



Update on implementation of the WHO transformation agenda in the Eastern Mediterranean Region

Introduction

1. There has been significant progress on strategic priority four of WHO's *Vision 2023*¹ for the Eastern Mediterranean Region, which calls for internal transformation of the Organization. Although the COVID-19 pandemic has presented many challenges during the timeframe for implementation of *Vision 2023* and the related regional strategy, it also offered opportunities for collective action towards the response. WHO's leadership role on COVID-19 in the Region was strategically directed towards tailored technical support through effective collaboration. In addition, new methods of working through country support teams were established to support WHO country offices and enhance their technical capacities to respond appropriately to the pandemic. The focus shifted towards enhanced collaboration, upholding WHO values, ensuring a safer environment for staff, and accelerating transformation at the country level to ensure country offices are fit for purpose. Furthermore, cascading transformative actions from WHO headquarters towards the Regional Office and country offices has remained a priority in the Region.

Progress update

Strengthening the three-level operating model

2. The findings of 18 country functional reviews (CFRs) conducted in the Region during 2018–2020 and their over 900 recommendations continue to provide a baseline for WHO support to Member States. The concept of the CFR has now transitioned into the “integrated country functional review” (iCFR) to streamline the process of making country offices fully fit for purpose. The iCFRs serve as continuous functional reviews and quality improvement cycles that are linked, for example, to country missions as well as compliance and risk management reviews. The iCFR is a more agile, timely and responsive version of the functional review, which can be used as a mechanism for adapting to fast-changing country contexts.

3. To fast-track transformation in the Regional Office and country offices, a consultative process took place during the WHO Representatives' retreat in November 2021 and the Directors' retreat in December 2021. WHO Representatives and Regional Office senior managers were consulted on shared challenges and solutions to strengthen a bottom-up approach to WHO transformation in the Region. The consultations also considered the findings of the external evaluation of WHO transformation² and the performance audit of WHO transformation³ that took place in 2021.

4. The consultations resulted in the development of a regional transformation roadmap with 10 prioritized actions for implementing the WHO transformation agenda in the Region, in alignment with the global transformation workstreams (Annex 1). Implementation of WHO transformation now

¹ Vision 2023 [website]. Cairo: WHO Regional Office for the Eastern Mediterranean (<http://www.emro.who.int/about-who/vision2023/vision-2023.html#:~:text=At%20its%20heart%20is%20the,well%2Dbeing%20across%20the%20Region,> accessed 29 August 2022).

² Evaluation: annual report. Evaluation of WHO transformation. Geneva: World Health Organization; 2021 (EB149/5 Add.1; https://apps.who.int/gb/ebwha/pdf_files/EB149/B149_5Add1-en.pdf, accessed 29 August 2022).

³ Report of the External Auditor, Report by the Director-General. Geneva: World Health Organization; 2022 (A75/35; https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_35-en.pdf, accessed 29 August 2022).

includes closer collaboration between WHO Representatives and senior managers in the Region, and engages a larger number of staff in the process. The roadmap was further informed by the outcomes of global retreats of Directors of Programme Management and of the Country Support Unit Network, both of which were held in March 2022, as well as the five WHO priorities presented by the Director-General at the Seventy-fifth World Health Assembly in May 2022.¹

Maintaining a collaborative and results-focused culture

5. Implementing Organization-wide initiatives to uphold and reaffirm WHO values underpins the transformation of WHO's organizational culture. Key outcomes of the consultations in 2021 included an emphasis on WHO leadership in the Region with regard to preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) and ensuring diversity, equity and inclusion (DEI), both of which are now embedded in internal WHO processes and contribute to maintaining a respectful workplace. Innovative activities in support of DEI are ongoing and the Region has shown one of the highest levels of interest among WHO staff, with many applications to join the Global Advisory Group and the Regional Catalyst Group for DEI, supplementing the regional diversity targets with respect to geographical representation.

