

WHO transformation

Transforming for enhanced country impact

Report by the Director-General

INTRODUCTION

1. In February 2020, the Executive Board at its 146th session requested the Secretariat to provide an update on the WHO transformation agenda to the Seventy-fourth World Health Assembly through the Executive Board at its 148th session and the regional committee meetings in 2020. This report builds on the report submitted to the Seventy-second World Health Assembly in May 2019,¹ reflects comments provided at the regional committee meetings, and focuses on ways in which the Secretariat is transforming across the three levels of the Organization to deliver enhanced impact at country level. It is complemented by a 2020 report on progress in implementation of the transformation issued in December 2020.²

2. Since the 146th session of the Executive Board, the COVID-19 pandemic has reinforced the importance of WHO's transformation agenda and its overall goal of ensuring that WHO is fit for purpose to fulfil its mandate and address the priorities agreed with Member States in a rapidly changing global health environment. The pandemic has substantively affected the delivery of non-COVID-19 health services in most Member States. It has required the Secretariat to focus its non-COVID-19 country support on essential services and programmes in order to protect public health gains as it ramped up COVID-19 response activities on a large scale, while ensuring the continuity of WHO's statutory and governance functions. WHO's response to COVID-19 has reflected and accelerated the actions needed to achieve the core goals of WHO's transformation as set out in the Thirteenth General Programme of Work, 2019–2023. These goals include being relevant in every country, results focused, a technical and normative leader, and “ahead of the curve”. The pandemic has provided an opportunity to rapidly implement and test key elements of WHO's transformation, including working in more agile, collaborative and innovative ways across the three levels of the Organization, in both emergency and non-emergency WHO programmes, in order to support countries in responding to this unprecedented health crisis. This experience has shown that rapid change at scale is both necessary and possible for WHO. It has also revealed that further work on transformation is still required, and that some areas of the transformation agenda may need to be revisited, refined and reprioritized in order to realize its full ambition. Furthermore, the Organization and its transformation agenda now face new challenges, given the global economic downturn, the increasingly politicized environment, changes in WHO funding, and

¹ Document A72/48.

² The WHO Transformation: 2020 progress report. Geneva: World Health Organization; 2020 (available at <https://www.who.int/publications/i/item/the-who-transformation>).

heightened expectations of the Secretariat on the part of Member States, partners and the general public that have arisen from the crisis. These challenges and the upcoming evaluations of WHO's transformation and COVID-19 response will have implications for the changes that had been planned for the biennium 2020–2021 and beyond.

A THREE-LEVEL TRANSFORMATION TO ENHANCE COUNTRY IMPACT

3. In designing WHO's transformation agenda, the Global Policy Group¹ emphasized that enhancing programme delivery and impact at country level required changes across the three levels of the Organization to ensure that country needs and country impact were at the centre of WHO's work. To achieve this, in January 2018 the Global Policy Group identified six major shifts needed for WHO's overall operating model, which have resulted in several major transformation initiatives:

(i) putting countries' needs at the core of all WHO work, which has resulted in the introduction of a new, "country-centric", sequenced and integrated strategic planning process, a new planning and budget process, and a new WHO Results Framework that emphasizes and supports country achievements and impact through output scorecards, key performance indicators and regular stocktaking exercises;

(ii) differentiating the roles and responsibilities of each level of WHO, which has led to the implementation of a new, WHO-wide operating model with a specific focus on the technical roles of regional and country offices and the normative work of headquarters;

(iii) developing new mechanisms for managing WHO's work towards the integrated strategic priorities and outcomes of the Thirteenth General Programme of Work, which has resulted in structural alignment of headquarters and regional offices, the establishment of a Department of Delivery for Impact, and the introduction of new mechanisms to enhance collaboration across the three levels of the Organization such as the triple billion network and output delivery teams;

