Overview of WHO Reform

Over the last five years the World Health Organization has made significant progress towards meeting the objectives and deliverables of WHO Reform, key components of which include providing effective policy and technical support to Member States; alignment of financing and staffing needs to match priorities and requirements; efficient mechanisms for compliance, accountability and risk management; and a culture of evaluation and strategic communication.

WHO Reform deliverables are grouped into three categories, namely, Programmatic, Governance and Managerial.

The WHO South-East Asia Region has actively participated in the Reform process through the implementation of Programmatic, Governance and Managerial reforms.

The Ebola outbreak in West Africa in 2014 reinforced the need for additional reforms in WHO’s work in health emergencies, since the Organization’s work in this area is closely linked to the broader Reform Agenda.

The purpose of this Agenda item is to further the Reform process within the SEA Region by:

(i) actively engaging Member States at the Regional Committee in relation to Reform matters;

(ii) seeking the guidance of Member States on global, regional and country reform matters; and

(iii) deciding on how to implement the World Health Assembly Decision WHA69(8) in the SEA Region.

A Working Paper on this subject was presented to the High-Level Preparatory Meeting for its review and recommendations. The recommendations made by the HLP Meeting for the consideration of the Sixty-ninth Session of the Regional Committee are:
**Actions by Member States**

(1) Continue to be closely involved in the implementation of recommendations from the recently adopted Framework for engagement of non-State actors (FENSA).

(2) Consider measures to align practices and procedures at the Regional Committee taking into account best practices from all six WHO regions as decided in the World Health Assembly Decision WHA 69(8).

**Action by WHO**

(1) Revise the Regional Committee Working Paper in line with the discussions of this High-Level Preparatory Meeting and, in particular, incorporate recommended actions from the World Health Assembly Decision WHA 69(8).

This Working Paper and the HLP Meeting recommendations are submitted to the Sixty-ninth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Background

1. Since 2011, WHO has undertaken a comprehensive series of reforms to make the Organization better equipped to address the increasingly complex health challenges of the 21st Century. There are three components to WHO Reform:
   - Programmatic – to improve people’s health;
   - Governance – to increase coherence in global health; and
   - Managerial – to advance the pursuit of Organizational excellence.

The WHO Reform implementation plan identifies a series of explicit outcomes and outputs under these three pillars, which have implications for all the three levels of the Organization.

2. In the five years since the introduction of WHO Reform, significant progress has been made towards meeting the objectives of making WHO a more effective, efficient, transparent and accountable Organization that leverages its relative strengths and comparative advantages to improve health outcomes. Implementation of the different streams of Reform has been variable, with the greatest progress made in Programmatic Reform.

Programmatic Reform

3. In order to improve health outcomes, Programmatic Reform has focused on developing clear programmatic priorities that have clear outputs and are adequately financed. Initial steps were taken with the Programme Budget 2014–2015 and further developed in the Programme Budget 2016–2017, with the three levels of the Organization systematically involved in the planning process and with a coordinated approach through Category and Programme Area networks. To further reinforce WHO’s presence in countries, the Organization aligned its operational planning with the priorities of Member States through rigorous application of Results Based Management (RBM) principles and a bottom-up priority-setting and planning process. As a result, 10 Priority Areas have been identified to which 80% of the resources have been allocated. This joint and enhanced planning also led to the development of focused and precise workplans with measurable Top Tasks. In the South-East Asia Region, for example, over 75% of the Top Tasks are measurable. The link between results and resources was also enhanced by the merger of the Performance Assessment and financial reports for the Programme Budget 2014–2015. Another area of significant improvement has been in the financing of the Programme Budget with the Financing Dialogue, wherein Member States and key non-State contributors played a crucial role in ensuring increased predictability of financing of the Programme Budget, greater alignment of resources, and increased transparency.

Governance Reform

4. Bolstering the process of engagement with stakeholders, improved decision-making in the Governing Bodies, and WHO’s work in emergencies are three outcomes of Governance Reform regarding which resolutions or decisions were reached during the Sixty-ninth World Health
Assembly after dedicated intergovernmental consultations that aimed at ensuring greater coherence in global health:

(i) **The Framework of engagement with non-State Actors (FENSA): World Health Assembly Resolution WHA69.10**

The biggest achievement in this area has been the development and approval of the Framework of engagement with non-State actors (FENSA). The Framework increases WHO’s engagement with non-State actors to bolster its relevance and enhances the Organization’s role as the directing and coordinating authority for international health work while preserving and protecting its integrity, impartiality and reputation. Four overarching policies on engagement with nongovernmental organizations (NGOs), the private sector, philanthropic foundations and academic institutions, as well as five spheres of engagement – that are participation, evidence, advocacy, resources and technical collaboration – are defined in FENSA. Moreover, the Framework sets specific provisions and outlines principles on management of conflicts of interest, due diligence and risk assessment, risk management and transparency.

