SEVENTY-SECOND WORLD HEALTH ASSEMBLY Provisional agenda item 18.1

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WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform

The WHO transformation agenda

Report by the Director-General

1. In January 2019, the Executive Board at its 144th session noted an earlier version of this report. In response to the comments made by members of the Board the document has been revised, in particular with information about the Secretariat's new operating model (see in particular paragraphs 21–30). The section on current status and next steps (paragraphs 34 and 35) has been updated. The details of WHO's engagement in and implementation of United Nations development system reform are submitted to the Health Assembly for consideration in a separate document.²

THE CASE FOR CHANGE

2. Adoption of the 2030 Agenda for Sustainable Development with its associated Goals and the decisions on United Nations development systems reform (United Nations reform) are driving deep changes among all stakeholders, including all organizations in the United Nations system, with major implications and opportunities for all United Nations specialized agencies, programmes and funds, including WHO. United Nations reform presents immediate opportunities and benefits for WHO and health-related Sustainable Development Goals. The commitment to coherence and unity of action across the United Nations system is already manifest in the WHO-led process that has, with partners, rapidly established a global action plan for accelerating progress towards the health-related Sustainable Development Goals.³ At country level, with a revised and strengthened role, the Resident Coordinator can help WHO to unify the multisectoral and system-wide integrated policy advice and actions essential for many health outcomes. Closer integration of United Nations operational assets can greatly support WHO's emergency operations, as has been seen in the responses to the outbreaks of Ebola virus disease in the Democratic Republic of the Congo in 2018–2019.

¹ See document EB144/31 and the summary records of the Executive Board at its 144th session, second meeting, section 4 and fourteenth meeting, section 1.

² Document A72/49.

³ Towards a global action plan for healthy lives and well-being for all – uniting to accelerate progress towards the health-related SDGs. Geneva: World Health Organization; 2018 (http://www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf, accessed 25 March 2019).

3. The need for strong leadership and action on Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the other health-related Goals is compelling. Nearly 70 years after the founding of WHO, more than half the people in the world still cannot access health services, and many of those who do access those services incur significant and sometimes catastrophic financial hardship. In fragile, crisis-affected and vulnerable States, millions of people are in desperate circumstances owing to a lack of access to the most basic health services. At the international level, the risk of new and emerging pathogens and their rapid spread is mounting. The burden of noncommunicable diseases continues to grow and has now become the leading cause of death and disability globally. There is an exceptional need for WHO to sharpen the focus of its normative and technical work, and deepen the impact of this work on improving health at country level in support of Member States.

THE GOAL FOR CHANGE

- 4. To fulfil its mission and attain the health-related Sustainable Development Goals, WHO needs to become an organization that is fit-for-purpose in the 21st century and that works seamlessly across programmes, major offices and its three levels, in the context of a reformed United Nations system, to make a measurable improvement in the health of people at country level. WHO must ensure the technical excellence that results in improvements in health in order to help all people to achieve healthy and productive lives, no matter who they are or where they live. The world needs an agile, mobile, flexible and innovative WHO that concentrates relentlessly on monitoring and results in a rapidly changing global environment.
- 5. WHO's transformation process aims to reposition, reconfigure and capacitate the Organization within the broader purview of United Nations reform so that its normative and technical work is of an even higher quality, more sharply focused on the needs, demands and expected actions of Member States, and translates directly into results at country level. To do this, the Secretariat has:
 - articulated a strategy that clarifies and prioritizes the role WHO plays in attaining the health-related Sustainable Development Goals, clearly defines the Organization's goals and targets, and drives the work of all staff members;
 - redesigned and begun harmonizing across major offices the processes that underpin WHO's
 core technical, business and external relations functions based on best practices and in support
 of the Organization's strategy;
 - aligned WHO's operating model across all three levels of the Organization for impact at country level and begun introducing so-called agile management practices that increase quality and responsiveness;
 - initiated steps to ensure a culture and environment that enable effective internal and external collaboration, ensure that work is aligned with strategic priorities, bring out the best in WHO staff members for fulfilling the Organization's mission and continue to attract and retain top talent; and
 - taken a new approach to communications and resource mobilization, and to bolstering partnerships, so that WHO is better positioned to shape global health decisions and generate appropriate and sustainable financing.

