**EXECUTIVE BOARD**
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# Evaluation: annual report

## Evaluation of WHO transformation

### Executive summary

1. The WHO Transformation process 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.[1] A formative evaluation of WHO Transformation was conducted[2] in order to assess progress of the WHO Transformation to date and the status of implementation of the WHO Transformation Plan and Architecture.[3]

2. In accordance with the modalities of this evaluation, the Evaluation Office is submitting the executive summary of the evaluation to the 149th session of the Executive Board (see Annex).[4]

## ACTION BY THE EXECUTIVE BOARD

3. The Board is invited to note the report.

[1] The WHO Transformation: an overview at 29 January 2020. Geneva: World Health Organization; 2020.

[2] This evaluation was commissioned by the Evaluation Office and conducted by an external evaluation team, DeftEdge.

[3] Delivering on the SDGs through WHO's 13th General Programme of Work: WHO Transformation Plan & Architecture (February 2018). Geneva: World Health Organization; 2018 (https://www.who.int/docs/default-source/documents/about-us/thirteenth-general-programme/transformation-plan-architecture16feb2018.pdf; accessed 12 May 2021).

[4] The full report of the evaluation of WHO transformation is available on the website of the Evaluation Office (www.who.int/evaluation, accessed 12 May 2021).

ANNEX

# EVALUATION OF WHO TRANSFORMATION

## EXECUTIVE SUMMARY

## BACKGROUND

### WHO transformation

1. The WHO transformation was launched in July 2017 with the establishment of the Working Group on Change Initiatives, and was broadly communicated with the release of the WHO Transformation Plan & Architecture in February 2018. It was conceived as an organizational change initiative aimed at better equipping WHO to achieve the ambitious goals set forth in its Thirteenth General Programme of Work, 2019–2023 (GPW 13) – that is, greater impact at country level in pursuit of the triple billion goals and the health-related Sustainable Development Goals (SDGs) – by optimizing its use of resources, streamlining processes and ensuring it is fit for purpose in a rapidly changing world. Within this context, the ultimate aim of WHO transformation has been to "make 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".

2. WHO transformation has taken place within a wider context of ongoing change and reform, both within WHO and within the wider United Nations system. Within WHO, it is the latest in a series of reform efforts that the Organization has undertaken over the years. As such, it represents a continuation of these initiatives in that it addresses long-standing issues that WHO, like most organizations, faces on an ongoing basis (for example, endeavouring to become ever more efficient and streamlined), while also redoubling its efforts to tackle other challenges that it had failed to adequately overcome in prior reform efforts (for example, cultivating a more agile work force), as well as targeting new areas for change that have emerged as a result of developments in WHO's operating environment in recent years (for example, the need to strengthen partnership with non-traditional donors and non-State actors).

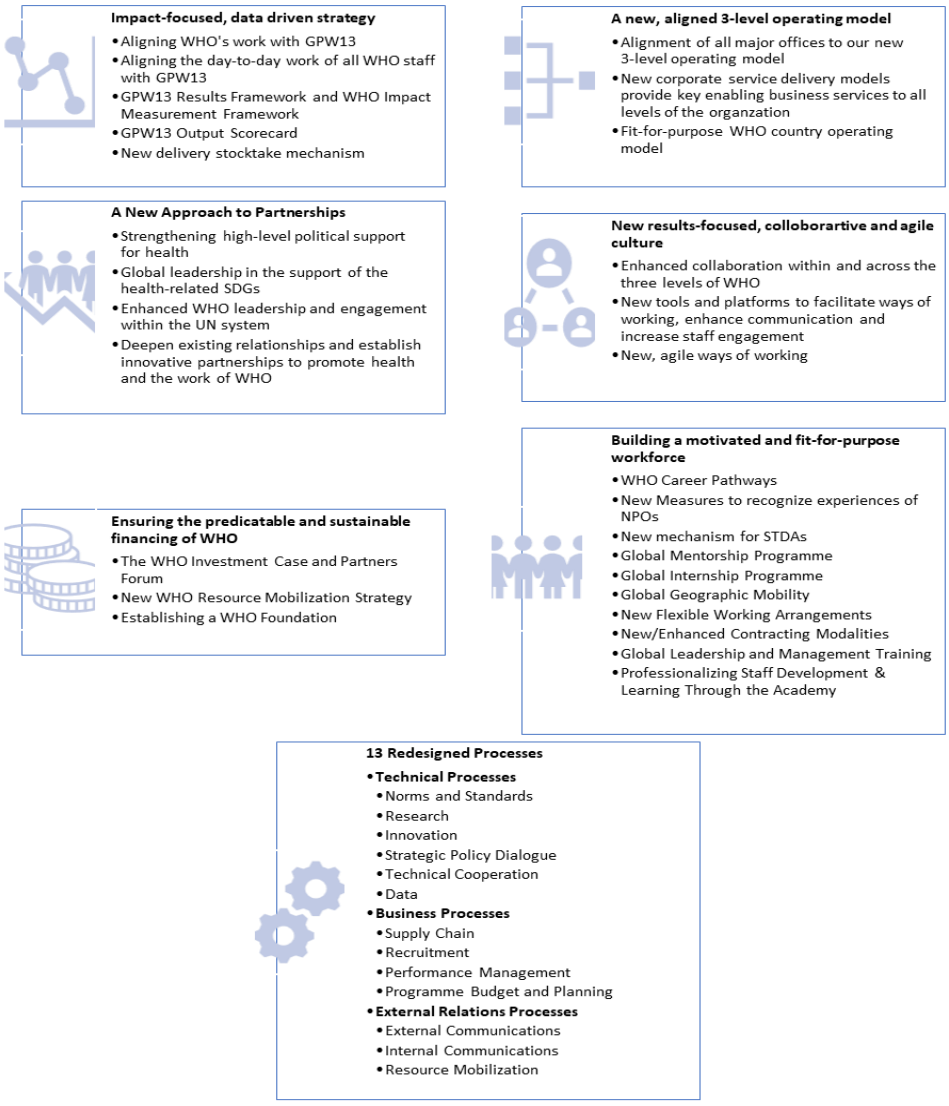
3. Within the United Nations system, WHO transformation contributes to WHO's response to the broader policy currents of United Nations development system reform and United Nations reform. Under this movement, the system has been reorienting itself toward the strengthening of its collective support to countries – as well as collective accountability for this support – as a means of helping to achieve the ambitious goals of the 2030 Agenda for Sustainable Development, and with it the SDGs.

