Update on implementation of the WHO Transformation Agenda in the Eastern Mediterranean Region

Introduction

1. The Transformation Agenda of WHO in the Eastern Mediterranean Region aligns with the overall WHO Transformation Agenda as part of the all-inclusive reform initiative of the Director-General.1 Moreover, the regional vision, Vision 2030, includes WHO Transformation as one of its four main strategic priorities.2 The vision and its implementation are anchored in WHO’s Thirteenth General Programme of Work, 2019–2023 (GPW 13),3 aligned with the 2030 Agenda for Sustainable Development, and pursued as a joint commitment with partner agencies through the Global Action Plan for Healthy Lives and Well-being for All.4

2. The three main regional strategic priorities have been further elaborated in WHO’s strategy for the Eastern Mediterranean Region, 2020–2023: Turning vision 2023 into action.5 Regional strategic priority 4 is transforming WHO to make it into an accountable, catalytic leader in health in the Region by making fundamental changes in the WHO working business model, systems and culture. Of the five strategic objectives outlined to achieve strategic priority 4, three are the focus of this report. These are: a) align the work of all staff to a common strategy; b) ensure a fit-for-purpose structure and processes by improving strategic positioning, engagement and capacities to efficiently respond to the country needs and priorities; and c) expand partnerships and strengthen strategic communications as core functions. The remaining strategic objectives are streamlining the evidence base for informed health policy and streamlining measurement approaches to ensure WHO functions and country achievements. Progress in these areas is reported to the Regional Committee in other documents.6

3. WHO Transformation has been undertaken in four phases, beginning in July 2017. The first phase of consultation and analysis took place from July to December 2017, leading to a WHO Transformation plan and architecture. The second phase, from January 2018 to March 2019, focused on the design of a strategy, processes and operating model, and the development of GPW 13. The third phase, from March 2019 to December 2020, aligned and initiated changes to organizational structure and ways of working, and saw the development of the WHO Values Charter. In the fourth phase, which started in January 2020, the process has focused on implementation and continuous improvement. The ongoing COVID-19 pandemic has been a challenge to the implementation, but at the same time has provided an opportunity to refine and adjust priorities and has accelerated the process of the Organization becoming fit for purpose to better deliver value

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6 Major developments in relation to both areas are outlined in the Annual Report of the Regional Director (EM/RC68/3), and there is also a separate progress report on developing national institutional capacity for evidence-informed policy-making for health (EM/RC68/INF.DOCC.7).
for money and transformative reform. Positive progress across the Transformation Agenda was reported in The WHO Transformation 2020 progress report.7

4. The COVID-19 pandemic and its impact in all its dimensions have created high expectations and demands of WHO globally on its capacity to act and respond efficiently and on the need to transform itself into a fully fit-for-purpose organization. While the WHO Transformation has progressed well, with many structural, functional and process improvements being made, the COVID-19 pandemic has raised additional questions about the Organization’s mandate and purpose, and capacity to adjust to the new situation. These have focused particularly on its funding mechanism, in which a large part of the budget is funded through voluntary and earmarked contributions.

5. Several new recommendations have highlighted shortfalls across many services during the pandemic. Recommendations have been received from the Independent Panel for Pandemic Preparedness and Response (IPPPR)8, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response9 and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme10. These recommendations are highly relevant for the Transformation Agenda as WHO adjusts its response to global health challenges, often in the very difficult context of worsening climate change and situations of conflict.

6. As a consequence of the deliberations on these reports at the Seventy-fourth World Health Assembly in May 2021, and to structure and facilitate the negotiations and decisions stemming from the recommendations from these panels and committees, Member States agreed that the current funding mechanism was not sustainable as it did not give WHO the level of flexible funding that was required to meet the demands it faced. The Member State Working Group on Sustainable Financing and the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies have flagged the urgent need to better fund essential functions of the Organization. At its third meeting (23–25 June 2021), the Working Group on Sustainable Financing summarized the issue in five direct questions and transmitted them to Member States for consultation and response during the 2021 season of regional committee meetings.11

7. A more efficient emergency response also requires becoming fit for purpose. The Incident Management Support Team established internally to be the main entity in charge of the management of the COVID-19 response relies on a standardized structure and approach to manage its response to the health emergency and follows best practices in emergency management through the six critical functions of leadership, partner coordination, information and planning, health operations and technical expertise, operations support and logistics, and finance and administration.

8. The WHO Transformation 2020 progress report states that demands from Member States, partners and the general public have increased substantially and therefore implementing “best-in-class” processes to support new ways of working is crucial, but that this is a moving target in scope and scale, requiring continuous improvement cycles to remain fit for purpose.