In the longer term, WHO aims to move from a cycle of repeated reform to a sustainable programme of continuous improvement.

THE APPROACH TO TRANSFORMATION

- 6. The lessons learned from WHO's experience in implementing reforms and change over the past 15 years, especially from work undertaken at global and regional levels since 2009, have informed WHO's transformation agenda. Although the current transformation exercise is broader and more comprehensive, key principles that emerged from previous reforms remain relevant and include the need: to ensure that leaders proactively and collectively design and lead the change effort; to ensure clarity with regard to the goal of change; to recognize the importance of the mindsets, behaviours and engagement of staff members throughout the transformation process; to build on and integrate into the transformation process the full scope of work of previous and ongoing reform and transformation efforts, including the United Nations reform agenda; to ensure that headquarters, regional and country offices work together closely and in an integrated manner on all aspects of transformation; for commitment to a sustained, long-term effort; and to take a holistic approach that tightly encompasses all dimensions of the transformation agenda.
- 7. The design of the transformation agenda was also guided by the results of an open request to all staff members, made by the Director-General shortly after taking office, for ideas that could inform WHO's organizational change. Between July and October 2017 an internal Working Group on Initiatives for Change was established which, having consolidated and prioritized the hundreds of suggestions that had been received, proposed a way forward for their application. In November 2018 a structured, detailed survey of all staff members was conducted to further shape this transformation. The survey examined the work environment and the degree to which 37 related management practices are present in all major offices. By means of an assessment of nine major outcomes, the survey examined three key dimensions, namely: the alignment of the work of staff members in respect of a common vision, strategy, culture and set of values; the extent to which their current skills and the Secretariat's current processes permit staff members to excel in their roles; and how well the Organization understands and can react and adapt to a changing environment. Responses were received from more than 5600 staff members (61% of the total). They identified strengths to build on and priorities for culture change within the overall transformation.
- 8. These lessons and findings were used as the basis of a holistic approach. First, a new strategy was developed to align the work of the entire Organization with the targets of the health-related Sustainable Development Goals. Secondly, 13 of WHO's core technical, external relations and business processes were examined and prioritized for redesign, beginning with the programme budget process, so that the Organization can work more effectively (see paragraphs 15–20). Thirdly, the overall operating model, which had been designed to deliver the Twelfth General Programme of Work 2014–2019, was analysed and redesigned for alignment across the three levels of the Organization to ensure effective delivery of the new strategy and consistent application of the core processes. Fourthly, assessment of the underlying culture of WHO, in terms of the capacity of and enabling environment for staff members to do their work, led to actions being identified at the corporate, major office and team levels to change the mindsets and behaviours of all staff, including senior management, so that the new operating model would function well. The transformation process includes an ongoing rethinking of WHO's approach to external engagements in order to effectively communicate, finance and implement the new strategy.
- 9. The Global Policy Group, membership of which includes the Director-General, Deputy Director-General, Regional Directors and Chef de Cabinet, leads the transformation effort, determining directions and considering options for action. It aims to meet either face-to-face or by videoconference

every month. As a principle, all three levels of the Organization are involved in the transformation effort, with participation of representatives of country offices and the seven major offices. Staff members, country representatives and major offices have made real contributions to the redesign and creation of many of the new designs, through a variety of channels and forums. Working groups of senior directors from the seven major offices give input and recommend options to the Global Policy Group. Other working groups, with members drawn from all three levels of the Organization and WHO Representatives playing a central role, have developed the content in each major area of transformation through iterative processes. Opportunities for all staff members to engage include regular Organization-wide seminars and a network of more than 300 "change supporters". All staff receive monthly updates from the Director-General and can access a dedicated Intranet site containing all relevant information.