4. Accordingly, what distinguishes WHO transformation is less its broad objectives or even its specific initiatives than its clear grounding in the Organization's strategic direction as it has shifted its orientation toward the 2030 Agenda and the SDGs. The GPW 13 explains the "what" (achieving impact at country level, on the health-related SDGs broadly and the triple billion goals specifically) and broadly lays the groundwork for "how" it aims to achieve this. WHO transformation has aimed to translate this "how" into a specific set of change management initiatives. It thus represents the instrumental vehicle for achieving the broad goals outlined in the GPW 13, both within the Organization and as it works with others towards the shared goal of the 2030 Agenda and the SDGs.

## Key elements of WHO transformation

5. Though encapsulated under a single, Organization-wide initiative, in reality WHO transformation has not been a uniform undertaking. First, in programmatic terms it represents a range of distinct but interrelated set of changes, organized along seven work streams (Fig. 1 provides an overview of the workstreams and their corresponding initiatives). Together, these workstreams represent both the "hard wiring" aspects of organizational change (for example, the structural reorganization to better position WHO for increased impact at country level; the operational changes required to streamline the processes that enhance timeliness, effectiveness and efficiency in its work; and so on) and the "soft wiring" aspects (for example, improvements to organizational culture that help attract and retain the most qualified staff for the task at hand; opportunities for and supports to career development; greater staff mobility; and so on).

**Fig. 1: Seven workstreams of WHO transformation and their corresponding initiatives**



6. Second, in view of the uniquely decentralized nature of the Organization, there has been considerable variation in both the paths and the timelines pursued between headquarters and regional offices and among the regions themselves: whereas the entire Organization has worked hand in hand toward the broad goals enshrined in WHO transformation, some regional offices (for example, the Regional Office for Africa) began pursuing transformation initiatives prior to the launch of the Organization-wide endeavour and all of the regions have been adapting the overarching areas of transformation in ways that are optimally tailored to the specificities of their respective regions.

7. Finally, WHO transformation has not been static in its evolution or its roll-out. Rather, it has evolved over time by adding or refining initiatives in line with emerging needs; its initiatives have evolved on different timelines in light of inherent differences in complexity, time to payoff or deliberate phasing in the broader sequence of changes; and these patterns have varied across the regions, owing to the aforementioned differences in approach. Therefore, while WHO transformation does represent a process of cohesive organizational change at the highest level, its roll-out has been a rather more complex array of change activities that vary by timeline and location.

## Roles, responsibilities, and timeline

8. WHO transformation was spearheaded by WHO's Director-General. Leadership in setting the course for transformation has been vested in a Global Policy Group (GPG), currently consisting of the Director-General, the Deputy Director-General and the Regional Directors. Day-to-day management of the overall transformation process has been carried out by the Transformation Team, under the guidance of the GPG, established in the Office of the Director-General for this purpose. From the outset of the transformation design process, the Transformation Team brought together working groups at all levels of the Organization that included staff of each regional office. The Transformation Team initially managed all transformation processes as well, including the set-up and management or co-management of some of the redesigns indicated in Fig.1 before handing these over to designated business owners within the Organization. The localized design and roll-out of transformation at regional level has been carried out by regional Transformation teams under the stewardship of the regional directors. To support specific aspects of the process, external expertise has been engaged from a range of management consulting firms.