(iv) establishing truly global programmes, with collective ownership and shared three-level accountability for impact at country level, which has given rise to the development of technical expert networks that complement and contribute to the work of the triple billion network and output delivery teams;

(v) improving capabilities and capacities across WHO, especially at country level, which has led to important new initiatives, such as the leadership and management capacity-building and team performance initiatives of the WHO Regional Office for Africa and the launch of the WHO Academy; and

(vi) moving to a more agile, priority- and needs-driven distribution of resources to maximize country impact and reflect the updated roles and responsibilities at each level. This was initiated in the Programme budget 2020–2021 with an increase in allocations to regional and country offices and the shift of additional flexible funds to those levels. Fully rolling out the new WHO strategic resource mobilization framework for 2019–2023² will increase the quality of WHO's financing, and diversify and expand the donor base for WHO programmes, further enabling the

¹ The Global Policy Group consists of the Director-General, Deputy Director-General, Regional Directors and Chef de Cabinet.

² See document EB146/29.

Organization to better align resources with the priorities that have been agreed with Member States. The new programme budget planning process allows for the mid-term review and adjustment of country support plans, as was done after the first six months of the COVID-19 response. New delivery stocktakes quantify the extent to which WHO's country support is delivering impact and have been used to help maintain a trajectory towards the Sustainable Development Goals during the pandemic.

4. During 2018 and 2019, considerable progress was also made in redesigning and initiating the introduction of new or enhanced WHO technical, external relations and business and administrative processes to support the shifts summarized above. Unprecedented levels of staff engagement across the three levels of the Organization helped to promulgate a new WHO Values Charter and foster new, more agile and collaborative ways of working.

5. While substantial progress had been made in aspects of the design and alignment of the transformation agenda by the beginning of the biennium 2020–2021, implementation of some key initiatives was still at the planning stage and has since been affected by the onset and escalation of the COVID-19 crisis. As a result, staff in WHO country offices have not yet felt the full impact and benefits of transformation. Unmet expectations cited by some of these staff members include the limited redistribution of resources to date, ongoing refinements rather than full implementation of mobility, and the incomplete implementation of recommendations arising from country presence reviews, largely due to human resource and financing challenges.

6. More work is needed to fully enable the key changes required in WHO's three-level operating model in order to enhance impact at country level, notably in the areas of human resources, culture change and resource allocation and mobilization. Continued focus on refining and fully implementing such changes will remain a priority for 2020–2021, as described in the following sections.

OPTIMIZING WHO'S DELIVERY AT COUNTRY LEVEL

7. In January 2018, the Global Policy Group agreed on a common aspiration for the WHO country-level presence and operating model. In summary, WHO country offices would: (i) be led by a strategic, empowered and supported WHO Representative and country team;¹ (ii) have sufficient normative and technical capacity in line with the priorities of the Thirteenth General Programme of Work and country priorities and increasing expectations (and as enunciated in the country support plans of the new planning and budget process); (iii) have sufficient capacity in the areas of health information, partnerships, resource mobilization and communications, or be able to draw such capacity from regional resources; and (iv) have a deeper relationship with Member States, to include relevant ministries and sectors in addition to health, United Nations entities and key health constituencies, such as civil society.

8. Guided by this aspiration, and in parallel with the work to adjust WHO's three-level operating model, WHO regional offices carried out reviews of their country presence and offices in 2018–2019 (see Annex 1). In two regions (the African and Eastern Mediterranean regions) these were extensive and large-scale exercises, conducted as a fundamental aspect of their regional transformation agendas, while in other regions (the European, South-East Asia and Western Pacific regions) they built on ongoing reform processes. Consequently, the scope and focus of these reviews covered a range of topics,

¹ For some country offices and programmes, substantial aspects of the support would be provided from a regional office, subregional office, geographically dispersed office, geographically dispersed specialized office and/or headquarters, through a three-level delivery team.

including WHO's physical presence and functional, technical and managerial capacities (the African and Eastern Mediterranean regions); the effectiveness and efficiency of WHO's business and administrative processes, including monitoring and reporting of results (all regions); and the alignment of WHO's country strategies with the Thirteenth General Programme of Work, health-related Sustainable Development Goals and national priorities (all regions). External evaluations in selected country offices helped to identify common implementation challenges and best practices, providing further opportunities to learn and improve WHO's ways of working at country level.

