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## **WHO REFORM FOR A HEALTHY FUTURE**

### **Report of the Secretariat**

#### **Executive Summary**

1. By its resolution WHA64.2 entitled *The future of financing for WHO*, the Sixty-fourth World Health Assembly, held from 16-24 May 2011, endorsed the agenda for reform as set out in the Director-General's report in document A64/4.
2. Resolution WHA64.2 requests the Director-General to present: (i) a detailed concept paper for the November 2012 World Health Forum; (ii) a first report on the independent evaluation of the work of the WHO to the Sixty-fifth World Health Assembly in May 2012. The resolution also requests the WHO Executive Board to establish an appropriate process to examine the issues related to WHO's governance identified in the report.
3. Following the above resolution, the 129th session of the WHO Executive Board, held on 25 May 2011, adopted Decision EB129(8), requesting, *inter-alia*, the Regional Committees to engage Member States in strategic discussions, based on updated documents, on the reform process and to report to the Special session of the WHO Executive Board scheduled for early November 2011.
4. This paper is an overview of the WHO reform agenda and is intended to introduce concept papers AFR/RC61/CP/1 on governance of WHO; AFR/RC61/CP/2 on an independent evaluation of WHO; and AFR/RC61/CP/3 on the World Health Forum.

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## INTRODUCTION

1. The purpose of this paper is to explain the rationale and components of the reform and to show how they fit together. It also describes the time frame and process of consultation with Member States and staff, leading to the special session of the Executive Board to be held 1–3 November 2011.

## RATIONALE OF THE REFORM

2. WHO plays a critical role as the world's leading technical authority on health. Addressing the increasingly complex challenges of the health of populations in the twenty-first century – from persisting problems to new and emerging public health threats – requires the Organization to make changes. Continuous process improvement is a vital component of organizational excellence.

3. In taking on more and more of these challenges, WHO has, like many other organizations, become overcommitted. At a time of financial crisis, it is underfunded and overstretched. Priority-setting has not been sufficiently strategic. The Organization's financing does not always match well with its priorities and plans.

4. Further, despite several innovations put in place over the past few years, some of the Organization's ways of working are outdated. The kind of comprehensive reform that is now proposed is critical to a renewed Organization that works efficiently, effectively, and transparently. A transformed WHO will also be more flexible, responsive, and accountable.

5. Finally, the global health community has greatly expanded, such that there are now a large number of players with overlapping roles and responsibilities. In 1948 WHO was the only global health organization; now it is one of many. This proliferation of initiatives has led to a lack of coherence in global health.

## EXPECTED OUTCOMES OF THE REFORM

6. **Refocusing core business to address the twenty-first century health challenges facing countries and the world.** WHO will narrow the scope of its work to what it can do best, working on priority issues identified by Member States, with adequate financing for these areas of focus. These areas of core business are: (1) health systems and institutions; (2) health and development; (3) health security; (4) evidence on health trends and determinants; and (5) convening for better health.

7. **Reforming the financing and management of WHO to address health challenges more effectively.** These reforms will result in: increased organizational effectiveness; clearly differentiated roles and responsibilities among headquarters, regional and country offices; improved results-based management and accountability; flexible, predictable and sustainable financing, and strengthened resource mobilization and strategic communication; and a new, flexible human resources model that emphasizes the recruitment and retention of excellent staff.

8. **Transforming governance to strengthen public health.** These changes will lead to increased effectiveness of the governance of WHO, in part by clarifying the roles of the governing bodies. A reformed WHO will also play a larger role in global health governance by bringing coherence to the many initiatives involved in global health.

## **COMPONENTS OF THE REFORM**

### **Core business**

9. Having defined the areas of work, the task now is to delineate further: (1) the priorities in each area of core business; (2) the expected outputs; and (3) the proposed measurements of performance. Some of the priorities that have been identified thus far are highlighted below.

#### *Health systems and institutions*

10. Strengthening health systems that are based on primary health care will remain WHO's top priority. This will include, among many components, universal coverage and health financing, the promotion of access to medical products and information and the development of the health workforce. WHO will continue to put most of its efforts into countries with the weakest health systems.

#### *Health and development*

11. The focus of WHO will be to support countries through the provision of authoritative guidance, norms, standards and technical cooperation in these areas: the health-related Millennium Development Goals and poverty reduction, prevention and control of noncommunicable diseases, environmental health, and increased awareness of the social determinants of health.

#### *Health security*

12. For public health emergencies, WHO will provide surveillance, alert and verification support, and event management systems, along with direct operational support on the ground when needed. A key priority will be to assist countries to build their institutional and laboratory capacity, epidemiological surveillance and risk communication, stockpiling of essential commodities, and the networks, linkages and rapid-response plans required to deal with public health emergencies; as well as to fully implement the International Health Regulations (2005). For natural disasters and other humanitarian crises, WHO's priority is to provide strategic information and to lead the health cluster.

#### *Evidence on health trends and determinants*

13. Collection, collation, analysis and dissemination of health-related data from all countries, and strengthening the information systems that generate and use these data are key elements of core business. Overall, the priority will be to work with countries to strengthen the institutional capacity to generate and present information in ways that meet the needs of policy-makers and managers. Outcomes of particular concern will be to establish vital registration systems – in line with the recommendations of the Information and Accountability Commission; to increase the quality, rigour and integrity of WHO's knowledge base, evidence-based guidelines and recommendations; and to put in place an Organization-wide system for managing data that increases the quality of information services; increases efficiency through working with collaborating centres and other partners; and reduces the burden of data demands on countries.