9. WHO transformation has been undertaken in four phases. The first phase, undertaken in the second half of 2017, consisted of consultations and analytics and informed the GPG deliberations and the Director-General's decision-making, culminating in the WHO Transformation Plan & Architecture. The second phase, spanning from February 2018 to March 2019, was focused on the Transformation's design and thus led to the development of the GPW 13, the redesign of 13 key WHO processes and a new WHO-wide operating model. The third phase, from March 2019 to December 2019, focused on alignment and initiated changes to organizational structure and methods of work and the development of the WHO Values Charter. The fourth phase on implementation started in January 2020. This phase is the final and longest phase and remains ongoing.

## The evaluation of WHO transformation

10. The overarching objective of the evaluation was to assess the progress of WHO transformation at all levels of the Organization from July 2017 to date and the status of implementation of the WHO Transformation Plan & Architecture. More specifically, the evaluation was tasked with:

- documenting key achievements, good practices, challenges, gaps and areas for improvement in the implementation of WHO transformation thus far;

- assessing whether change management issues and barriers to implementation have been appropriately considered and addressed; and

- making recommendations, as appropriate, on the way forward to enable the full and consistent implementation of WHO transformation.

11. In light of the ongoing implementation of transformation, this evaluation was a formative exercise – that is, forward-looking in its orientation, with a view to providing key stakeholders (that is, the Secretariat, Member States and others) with an independent, objective and impartial assessment of progress to date and, in so doing, identifying any necessary course corrections to help inform implementation of transformation moving forward.

## Approach, scope and methods

12. The evaluation was included in the 2020–2021 biennial evaluation workplan, which was approved by the Executive Board at its 146th session. The terms of reference were finalized in consultation with the Independent Expert Oversight Advisory Committee (IEOAC) at its 30th meeting, in April 2020.

13. The IEOAC was engaged and was regularly apprised of the evaluation's progress throughout the process. An evaluation reference group consisting of colleagues from all three levels of the Organization and all seven major offices was established to inform and support the evaluation in an advisory capacity.

14. The evaluation began with an inception phase, resulting in a report detailing the approach to be followed for implementing the terms of reference – beginning with a matrix that translated the overarching evaluation objectives articulated in the terms of reference into specific evaluation questions to be answered in the exercise. The two main, overarching questions were as follows:

> (1) To what extent has WHO transformation, in its overarching design and in its specific elements, been relevant to meeting the organizational reform and change management objective of being fit-for-purpose, as envisaged for the Organization at this juncture in its evolution?
>
> (2) How effective has WHO transformation been thus far in delivering on its targeted actions according to plan and in orienting WHO towards the achievement of its intended outcome-level and impact-level results? What have been the key results achieved, best practices, challenges, gaps and areas for improvement? How likely is transformation to contribute to the achievement of the goals outlined in GPW 13 and the SDGs?

15. Each of these evaluation questions was further operationalized by a series of sub-questions. The evaluation also included a range of cross-cutting questions pertinent to the evaluation objectives (for example, facilitating the factors and barriers to implementation affecting WHO transformation's implementation to date; how adeptly WHO has leveraged its human, financial, technical and technological resources to maximize the Transformation's success in the most efficient, internally consistent and coherent, whole-of-organization manner; and gender, equity and human rights considerations).

16. As with all WHO evaluations, the overall process and methodological approach followed the principles set forth in the WHO evaluation practice handbook and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation. The evaluation applied a

mixed-methods, inclusive and participatory approach, combining several sources of qualitative and quantitative evidence including:

1. **An extensive in-depth desk review of key documents.**

2. **Semi-structured key informant individual and group interviews with 121 stakeholders**, including IEOAC and Independent Oversight and Advisory Committee members and staff members across the three levels of the Organization. In addition, focus group discussions were conducted internally, including with the staff associations at headquarters and in the regions, the general service staff network ("G-Force") at headquarters and in 10 country offices, and externally with Member States in three focus groups in which 46 Member States were represented. Owing to COVID-19 pandemic constraints, all interviews were conducted remotely. Thus, in total, over 200 stakeholders contributed to the key informant interviews and focus group discussions.

3. **Structured questionnaires administered to two stakeholder groups: Member States and heads of WHO offices in countries, territories and areas**. For Member States, the questionnaire was distributed in the six official languages of the Organization through an official list of email addresses provided by the Governing Bodies' department; heads of WHO offices in countries, territories and areas were also informed to encourage participation. A total of 23 Member States and 14 heads of WHO country offices provided feedback to the questionnaires. Member States and heads of WHO country offices were also invited to request a one-on-one interview, should they so desire, and one Member State and two heads of WHO country office availed themselves of this option.