9. Although the detailed findings of these country office reviews were by design region- and country-specific, four common themes emerged from the reviews and the ongoing work to implement the recommendations they provided. These themes align with broader feedback from country offices and Member States and have important implications for WHO's ongoing transformation. They are as follows.

(i) While there has been continual progress in aligning the structures, functions and capacities of WHO at country level with the needs of Member States there are still mismatches, which can be substantial. Such mismatches are often the result of resource constraints, earmarked financing or changing expectations of the role and work of WHO. For example, countries and partners are now seeking greater WHO country-level functionality in cross-cutting areas such as partner coordination, health information and data collection and use, and communications, as well as in specific technical areas that align with the focus of the Thirteenth General Programme of Work on universal health coverage, healthier populations and health emergency preparedness, underpinned by strong health systems. There is also an expectation that WHO will in future be able to scale up or down these technical functional capacities as country needs evolve. During the pandemic the need for WHO to be able to rapidly scale up and scale down capacity became evident in terms of WHO's technical leadership on COVID-19, strengthening of essential health services, and safeguarding of national health systems.

(ii) Addressing such mismatches has particularly important implications for WHO's internal human resources work given that the optimal WHO workforce (the number, skills and diversity of staff) that has been projected to be required by the WHO country office reviews is often substantially different from the current WHO workforce at country level (see Annex 2). Although WHO's corporate human resources processes and mechanisms, such as recruitment, mentoring, staff development and learning, and geographical mobility are being transformed and aligned to meet this need, the full implementation of these redesigned processes and initiatives is required to generate the necessary shifts in human resources. Key enablers of these shifts include the ongoing changes in WHO's culture, financing and approach to resource mobilization.

(iii) Current WHO financing is still highly reliant on a limited number of donors and earmarked voluntary contributions, which are not predictable or sufficiently flexible to support the full implementation of the WHO country operating model that is now required and expected by Member States. Most of the current funding base at all levels of WHO is highly specified, thereby limiting the Organization's capacity and opportunities to implement the required changes. This highlights the critical interdependency between the transformation of WHO's financing and resource mobilization approach and the full implementation of a new and enhanced WHO country-level presence and operating model. Achieving the planned transformation of WHO's approaches to financing and resource mobilization will help to enable the human resources shifts described above, increase operational and programmatic agility, and enhance WHO's ability to respond and adapt rapidly to changing country needs.

(iv) While there is strong internal alignment on the Global Policy Group's aspiration for WHO's country-level presence and operating model, flexibility is needed in determining how best to achieve this in each region and country, particularly as the support model may differ by programme. This flexibility is exercised through WHO's strategic planning and biennial operational planning processes, which help to ensure that the Organization's presence has the right technical and cross-cutting functionalities for each country and leverages WHO's comparative advantages, given the capacities of the country and partners. This flexibility also allows WHO to use staff from regional or other offices to deliver technical or other enabling support, such as for communications and resource mobilization.

10. In summary, the extensive country presence reviews conducted by regional offices in 2018 and 2019 highlight the fact that there are multiple, critical interdependencies between specific WHO transformation initiatives and the Organization's work to optimize its ability to deliver results at country level in line with the needs and expectations of Member States and partners.

FOCUS FOR 2020–2021 AND BEYOND

11. The COVID-19 crisis has highlighted and reinforced the importance of rapidly transforming WHO into a fully fit-for-purpose organization, anchored in the Director-General's vision of a WHO that is relevant in all countries, focuses on results, provides technical and normative leadership, and is "ahead of the curve". At the same time, the pandemic has created even greater expectations of WHO, in terms of its roles, capacities and performance at, and across, all three levels of the Organization. All of this is happening as the Organization moves into a new and more challenging global political, economic and operating environment.