- 10. In November 2017, at the outset of its work on transformation, the Global Policy Group considered a range of proposals from WHO Country Representatives on actions that could be taken rapidly to facilitate country level work. From among the proposals reviewed, the Global Policy Group then selected 13 "quick wins" that could be completed within six months, together with a further 14 medium- and long-term "wins". The quick wins aligned with many of the actions that had already been identified by the Working Group on Initiatives for Change and included harmonizing country-level delegations of authority across major offices, giving priority to the creation of new positions at country level for the WHO Health Emergencies Programme, standardizing position descriptions to facilitate mobility, strengthening communications and resource mobilization expertise at country level, and standardizing the grading of WHO Country Representative positions. By the end of 2018, 12 quick wins and seven medium-term wins had been completed, and the remainder were in progress. These country-focused quick wins complemented numerous near-term corporate-level actions such as revamping the global internship programme and placing greater emphasis on staffing diversity and gender parity, which began with the Director-General's appointment of the most diverse and gender-balanced top management team in the Organization's history.
- 11. A small headquarters-based transformation team with focal points in each major office supports the Global Policy Group by managing the day-to-day work of transformation, drawing on external consultants in areas such as change management, process redesign and operating model analytics. The Director-General has a weekly meeting with the transformation team to scrutinize progress, review priorities, and provide guidance and direction. Regular communications have been maintained with the United Nations Secretariat and the Transition Team on Repositioning the United Nations Development System.
- 12. At the end of 2018, WHO's first Global Management Meeting was held (Nairobi, 10–12 December 2018), convening the Secretariat's entire senior management team, including the Deputy Directors-General, Assistant Directors-General, Directors of Programme Management, Directors of Administration and Finance, WHO Country Representatives, division directors from the regional offices and department directors from headquarters. The senior management team agreed on the way forward for a new WHO Values Charter, a new WHO operating model for delivering the Thirteenth General Programme of Work, 2019–2023, ways to enhance joint work and accountability in respect of all three levels of the Organization for country impact, the newly redesigned processes, the use of agile methods to enhance collaboration and responsiveness, and, in an interactive session with the United Nations Deputy Secretary-General and her office, ensuring WHO's full alignment with and engagement in United Nations reform.

A NEW WHO STRATEGY

- 13. The first step in the transformation was the broad consultative process to formulate the Thirteenth General Programme of Work, 2019–2023, which the Seventy-first World Health Assembly subsequently approved in May 2018. This General Programme of Work enunciates WHO's vision and mission, three strategic priorities and their associated "one billion lives" goals, and a series of strategic shifts to direct the Organization to country-level impact rather than office-specific outputs. It is firmly based on the 2030 Agenda for Sustainable Development and aligned with the principles and purpose of United Nations reform, including the reinforcing of national ownership, development of responses specific to country contexts, and ensuring the effective delivery of results on the ground. WHO's first Investment Case, released in September 2018, was firmly based on the Thirteenth General Programme of Work.
- 14. The clarity of this new strategy enables the Organization and its staff members to align all its work towards achieving the health-related Sustainable Development Goals and improving health at the country level. To this end, in the first week of February 2019 WHO held its first Organization-wide Goals Week, during which all staff members linked at least two of their personal objectives for 2019 to specific outputs in the new results framework that has been developed for the Thirteenth General Programme of Work.