4. **An online staff survey**, including both closed and open-ended questions, which was sent to all staff in English, French and Spanish. The response rate was 14% (1287 staff members).

5. **Archival data collected from various organizations and units**, including information on human resources, finances and business processes over time.

6. **Direct observation (remotely) of key meetings and events pertaining to WHO transformation** that occurred during the data-collection phase, including the WHO Town Hall on Transformation (November 2020); an all-staff "open-house" on flexible working arrangements (December 2020); and a joint Rotary International/WHO virtual event on the theme "Together for mothers' and children's health" (February 2021).

17. The ongoing COVID-19 pandemic necessitated that all data be gathered remotely, which to some extent limited the richness of the data collected compared to in-person interactions and field observations. It also affected the availability of some key informants to participate in interviews and respond to the survey and questionnaires. Despite these limitations, the evaluation was able to gather robust data from all stakeholder groups and the level of response to the staff survey and questionnaires was taken into account when triangulating the results of the questionnaires with data obtained from other sources.

## KEY FINDINGS

### WHO transformation: design and process

18. As noted above, WHO transformation was initiated with a specific goal in mind: to equip WHO to achieve greater impact at country level in pursuit of the triple billion goals and the health-related SDGs, as envisaged in the GPW 13. It has also been conducted against the backdrop of wider reform efforts, both within WHO and the wider United Nations system. Accordingly, the evaluation aimed to assess whether WHO transformation, in its overarching design and in its specific elements, has been relevant and fit for purpose in meeting the specific organizational change management needs at this juncture in WHO's evolution.

19. The evaluation also assessed the process through which WHO arrived at WHO transformation design – that is, its approach to ensuring that this design was as well informed as possible by the most crucial sources of information and knowledge with respect to organizational needs and the expertise on and evidence base for the changes being considered, so that it would be as fit for purpose as possible. This assessment of the process was also important for engaging with key stakeholders – staff, Member States and partners – as a means of fostering buy-in to, support for and ownership of the Transformation so that it would ultimately be as successful as possible.

20. Overall, it is recognized that WHO transformation design is an ambitious, complex change management endeavour that addresses many areas requiring organizational change that will be crucial for enhancing the Organization's potential impact at country level. Moreover, a desk review of key documents makes it clear that the process that WHO followed contributed to the comprehensiveness of the design. This process was extensive and multifaceted, relying on a methodical review of prior reform efforts both globally and at regional levels: what these initiatives had and had not accomplished; the lessons they had generated; and where they had left off. The process also relied on extensive consultations with staff at all levels of the Organization and in all major WHO offices, an area that prior reform initiatives had failed to adequately embrace. It furthermore benefited from a cadre of external expertise in the form of various management consulting firms in order to ensure that WHO transformation and its individual workstreams were optimally informed by state-of-the-art knowledge in the field of change management. Finally, the management of the process has been adaptive, with WHO fine-tuning its approaches and adding workstreams as emerging needs were identified. What resulted was a suite of organizational changes that address both the "hard wiring" aspects of organizational change (for example, structural, process and policy refinements) and the "soft wiring" aspects (for example, cultural change), which are summarized in Fig. 1. If these continue to be implemented well, WHO transformation could help reorient the Organization for enhanced impact at country level.

21. Within this broad positive assessment, however, two significant gaps – one in the design and another in the process underpinning the design and its ongoing implementation – could hinder WHO transformation's success if not addressed. **First, while the design is appropriately multifaceted in its breadth and organizational reach, it is not clear precisely how comprehensive it is in addressing all critical areas requiring change or how its individual initiatives work together in a coherent and complementary manner to truly transform the Organization, because the design was not informed by an overarching theory of change or logic model**. An inferred theory of change was retroactively developed by the evaluation team at the outset of the evaluation, with active engagement by the evaluation reference group, for the purpose of understanding the initiative so as to evaluate it effectively; however, this externally developed framework to aid the evaluation is not a substitute for an internally developed management tool to aid the management of this ambitious, complex and high-visibility

process in a strategically sound manner. Such an internally-developed instrument would serve as a clear road map to concretely articulate what the desired end state of being transformed "looks like" and precisely how the elements of transformation will work together, both individually and in complement to each other, towards this desired end state. In so doing, it would also assist those most directly engaged in and responsible for the Transformation with implementing important aspects of the change management process, including the phasing and prioritization of activities; the management of resources, process efficiency and cost-effectiveness; and risk management. Importantly, it would also serve as a vehicle for transparent communications with key stakeholders, including staff and Member States, to ensure a clear shared understanding of the road map beyond the "what" aspects of the Transformation (for example, what the objectives are and what activities WHO is undertaking toward these ends) to include also the "how" and "why" (for example, how multiple activities might mutually reinforce each other towards a single shared objective, how a single activity might be pursued to influence multiple objectives, how to avoid operating at cross purposes, why certain activities have been pursued over others towards a desired end state, and so on).