### *Convening for better health*

14. A priority in this area will be for WHO to use its convening power to bring different initiatives together for increased coherence and inclusiveness, including those outside the health sector whose work affects health. WHO will also use its convening power to bring together regional and subregional partners at country level that can help countries with their national health policies, strategies and plans.

### **Financing and managerial reforms**

15. Work is ongoing to improve WHO's way of doing business. The priority areas are:

- (1) *increased organizational effectiveness, with a special focus on improved country performance* through a clear description of products and services, and a clarification of the roles and responsibilities of the three levels of WHO, and their synergies, aligned to each area of core business.
- (2) *enhanced results-based planning, management and accountability*, with a robust results-based management framework, incorporating short-, medium- and long-term planning, based on a clear results chain; specific measures to improve accountability and transparency, including steps to strengthen programmatic and financial controls and a policy on disclosure of information; and an evaluation policy framework that includes objective performance assessment and an approach to independent evaluation.
- (3) *strengthened financing, with a corporate approach to resource mobilization and effective strategic communication*. An increased proportion of predictable, sustainable and flexible funding, with stronger financial management, is an essential component of reform. Outputs will include proposals for maximizing assessed contributions and a replenishment model for core voluntary contributions; proposals to expand the resource base, including a possible mechanism to pool funds from non-traditional sources; and strengthened financial management and controls, including objective and transparent allocation of resources.
- (4) *an improved human resources framework*, which will include a workforce planning approach; a revised staffing model (core and project staff); streamlined competency-based recruitment processes linked to organizational needs; and enhanced performance management and development processes.

### **GOVERNANCE**

16. Both *global health governance* and the *governance of WHO itself* are addressed in this part of the reform. A priority is to capitalize more effectively on WHO's leadership position in global health, using the Organization's constitutional mandate to be the "directing and coordinating authority on international health work".

17. Potential outputs in *global health governance* include: (1) establishment of regular consultation with a wide range of partners in global health; (2) creation of a multi-stakeholder World Health Forum, convened by WHO, to ensure that all voices are heard; clarification of roles and responsibilities, with the aims of sharpening the division of labour, avoiding fragmentation,

eliminating duplication of effort and contributing to better health outcomes; and (3) development of a charter or framework for global health governance.

18. Potential outputs in *WHO's governance* include: (1) the creation of a more coherent and robust mechanism for corporate priority-setting through the governing bodies (including the World Health Assembly, the Executive Board, the Programme Budget and Administration Committee of the Executive Board, and the Regional Committees and subcommittees), such that resolutions and decisions, programmes, Secretariat capacity and financing are closely coordinated; and (2) stronger oversight mechanisms at all three levels of the Organization.

## **PROCESS OF THE REFORM LEADING TO THE EXECUTIVE BOARD SPECIAL SESSION**

### **Principles**

19. Development and implementation of the WHO reform process is inclusive, driven collectively by Member States, open and transparent, developed through extensive consultations with Member States and staff, and action oriented.

### **Meetings and background papers**

20. For the special session of the Executive Board 1–3 November 2011, all Member States will review and discuss a comprehensive proposal for WHO reform prepared by the Secretariat that will incorporate an overview of the reform programme, and proposals on core business, financing and managerial reforms, and governance. The *core business section* will describe the priorities for each area of core business, the expected outputs and proposed measurements of performance in each area, and a mechanism for prioritization. The *financing and managerial reforms section* will include a framework for results-based planning, an accountability and transparency framework, and a draft evaluation policy, including an approach to independent evaluation. The *governance section* will describe proposals to strengthen WHO's governance and to bring greater coherence to global health governance, including the proposed World Health Forum.

21. At its session on 25 May 2011, the Executive Board requested the Director-General to develop three concept papers on: the governance of WHO, an independent evaluation of WHO, and the World Health Forum.<sup>1</sup> The Executive Board also requested the Director-General to hold consultations among Member States on these papers at WHO headquarters, and to create a platform for web-based consultations. It further asked the Regional Committees to hold strategic discussions on the reform process during their upcoming meetings.

## **CONSULTATION**

22. The first consultation with Geneva-based missions took place on 1 July 2011. At this meeting, the missions discussed the three concept papers. A second consultation with Geneva-based missions will take place on 15 September 2011, at which time the draft proposals for financing and managerial reforms prepared by the Secretariat will be discussed.

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<sup>1</sup> Decision EB129(8) on WHO reform.

23. The Regional Committees will receive this overview paper, along with the three papers – on the governance of WHO, an independent evaluation of WHO, and the World Health Forum – together with a summary of the July consultation with the Geneva-based missions. The summarized deliberations in the Regional Committees will be reported to the special session of the Executive Board.
24. Consultation with Member States and staff will continue throughout the coming months. Web-based platforms are being developed to provide the widest possible access to updated information and to receive feedback on the proposals. Consultation on the three concept papers will continue until the end of September 2011; consultation on the financing and managerial reforms will continue until the close of the Executive Board special session.
25. WHO staff at all levels of the Organization are being consulted about the reform through town-hall meetings and an Intranet site, where a feedback form is also available. To support the development of proposals on WHO reform, the Secretariat has organized itself into a series of task forces and working groups across all levels of the Organization.
26. The Executive Board special session will decide on the next steps of the reform.