REDESIGNING WHO'S CORE PROCESSES

- 15. To facilitate the ambitious strategic shifts demanded by the Thirteenth General Programme of Work, WHO's corporate processes were analysed and prioritized for optimization or, where necessary, substantial redesign. Three categories of processes were defined:
 - technical processes relating to how WHO's constitutionally-mandated technical functions are performed including in the areas of norms and standards, technical cooperation, research, innovation and data:³
 - external processes relating to how the Secretariat engages with Member States and partners and including the following functions: governance, leadership, resource mobilization, and communications (external and internal); and
 - business and administrative processes those that enable the running of the Organization and include programme budget, recruitment, performance management and the supply chain.
- 16. Thirteen processes were prioritized for optimization, standardization and harmonization across the major offices; they include six technical, three external relations and four business processes as outlined in paragraphs 18–20.
- 17. The redesign of these processes was conducted in three waves, with each following a similar six-step approach which engaged working groups at different levels of the staffing structure:

¹ Resolution WHA71.1 (2018).

² WHO. A healthier humanity: the WHO Investment Case for 2019–2023. Geneva: World Health Organization; 2018 (http://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf, accessed 25 March 2019).

³ The technical processes underpinning WHO's constitutionally mandated role in health emergencies were redesigned in the course of developing the WHO Health Emergencies Programme in 2016.

- (i) documenting the current process and its challenges, (ii) formulating an aspiration for the future process, (iii) benchmarking the future process against best practice, both within the Organization and externally, in the public and private sectors, (iv) developing a model redesigned process, (v) testing and refining the proposal with business owners and end-users at all levels of WHO, and (vi) determining the implications (in terms of WHO's operating model, culture, and systems and tools) and establishing an implementation plan. Each redesigned process was discussed and further elaborated with senior managers from the seven major offices (for instance, Directors of Programme Management or Directors of Administration and Finance) before consideration by the Global Policy Group.
- 18. The first wave was the redesign of the programme budget process. That process was applied for the biennium 2020–2021; country prioritization has been completed, while country support plans and work on prioritization of global goods are nearly finalized.
- 19. The second wave was the redesign of WHO's processes for technical cooperation, norms and standards, management, analytics and use of data, resource mobilization, communications, recruitment, supply chain and performance management. Among other changes, these redesigns aim to strengthen the leadership role of regional and country offices for technical cooperation, enhance the responsiveness and quality assurance of normative products, and significantly shorten the average recruitment time for staff members on fixed-term contracts.
- 20. The third wave included the design of WHO processes for innovation and for the strategic policy dialogue work of the Thirteenth General Programme of Work, and redesigning the processes for WHO's research and internal communications. This work envisages significant advances in support of the health-related Sustainable Development Goals, such as the systematic and strategic use of WHO's political capital to optimize national policy environments, enhancing WHO's role in identifying and scaling-up health innovations, and prioritizing and promoting a common research agenda.

ALIGNING AND OPTIMIZING WHO'S OPERATING MODEL

- 21. An operating model is the combination of roles, skills, structures and processes that allow an organization to implement its strategy. WHO's recent operating model was oriented to the Twelfth General Programme of Work and based on six clusters and more than 30 programme areas, rather than to the delivery of the Thirteenth General Programme of Work. That operating model also challenged the Organization's ability to implement its core functions in a consistent manner. Moreover, it was not harmonized across the seven major offices and three levels of the Organization, hampering the ability to operate seamlessly for impact at country level, and resulting in too many linkages and contact points, particularly at headquarters, for regional offices and country offices to manage effectively. The consequence was duplication, inefficiencies, missed opportunities and, sometimes, poor responsiveness.
- 22. Consequently, in parallel with the work on the Thirteenth General Programme of Work and redesign of WHO core processes there was intensive Organization-wide consultation and extensive analytical work to inform decisions on how best to adjust WHO's structure to implement the Thirteenth General Programme of Work and have a greater impact at country level. Four principles emerged to inform and underpin the design of a new Organization-wide operating model:
 - the strategic priorities of the Thirteenth General Programme of Work and its three one billion targets must drive WHO's work, as the world will judge success by the degree to which these targets are met;

