
Implementing WHO management reforms

Programmes and priority-setting

WHO continued to implement, and strengthen, its commitment to the global and regional strategic priorities. Its programmatic reform objective is to improve global and regional health outcomes by focusing on its comparative advantages. Accordingly, the regional and country offices began implementing the programme budget 2014–2015 in key priority areas, concentrating 76% of the budget for base technical programmes (excluding emergencies) in the country offices. By the end of 2014, the allocated programme budget was 76% financed (66% for base programmes and 81% for emergencies), with an implementation rate of 58% against funds available and 44% against the allocated programme budget.

The operational planning process for 2016–2017 began. The bottom-up approach first used in operational planning for 2014–2015 was strengthened and a clear focus was placed on country priorities. Referring to the new results chain framework introduced in the 12th General Programme of Work 2014–2019, country offices and Regional Office departments selected up to 10 priority areas of work in which they planned to use at least 80% of the programme budget 2016–2017. The programme budget 2014–2015 was used as a reference for budget allocation but the process allowed for greater flexibility than in the previous biennium, and for readjustments among categories according to regional priorities.

In order to ensure the highest level of alignment with country priorities, regional and country teams were given the opportunity to propose amendments or additions for consideration by the programme area networks and category networks at global level before the draft was finalized and then reviewed by the regional committees. This interactive process resulted in a draft programme budget 2016–2017 for approval by the World Health Assembly in May 2015.

Governance

High-level meetings for ministers and representatives of Member States and permanent missions in Geneva continued to be held prior to meetings of WHO's governing bodies (World Health Assembly, Executive Board). These meetings provided an excellent opportunity to review with ministers of health and senior government officials progress in addressing key priorities since the previous Regional Committee and have had a positive impact in strengthening Member States' engagement in global discussions on health and WHO reform. Daily meetings during the Executive Board meeting and Health Assembly provided additional opportunities for Member States from the Region to interact and agree on common positions that affect the Region. A mid-term report was presented to the ministerial meeting held prior to the World Health Assembly on progress in implementing the commitments made in the five strategic priorities, and subsequently to the Regional Committee.

At its 61st Session, the Regional Committee endorsed three resolutions covering key areas of work. The reduction in the number of resolutions is in line with governance reform and the efforts of the Committee to focus on priorities and actions to which Member States can realistically

commit. Immediately prior to the session, a day of technical meetings was held to discuss current issues of interest. Where pertinent, the outcome of the discussions was taken forward to the Regional Committee for further discussion. This process, which follows from the revised rules of procedure endorsed by the Regional Committee at its 59th session, is developing into a useful forum for high-level technical discussion with Member States.

Management

WHO continued to follow up on its commitment to strengthen technical and managerial capacity in countries, and to carry out a process of comprehensive reform in regard to its work in the Region. Despite the surge in emergencies and continuing crisis in parts of the Region, which present unique challenges, and despite the limited resources available, pursuit of overall excellence continued to be the guiding theme for implementing WHO reform in the Region.

The regional reform agenda was translated into a plan to improve administration and management based on increased empowerment of staff and creation of an enabling environment for sharing best practices and developing future practices. A senior management retreat was held to review the progress and challenges in relation to the regional priorities, including management reform. This resulted in the establishment of a task force with representation from all departments which looked at ways and means to simplify processes and reduce bottlenecks.

A number of actions were implemented to improve management operations. Harmonized structures were put in place across all budget centers, and staff rosters created for generic technical and administrative support posts. Key performance



↑ *The Eastern Mediterranean Health Journal is published monthly*

indicators were agreed in order to better monitor technical and management performance, as well as compliance. A range of administrative procedures were simplified and streamlined to improve compliance and performance, particularly in relation to recruitment and contracting, travel and organization of meetings, while public procurement procedures were strengthened. Efforts were made to strengthen ownership and accountability by departments and country offices through increased delegation of authority to budget centres.

