
WHO reform: current status and regional perspectives

Introduction

1. WHO's reform was launched with the goal of addressing the nature and role of the Organization in the rapidly changing field of health. On a global level, the process allows the Organization to more easily adapt to the changing complexities of public health governance, and more effectively fulfil its role as the world's leading public health agency. On a regional level, the process ensures that regional committees and Member States play a larger role in the development of global strategies, and are fully involved in the debate on WHO's programmatic priorities, its governance and management.

2. Taking into account the level of funding available, WHO's reform seeks to establish stronger technical, normative and policy support for all Member States as a key outcome of the process. Once strategies are agreed, the need will then be for regional adaptation and implementation, rather than the development of additional region-specific strategies. This report summarizes and builds on the various reports presented to the Sixty-Fifth World Health Assembly¹ and decision WHA65(9) on WHO reform, and complements them with specific considerations to the Eastern Mediterranean Region.

WHO reform

Process

3. WHO reform was initiated by the Executive Board during its 129th session in May 2011 as a transparent and inclusive consultative process, driven by Member States, that addresses programmatic priorities, governance and the managerial processes of the Organization. Various aspects of the reform process were discussed during the 2011 regional committees, and during mission briefings in Geneva that took place in July and September 2011.

4. At a special session in November 2011, the Executive Board reviewed a consolidated report covering all aspects of the WHO reform programme for submission to the Sixty-fifth World Health Assembly. The report, and subsequent concept notes that were discussed during the Board's 130th session in January 2012, addressed the three main areas of WHO reform: programmes and priority setting, governance and management. In February 2012, Member States met to agree on criteria, categories and a timeline for setting priorities for the reform programme.

5. A strategic overview of the draft Twelfth General Programme of Work 2014–2019 was discussed by the Sixty-fifth World Health Assembly in May 2012. Guidance from Member States has significantly influenced the development of the first drafts of both the Twelfth General Programme of Work and the Programme Budget 2014–2015, which will be discussed by the regional committees in 2012. Further drafts will be prepared for review by the Programme Budget and Administration Committee of the Executive Board (PBAC) in December 2012 and by the Executive Board in January 2013. The final drafts will be presented to the Health Assembly for approval in 2013.

¹ World Health Assembly documents A65/5, A65/5 Add.1, A65/5 Add.2, A65/40, A65/43, A65/INF.DOC./6

Outcome

6. **Programmes and priority setting:** Specific criteria were used to elaborate a set of high-level priorities for WHO in the draft General Programme of Work 2014–2019, which covers the technical element of the reform agenda. Six categories (five technical and one corporate), representing the highest level of strategic division of WHO's work, were agreed by Member States at the meeting on programmes and priority setting in February 2012. These categories are: communicable diseases, noncommunicable diseases, health through the life course, health systems, preparedness, surveillance and response, and corporate services/enabling functions. These criteria, along with the core functions of WHO, were also used to define the more detailed priorities and organizational deliverables that appear in the programme budget 2014–2015. The report on WHO reform (WHA65/5) outlines the roles and responsibilities of the three levels of WHO in technical support to Member States – country, regional and headquarters – under the following headings: technical cooperation, policy advice and dialogue; norms and standards; knowledge generation and sharing; convening; and, for the regional and headquarters levels, enabling.

7. **Governance:** WHO's reform programme seeks to attract more active engagement and more informed participation by all Member States in governance processes, and to rebalance the way in which Member States exercise their role as informed and active participants in the work of the governing bodies. Based on guidance from Member States in January 2012, work in the area of governance focuses on four main priorities: a) more rational scheduling, alignment and harmonization of governance processes; b) strengthening oversight; c) more strategic decision-making by governing bodies; and d) more effective engagement with other stakeholders. The reform addresses the need for improved linkages between regional committees and global governing bodies, as well as standardizing the practices of the six regional committees.

8. **Management:** Stronger technical, normative and policy support for all Member States is a key area in WHO reform. The area of management aims to achieve six main objectives: a) effective technical and policy support for all Member States; b) staffing that is matched to needs at all levels; c) a financing mechanism that respects agreed priorities; d) effective systems for accountability and risk management; e) a culture of evaluation; and f) strategic communications.