12. In this regard, the response to the pandemic has already highlighted the importance of accelerating those aspects of WHO transformation that are central to making the Organization more responsive, faster and better connected across its three levels in delivering impact at country level. The country presence reviews conducted by regional offices in 2018–2019 have emphasized specific global transformation workstreams and areas of work that are critical to optimizing the Organization's capacity to deliver at country level. These priorities include:

(i) resolving the financial and human resources gaps and needs identified in country presence reviews and ensuring sufficient financing to implement the recommendations of those reviews, through the near-term implementation of the redesigned business and administrative processes, including human resources, planning, budgeting and resource allocation processes;

(ii) implementing the new corporate technical processes, such as those relating to technical cooperation, and data collection and use, that are vital for driving and reinforcing the necessary changes to WHO's ways of working across the three levels in the near term;

(iii) accelerating the transformation of WHO's resource mobilization approach to support the rapid transition towards a more diverse, predictable and flexible funding base that will in turn enable the optimization of WHO's approach at country level in the medium term and improve programmatic and operational agility to respond to changing country needs and priorities;

(iv) fully empowering the new three-level collaboration mechanisms, including the Triple Billion Network, output delivery teams, technical expert networks, and other new ways of working, including agile product teams, with the necessary delegations of authority and supporting processes, such as results monitoring, in the medium term; and

- (v) reinforcing the ongoing shift in WHO's culture and ways of working with policies that are aimed at creating a more enabling environment for greater collaboration, joint ownership and accountability for results across the three levels in the medium term.

13. The COVID-19 pandemic is creating new expectations of WHO on the part of Member States, and the Secretariat must be able to respond. The pandemic is requiring WHO to work in a vastly more complex operating reality, and in a faster, more innovative and coordinated manner, to deliver both its emergency and regular programmes. In taking forward WHO's work to transform its country presence and its delivery at country level, there will be a need to reflect upon and incorporate lessons and insights from the COVID-19 response, recommendations from the Independent Panel for Pandemic Preparedness and Response and insights from the external evaluation of the transformation agenda. These insights will help to prioritize WHO's work, processes and timelines in relation to its transformation, particularly in terms of optimizing the Organization's country presence and impact.

ACTION BY THE EXECUTIVE BOARD

14. The Executive Board is invited to note the report and provide guidance on refining it prior to its submission to the Seventy-fourth World Health Assembly.

ANNEX 1

**OVERVIEW OF COUNTRY REVIEWS BY TYPE OF REVIEW AND WHO REGION
(COMPLETED IN 2018–2019 AND UNDER WAY OR PLANNED FOR 2020–2021)**

Type of review	Scope and focus of review	African Region		European Region		Eastern Mediterranean Region		South-East Asia Region		Western Pacific Region	
		2018–2019	2020–2021	2018–2019	2020–2021	2018–2019	2020–2021	2018–2019	2020–2021	2018–2019	2020–2021
Management and administrative review ^a	Part of a regular review process aimed at ensuring managerial performance and compliance in three main areas: (a) leadership and management; (b) programme management; and (c) operational support.	N/A ^b	–	6	5	3	3	6	5	all	all
Country functional review	In-depth review of the country office set-up, staffing and ways of working to ensure that WHO's presence and operations at country level are fit for purpose to deliver the Thirteenth General Programme of Work (GPW 13) and the regional agenda.	47	–	–	–	18	4	–	–	–	–
Country support plan development	Part of WHO's biennial planning process to set a detailed two-year workplan in the respective country, outlining specific products and services to be delivered on the basis of country needs and priorities.	all	all	all	all	all	all	all	all	all	all
Country cooperation strategy update	To align WHO's strategic framework for engagement at country level with GPW 13, taking into account national priorities and the implications of United Nations reforms.	–	–	–	–	5	7	4	4	2 ^c	6
Country office evaluations	Coordinated by WHO's corporate Evaluation Office, these reviews identify achievements, challenges and gaps, and document best practice and innovations. These include results of the WHO country office and regional and global level contributions to the country programme of work.	2	1	1	1	–	3	1	3	–	2

^a Other names include programmatic and management review (South-East Asia Region), and administrative and management review (African Region).