6. A regional task team on PRSEAH has been established to implement and reinforce WHO's zero-tolerance stance. Recruitment of a regional PRSEAH coordinator (P5) and one technical officer (P4) each in Afghanistan, Pakistan, Somalia, Sudan and Yemen is in progress. Units across the Region have enhanced their action on PRSEAH through the development of team goals to ensure accountability and to uphold WHO values. The goals were formulated through the Performance Management Development System (PMDS), which serves as one of the main mechanisms for institutionalizing personal responsibility of all teams and staff on PRSEAH. Examples of concrete action taken by the Regional Office and country offices include the roll-out of trainings, integrating PRSEAH within contracts for future collaboration with partners, identifying potential risks within the responsibilities of a team, ensuring a safe environment to share concerns and refreshing staff on the appropriate channels to report allegations.²

7. One of the key findings of the performance audit of WHO transformation was the slow progress in human resource reforms. However, despite the challenges posed by COVID-19, WHO progressed in this regard by offering, for example, short-term developmental assignments (STDAs) to staff, of which 26 were implemented between January 2020 and August 2022 in the Region. Staff who undertook STDAs were offered opportunities that included developmental components to enhance their skillset and broaden their experience across different departments and/or offices. As of December 2021, WHO staff situated at the Regional Office for the Eastern Mediterranean comprised 15.6% of all WHO staff.³ In addition, the Region has seen steady improvement in gender parity and geographical representation of WHO staff. Between December 2021 and June 2022, the number of international professional staff from P1 to higher categories appointed at the Regional Office from developing countries increased by 6% and the number of female staff in professional and higher categories increased by 5%. The number of international professional staff serving at the P6/D1 levels has also increased, as has the number of female staff appointed at these levels, during the same time period of December 2021 to June 2022.

8. WHO has made concerted efforts on capacity-building in the Region, based on country needs, to achieve maximum impact at the country level. One such example is training on legal issues conducted by the Office of the Legal Counsel, which customizes sessions based on the country-specific context.

¹ Address by Dr Tedros Adhanom Ghebreyesus, Director-General. Geneva: World Health Organization; 2022 (A75/3; https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_3-en.pdf, accessed 29 August 2022).

² Prevention of sexual exploitation, abuse and harassment, Report by the Director-General. Geneva: World Health Organization; 2022 (A75/29; https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_29-en.pdf, accessed 29 August 2022).

³ Human Resources: annual report, Report by the Director-General. Geneva: World Health Organization; 2011 (A75/31; https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_31-en.pdf, accessed 29 August 2022).

Topics of these sessions include: corporate and contractual matters; international, constitutional and global health law; privileges and immunities of the Organization and its officials; and bilateral and United Nations sanctions.

Broadening partnerships to amplify WHO's impact on health in the Region

9. The past year not only saw expansion across a range of strategic and operational partnerships but also more impactful engagement to position WHO as the leading and credible voice on health in the Region. The Department of Communications, Resource Mobilization and Partnership was strengthened through the recruitment of experienced staff across its three programmatic pillars. New tools, such as the Contributor Engagement Management (CEM) platform, have been put in place to streamline processes and ensure efficient tracking of partner engagement.

10. An internal review of the COVID-19 Incident Management Support Team (IMST) was conducted which, among other things, assessed WHO's role as the lead in partner coordination and will inform more holistic engagement across both emergency and non-emergency settings. Strategic discussions have intensified to enhance the Organization's outreach through innovative partnerships, such as the trilateral partnership for the Healthy FIFA World Cup 2022™ between WHO, Qatar and FIFA to advance WHO's flagship Creating Legacy for Sport and Health campaign. This collaboration was spearheaded by the WHO Director-General and the Regional Director for the Eastern Mediterranean.

11. Transformation initiatives introduced at the Regional Office made it possible to outline an innovative regional communication for health (C4H) strategy and programme. By building and harnessing C4H, the Regional Office is in a better position to communicate both technical and non-technical health information and stories, from and for a wider range of initiatives, departments and programmes. WHO's overall visibility as well as its role in the COVID-19 pandemic response was amplified through media interviews, press releases, annual global health day campaigns and related events. With regard to web traffic, the COVID-19 website received 4.9 million page views between 1 January 2021 and 31 December 2021, which represented around 38% of total web traffic to WHO's regional website for that period. Furthermore, there were 5.3 million page views were made between 1 January 2021 and 7 September 2022, representing around 30% of total web traffic to the regional website for that period.