22. **The lack of such consistent and clear communications, specifically as it relates to Member States, constitutes the second significant gap identified in the evaluation**. There is strong evidence that staff were actively engaged in the process – in consultations, as change supporters and at the highest level on the GPG – and WHO staff participating in the staff survey reported a reasonably high degree of understanding of and support for WHO transformation's overarching objectives and what is being undertaken to achieve them. By contrast, Member States contributing to the evaluation generally express a lack of familiarity with key aspects of the initiative, coupled with dissatisfaction at having been insufficiently engaged during the design phase or informed throughout implementation. Fundamental issues – such as what activities of the Secretariat are and are not considered to be directly related to transformation; what the end state of being transformed will look like; how and when they will know the Secretariat has been transformed; and where the Organization is in achieving these outcome-level objectives – all constitute important information and knowledge gaps expressed by numerous Member States.

23. The shortcomings in engagement with Member States to date are likely linked to a lesson garnered in previous reform efforts, whereby these efforts were noted to have been Member State-driven and top-down in approach. However, the lack of adequate engagement of Member States prevents them from adequately exercising their role and responsibilities. For some Member States, it has also resulted in missed opportunities to contribute to key change initiatives and instead might have led to perceptions that the Secretariat was not communicating as transparently as it should. Coupled with the lack of a theory of change or logic model that would form the basis for such interactions, the lack of active engagement reported by numerous Member States poses a risk to the ultimate success of WHO transformation if not remedied.

## Progress to date

24. Taking the WHO transformation design and implementation plan as its point of departure, the evaluation sought to ascertain the extent to which the activities planned under WHO transformation have thus been implemented as intended (notwithstanding the aforementioned lack of a theory of change) and, to the extent that they have, what if any tangible effects these have had on the functioning of the Organization. Importantly, the evaluation also sought to identify any evidence of the transformation's effects to date on the ultimate objective of helping achieve greater impact at country level.

## Implementation progress

25. There is evidence that significant progress has been made in implementing WHO transformation as a whole, with substantial progress having been made in four out of the seven workstreams and two additional workstreams being on track for being mostly or fully implemented within the next few months. In only one workstream, "Motivated and fit-for-purpose workforce," were some initiatives found to be lagging. Figure 2 summarizes the implementation status of the 40 planned activities of the workstreams to date.

**Fig. 2: Number and stage of various initiatives under different workstreams**

26. It is important to underscore that while progress has been substantial, the roll-out of the Transformation is taking longer than envisioned in the 2018 Transformation Plan & Architecture document, in which it was suggested that changes would be consolidated by mid-2019. Those activities focused on external partnerships and building a results-focused strategy are the closest to being considered fully implemented, while several business processes and human resource initiatives have lagged but progress is expected in these areas in 2021. Less progress has been made in those activities focused on fostering a motivated and fit-for-purpose workforce. However, given the uniquely decentralized structure and characteristics of WHO, the scope of the transformation agenda, the interdependencies of many of its initiatives – and the COVID-19 pandemic response, during which time gains have continued to be made within the seven workstreams despite this significant disruption – progress is nonetheless noteworthy. More staff responding to the survey agree that WHO is on track in delivering the transformation agenda than those who do not.

27. With respect to stakeholder sentiment about the initiative's purpose, very few activities were identified as not being useful; where concerns were raised by interviewees, these were mainly with regard to the new headquarters structure, which was clearly challenging on a personal and professional level for some of those most directly affected by it. Somewhat more critical feedback was shared on the sheer number of actions being undertaken in parallel and the impact those had on existing workplans and the onset of "reform fatigue" (not least of all for staff in smaller operational units and in country offices whose work WHO transformation has been seeking to help rather than hinder). The slow pace of quick wins intended to foster early ownership of transformation was another shortcoming frequently raised: although all but one of these quick wins was reported as being complete in December 2018, there was mixed evidence that this was the case.

## Effects of implemented activities on the functioning of the Organization

28. As Figure 2 indicates, progress in implementing WHO transformation has been significant, but it is still incomplete. As a result, it is premature to provide a definitive or thorough assessment of the end effects that these activities have had on the work of the Organization. At the same time, the evaluation did aim to gather the available evidence on any tangible improvements in the functioning of the Organization that have resulted from key changes completed to date, particularly in light of the recognition that, as described above, some activities might entail a shorter time horizon for observing desired changes than others. Within this context, there have been some tangible though limited improvements evidenced in the "hard-wiring" aspects of organizational change (that is, structures, processes and policies) and in the "soft-wiring" aspects (that is, more collaborative and results-oriented organizational culture). At the same time, there are areas in which targeted improvements have not yet materialized.