- the Organization must be able to deliver its technical, external relations, and business and administrative processes in a consistent, best-in-class manner;
- alignment of the operating model across the seven major offices and three levels of WHO is fundamental to the seamless delivery of the strategic priorities; and
- a new and agile way of working is needed to boost effectiveness and efficiency across and within the three levels of WHO in order to increase responsiveness to the needs and requests of Member States.
- 23. Given the focus of the Thirteenth General Programme of Work on impact at country level, between November 2017 and March 2018 attention was initially paid to establishing a predictable and sustainable WHO country presence and a new operating model at that level. Reviewing best practices across WHO's regions, combined with lessons drawn from ongoing functional reviews of WHO country offices, defined the central characteristics of the new model: empowered and appropriately-supported WHO Representatives; normative and technical functionality in support of the strategic priorities; capacity for core administrative, technical (for example, data collection and management) and external relations (for example, communications and partnerships) functions; and deeper, broader relationships with Member States. In the new model, WHO's minimum capacity in a specific country will be tailored to the context, developed through and reflected in the programme budget and, ideally, a functional review, and aligned with the broader United Nations country presence. Flexible positions could be added to match country needs and demands, supported at least in part through in-country resource mobilization. Surge needs for emergencies or new priorities would be met by increases in capacity on an ad hoc basis.
- 24. Between April and June 2018 the headquarters' operating model was analysed and assessed in the context of the Thirteenth General Programme of Work and best practices in advance of a series of broad consultations that were available to all headquarters staff members, including senior management, on future options. The consultative process involved discussions at unit and department level across headquarters, inputs from regional and country offices and two full-day workshops with Deputy Directors-General, Assistant Directors-General, directors and senior representatives of the other major offices. The primary output was agreement on the four key principles for the new operating model (see paragraph 22) and, given the potential implications for a new operating model, an accelerated three-level programme of work to standardize the core processes.
- 25. In September 2018, the Director-General, Deputy Directors-General and Regional Directors, having reviewed the work done so far, agreed that alignment of a new operating model across the major offices and the three levels of WHO could substantively enhance the Organization's ability to work seamlessly so as to have a more significant impact on health at the country level. Subsequently, options were developed for establishing clear, three-level linkages for each strategic priority in order to simplify and facilitate engagement and alignment of work and resources. Similarly, approaches were elaborated to link WHO's technical, external relations and business processes across the major offices and the three levels so as to ensure corporate consistency and predictability of these functions. Decisions on the final operating model were informed by the outcome of WHO's first Global Management Meeting in December 2018, further meetings of the Global Policy Group in January 2019, and the deliberations of the Executive Board at its 144th session.

¹ Document A72/INF./4.