^b Not applicable as captured within the scope of the broader and more extensive country functional reviews.

^c Includes two new country cooperation strategies.

ANNEX 2

**OVERVIEW OF STAFFING LEVELS AT WHO HEADQUARTERS,
REGIONAL OFFICES AND COUNTRY OFFICES, 2014–2020 (AS AT JUNE 2020)**

2a. All staff¹

Office type	2014		2015		2016		2017		2018		2019		2020	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Headquarters	2 159	29.5%	2 255	29.5%	2 297	29.0%	2 378	29.6%	2 375	29.8%	2 449	29.7%	2 522	30.3%
Regional offices	1 912	26.2%	1 943	25.5%	1 953	24.7%	1 977	24.6%	1 989	25.0%	2 085	25.3%	2 097	25.2%
Country offices	3 238	44.3%	3 434	45.0%	3 666	46.3%	3 672	45.7%	3 594	45.2%	3 699	44.9%	3 712	44.6%
Total	7 309	100.0%	7 632	100.0%	7 916	100.0%	8 027	100.0%	7 958	100.0%	8 233	100.0%	8 331	100.0%

2b. Professional and higher graded staff¹

Office type	2014		2015		2016		2017		2018		2019		2020	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Headquarters	1 277	50.9%	1 359	51.4%	1 398	50.1%	1 469	49.7%	1 481	50.1%	1 523	49.2%	1 604	50.3%
Regional offices	742	29.6%	760	28.8%	776	27.8%	826	28.0%	856	29.0%	920	29.7%	940	29.5%
Country offices	489	19.5%	523	19.8%	614	22.0%	659	22.3%	619	20.9%	650	21.0%	647	20.3%
Total	2 508	100.0%	2 642	100.0%	2 788	100.0%	2 954	100.0%	2 956	100.0%	3 093	100.0%	3 191	100.0%

¹ Percentage totals may not add up, due to rounding.

2c. National professional officers¹

Office type	2014		2015		2016		2017		2018		2019		2020	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Headquarters	51	4.9%	67	6.0%	63	5.4%	70	5.7%	66	5.3%	66	5.0%	67	5.0%
Regional offices	62	5.9%	70	6.3%	67	5.8%	58	4.8%	60	4.8%	63	4.8%	62	4.6%
Country offices	935	89.2%	980	87.7%	1 032	88.8%	1 093	89.5%	1 113	89.8%	1 185	90.2%	1 209	90.4%
Total	1 048	100.0%	1 117	100.0%	1 162	100.0%	1 221	100.0%	1 239	100.0%	1 314	100.0%	1 338	100.0%

2d. General service staff¹

Office type	2014		2015		2016		2017		2018		2019		2020	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Headquarters	831	22.1%	829	21.4%	836	21.1%	839	21.8%	828	22.0%	860	22.5%	851	22.4%
Regional offices	1 108	29.5%	1 113	28.7%	1 110	28.0%	1 093	28.4%	1 073	28.5%	1 102	28.8%	1 095	28.8%
Country offices	1 814	48.3%	1 931	49.9%	2 020	50.9%	1 920	49.8%	1 862	49.5%	1 864	48.7%	1 856	48.8%
Total	3 753	100.0%	3 873	100.0%	3 966	100.0%	3 852	100.0%	3 763	100.0%	3 826	100.0%	3 802	100.0%

¹ Percentage totals may not add up, due to rounding.