29. With respect to structures, processes and policies, there is widespread recognition by staff and Member States alike that the new operating model pursued by WHO under its transformation, whereby it has reoriented itself around achieving impact at country level to address the triple billion goals, has had concrete positive effects on the work of the Organization. These include an organizational structure that is now clearly aligned to the GPW 13; strengthened strategic planning and programme budget processes that are all aligned to the GPW 13; a cascading of the overarching organizational goals into the workplans of individual operating units and individual performance objectives; a heightened focus on results by way of strengthened monitoring, evaluation and knowledge management systems (embodied in such concrete actions as the GPW 13 Output Scorecard, the GPW 13 Results Framework and WHO Impact Measurement Framework, and the WHO Academy); more women in senior leadership positions; improved career progression opportunities for national professional staff; a deeper appreciation for the role of evidence in the work of the Organization (exemplified in the creation of the

Science Division and the role of the Chief Scientist); and importantly, a trend toward increased resources in the WHO regional offices and a more creative approach to resource mobilization more generally (which has been aided by the additional funding received for the COVID-19 pandemic response and the subsequent establishment of the WHO Foundation).

30. Small but positive and significant indications of progress have also been noted in the areas of WHO's organizational culture that were targeted by transformation despite the lower level of implementation progress in this workstream. A range of initiatives have been launched in this regard – for example, the WHO Values Charter, the Change Supporters Network, the open-door policy, the World's Healthiest Organization, #ProudToBeWHO and the Global Task Force on Flexible Working Arrangements – with the aim of transforming WHO into a modern, results-oriented, agile and collaborative organization that can deliver against the commitments enshrined in the GPW 13. The need for such changes within WHO has been widely and openly acknowledged for some time. At the same time, achieving significant and long-lasting changes in organizational culture are often much more difficult to achieve than structural or process changes. The small but positive changes detected at this stage of transformation are therefore particularly noteworthy. In particular, staff members' belief that they are heard and valued and that staff ideas and expertise were being respected increased, arguably because the baseline sentiment on these was quite low.

31. Beyond these perceived shifts toward a stronger and clearer results orientation and towards a more inclusive environment for staff, few tangible results have been observed to date at the country level. For example, less progress has been made in resourcing WHO country offices with the staff they need to achieve impact, either through the deployment or creation of posts at this level, the rotation of staff from other corners of the Organization to the field or a combination of both of these measures. A small number of WHO representatives surveyed do express appreciation for the support provided by WHO regional offices and headquarters to augment their staff, but this support appears to be an exception to a broader phenomenon in which little progress has been realized to date. First, since 2016 more new posts have been created at headquarters than in regional or country offices. Second, staff mobility, a key outcome targeted by the Transformation as an essential step in helping WHO country offices achieve greater impact (while also circulating knowledge between headquarters and the field, forging a common identity as "One WHO" and enhancing staff members' professional development), has not yet increased as planned. Third, in country and regional interviews, staff indicate that the Transformation has not yet been able to reverse the top-heavy nature of staffing tables. Finally, interviews with WHO representatives and others indicate that, in order to be maximally effective in achieving greater impact at country level, they need to be invested in through a leadership development process that is commensurate with the increasing demands now being placed on them.

32. Another important area targeted by WHO transformation that has not yet witnessed significant positive change is related to the goal of reducing the time spent on administrative processes. The digitization of some of these processes, such as approval mechanisms and communications, do seem to be streamlining some aspects of the Organization's day-to-day operations. However, staff members interviewed and surveyed suggest that the centralization of key processes has increased the amount of time spent on some administrative processes – for example, in the time it takes to recruit candidates urgently during global and country-specific emergencies and in recruitment of staff in WHO country offices, where the need for WHO is most acute. These issues are being addressed during this latter stage of the transformation agenda's implementation, so it is not yet possible to assess the extent to which efficiencies across business and human resource process will be gained from the Transformation.

33. In light of the ongoing implementation of WHO transformation, coupled with the constraints imposed by the COVID-19 pandemic, it is understandable that robust evidence of enhanced WHO country office operations, let alone evidence of increased impact at country level, has not been

forthcoming: despite the appreciation expressed by individual WHO representatives for the enhanced support provided by WHO regional office or headquarters, with the exception of the African Region, transformation has not yet fully reached WHO country offices, for whose work the change process has been undertaken in the first instance. There are some indications of positive momentum in this area: in addition to the gradual increase of resources in regional offices described above, WHO has been progressively building its partnerships for greater impact at country level, for example, through a number of WHO country offices reporting an increase in their engagement in United Nations country teams, through the Organization's coordination of the Global Action Plan for Healthy Lives and Well-being for All and the continued strengthening of this partnership at country level.

