

A WHO staff member, seen from the back, is wearing a dark blue vest with the WHO logo and the text "World Health Organization" and "Organisation mondiale de la Santé". She is standing in a field of golden wheat, with her hands on the shoulders of a young boy in a blue shirt. Other children in blue shirts are visible in the background. A red bag with the word "SPORTS" is hanging from the boy's shoulder.

World Health Organization
Organisation mondiale de la Santé

The WHO Transformation

An overview at 29 January 2020

“Our goal – a modern WHO working seamlessly to make a measurable difference in people’s health at country level.”

Dr Tedros
Executive Board
January 2018

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Abbreviations and acronyms

| | |
|----------|-----------------------------------------------------------------------|
| ADG | Assistant Director-General |
| AFRO | WHO Regional Office for Africa |
| AMR | Antimicrobial Resistance |
| CAN | Category Area Network |
| CEM | WHO Contributor Engagement Management system |
| CSP | Country support plan |
| DAF | Director of Administration and Finance |
| DDG | Deputy Director-General |
| DG Envoy | Director-General Envoy for Multilateral Affairs |
| DPM | Director of Programme Management |
| EB | Executive Board |
| EMRO | WHO Regional Office for the Eastern Mediterranean |
| EURO | WHO Regional Office for Europe |
| ExD | Executive Director |
| GAP | Global Action Plan for Healthy Lives and Well-being for All |
| GPG | Global Policy Group |
| GPHG | Global public health good |
| GPW12 | Twelfth General Programme of Work 2014-2019 |
| GPW13 | Thirteenth General Programme of Work 2019-2023 |
| HALE | Healthy life expectancy |
| HQ | WHO headquarters |
| MOPAN | Multilateral Organization Performance Assessment Network |
| MoU | Memorandum of Understanding |
| ODT | Output Delivery Teams |
| PAN | Programme Area Network |
| PB | Programme Budget |
| PBAC | Programme, Budget and Administration Committee of the Executive Board |
| PHC | Primary Health Care |
| PMDS | Performance Management Development System |
| R&D | Research and development |
| RD | WHO Regional Director |
| SDA | Short-term Developmental Assignment |
| SDG | Sustainable Development Goals |
| SEARO | WHO Regional Office for South-East Asia |
| UHC | Universal Health Care |
| WHA | World Health Assembly |
| WPRO | WHO Regional Office for the Western Pacific |
| WR | WHO Representative |

Executive Summary

The WHO Transformation was launched by the Director-General upon taking office in 2017, with the goal of making WHO a modern, seamless, impact-focused organization to better help Member States achieve the health-related Sustainable Development Goals, in the context of United Nations Reform.

The work of Transformation was originally structured around 5 major workstreams; by 2019, two additional workstreams had emerged as cross-cutting, enabling areas of work: WHO financing and human resources capacity building.

The 1st workstream established and operationalized a new, impact-focused strategy. This work was overseen by Member States, through extensive consultation and Governing Body decision-making. The key deliverables include the 13th General Programme of Work (GPW13), with its bold strategic priorities and ambitious ‘triple-billion’ goal; the Programme Budget 2020-2021, which for the first time is built on integrated country support plans and global public health goods; and the new WHO Results Framework, which will be discussed at the 146th Executive Board. By December 2019, these products had been discussed in over 60 Member State briefings, and with all Regional Committees, the Pan American Health Organization’s Executive Council and the Executive Board and World Health Assembly. As the result of this strategic clarity and a ‘Global Goals Week’ exercise, the proportion of staff who could connect their day-to-day work to WHO’s overall strategy rose from 47% in 2017 to 74% in 2019.

The remaining areas of Transformation reflect the work of the Director-General and Regional Directors to improve the internal functioning of the Secretariat, across all major offices, to implement the new strategy and deliver results. Thirteen of the key WHO processes that underpin the strategic shifts of GPW13 – such as ensuring the quality and impact of our normative work – have been redesigned and are in the process of rollout and harmonization across all major offices. The entire ‘set-up’, or operating model, of WHO was revamped to better deliver GPW13 and run the new processes by more sharply delineating the role of each level (i.e. country offices, Regional Offices, headquarters), aligning the structure of all offices along four major ‘pillars’, establishing a Chief Scientist function, and adopting new and integrated ways of working, anchored in ‘Output Delivery Teams’, to more efficiently and effectively respond to Member State needs.

Recognizing that achieving GPW13 and the Sustainable Development Goals requires leveraging a broad range of actors, a new approach to partnerships has been initiated. A Director-General Envoy has been appointed and a 3-pronged approach established for our multilateral advocacy. The *Global Action Plan for Healthy Lives and Well-being for All* has been launched, new Memoranda of Understanding have deepened our collaboration with 7 UN and health development agencies, and an agenda developed for working more closely with civil society. Recent collaborations, with FIFA and GoogleFit, represent innovative approaches to promote health and reach a much wider population with WHO’s technical advice.