12. In 2021, the WHO-led Eastern Mediterranean Regional Health Alliance (RHA) launched its second biennial joint action plan, for 2022–2023, to accelerate action on the health-related Sustainable Development Goals in the Region. Three United Nations agencies were welcomed as new members, bringing the number of Alliance members to 15. Implemented through seven closely linked accelerators,¹ the joint action plan features additional objectives focusing on access to quality health services for all, community engagement, financial protection, healthy environments, new medical products and better health information systems. A Gender Advisory Group will ensure that gender equality cuts across all accelerators. Many of the planned activities aim to tackle the social determinants of health, scaling up crucial health technologies and advocating for the humanitarian–development–peace nexus in emergency-affected countries. The work also contributes to the efforts of United Nations country teams (UNCTs), guided by the United Nations Sustainable Development Cooperation Framework (UNSDCF). A study is being carried out in the Region to identify linkages between the existing UNSDCFs/United Nations Development Assistance Frameworks (UNDAFs) and the RHA's joint action plan 2022–2023 and its accelerator working group themes. The findings will provide a basis for better engagement of the RHA with the UNCTs for joint United Nations support and coordination at country and regional levels.

¹ Actions proposed from the Global Action Plan for Healthy Lives and Well-being for All on a global/regional level revolve around seven interlinked themes. For more information, see: <https://www.who.int/initiatives/sdg3-global-action-plan/accelerator-discussion-frames>.

Engaging Member States for WHO transformation

13. Strengthening the engagement of Member States for WHO transformation has intensified in the Region. Leadership Skills Training on Global Health Policy and Diplomacy has been ongoing since August 2021, with WHO governing bodies focal points in the health ministries and permanent missions of Member States as the target audience. It is the first of its kind globally for this specific audience and covers the entire cycle of governing bodies events at global and regional levels. Each session includes a discussion with global health policy and diplomacy experts, followed by application of learning to a priority area in the WHO governing bodies context, including working on scenarios (for example, related to negotiations of the Working Group on Sustainable Financing, or the Working Group on Pandemic Preparedness). Use of virtual communication tools, such as the “marketplace” used during the 68th and 69th sessions of the Regional Committee, is a further example of WHO’s innovative strategies to intensify positive engagement with Member States. Regular ministerial briefings, systematic preparatory work and comprehensive introduction of agendas of governing bodies meetings are organized by the Secretariat at the Regional Office. Liaison with designated country focal points and permanent missions in Geneva has been established to coordinate the attendance of Member States of the Region at various statutory and governing bodies meetings. The focal points receive constant access to the Secretariat for channeling their questions and concerns during global and regional meetings. In 2021, six ministerial briefings were conducted as well as several informal briefings aimed at further engaging Member States in decision-making processes. In addition, newly appointed ministers of health are invited to the Regional Office to facilitate knowledge-sharing on how WHO’s programmes function, including briefings on governing bodies events and the sequence of meetings held throughout the year.

14. Following multiple consultations with Member States of the Region on the recommendations of the Working Group on Sustainable Financing,¹ stronger support has been received for an increase in assessed contributions, thereby accelerating WHO’s transformation towards more predictable, sustainable and flexible funding. Member States have also elaborated on their request for more innovative funding models across the three levels of the Organization, with an emphasis on mainstreaming equity into WHO programmes and reforms. Furthermore, new WHO country offices were opened in Bahrain and Kuwait in 2021 and in Qatar in 2022.

15. The COVID-19 pandemic has clearly demonstrated the myriad challenges in protecting people during a health emergency. To better protect the world from future infectious disease outbreaks, a global process² to draft and negotiate a convention³ has been initiated, aiming at an agreement or other international instrument under the WHO Constitution to strengthen pandemic prevention, preparedness and response.

Ensuring a culture of transparency, compliance, knowledge and information-sharing

16. Despite the ongoing pandemic and political instability in the Region, the compliance and risk management function greatly expanded in 2021. Compliance and risk management procedures and tools are now far more integrated into organizational planning and processes to ensure the expected levels of transparency, accountability and professionalism. Programme and administrative review missions were

¹ Sustainable financing: report of the Working Group, Report by the Director-General. Geneva: World Health Organization; 2022 (A75/9; https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_9-en.pdf, accessed 29 August 2022).

² Report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly, Report by the Director-General. Geneva: World Health Organization; 2022 (SSA2/3; https://apps.who.int/gb/ebwha/pdf_files/WHASSA2/SSA2_3-en.pdf, accessed 29 August 2022).