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9. This report builds on the previous progress report on the Transformation Agenda presented to the Sixty-seventh session of the Regional Committee for the Eastern Mediterranean (EM/RC67/11)\(^\text{12}\), which described the progress made by the WHO Regional Office for the Eastern Mediterranean and WHO country offices in the Region as part of Transformation across all levels of the Organization.

**Progress update**

*Governance of WHO Transformation*

10. Transformation is a whole-of-WHO initiative that has country, regional and global dimensions. The work is closely coordinated by the Global Transformation Team at WHO headquarters and a regional transformation team in each region, including the Eastern Mediterranean Region. The Regional Transformation Team collaborates with country offices through focal points in the network of Change Supporters. The Regional Transformation Team engages closely with the Global Transformation Team shouldering the main roles and responsibilities for managing and coordinating transformation initiatives, developing appropriate solutions to implement Global Policy Group (GPG) decisions, orchestrating staff engagement and initiating culture change in the workplace. Close and participatory collaboration between the Global and Regional Transformation Teams takes place during regular biweekly joint meetings, as well as outside them. The Regional Transformation Team is housed in the department of the Chef de Cabinet and is overseen by the senior management team chaired by the Regional Director. The Regional Office has reviewed its Transformation governance to better respond to the increasing demands in the Region and the requirement to drive Transformation through the next phase. In this regard, the Office has recruited a Transformation Team lead to manage the Team and coordinate with the relevant departments and units at the Regional Office and WHO headquarters.

*Evaluation of WHO Transformation*

11. An external evaluation of WHO Transformation\(^\text{13}\) has taken place as a formative exercise, forward-looking in its orientation, providing key stakeholders with an independent assessment of progress, identifying gaps and informing the Transformation moving forward. Five recommendations were made that called for clear and comprehensive outcome-level milestones, better engagement with Member States and investing resources at country level. The evaluation also recommended the intensification of efforts to build a motivated and fit-for-purpose workforce and accelerate the pace of change in organizational culture.

12. As per United Nations (UN) codified standards, WHO has prepared a management response\(^\text{14}\) to the evaluation, whereby the Organization accepted all recommendations and made a commitment to specific actions for each of them, with transparent public reporting to Member States identifying implementation actions and timelines, responsible entities in WHO, and the tracking and reporting of progress. The Evaluation Office at WHO headquarters tracks implementation for organizational learning purposes and reports annually to the governing bodies. The management response and follow-up are publicly available, along with the evaluation report and associated documents, as part of building better transparency and accountability of the Organization.

*Country functional reviews*

13. Transformation in the Region has made progress despite challenges in many areas. There has been an enhanced focus on country offices and their capacity to deliver and meet external demands, collaboration across all the levels of the Organization and strengthening partnerships. The country functional reviews (CFRs) are one of the components that provide information for the Transformation workstreams.


14. The Regional Office has carried out extensive, innovative and large-scale CFRs. This major process has been a fundamental aspect of the Transformation Agenda in the Region, as part of workstream 3.3 and in line with Global Policy Group aspirations for a new, aligned 3-level operating model and fit-for-purpose WHO country-level presence. These reviews serve as a baseline for continuous quality improvement cycles to ensure that country offices and the Regional Office are fit for purpose in a rapidly changing environment. The baseline CFRs have highlighted interdependencies between specific WHO Transformation initiatives and the Organization’s work to optimize its ability to deliver results at country level, in line with the needs and expectations of Member States and partners.

15. The CFRs have exposed a need for concerted action at Regional Office and headquarters levels to ensure that all country offices are fit for purpose. Making a country office fully fit for purpose requires a corresponding ability and capacity in the Regional Office to support them in this process. One of the key findings is that a purely short- and medium-term focus on strategic alignment, planning and budgeting has constrained long-term strategic positioning and engagement by country offices. There is also a need to develop a risk maturity model and integrate risk management with planning and budgeting processes. The establishment of a CFR implementation committee headed by the Regional Director along with the development of an actively monitored and updated implementation dashboard will help on the implementation of the findings and ensure a sustained and regular mechanism for continuous country offices’ improvement.