### Lack of outcome-level milestones of Transformation activities

34. In a formative evaluation such as this, the lack of robust evidence for outcome-level change, whether at country level or at regional or headquarters levels, is not surprising. In the case of WHO transformation, however, this evidence gap is rooted not only in the ongoing status of the initiative's implementation but rather in a wider shortcoming: the lack of clear metrics for measuring and reporting on the outcome-level results being targeted by the various initiatives pursued under the workstreams. Thus far, monitoring and reporting efforts have focused on implementation status, which provides a very basic gauge of outputs and activities undertaken to date, and on the Output and Balanced Scorecard, which some staff maintain has fostered a more results-oriented culture but others claim is overly cumbersome with little practical use in their day-to-day operations.

35. Put simply, the precise milestones for how – and by when – WHO can be considered to be transformed (that is, nimbler, more fit-for-purpose, more modern, and so on) as a result of the various changes being undertaken have yet to be defined, tracked or reported against. Moreover, a precise and comprehensive indication of the inputs expended on transformation (monetized staff time as well as financial resources) are not available in one central location, rendering a planned gauge of the overall return on investment of the initiative unfeasible to date. Efforts are reportedly being undertaken to remedy this gap in 2021 and should continue – in tandem with a clear and comprehensive theory of change or logic model described above – as these will be useful to the WHO Secretariat as a management tool and to Member States, who are interested in following WHO transformation and its outcomes more closely.

## Conclusion and way forward

36. WHO transformation is not the first reform of WHO to be undertaken, nor is WHO the only organization within the United Nations system currently undergoing a significant reform initiative. It is, however, unique in its reach and ambition of repurposing WHO to become a more modern, seamless, impact-focused organization that is better equipped to help Member States achieve the health-related Sustainable Development Goals by 2030.

37. The far-reaching scope and scale of the specific organizational changes launched by the Transformation has been correspondingly ambitious, and the context in which they have been pursued has been exceedingly challenging. These changes have entailed seven workstreams encompassing 40 distinct initiatives aimed at addressing both the "hard-wiring" aspects of change (that is, fundamental structural and process changes) and others the "soft-wiring" aspects (that is, changes to its organizational culture that have long been viewed as deep-rooted and difficult to address), and many of these initiatives have been pursued in parallel to each other. They have also been pursued within WHO's singularly decentralized structure, a feature of the Organization that poses unique challenges for any corporate initiative, not least of all change management initiatives. Further compounding these challenges, less

than two years into transformation, its implementation risked being derailed by the unprecedented disruption of the COVID-19 pandemic in which WHO has played a leading role.

38. Within this context, progress in implementing this ambitious change initiative has been significant despite the constraints, even if such progress has been somewhat slower or less pronounced in some key workstreams than in others. To date, however, it appears that most of this progress has primarily been at the activity and output level, and primarily at headquarters and in some regional offices. Far less is known about the tangible effects that the changes implemented to date have had on the functioning of the Organization, however – or on the extent to which they have contributed to the end goal of increasing WHO's impact at country level.

39. This lack of evidence for results on the Organization's functioning is partly rooted in the inherently long arc of large and ambitious change management initiatives such as transformation, and in the challenging operational environment in which transformation has taken place – but only partly so. At a fundamental level, whereas the design of transformation benefitted from a wide range of inputs – from an inclusive approach to staff consultation, from lessons learned from previous reform efforts, and from the state of the knowledge on organizational change – it lacked a comprehensive, coherent road map (that is, a theory of change or logic model) that clearly that concretely articulates what the desired end state of being transformed "looks like" and precisely how the elements of WHO transformation will work together toward this desired end state. By extension, there has also been a lack of corresponding metrics for measuring and reporting on the outcome-level results being targeted by the various initiatives pursued under the workstreams, the significant inputs expended on the various initiatives associated with the workstreams. Put simply, the precise milestones for how – and by when – WHO can be considered to be truly transformed (that is, nimbler, more fit-for-purpose, more modern, and so on) and what the level of investment has been to achieve these milestones have yet to be defined, tracked or reported against.

40. The lack of a theory of change and corresponding outcome-level indicators has internal implications for the Secretariat's ability to manage the change process in a well-informed, evidence-based manner. It also has implications for the Secretariat's ability to communicate openly and transparently on transformation to Member States, who feel they could have been better engaged during the transformation process or better informed on key areas of relevance to the exercise their role and strategic responsibilities within the Organization: what the overarching plan is, what the desired end state is and when WHO will know it has achieved it, what is and is not being achieved through implemented initiatives, and what transformation is costing.

41. With the COVID-19 pandemic response very gradually ceding space to other areas of concern to the Organization, now is an opportunity to consolidate WHO transformation gains made to date, get back on track with those initiatives that are farther behind than others, redouble the focus on outcome-level change (not least of all at country level), and to address the areas for improvement highlighted in the evaluation. Doing so will maximize the likelihood that the investment of WHO's human and financial resources on this crucial organizational change initiative will ultimately yield the targeted result – increased impact at country level – with all key stakeholders having a clear, shared sense of the way forward.