³ World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response [website]. Geneva: World Health Organization; 2021 (<https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response>, accessed 29 August 2022).

conducted using a risk-based approach to independently check processes and internal controls, identify gaps and improve the capacity of country office teams. The Regional Director set the tone by enabling the regional and country-level compliance and risk management committees (CRMCs) to serve as strong monitoring and oversight platforms over compliance matters. During 2021, country offices were invited to present their compliance and risk management status to the regional CRMC, highlighting achievements, good practices and areas for improvement.

17. A key achievement was the endorsement of the Principal Risks for the Region by the regional CRMC, which required coordinated response at all three levels of the Organization and fostered structured exchanges on critical risk topics. Greater transparency was achieved through the various dashboards that have been developed to enable WHO budget centres in the Region to monitor their risks proactively, measure their performance on key compliance indicators, facilitate exchange of best practices and support senior managers' oversight of the implementation of audit recommendations.

18. Responsibility for due diligence of non-State actors and compliance with the Framework for Engagement with Non-State Actors (FENSA) was transferred to the Compliance and Risk Management Unit, pursuant to recommendations made by an external functional review of the regional Country Cooperation and Collaboration Unit, the former host of FENSA. This shift will allow the Regional Office to further strengthen and enhance WHO engagement with non-State actors while reinforcing WHO's management of the potential associated risks.

Operationalizing transformation governance

19. A Transformation Unit was established in 2021, under the Chef de Cabinet's department, to better coordinate transformative initiatives in the Region. A major course of action was the reconstitution of the Regional Transformation Team at the Regional Office. The team is now fully operational, comprising 14 representatives from the Regional Office and country offices, and is steering the realization of transformation across all WHO budget centres at regional and country levels. The Regional Office's senior management team maintains its high commitment by providing oversight and strategic guidance of the implementation process. Frequent collaboration with the Global Transformation Team is ongoing to exchange experiences with WHO headquarters and the five other WHO regions.

20. The work of the regional Transformation Change Network stalled in 2021, due to WHO resources and efforts being diverted to the COVID-19 response. However, the Network is in the process of being reinitiated to enable close working between colleagues across various departments and embed transformative actions into day-to-day behaviours. It serves as a key network for communicating for change and "walking the talk". Operationalizing the Regional Transformation Team and the regional Transformation Change Network equips WHO with a dynamic working environment and moves the Organization closer towards a results-focused culture. Extensive communication through internal channels such as the intranet, Workplace and a transformation newsletter have already gained positive feedback from staff in the Regional Office and country offices.

Next steps

21. The performance audit of WHO transformation indicated that 24 out of 40 core transformation initiatives were not yet achieved, and that transformation had not been realized at country level. Addressing the remaining 24 initiatives is therefore a priority, in addition to resolving the financial and human resource gaps identified by the CFRs, including through implementation of redesigned business processes related to human resources, planning and resource allocation.

22. Accelerating towards more equitable financial resource allocation includes the distribution of resources mobilized in 2022–2023 and the proposed overall budget 2024–2025 across the three levels

of the Organization. Shifting a greater proportion through better allocation of available resources to country offices has been agreed among WHO Secretariat and Member States.



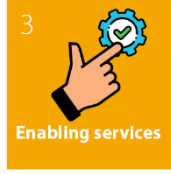
23. Equitable distribution of human resources across the three levels of the Organization should move forward to enable country office capacity, with a shift of staff from WHO headquarters towards regional and country offices. Deployment of international professional staff from all WHO regions should be considered to ensure interregional diversity. From 2022 onwards, WHO is to implement mandatory three-level staff mobility and will address issues related to long duration of service at the same duty station, particularly as relates to hardship duty stations.

24. The implementation of new business processes that are vital to drive and reinforce changes to WHO's methods of working needs to be accelerated. This will include strengthening technical cooperation, ensuring that quality data are available at the country level, fully empowering effective three-level mechanisms and positively shifting WHO's organizational culture.




25. WHO's regional leadership will continue its steadfast commitment towards implementing enhanced three-level collaboration across WHO in order to place country needs at the core of all its work. Strengthening leadership will also include investing in competitive and merit-based assessment, selection and recruitment of WHO Representatives for next-generation leadership at the country level. The WHO transformation roadmap for the Region will guide the transformation process in 2022–2023 through 10 action points and associated activities (Annex 1).