Following the adoption of the resolution, implementation activities began specifically in designing the processes and systems which will be followed across the three levels of the Organization to ensure proper application of the Framework. FENSA aims to facilitate an enhanced level of transparency and accountability in WHO’s engagement with non-State Actors, with information on non-State Actors and these engagements being made publicly available online in the “WHO Register of non-State actors”. The roll-out of this Register through the Global Engagement Management (GEM), a project currently under development, will allow WHO to better document, manage and report on different engagements, including coordinated resource mobilization.

The Engagement Coordination Group (ECG) with regional and Cluster involvement will be established to replace the Committee on Private Sector Collaboration (CPSC) as the “dedicated Secretariat mechanism” mandated by FENSA. To ensure coherent and consistent implementation of the Framework across all three levels of the Organization, the following activities are scheduled: development of the Guide for Staff and Handbook for non-State Actors; establishment of internal and external communication plans; roll-out of the Register and FENSA procedures through GEM; and conducting training for selected staff at the three levels of the Organization on FENSA procedures.

The key updates from FENSA have also been further clarified in the Working Paper for Agenda item 11.1 wherein the implications on collaborative activities with Member States as well as actions already undertaken in the SEA Region have been discussed.

(ii) **Agreed recommendations of the Open-ended Intergovernmental Meeting on Governance Reform – Decision WHA69(8):**

The World Health Assembly Decision WHA69(8) covered a wide range of Governance issues, with the aim of simplification, alignment and transparency of WHO’s Governance both at headquarters and the regional level. Efforts at a coordinated implementation of this Decision are being led by headquarters, and the SEA Region is well placed in this regard in
the light of past decisions adopted by the Regional Committee on issues such as streamlined operation of the Regional Committee sessions.

(iii) **Emergency Reform – Decision WHA69(9):**

The reform of WHO’s work in health emergencies led to the establishment of a new Health Emergencies Programme with a structure that runs across the three levels of the Organization and that aims to enhance the engagement of the Organization in health emergencies. Member States of the WHO South-East Asia Region and staff of the Organization have played an active role in the formulation of the new Programme, which benefited from the good practices followed in the Region. The separate paper prepared on this important topic provides complete information on the SEA Region’s approach to and participation in the new Programme.

**Managerial Reform**

(i) Significant progress has been made in the area of Managerial Reform in pursuit of Organizational excellence. Human resources is one of the Reform streams that has registered noticeable progress, especially in matters related to HR planning, harmonization of recruitment processes, and the availability of information for improved workforce planning. The upcoming Geographical Mobility Policy will better equip WHO staff to fulfil the mandate of the Organization and meet the needs and requirements of Member States.

(ii) To strengthen accountability and transparency, and address internal control weaknesses, all Budget Centres established risk registers with dedicated risk mitigation strategies in place for identified risks across the Organization. Particular attention was also placed on accountability through the roll-out of self-assessment checklists and the development and implementation of a corporate risk management policy. Further steps are being undertaken to develop and implement an information disclosure policy which will be a key indicator of WHO’s commitment to comply with the standards of the International Aid Transparency Initiative.

**Updates from the SEA Region**

6. The South-East Asia Region has been actively participating in the WHO Reform process. Listed below are a few examples of the Reform indicators that demonstrate measurable improvement in Organizational performance:

**Programmatic Reform**

- Refined deliverables to include 10 Priority Areas to which 80% of resources are allocated.
- Focused on results with 75% of measurable Top Tasks.
Increased engagement with stakeholders through social media and improved outreach through traditional media channels.

Aligned regional independent evaluation policy and completed two independent evaluations: (i) Evaluation of the Contribution of WHO SEARO to Maternal Health in Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka; and (ii) Evaluation of the Contributions of WHO SEARO to the implementation of the National Immunization Programme (NIP) in Bangladesh with special emphasis on the Surveillance Medical Officer (SMO) Programme. A Regional Evaluation Framework is being developed to further strengthen the culture of evaluation in the Regional Office and country offices.

Developed a web-based resource mobilization system that automates donor agreement clearance, allows for follow-up on donor reporting and accurately projects new resource streams. The system was selected by WHO headquarters to be implemented Organization-wide as part of the Global Engagement Management (GEM) system that is currently being finalized.

Governance Reform

Reduced the number of Agenda items, pre-Session documents and resolutions at Governing Body meetings. Succeeded in limiting the number of distinct sessions and introduced Side-Events at the Regional Committee sessions.