Through its design and implementation, the Transformation has promoted a new, impact-focused, collaborative and agile culture. Over 5,600 staff participated in a detailed baseline study that shaped the Transformation agenda. The May 2019 launch of a WHO Values Charter was only possible through the direct input of thousands of staff in a 72 hour on-line ‘Value Jam’. Throughout the Transformation, every new, redesigned process and structure was the result of 3-level Working Groups or Task Forces, that engaged large numbers of staff and which were facilitated by the introduction of more modern tools such as Workplace. In 2018, the entire WHO senior management was oriented to ‘agile’ concepts through hands-on workshops, and in 2019 key aspects of the new operating model were designed to better enable more agile work at WHO.

In the first of the 2 cross-cutting workstreams, a 4-pronged approach was taken to establish more flexible, aligned and predictable financing for WHO. The 1st WHO Investment Case was launched in September 2018, followed soon after by the Inaugural Partners Forum in April 2019. A *WHO Resource Mobilization Strategy* will be considered by the 146th Executive Board, underpinned by a new ‘best-in-class’ WHO Contributor Engagement Management system. Complementing our new resource mobilization strategy is the ongoing work to establish the WHO Foundation to further diversify and strengthen WHO financing.

The second enabling workstream – building a motivated and fit-for-purpose workforce – is anchored in the vision of WHO as a career organization and is reflected in the new initiatives on career pathways, mobility, internships, development assignments, leadership and management training, and mentoring. Fundamental to this vision, and to revolutionizing health learning globally, is the establishment of the WHO Academy. With the finalization of the business case and blueprint in June 2019, the set-up phase has begun to establish base systems, standards and strategies in preparation for the Academy’s planned launch in 2021.

Ultimately, Transformation aims to ensure WHO has a positive impact on people’s health by producing the right norms, standards and technical guidance, and then helping to apply these at country level through the policies and programmes of governments and implementing partners. This requires change in both the way we work across the 3 levels of WHO and in our country presence. With the ‘3-level’ changes introduced to date, and the completion of a substantial number of country office Functional Reviews in 2019, further attention is being given to the adjustments needed to ensure a predictable, fit-for-purpose WHO capacity at country level.

Going forward, relentless attention will be given to the full implementation of these changes to achieve GPW13 and with the ultimate goal of ensuring WHO has a meaningful, lasting and positive impact on people’s health, everywhere.

1. Introduction

Upon taking office in July 2017, the Director-General (DG), Dr Tedros, initiated a broad consultation with all WHO staff for ideas on the changes needed to make WHO fit-for-purpose in the context of the Sustainable Development Goals (SDGs) and United Nations (UN) Reform. The staff contributions complemented inputs and expectations expressed by Member States during the Director-General election process, and lessons learned from previous and ongoing reform work at Regional and Headquarter (HQ) levels that were shared by the Regional Directors.

Together these inputs formed the major thrusts of the current WHO Transformation Agenda.

The 1st thrust of our Transformation – the development and operationalization of a new strategy – was initiated immediately, in July 2017, as this work stream would be directly overseen by Member States and would drive the rest of the Transformation. The 2nd major thrust of the Transformation – designing and implementing the internal changes that would be needed to the Secretariat's set-up and ways of working to implement the new strategy – began with a 6-month period of information gathering and analytics to inform the Global Policy Group's¹ (GPG) deliberations and DG's decision-making. Both aspects were reflected in the Global Policy Group's document *WHO Transformation Architecture and Plan* that was issued to staff on 16 February 2018.

This paper summarizes the overall approach to our Transformation and the status of each major aspect, provides examples of implementation at Regional level and in major programmes, and highlights priorities going forward.

¹ the GPG includes the Director-General, Regional Directors, and Deputy Director-General

2. Our approach to Transformation

Our Transformation encompassed 5 major areas of work. The first workstream was designed to capture those areas which would require extensive Member State consultation and Governing Body decision-making. This area included the development of a new strategy (the 13th General Programme of Work (GPW13)), its budget & financing (i.e. Programme budget 2020-2021), and the methods for measuring results and ensuring accountability (e.g. a new Results Framework, Impact Measurement Structure, Output Balanced Scorecard).



The 4 remaining areas of Transformation reflected the work needed of the DG and the Global Policy Group to improve the internal functioning of the Secretariat, across the 3 levels of our organization, for the purposes of implementing the new strategy and delivering the results. These areas were: (i) optimizing and harmonizing core WHO processes, (ii) developing and implementing a new WHO-

wide operating model, (iii) establishing a new approach to partnerships, and (iv) promoting an impact-focused, collaborative and agile culture. As the Transformation progressed to the implementation phase, the areas of financing and human capital capacity building emerged as distinct workstreams given their cross-cutting importance to the other workstreams and centrality to our capacity to deliver GPW13.

2.1 Leadership of the Director-General & Regional Directors

The overall design and ongoing direction of our Transformation has been led by the

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