- 26. On 6 March 2019, the Director-General and Regional Directors announced a new operating model for WHO that aligns the three levels of the Organization in order to realize the health-related Sustainable Development Goals, to engage more effectively in the United Nations development system, and to bring uniformity and consistency to the Organization's technical, business and external relations processes. The new operating model articulates more clearly the roles of country offices, regional offices and headquarters in order to eliminate duplication and inefficiencies in areas of overlapping roles and work. Country offices lead WHO's engagement with governments, based on country needs and priorities, to translate normative work into policy, and work with United Nations Country Teams and partners to attain shared goals, amplifying the impact of WHO's normative work. Regional offices lead WHO's technical cooperation, ensuring normative work is driven by the needs of countries and translates into impact in countries; regional offices will be the primary provider of technical support, providing subject-matter experts on specific topics. Headquarters will focus more specifically on producing the global health goods that Member States need, for instance in the areas of norms and standards, research, data products, and the tools to apply them. Headquarters will also provide specialized technical assistance and surge capacity as needed.
- 27. The new operating model introduces major changes in the way the Secretariat is set up and works across the seven major offices and three levels of the Organization. Instead of seven different organizations, working with different set-ups, the Director-General and Regional Directors announced a single, streamlined structure for the entire Organization. The structure is built on four pillars, two of which, programmes and emergencies, will be responsible for delivering WHO's technical work in line with the three one billion targets of the Thirteenth General Programme of Work. The other two pillars will be responsible for providing corporate external relations and business functions. These four pillars will be supported by headquarters-based corporate divisions for science and data, and extend through the three levels of the Organization to enable more consistent, seamless work.
- At headquarters, the **programmes pillar** will be led by the Deputy Director-General and be responsible for the one billion target that relates to universal health coverage and the one billion target that relates to healthier populations. It will consist of four divisions: (1) Universal Health Coverage and Life Course; (2) Communicable and Noncommunicable Diseases; (3) Healthier Populations; and (4) Antimicrobial Resistance. The emergencies pillar will be led by an Executive Director and be responsible for the one billion target that relates to keeping the world safe. It will include two divisions: one for emergency preparedness, including implementation of the International Health Regulations (2005), and another for emergency response. A stand-alone division will be responsible for WHO's prequalification services. Four cross-cutting, corporate divisions will support and enable WHO's programme and emergency work: the division of the Chief Scientist will assure quality in the development of norms and standards and lead WHO's work on research, knowledge, digital strategy and innovation; the division for Data, Analytics and Delivery will govern data work, enhance analytics and track and facilitate progress towards the triple billion targets. The other two divisions - external relations and governance, and business operations – will strengthen corporate fundraising, communications and management.¹ Recognizing the importance of fully engaging in United Nations development system reform, WHO's New York office will be strengthened and led by a member of the senior management team.
- 29. Complementing the structural aspects of a new WHO operating model have been the design and introduction of new ways of working, building on internal and external best practices to improve efficiency, effectiveness and responsiveness. This work will create new ways for staff members to

¹ These two divisions are all also part of the two pillars – External Relations and Governance, and Business Operations – that extend across the three levels of the Organization.

collaborate across and within offices and levels to implement programmes and projects and to deliver specific products through three-level delivery teams, cross-cutting teams and agile product-delivery teams. The modes of working vary in the extent to which they use agile management practices to balance the consistent, stable and predictable work that forms the backbone of the Organization with robust, time-bound team approaches to deliver specific products.

Ultimately the success of changes to the Secretariat's structure and ways of working will depend on staff members and the investment the Organization makes in attracting, motivating, incentivizing and retaining the best people. In this regard the Director-General and Regional Directors aim to transform WHO into a career organization, with compelling opportunities for a dynamic and diverse workforce. A comprehensive approach to achieving this is under development and includes the establishment of career paths for scientific and other categories of staff; a standardized professional development system for managers (see paragraph 31); establishment of a new WHO Academy based in Lyon (France) and with hubs in WHO regions, as a major initiative to increase professional development opportunities for WHO staff members and, eventually, to revolutionize health learning globally; offering new opportunities for National Professional Officers to apply for international positions; and a complete revamp of the WHO Global Internship Programme. In parallel, the Organization is testing a new recruitment process to cut the average hiring time for fixed-term positions from more than five months to 80 days. Underpinning this entire approach will be concrete steps to enhance diversity and inclusion which are essential to achieving WHO's mission. By the end of 2019 a strategy on diversity and inclusion will be established with clear targets. Mobility will become a key criterion for career progression. WHO's Geographical Mobility Policy will be revised by mid-2019 with implementation beginning by the end of the year.