WHO reform in the Eastern Mediterranean Region

9. Since his appointment in February 2012, the Regional Director has made clear his commitment to dynamic and effective management, to building a coordinated one-WHO response to global and regional health challenges, and to intersectoral approaches to major public health issues.

10. In March 2012, a high-level expert meeting on health priorities in the Region was held to identify key challenges and agree on a vision that would lead WHO in the Region towards greater progress and alignment with WHO's reform programme. Working papers in five priority areas were developed for the meeting, outlining the current regional situation and challenges faced by Member States, as well as gaps in WHO response and capacity. Subsequently, a strategic document "Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO," was developed which outlines WHO's vision for the Region over the next five years and takes into account the conclusions of the expert meeting, as well as extensive consultations in March and April 2012. The document was presented and discussed during a meeting between the Regional Director and ministers of health of the Region in Geneva on 19 May 2012 and a broad consensus on the content was achieved.

11. Below is a brief outline of the challenges and needs within the areas of WHO reform on a regional level, as well as an overview of the work carried out to date.

Programme and priority setting

12. **Regional strategic directions:** Based on the in-depth analysis of the challenges facing health development in the Region, five priority areas were identified in which WHO's capacity will be increased and technical support to Member States strengthened. The five areas are: health system strengthening; maternal, reproductive and child health and nutrition; noncommunicable diseases; communicable diseases; and emergency preparedness and response. These priorities are consistent with the priorities recommended subsequently by the Executive Board, and endorsed by Member States, for the draft Twelfth General Programme of Work.

13. **Specific needs of Member States:** While there have been advances in the field of health in a number of countries in the Region in recent years, there remains a wide disparity between and within countries in regard to specific health challenges. Countries also differ widely in population health outcomes, health system performance and level of health expenditure. This means that strategies must be tailored to the needs of countries at both the regional level and at the country level, based on in-depth analysis of challenges and needs. This will allow for more targeted technical cooperation and the establishment of networks between countries with similar challenges and experiences.

14. **Technical support to Member States:** Strengthening the technical competence of WHO and expanding the capacity to deliver first-class technical support is a key priority of the reform process. Current capacity has been reviewed and adjustments to existing practices are currently under development. These will include the establishment of a roster of well qualified experts in each key technical area who are selected and retained in advance for deployment to Member States when required. The outcome of technical support to Member States will be evaluated regularly and jointly by WHO and the recipient Ministry of Health.

15. **Country cooperation strategy documents:** The process of development of country cooperation strategy (CCS) documents involves extensive consultations across the Secretariat, with the country's government, and with bilateral and multilateral agencies, civil society, academic institutions, collaborating centres and the private sector. The prioritization exercise is undertaken with the government in line with the national health strategic plan and with partners, especially those within the relevant United Nations system country offices. The CCS is the basis for the biennial operational planning through the Joint Programme Review and Planning Mission and the strategic priorities outlined in the CCS are fully reflected in the plan. However, there are currently important gaps in the way the CCS is developed and the quality of the process and of the outcome varies from one country to another. An in-depth analysis of the current experience will be conducted, and updated guidance on the CCS process, reflecting the importance of the document as an essential tool for the implementation of WHO reform, will be developed.

16. **Decentralization of services:** To ensure that services provided at country level are optimal, activities within the Regional Office that are of similar nature have been grouped, with the aim of considering their eventual relocation to more cost-effective locations. One example of this approach is the consolidation of all environmental health projects and activities within the Centre for Environmental Health Activities in Amman, Jordan. The Regional Office is also exploring the approach adopted by headquarters in grouping its training and conference activities at the WHO Centre in Tunis, Tunisia, when appropriate.