16. A key principle of the CFR implementation process is to ensure that it is integrated with existing planning and review mechanisms. Hence, the Regional Office calls for the CFR process to transition into a continuous quality improvement cycle for country offices, ensuring an ongoing process of alignment and adjustment for the Organization to remain fit for purpose. This continuous quality improvement/fitness calibration process is to be aligned with periodic strategic framework reviews at country level through the country cooperation strategies and the United Nations Sustainable Development Cooperation Framework, which inform the WHO biennial programme budget plans for each WHO budget centre, and WHO/ministry of health biennial workplans and country support plans. These instruments provide WHO with a strategic framework to guide its work in and with a country to respond to the country’s national health and development agenda and to identify priorities for WHO collaboration in the areas where it has a comparative advantage to assure public health impact, based on GPW 13 and the health-related SDGs.

17. In terms of resource mobilization and partnerships, there is a need for long-term engagement in a systematic way and for building a more holistic approach to partnerships and resource mobilization. Major challenges to business operations relate to inadequate operational capacity, the delegation of administrative and financial authority to country offices and suboffices, and security. It is proposed that organograms are structured and aligned with the GPW 13 framework and re-capacitated based on technical and functional needs.

18. Member States have been engaged with the process to better align with national priorities. A strategic retreat, chaired by the Regional Director, was held with all WHO Representatives on 21 February 2021. It provided an opportunity to present the findings of all 18 CFRs to the Representatives, country office teams and regional teams and to obtain their feedback on the way forward, including the support required by country offices from the Regional Office for implementation of CFR recommendations.

19. Reflecting the high value of the baseline CFRs for country offices, most are now requesting updates that take into account the changing environments in countries, especially given the added responsibilities and additional staffing requirements of the COVID-19 response. Addressing this increased demand and the need to shorten the turnaround times of repeat CFRs now and in future, the Regional Transformation Team has developed a new integrated CFR concept. The purpose is to provide additional information that contributes to organizational change and leads to a continuous quality improvement cycle for fit-for-purpose country offices instead of a one-off investment triggered by the baseline CFRs. A new integrated approach that includes technical programme aspects has been adopted for the new CFR cycle to ensure that it fully contributes to continuous quality improvement and adds value to ongoing organizational processes during the biennium. The opportunities provided by the reviews of country cooperation strategies for assessing the progress and impact achieved in strategic objectives will be key to harnessing examples of country successes, issues and gaps.

20. Furthermore, programming and reporting milestones for the biennial programme budget from biennium workplans development, harmonized three-level country support plans, programme budget 2020–2021 mid-
term reviews and end-of-biennium evaluations, with the relevant inputs on resource allocations and uses, including in human resources, offer ongoing and regular occasions to review the technical expertise required as part of WHO staffing to deliver on the purpose. There may also be triggers for full or partial CFR reviews, depending on changes in context (such as in Afghanistan or Lebanon), which would require WHO to adjust its priorities and amend its approaches to implementation and operations. A second updated version of the CFR in Yemen has been completed and other reviews are being initiated based on major changes in context and needs.

**Partnerships and communication**

21. WHO Transformation also seeks to leverage partnerships and the global community. Successful results have been achieved under the “New approach to partnerships” workstream. The successful work of WHO would not have been possible without intensive and committed work with its partners. WHO has co-chaired the regional UN Issue-based Coalition on Quality Social Services together with UNESCO since June 2020. The Coalition was established in the Arab States under the umbrella of the Regional Collaborative Platform, which comprises the regional directors of UN agencies and coordinates UN agency support to United Nations Country Teams (UNCTs) and resident coordinators as part of the UN reform. Efforts are also ongoing at the regional level to enhance WHO’s contribution to UN processes and support WHO country offices in leading on the health inputs to UNCT country programming activities, including the Common Country Assessments and the new cycle of UN Sustainable Development Cooperation frameworks.

22. Additionally, the Regional Office has deepened its work with existing networks through the Regional Health Alliance, a partnership of multilateral health, development and humanitarian agencies launched at the end of 2020 to promote harmonized and accountable support to countries to accelerate progress towards the health-related SDGs and facilitate implementation of the Global Action Plan for Healthy Lives and Well-being for All. It has been crucially important in facilitating collaboration for the COVID-19 emergency response. The Regional Office has not only built partnerships with other UN sister agencies but also with other key stakeholders across the Region, resulting in greater efficiencies. Successful resource mobilization has also secured more resources for the Region.

23. Communication has been essential during the COVID-19 pandemic for providing reliable, transparent and accurate information, thereby building trust and engaging partners and stakeholders, including Member States. Transformational initiatives introduced at the Regional Office have made it possible to outline an innovative regional communication for health (C4H) strategy and programme. C4H draws insights from social, behavioural and communication sciences to inform and change attitudes and behaviours for defined public health outcomes at the individual, community and societal levels. By building and harnessing C4H, the Regional Office can better communicate both technical and non-technical health information and stories, from and for a wider range of initiatives, departments and programmes.