OPTIMIZING ORGANIZATIONAL CULTURE FOR COLLABORATION, PERFORMANCE AND IMPACT

- 31. The Secretariat's staff survey (see paragraph 7) identified the main shifts in mindsets and behaviours necessary to achieve this transformation and highlighted key themes that could underpin action. These themes were used as the basis for broad consultations across the Organization, through which a series of cultural change actions were defined. At the corporate level, the Global Policy Group prioritized five specific actions: overhaul the internal communications process and practices to ensure effective information-sharing and continuous dialogue between senior management and other staff members; define and embed WHO's values in formal systems; establish a mentoring programme to promote knowledge transfer and career development; develop and enhance leadership and management skills through training and institutionalized upward and peer-to-peer feedback; and provide clarity on career and learning pathways together with opportunities and support for developing staff skills. Work to implement these actions is ongoing.
- 32. One such action is the work to define and align on WHO's corporate values. Consultation with all major offices and relevant internal stakeholders led to the agreed definition that these are the "deeply held beliefs that guide staff behaviour and capture WHO's distinctiveness". In July 2018, the Director-General launched a broad staff-engagement process, inviting all staff members to respond to three questions to help to identify values themes that could be considered by the entire Organization as part of the process to define a set of common corporate values. More than 1000 responses formed the basis for a three-day online "Values Jam" in November 2018 and connected staff members at all levels on a common platform to discuss corporate values. More than 2700 staff members, including leaders from all major offices participated. The results of this global dialogue were consolidated into a WHO Values Charter and plan for embedding these values into the daily work of the Secretariat. A second major action is the initiative led by the Regional Office for Africa on leadership and management

capacity-building to improve the skills of more than 200 senior leaders through a comprehensive learning approach that has been developed with a leading firm in this area and is now in the process of piloting and wide-scale introduction. The Global Policy Group has decided to build on this initiative to define a common curriculum for a WHO-wide programme on leadership and management capacity-building, which will form a crucial aspect of improved performance management. A global working group is being established to take this work forward.

33. To assist the work on transformation and help to drive cultural change across WHO, a network of more than 300 change supporters, nominated by staff members and leaders in headquarters and regional and country offices was established. These change supporters are helping to communicate the importance of transformation, to shape and implement changes, and to share feedback across levels. The network helps to ensure consistency within the transformation and, equally importantly, provide a feedback loop on progress as well as ideas and directions for change and improvement. Furthermore, "open-door" policies with dedicated time for senior management to listen to other staff members' ideas and to act as role models for the change in culture have been implemented by the Director-General and other senior managers across the major offices.

CURRENT STATUS AND NEXT STEPS

- 34. The new headquarters' leadership team and structure took effect from 18 March 2019. A programme of work was immediately initiated with directors and their staff members to align all headquarters departments with WHO's new operating model. The first step involves realigning the purpose and major functions of each department to the Thirteenth General Programme of Work and the new operating model, identifying the communications and resource mobilization (external relations) and administrative functions (business) to be centralized, and proposing technical and enabling areas for further consolidation across departments. Subsequent steps, from mid-2019, will involve adjusting headquarters' department-level structures and staffing accordingly. A comprehensive set of activities to ensure full and meaningful staff engagement in this process consists of communication, consultation and collaboration to define aspects of the new departments, supported by WHO's network of change supporters and periodic "pulse-check" surveys.
- 35. As structural and staffing adjustments are considered, the leadership team will also define and initiate plans for the introduction of WHO's new and redesigned processes, the implementation of the new delivery models for core services such as communications and planning and management of talent and human resources, and the development and introduction of priority transformation initiatives such as the proposed WHO Academy. In parallel, regional offices have begun the process of examining their current structures and ways of working. Discussions are continuing at regional level on options for aligning the structures and way of working in the regional offices with the new WHO operating model. At the request of the Global Policy Group, the Working Group of Directors for Programme Management is developing options for a standard WHO presence at country level, depending on the local context and programme objectives, in order to align that level of the Organization with the new operating model and thereby optimize WHO's capacity to operate in a seamless manner across its three levels.
- 36. The overall goal is to have the new operating model fully functional for the biennium 2020–2021, with the new service delivery models and processes in place and all major transformation initiatives under way by the end of 2019. By that time, it is also expected that it will be possible to take a longer-term view on the capacities needed at each level of WHO in the context of the Thirteenth General Programme of Work, the health-related Sustainable Development Goals, and United Nations reform.

ACTION BY THE HEALTH ASSEMBLY

37. The Health Assembly is invited to note the report.

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