Governance

17. **Regional Committee:** In addition to the close consultation with Member States on working modalities of the governing bodies, as included in the overall reform paper, changes in the rules of procedure of the Regional Committee will be proposed at the Fifty-ninth Session of the Committee. The proposed changes should lead to greater focus on strategic areas that require input and guidance

from Member States, through the establishment of a technical committee, comprised of technical experts representing Regional Committee members, which would support the Committee. Coupled with this, it is proposed to rename the existing Regional Consultative Committee as the Advisory Committee to the Regional Director (ACRD) and to adjust the terms of reference to reflect the current needs of the Organization. This committee would further strengthen the governance of the Regional Office through, among other things, providing advice to the Regional Director on matters relating to strengthening technical cooperation among and between countries of the Region, providing support in evaluating programmes and assisting with resource mobilization.

18. **Stronger partnerships:** WHO in the Region is committed to building stronger and more effective engagement with regional stakeholders, nongovernmental organizations, academia and the private sector, including the Organization of the Islamic Conference, Islamic Development Bank, African Development Bank, Gulf Cooperation Council, League of Arab States, and United Nations regional bodies. Emphasis will also be placed on coordination with global health initiatives and with development partners at the country level. Initial steps have been undertaken by the Regional Office in this direction in the past few months. The new organizational structure of the Regional Office also reflects the stronger emphasis on partnerships through integration of the functions of external relations, communications and resource mobilization within one unit.

Management

19. **Strengthening country offices:** Reports by internal and external auditors, as well as clear observations from Member States have shown the need for increased support to countries through more efficient managerial processes and improvements in the way challenges are addressed in the operating environment. Specific gaps have been identified in leadership, in quality of technical support provided to Member States, and in the linkage between the CCS and operational planning. Other significant challenges concern financing, monitoring and the maintaining of an adequate control environment. The planning process and tools that guide WHO's technical activities in countries need to be more efficient and effective, and should aim to ensure that there is a clear connection between the needs of countries, the Country Cooperation Strategies, and the funding and activities planned to be undertaken by WHO in a given budgetary cycle.

20. **Resource mobilization:** WHO in the Region is actively taking part in global efforts to secure increased feasibility and predictability of financing, with a focus on regional donors and partners. Mobilization of resources from within the Region is minimal compared with other WHO regions. There is currently no operational resource mobilization strategy. The unit responsible for resource mobilization has been strengthened and a comprehensive strategy and plan will be developed in 2012.

21. **Realignment of the Regional Office structure:** Two new divisions have been created within the Regional Office to meet the health challenges facing the Region, ensure focus is placed on key programme areas, and improve synergies across programmatic areas. The units concerned with communications, partnerships and resource mobilization have been consolidated for greater coherence and efficiency. A new strategy for this important area is being developed in collaboration with key stakeholders, and in consultation with headquarters and other regional offices. This realignment of structure with current needs will lead to a more streamlined distribution of the workforce.

22. **Staffing:** Staff selection methods are being revised through the implementation of a recruitment process based on generic, rather than customized, post descriptions. This is intended to lead to a more transparent and efficient recruitment process. Improvements in staff development activities are intended to strengthen country offices and will prepare national staff to be more competitive when applying for international positions in the Organization. The rotation of staff between country offices and the Regional Office has been initiated and will address the deteriorating effect of staff remaining in one duty station for too long. Performance management has been assigned a higher priority and will

be closely linked to staff development to ensure that WHO staff meet the expectations set by Member States.

23. **Evaluation:** Internal control mechanisms have been strengthened through the introduction of quality assurance processes and a regional compliance function. An independent evaluation of key programmes has been initiated and financial and management reviews of key offices have been launched to complement routine internal and external audits. A risk management framework has been introduced with input from country offices and programmes across the Region to allow for the identification of strategic and operational risks and mitigation measures.

Conclusion

24. Reform in the Eastern Mediterranean Region is a dynamic process. It is hoped that the achievements so far have placed the Organization on the path to ensuring that it is more effective and better able to adapt to current challenges in the Region and to new developments in public health governance, and is in a stronger position to maintain its role as the health coordinating agency in the Region.

25. One of the key elements of the reform programme is that it is a transparent and inclusive consultative process, driven by Member States. As WHO in the Region moves forward in achieving its goals, Member States will continue to be fully involved in the dialogue through consultations at both the global and regional level. The involvement of Member States in monitoring and evaluating WHO's work will be given equal priority.