Reduced the use of paper by introducing electronic dissemination of Governing Body documents during Regional Committee sessions and other high-level meetings.

Following a resolution at the Sixty-eighth Session of the Regional Committee, established an Informal Working Group consisting of representatives from Bangladesh, India and Thailand to review past Regional Committee resolutions. At the Technical Consultations of Member States on this in Delhi in June 2016, a total of 78 resolutions were reviewed and, of them, 29 were “Sunset” and 19 were “Conditionally sunset” with the 30 remaining “Active”. At the High-Level Preparatory Meeting these numbers were further revised to 32 resolutions “Sunset”, 16 resolutions placed under “Conditional sunset”, and 30 remained “Active”.

With regard to the Framework of engagement with non-State actors (FENSA), the existing workflows and systems in the SEA Region were selected for replication at the global level to support the implementation of the Framework, and the responsible staff in SEARO are playing an active role accordingly.

With regard to the agreed upon recommendations of the Open-ended Intergovernmental Meeting on Governance Reform, the SEA Region is well placed given the past decisions by the Regional Committee on issues such as streamlined operation of the Regional Committee sessions. With regard to the recommendation regarding an aligned process for election of the Regional Director, the SEA Region
may consider measures adopted by other regional offices such as the introduction of a code of conduct for candidates, standardized curriculum vitae and candidate forums.

- The recommendations of the Open-ended Meeting included a request for the Director-General and the Regional Directors to provide the biennial WHO country presence report for review by the Regional Committees and as an information document for the World Health Assembly through the Executive Board and the Programme, Budget and Administration Committee. This report is available online at: http://apps.who.int/iris/bitstream/10665/171388/1/WHO_Presence_Report_2015.pdf?ua=1. Member States are encouraged to review the content for reference and preparation for WHO Governance Meetings.

7. It is proposed to set up a working group comprised of the Member States of the South-East Asia Region to review the measures adopted by various other regional offices. The findings of the working group may be presented to the Regional Committee at its Seventieth session in 2017.

8. The draft Decision SEA/RC69 is annexed herewith for the consideration of the Regional Committee.

Managerial Reform

- Conducted Administration and Programme Review Missions in country offices in Indonesia, Maldives, Myanmar, Nepal and Sri Lanka to identify best practices and areas for improvement in administration and programmatic management.

- Identified risks associated with the achievement of the Organizational mandate, implemented risk registers and Internal Control Framework checklists in all SEA Region Budget Centres, and conducted a regional training on the Internal Control Framework, the risk register and mitigation strategies.

- Developed and implemented a Management Dashboard to monitor implementation performance and Budget positions, and a Compliance Dashboard to monitor direct financial cooperation (DFC) expenditures and outstanding reports as well as agreements for performance of work (APWs) and all Service Procurement data. These dashboards summarize data across the Region as well as Organization-wide, with drilldown details.

- Expended the Annual Representation letter to include WHO Representatives and departmental Directors to certify compliance and accuracy of financial records. This harmonized approach enabled the representation letters to feed into an Organization-wide Statement of Internal Control, thereby constituting an integral part of accountability for the SEA Region.

- As part of continued efforts to target timely reporting, SEARO has dispatched letters to all ministries of Member States highlighting DFC non-compliances – emphasizing that no further disbursements will be made in cases of outstanding reports – and
introducing country-level assurance activities. As a result, the number of outstanding DFC reports has been reduced from 260 in January 2014 to 15 as of 31 May 2016.

- Developed and implemented electronic monthly Imprest returns, improving turnaround time and enabling savings on pouch costs.

- Established the Regional Compliance Network with active participation and involvement of all country offices and departments at the Regional Office with the overall aim of improving compliance through knowledge sharing of best practices, policy development and improvements in processes and procedures.

- Established financial compliance procedures for pre- and post-facto checks of Travel Requests (TRs), Purchase Orders, Imprest reviews, agreements for performance of work, Direct Financial Cooperation and other service contracts.

- Improved the overall number of outstanding audit recommendations with only pending recommendations relating to the last biennium or current financial year.
Draft Decision

SEA/RC69/ : Overview of WHO Reform

In line with the World Health Assembly Decision WHA69(8), the Regional Committee for South-East Asia has decided to set up a Working Group comprised of Member States of the South-East Asia Region to review the measures adopted by other regional offices and regional committees of the World Health Organization in aligning the process of nomination of the Regional Director, such as introducing a code of conduct for candidates, a standardized curriculum vitae, and a candidates’ forum.

The findings of this Working Group will be presented to the Seventieth session of the Regional Committee for its consideration.