Annex 1

WHO transformation roadmap for the Eastern Mediterranean Region, 2022–2023

Action points	Proposed activities
<div style="text-align: center;">  <p>1. Upholding WHO values</p> </div> <p>Link with global transformation workstream:¹</p> <p><i>Collaborative and results-oriented culture</i></p>	<ul style="list-style-type: none"> • Implement the policy on preventing and addressing abusive conduct (PAAC), which came into effect on 1 March 2021² • Continue initiatives on preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) in the Region through: <ul style="list-style-type: none"> – accountability frameworks across the three levels of the Organization – regional PRSEAH task team – regional coordinator and five technical officers – regional PRSEAH implementation plan – individual/team Performance Management and Development System (PMDS) for 2022–2023 • Create a respectful workplace that encourages trust, responsibility, accountability, mutual respect and open communication, and emphasizes the principles of dignity, diversity and individuality through: <ul style="list-style-type: none"> – establishing a task team for respectful workplaces to develop, plan and guide implementation of prevention/support interventions for staff issues such as stress management – dedicating additional resources to stress management interventions – addressing collective stress in addition to individual stress in emergency environments – linking mental health initiatives at the Regional Office with stress management interventions – increasing managers’ awareness regarding tools, methods and processes for stress management • Convert WHO values and transformation commitments into action on diversity, equity and inclusion (DEI) through: <ul style="list-style-type: none"> – Regional Catalyst Group on DEI – Global Advisory Group on DEI – system sensing workshops
<div style="text-align: center;">  <p>2. Legal issues</p> </div> <p>Link with global transformation workstream:</p> <p><i>“Best-in-class” processes</i></p>	<ul style="list-style-type: none"> • Conduct country-specific team training in 19 country offices on: <ul style="list-style-type: none"> – structure and functions of the Office of the Legal Counsel – corporate and contractual matters – international, constitutional and global health law – privileges and immunities of the Organization and its officials – bilateral and United Nations sanctions
<div style="text-align: center;">  <p>3. Enabling services</p> </div> <p>Link with global transformation workstreams:</p> <p><i>“Best-in-class” processes Aligned, 3-level operating model</i></p>	<ul style="list-style-type: none"> • Conduct a comprehensive review of business processes to improve efficiency in: <ul style="list-style-type: none"> – proposal development – donor reporting – hiring of consultants – staff recruitment – procurement of goods and services – financial transactions – delegation of authority mechanisms

Action points	Proposed activities
 <p>4. Transformation Change Network</p> <p>Link with global transformation workstream:</p> <p><i>Collaborative and results-focused culture</i></p>	<ul style="list-style-type: none"> • Reactivate the regional Transformation Change Network to: <ul style="list-style-type: none"> – support changes in organizational culture – enable a motivated and fit-for-purpose workforce at the Regional Office and country offices – encourage staff engagement in the transformation process • Establish an annual work plan for Network activities • Ensure coordination through the Transformation Unit and Regional Transformation Team
 <p>5. Monitoring and impact</p> <p>Link with global transformation workstream:</p> <p><i>Impact-focused, data-driven strategy</i></p>	<ul style="list-style-type: none"> • Address issues related to: <ul style="list-style-type: none"> – staff capacity in data collection for the output scorecard and key performance indicators (KPIs) of the GPW 13 Results Framework and the WHO Impact Measurement framework – use of data in WHO country offices • Create feedback loops with WHO country offices to respond to country office needs
 <p>6. Emergency situations</p> <p>Link with global transformation workstream:</p> <p><i>“Best-in-class” processes</i></p>	<ul style="list-style-type: none"> • Streamline operational functions to strengthen WHO Health Emergencies Programme capacities, and facilitate implementation of emergency standard operating procedures (SOPs) for business processes in graded emergencies • Develop guidelines for the development of country cooperation strategies (CCSs) for emergency settings • Develop differentiated KPIs for emergency settings • Integrate common functions based on the Incident Management Support Team (IMST) collaborative experience, including the phase-out concept and monitoring and evaluation • Develop a formal cross-country evaluation of lessons learned in using the humanitarian–development–peace nexus (HDPNx) approach during emergencies
 <p>7. Country operations</p> <p>Link with global transformation workstream:</p> <p><i>Aligned, 3-level operating model</i></p>	<ul style="list-style-type: none"> • Develop core operating models for WHO country offices (beyond the fit-for-purpose organigrams) including structured/coordinated support services and optimization of synergies • Review possible future modalities/approaches for the Regional Office presence at country level, including a standard minimum core capacity based on critical functions as defined in the CCS • Base WHO’s planning and budgeting on the CCS and the UNSDCF for country work, ensuring support and resources from across three levels are reflected in the Country Support Plan (CSP) (or One WHO Country Plan) of each country • Ensure the CCS is a unifying framework for all WHO budgeting, resource mobilization and dealing with CCA, UNSDCF and other partner coordination mechanisms at country level • Define potential roles of the Country Cooperation Unit, namely: <ul style="list-style-type: none"> – supporting and facilitating short- and long-term policies for WHO technical missions to Member States, with well-defined terms of reference – designing and supporting virtual missions, designed for rapid interventions in response to specific public health technical needs – enabling country response teams to take a managed approach with multi-partner/multi-agency experts to respond to country needs and planned/ad hoc requests from Member States – providing capacity-building opportunities and, when required, financial support for national experts to attend international events/research projects, including collaboration with health institutions and networks of national experts – organizing policy roundtables with countries, establishing communities of practice and coordinating with Member State representatives