## Recommendations

42. The evaluation makes five recommendations that aim to address the areas for improvement outlined in the report and, in keeping with the formative focus of the evaluation, these recommendations

aim to enable the full and consistent implementation of the WHO Transformation moving forward. Roughly structured according in their order of criticality, these are as follows.

**Recommendation 1: The WHO Secretariat should establish clear and comprehensive outcome-level milestones for the remainder of WHO transformation and use these measures as an internal management tool and as a communications tool for reporting on progress.**

Building on the inferred theory of change developed for this evaluation, the WHO Secretariat should:

(a) revise this theory of change, as necessary, to make it as comprehensive and meaningful an encapsulation as possible of the results road map for transformation – that is, the desired end state sought by the initiative, how the various workstream initiatives are intended to contribute to each outcome both individually and jointly, the inputs (human and financial resources, partnerships), and the assumptions and risks to be managed in the final stage of WHO transformation;

(b) operationalize the theory of change in a series of specific, measurable, actionable and attainable, relevant, and time-bound (SMART) outcome-level milestones (that is, key performance indicators), accompanied by corresponding timeline milestones for when it is expected that targeted outcome-level changes will be fully realized, bearing in mind the assumptions identified in the theory of change;

(c) aim to maintain a record of the human and financial resources expended on transformation throughout the Organization so that there is a clearer picture of the organizational investment in the initiative; and

(d) use the theory of change and accompanying metrics to monitor and report on progress moving forward.

**Recommendation 2: The WHO Secretariat needs to engage its Member States better throughout the remainder of WHO transformation's implementation.**

In this regard, priority should be placed on:

(a) clearly and transparently communicating the results road map encapsulated in the theory of change, including what organizational initiatives are and are not directly a part of the transformation;

(b) regularly providing Member States with clear updates on progress made (including progress not made) against the implementation plan as well as targeted outcome-level changes;

(c) Consulting with Member States, as appropriate, on any ongoing or new/emerging transformation-related initiatives.

**Recommendation 3: Without losing momentum for continued progress at all levels of the Organization, the WHO Secretariat should invest dedicated attention – and resources – towards supporting country-level transformation in the next phase.**

With emphasis having thus far been on changing operations at headquarters and, in some cases, regional offices, in the next phase attention must redouble its focus on the end goal of this organizational change initiative and the GPG's vision of a strengthened WHO country presence: transforming country offices and transforming supports to country offices in order to realize WHO's vision for country-level impact. Towards this end, the WHO Secretariat should prioritize the following measures:

(a) The Programme budget 2022–2023 should allocate adequate resources to country-level operations and, once this is approved, WHO country offices should be encouraged to better apportion their resources towards making larger country-level impacts and fully realize the GPG aspirations for the WHO country-level presence and operating model.

(b) Specific targets should be established for the number of positions increased (moved or newly created) in country offices.

(c) Further investments in the WHO representative selection and development process should be made in order to ensure strong competencies in leadership, management, advocacy, resource mobilization and multi-sectoral partnership work.

(d) Based on the finalized theory of change for WHO transformation, any additional measures that are necessary for improving transformation at country level and the supports for country-level impact from other corners of the Organization should be identified and pursued.

**Recommendation 4: Efforts should be intensified to build a motivated and fit-for-purpose workforce.**

As a crucial means of advancing multiple goals conducive to the success of WHO transformation – for example, circulating knowledge across the three levels of the Organization, forging a "One WHO" identity within its organizational culture, fostering a heightened sense of how country offices operate and what supports they need in order to enable their work, and cultivating a motivated and fit-for-purpose workforce, the WHO Secretariat should:

(a) prioritize implementation of the reforms in human resources, including the development of WHO career pathways, enhancing contracting modalities and the implementation of global geographic mobility; and

(b) to promote staff mobility and rotation, when filling all new positions or replacement vacancies, consider if the position in question can be located at decentralized level without the loss of overall organizational effectiveness to WHO. Hiring managers should either move the position to the field or explain why it should not be moved to the field, in keeping with the "comply-or-explain" principle.

**Recommendation 5: The WHO Secretariat should accelerate the pace of desired changes in its organizational culture.**

The WHO Secretariat should consider the following actions to accelerate and embed desired cultural shifts throughout the Organization:

(a) Building on initiatives such as the WHO Academy and the leadership training initiative of the Regional Office for Africa, the WHO Secretariat should escalate its investment in leadership and professional skills development at all levels of the Organization, but especially among WHO representatives and managers elsewhere. Leadership initiatives should incorporate the cross-cutting priorities of gender equity and empowerment and diversity and inclusion.

(b) Actions such as the Director-General's open-door policy should not only be modelled at the top but also promoted by managers at all levels of the Organization. Regular feedback, including by documenting and responding to relevant proposals submitted by staff, should be considered a central element of this strategy.

(c) A more concerted effort needs to be made to align policies and procedures with the new norms of collaboration and agile functioning.

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