24. To implement a priority action identified in Vision 2023, the Regional Office has established a new Department of Communications, Resource Mobilization and Partnership (CRP) at the Regional Office to streamline its communication work in the interest of maximized harmony, synergy and alignment at regional and country levels. This is yet another important transformational paradigm shift from vertical to integrated structures and programmes, making them more strategic, productive and efficient. The Office has recognized strategic media communications as a core technical function to foster C4H so that its trusted voice continues to be heard throughout the Region, particularly during public health emergencies. The value of using both traditional and digital communications channels has been demonstrated in the response to the COVID-19 infodemic.

**Staff well-being**

25. Part of the Transformation Agenda is to improve human resource management within the Organization. The gender distribution statistics for August 2020 compared with August 2021 show a slight improvement, with the percentage of female professional staff in the Regional Office and country offices increasing from 32.5% to 33.5%. At the director and WHO Representative level, the increase has been more significant from 25% to 34.4%. Staff mobility is also an important component for building staff experience and knowledge
and contributing to career development. There was an increase from only three mobility cases in 2020 to eight cases in 2021.

26. WHO has continued to invest in its staff to ensure that staff are aware of where and how they can access mental health and psychosocial support services during the COVID-19 pandemic. The Regional Office has provided updated and accurate information and implemented flexible working arrangements through distance working. Professional development opportunities have been provided through online capacity-building tools. The Office bases its organizational culture on the WHO Values Charter, reflecting the principles of human rights, universality and equity established in WHO’s Constitution as well as in the ethical standards of the Organization.

Culture of transparency and accountability

27. Transforming WHO is about changing mindsets, revising and simplifying processes and procedures, and aligning structures and functions to make WHO a fit-for-purpose organization. Establishing the right tone involves much more than having a system of compliance. The Regional Director emphasizes ethical behaviour, accountability, compliance and risk management, setting a strong tone at the top and providing advanced tools to support monitoring. Considerable progress has been achieved with the establishment of the high-level Compliance and Risk Management Committee, chaired by the Regional Director in the Regional Office and by the WHO Representative in country offices. This reflects the importance the Regional Director has placed on enhancing accountability through improved compliance and risk management at both Regional Office and country office levels as part of WHO Transformation, inculcating a culture that is risk-aware but not risk-averse.

28. Technology is being used to support compliance monitoring through a risk management dashboard, audit dashboard, pre-audit self-assessment checklist and expansion of the mandatory key performance indicators (KPIs) as the basis for a thorough evaluation of country office performance, requiring strong monitoring and data collection from all country offices. The KPIs were developed in consultation with country offices and in line with the applicable rules and regulations, as well as by studying the lessons learned in other regions.

29. The Regional Office is now using a new mechanism based on the GPW 13 Triple Billion output score card combined with the KPI measurement framework at the Regional Office level to demonstrate performance and strengthen accountability. It measures WHO’s contribution in the Region in terms of outputs and outcomes to measure the achievement of GPW 13 targets. Under the leadership of the Regional Director and the participation of senior Regional Office management, an external review of the progress made in implementing Vision 2023 was conducted in March–August 2021. Called the Mid-term push forward (MPF) review, it provides the Regional Office and Member States with further analysis of results, achievements and barriers and includes important information on the further action needed to prioritize and accelerate Transformation processes at the regional and country levels. The MPF review report will be made available at the 68th session of the Regional Committee for the Eastern Mediterranean.

Next steps

30. Transformation is a dynamic and ongoing process of change and evolution. It is an important process for a learning organization with a future outlook such as the Regional Office.

31. In the upcoming months, the Regional Office is committed to addressing each recommendation of the independent evaluation of WHO Transformation through the published management response, committing itself to the highest level of transparency and accountability. Several actions require regional and country level input and effort to ensure that the action plan for the implementation of the recommendations in the management response is taken forward within the suggested timeline. The Regional Office is very keen to share the progress made in its implementation with Member States through regular briefings and annual reporting to enable their engagement and commitment to the Transformation process as it moves forward.

32. The Regional Office will also intensify its efforts to build a motivated and fit-for-purpose workforce and accelerate the pace of the desired changes in organizational culture. Transformation has benefited from the many recommendations of the various evaluations, working groups and assessments, and these are shaping
and enriching the approach and informing future directions. This includes, for instance, building stronger ownership among staff members across all levels of the Organization, taking into account their needs and well-being during these challenging times, and stronger coordination and leadership of country offices. The Regional Office will ensure it continues to support country offices during the Transformation process and to reinforce WHO’s values and organizational culture in the Region.