
Implementing WHO management reforms

Programmes and priority-setting

WHO continued to strengthen its implementation of reform in programme strategy and priority-setting, with the objective of improving global and regional health outcomes by focusing on its comparative advantages. The Regional Office provided support for the strategic aspects of WHO's work at country level through regular liaison with WHO country offices and relevant regional stakeholders in developing, monitoring and evaluating the country cooperation strategies (CCS). New CCS guidelines were launched. An initial pilot group of four countries was established and training conducted. The new guidelines advocate for strong national ownership and an inclusive and consultative process of negotiation and development. Development of partnerships was promoted, including with the League of Arab States, the regional United Nations Development Group, the Organization of Islamic Cooperation, and regional UN organizations and institutions. The regional bottom-up operational planning process took place in good time for the WHO Financing Dialogue held in Geneva in November 2015 and was thus operational for an equally early start to implementation for the 2016–2017 biennium.

The outcome of the end-of-biennium reporting on the Programme Budget Performance Assessment for 2014–2015 showed that the regional base



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↑ WHO and the League of Arab States joined hands in a regional consultation to enhance the role of civil society organizations in the health and sustainable development agenda, Cairo, August 2015

budget of USD 268 million had been funded to the level of 84% while the allocated emergency budget of USD 585 million had been funded at 89%. The base programme budget utilization (expenditures and encumbrances) was 83% and utilization of actual available funding reached 99%. Budget utilization in the emergency programme for the Region as a whole was 85% and utilization of funding was 96%, leaving WHO at the regional level with a high overall funding utilization of 97% at the close of the biennium. The investment in priority work at the country level saw 85% of flexible funding allocated to country priorities.

Delivery of technical outputs was also high, particularly when viewed against the continued efforts of the regional and country offices to respond to and support event-driven emergency situations, with 78% of outputs fully achieved and 22% partially achieved.

The Regional Office was an active partner in the strengthening of the global category and programme area networks which contribute to programmatic and technical coherence at global,

regional and country level. Both the category and programme area networks play a key role in harmonizing the priorities from the country level bottom-up planning with commitments emanating inter alia from regional and global resolutions to ensure the comprehensiveness and completeness of work plans.

In anticipation of the adoption in September 2015 by the United Nations General Assembly of the new development agenda for the period 2016–2030 expressed within the 17 Sustainable Development Goals (SDG) including one specific goal (Goal 3) for health with 13 targets, work was initiated to prepare plans for addressing the unfinished MDGs and the integrated SDG agenda. This was presented at the 62nd Session of the Regional Committee.

As part of ongoing periodic programmatic reviews, an expert consultation was held in early 2016 on the Global Arabic Programme. Regional

participants with expertise in translation, publishing and public health reviewed the work of the programme and the achievements of the past two decades. Taking into account the current context, the pressure on available resources and the need to streamline the strategic focus of the programme, it was recommended that resources should be concentrated on translation of WHO publications in the strategic priority areas, and on updating of the Unified Medical Dictionary.

Governance

In keeping with the practice of the past few years, a high-level meeting for ministers and representatives of Member States and permanent missions in Geneva was held prior to the World Health Assembly. These meetings continue to provide an opportunity to review, with ministers of health and senior government officials, progress in addressing key priorities since the previous Regional Committee and to strengthen Member



↑ The 62nd session of the Regional Committee for the Eastern Mediterranean took place in Kuwait

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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.

At its 62nd Session in October, the Regional Committee endorsed five resolutions in relation to the regional strategic priorities. 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, has proved to be a useful forum for high-level technical discussion with Member States.

Management

The Regional Office continued to develop essential instruments for the enhancement of the WHO reform process, with special emphasis on managerial reform, working closely with all other levels of the Organization to achieve the goals of the 12th General Programme of Work. It also continued to improve its planning, forecasting, implementation, monitoring and evaluation capacity aimed at more efficient use and distribution of limited resources, with a view to making WHO in the Region more fit for purpose.

The managerial actions associated with the reform process with respect to staff mobility and rotation, performance management and human resources planning and management were complemented by the promotion of an accountability culture.

Accountability and controls continued to be at the heart of improvement efforts with focus on the five compliance areas, which were repeatedly mentioned in internal and external audit observations of preceding years: direct financial contributions, direct implementation, imprest purchase orders, asset inventories and non-staff contractual arrangements. These areas were closely monitored throughout the year by means of the monthly compliance dashboards. The aim of reducing audit observations to a minimum, and of closing all long-standing audit observations, was fully achieved by year end, with over 230 recommendations closed. This was accomplished while welcoming an unprecedented number of audit missions to the Region (seven, of which two in the Regional Office) within the same year. All audits resulted in satisfactory or partially satisfactory ratings, showing a clear improvement in controls compared to previous years, and a deep commitment to zero tolerance to non-compliance across the Region.

A number of initiatives have been undertaken in the past two biennia that have also proved useful to other regions. These include: a dedicated compliance and risk management role; improved compliance monitoring and reporting through dashboards; accountability compacts with budget centre managers and administrative officers tied in with performance management mechanisms; self-assessment questionnaires for managers in support of the management assertions on internal control; capacity-building initiatives, such as an integrated training programme for budget centres, compliance forums and many more outreach initiatives; pilot projects as a basis for programmatic and administrative reviews; establishment of surge support capacity

in the Region, with special focus on emergency countries; targeted country visits to provide on-site support; and strengthened managerial support to emergency preparedness and response, including the establishment of a regional solidarity fund.

WHO will address a number of specific challenges in 2016–2017, including the need for: capacity-building in institutions to support Member States

in remaining aligned with evolving requirements; strengthening country level perspectives in responding to acute and protracted emergencies; consideration to deploy and deliver on a no-regrets basis; a regional risk register in addition to the corporate risk register; and continual improvement in accountability and control, as embedded in the regulatory frameworks.