactions with non-state actors, with coordination and cooperation marked by increased accountability and transparency. To implement FENSA across the Organization, WHO has established a dedicated team, and to ensure that its operationalization is on track, Member States will review progress at the Health Assembly in May 2017.

Our reform story

The first decade of the 21st century brought unprecedented challenges and opportunities for people's health. Old health problems persist and new ones emerge. The global public health landscape is crowded and poorly coordinated. This demands renewed leadership in global health from WHO.

Who we are

The World Health Organization (WHO) is the United Nations specialized agency for health, made up of 194 Member States and supported by more than 7000 staff based in 156 countries, territories and areas, six regional offices and a headquarters in Geneva.

What we do

Our primary role is to direct and coordinate international health. We:

- provide leadership on matters critical to health
- shape the health research agenda
- define norms and standards for health
- articulate policy options for health
- provide technical support and build capacity
- monitor health trends.

Our vision

Health is a fundamental human right; everyone has the right to the highest possible level of health.

Our leadership priorities give focus and direction to our work



Advancing universal health coverage



Implementing the International Health Regulations (2005)



Increasing access to essential, high-quality and affordable medical products



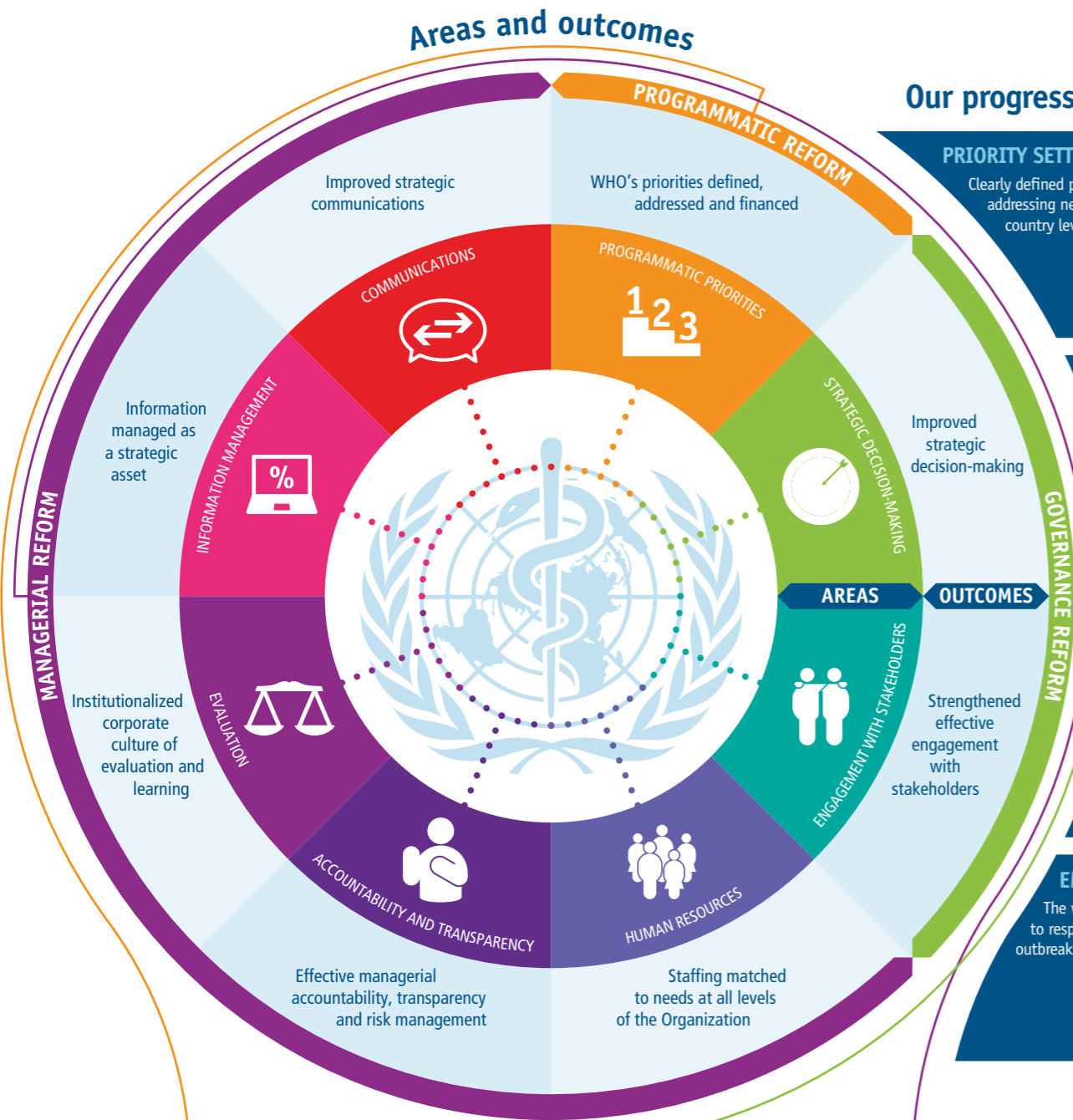
Achieving the health-related Millennium Development Goals and Sustainable Development Goals



Addressing the challenge of noncommunicable diseases and mental health



Reducing health inequities by addressing the social, economic and environmental determinants of health



Our progress

PRIORITY SETTING

Clearly defined priorities addressing needs at country level

66% of country offices allocating at least 80% of budget to their 10 priority programme areas



Most country offices allocating at least 80% of budget to their 10 priority programme areas

FINANCING

Predictable, flexible and aligned financing of agreed priorities

70% of programme budget funded at the beginning of the biennium 2014-15, compared with 52% for 2010-11



Predictability and flexibility of resources and better alignment with priorities

2011

2015

We enable change

2017

ACCOUNTABILITY

Every member of the Organization is answerable for his/her actions and decisions, and accepts responsibility for them

Processes in place that facilitate accountability: corporate risk register, whistleblowing policy, management dashboards, and harmonization of compliance functions



All operational audits concluded as "satisfactory" or "partially satisfactory"

EMERGENCIES

The world is better prepared to respond to health outbreaks and emergencies

An emergency platform, a contingency fund and a global health emergency workforce are being established



WHO is prepared to respond comprehensively and rapidly to disease outbreaks and emergencies with health consequences, in a directed, coordinated and scalable manner

We are all part of the change

Reform of our work in EMERGENCIES

A new stream of reform was established to ensure WHO's capacity to prepare for and respond to outbreaks and emergencies with health consequences. It cuts across the three areas of reform and they will all be closely linked and aligned.

What success looks like

- A world in which gaps in health outcomes are narrowed
- A world in which people have access to the medical products and services that they need
- A world in which the sick and vulnerable are protected from impoverishment
- A world in which countries have quality health systems that meet the expectations and needs of their people
- A world which puts health and well-being at the centre of sustainable development
- A world which achieves internationally-agreed health targets and goals:
 - reduced child and maternal deaths
 - fewer people dying from HIV, TB and malaria
 - '25 by 25' - 25% fewer premature deaths from noncommunicable diseases by 2025
- A world in which populations are protected from disease outbreaks and harm from natural disasters
- A world without polio

PROGRAMMATIC REFORM

WHO improves health outcomes through more systematic and transparent definition of priorities and better alignment of these priorities with resources – both technical and financial.

GOVERNANCE REFORM

WHO achieves greater coherence among players in global health by improving internal governance practices, leveraging convening power, encouraging uptake of technical norms and standards, and engaging more effectively with non-State actors.

MANAGERIAL REFORM

WHO enables the delivery of health outcomes by more effective and efficient management of human resources, accountability, evaluation, information and communications.