Action points	Proposed activities
	<ul style="list-style-type: none"> – improving/introducing innovative ways of working with WHO collaborating centres in the Region – incorporating peer-to-peer intercountry exchange, including staff short-term developmental assignments (STDAs) to gain different country office/international experience for a limited time period
 <p>8. Communication and partnerships</p> <p>Link with global transformation workstreams:</p> <p><i>New approach to partnerships</i> <i>Predictable and sustainable financing</i></p>	<ul style="list-style-type: none"> • Strengthen the structural and functional capacity of the Communications, Resource Mobilization and Partnerships Department at regional and country levels • Strengthen Regional Office and country office capacities in communication for health (C4H) • Actively and systematically improve partner engagement
 <p>9. Health leadership in the UN</p> <p>Link with global transformation workstreams:</p> <p><i>New approach to partnerships</i> <i>Aligned, 3-level operating model</i></p>	<ul style="list-style-type: none"> • Strengthen WHO capacities as an active partner and leader at regional and country levels for United Nations strategy development, coordination and implementation related to the health-related SDGs • Leverage United Nations country teams (UNCTs) for collective positioning and coordination with governments and donors • Support WHO country office capacities on the Common Country Analysis (CCA) and the United Nations Sustainable Development Cooperation Framework (UNSDCF), linking WHO CCSs and United Nations strategic documents at country level (including intercountry experience-sharing) • Expand partnerships with United Nations organizations and other health partners • Improve three-level collaboration to strengthen WHO positioning with the Regional Health Alliance as a regional coordination body, and include all partners in future meetings and missions
 <p>10. Leadership capacities</p> <p>Link with global transformation workstream:</p> <p><i>Motivated and fit-for-purpose workforce</i></p>	<ul style="list-style-type: none"> • Enhance Regional Office leadership capacities, including continuous learning and collaboration, through: <ul style="list-style-type: none"> – mapping of gaps in leadership areas (e.g. culture change, communication) – conducting focused leadership and management training, based on needs assessment – promoting hands-on training of country office staff (mentor, monitor, supervise) with a focus on practical support – developing peer-to-peer intercountry capacity-building between country offices – developing systematic methods for deployment of Regional Office staff to address temporary capacity gaps, where needed, making use of STDAs within the Regional Office and between Regional Office and country offices (including inter-office learning, job shadowing) – conducting cross-training/engagement of staff within departments – improving time management, efficiency of meetings, workflow management and reporting • Ensure that all professional staff have the capacity to work with other sectors for a multisectoral approach to health.

¹ Detailed information on the global transformation workstreams can be found in the 2020 progress report on WHO transformation: <https://apps.who.int/iris/bitstream/handle/10665/341368/9789240026667-eng.pdf?sequence=1&isAllowed=y>.

² Information Note Number 08/2021. Preventing and addressing abusive conduct: policy and procedures concerning harassment, sexual harassment, discrimination, and abuse of authority. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/preventing-and-addressing-abusive-conduct>).