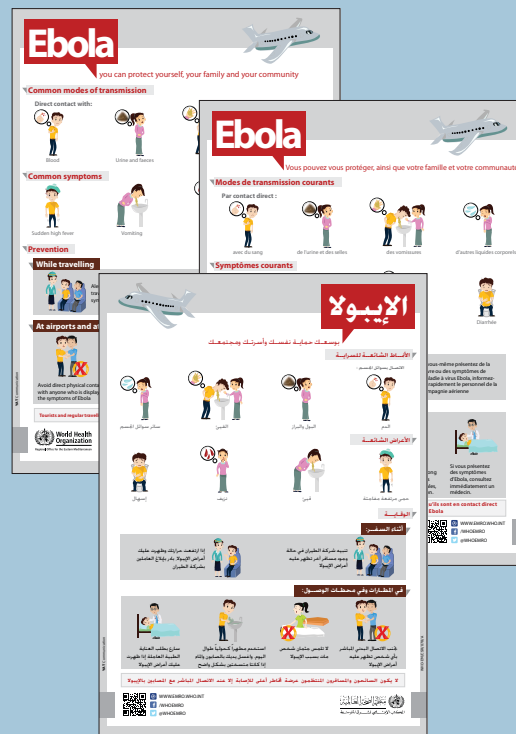
Following on from steps initiated in 2013, major focus was placed on strengthening internal controls and compliance. A compliance and risk management function was established, reporting directly to the Regional Director. Compliance is monitored at the level of the budget centre by means of an electronic 'compliance dashboard' that is visible to managers and is updated each month. In order to encourage and improve performance in this area, efforts were made to engage with staff through provision of better guidance and direct interaction, including teleconferences.

These interactions proved useful for sharing information, experiences and solutions.

At country level, significant progress was made in a number of targeted areas relating to audit recommendations. The number of outstanding technical and financial reports relating to direct financial cooperation was further decreased, from about 500 at the beginning of the year to about 100 at year end. Reform in the use of special services agreements as a mode of contract for technical cooperation was implemented. This resulted in an overall reduction in the number of such agreements from 1200 to about 600, and improved compliance with the intent of this type of contract. At the same time, efforts were made to build capacity and raise awareness on correct procedures and accountability in these areas. Country office capacity was further strengthened in the areas of planning and project management.

With regard to further strengthening of technical and managerial capacity at country level, and following restructuring and significant expansion in technical capacity in several country offices in 2013, action to strengthen WHO country presence continued in several countries. The current reporting period focused on enhancing general management and administrative capacity in the field.

The Regional Committee acknowledged the efforts made to shift resources from regional to country level (EM/RC61/R.1) and requested the Regional Director to advocate for the implementation of a full staff rotation and mobility scheme across the Organization, and not only within the Region. Further increase in the country allocation has been planned for the next biennium to ensure that the process of strengthening country presence,



↑ Effective management of threats to health security includes timely public health messages

which was started in 2012, is consolidated over the coming 2 years.

A review was conducted with a view to restructuring the administrative services in early 2015. The main objective is to increase the efficiency of the support provided for delivery of technical programmes by making better use of the Global Service Centre and the Global Management System. The review also looked at ways of strengthening the administrative and management functions of the Regional Office and options for establishing common service functions and structures at the sub-regional level. Implementation of the recommendations of the review in this regard will be completed by end 2015.

In addition to the general management challenges resulting from the increase in emergencies in the Region, the Regional Office and the country offices are struggling to handle the surge in workload. This is due to lack of capacity compounded by the current difficulties in attracting the talent and skills needed to the Region.

In an effort to accelerate WHO reform implementation at country level, two WHO country offices (Pakistan and Iraq) have been selected to take part in a pilot project on reform of human resources, in cooperation with the Bill & Melinda Gates Foundation. The aim of reform in this area will be to promote local decision-making and bottom-up planning for human resources, based on needs. Lessons learned from these pilot

projects will be used to identify best practices which can be shared and replicated across WHO.

Addressing the many challenges in management reform requires a systems approach, including continuing harmonization of structures, simplification of processes, open communication channels, and an enabling environment to strengthen organizational health. The focus in 2014 was on achieving visible progress and outcomes in areas where there was a clear way forward, with careful prioritization of improvement actions thereafter. In 2015, WHO will continue to build on the intensive preparatory work started in 2014, focusing on three major areas: people (input), processes (systems), and products (impact).