World Health Organization

The WHO Transformation

2020 progress report

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Contents

Abbreviations & Acronyms

ADG	Assistant Director-General
AFRO	WHO Regional Office for Africa
AMRO/PAHO	WHO Regional Office for the Americas/Pan American Health Organization
AMR	Antimicrobial resistance
CEM	WHO Contributor Engagement Management system
CSP	Country support plan
DAF	Director of Administration and Finance
DPM	Director of Programme Management
EB	Executive Board
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
EXD	Executive Director
GAP	Global Action Plan for Healthy Lives and Well-being for All
GPG	Global Policy Group
GPHG	Global public health good
GPW13	Thirteenth General Programme of Work 2019-2023
HALE	Healthy life expectancy
HQ	WHO headquarters
MoU	Memorandum of Understanding
ODT	Output Delivery Teams
PB	Programme Budget
PHC	Primary health care
PMDS	Performance Management Development System
R&D	Research and development
RD	WHO Regional Director
STDA	Short-term development assignment
SDG	Sustainable Development Goals
SEARO	WHO Regional Office for South-East Asia
TEN	Technical Expert Network
UHC	Universal health coverage
WHA	World Health Assembly
WPRO	WHO Regional Office for the Western Pacific
WR	WHO Representative

Director-General's Foreword

The COVID-19 pandemic is an unprecedented crisis that demands an unprecedented global response.

Although it is a health crisis, it's much more than that. It has shaken the foundations of social, economic and political stability. Millions of jobs have been lost, the global economy is in recession and geopolitical fissures have widened.

Even before the pandemic, the world was off-track for the health-related Sustainable Development Goals. Now we're even further behind.

The need for global health leadership is greater than ever before.

The pandemic has shown why the world needs a strong, impact-driven WHO – one that is relevant in all countries, focuses on results, provides technical and normative leadership, and is "ahead of the curve".

That is the WHO we have been building over the past three-and-a-half years, through our Transformation Agenda – the most deep-rooted change process in WHO's history.

The pandemic has been an important test for our Transformation – it has shown that we are changing and that many of the changes introduced are already bearing fruit. These changes are already helping us in our relentless pursuit of GPW13 and its Triple Billion targets, which are more relevant and important than ever.

This detailed report shows the incredible scope of work we have undertaken to implement the Transformation and the results it is producing, which have enabled us both to respond to the pandemic and sustain our core programmes.

By the end of 2020, we had completed several key steps in our change journey and had already begun implementing our new and enhanced processes and ways of working.

This report also shows that we still have a long way to travel and there is much more to be done. But it indicates that based on what we have seen so far and the way we have responded to the COVID-19 pandemic that we are headed in the right direction.

There will be important lessons to learn from COVID-19, from the Independent Panel for Pandemic Preparedness and from the ongoing evaluation of the Transformation Agenda itself.

In one sense, WHO must be continually transforming. Science and disease patterns are continually evolving, and we must evolve with them. We must become an organization committed to continuous learning, continuous improvement and continuous accountability.

The journey will continue as we learn, grow and change together for a healthier, safer, fairer world.

Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

Executive Summary

This document provides an overview of Transformation implementation as of end 2020. It complements the report on "Transforming for enhanced country impact" submitted to the 148th session of the Executive Board (EB).

Our Transformation journey has had four major phases, beginning in July 2017 when Director-General Tedros took office and launched a period of deep listening and engagement with all staff and all major offices. In February 2018, the Global Policy Group kicked off phase two, leading our work to finalize the Thirteenth General Programme of Work 2019-2023 (GPW13), redesign 13 of our core processes as "best-in-class", develop our new 3-level operating model and co-create with all staff a set of core values to guide our ways of working. On 6 March 2019, the Director-General and Regional Directors initiated the third phase, which included aligning our major office structures and developing options for a more fit-for-purpose country presence. The fourth phase – implementation and continuous improvement – began in January 2020, with an initial focus on consolidating our changes and then expanding to monitoring, learning and continuous improvement.

The seven major areas of work in our Transformation Agenda reflect three strategic objectives. The first of these objectives aligns with the ambition reflected in GPW13 to focus WHO's work on driving impact at country level and embed our mission and strategy in our day-to-day work and organizational culture. The second aims to establish a fit-for-purpose organization to deliver our mission and strategy, anchored in new ways of working that are enabled by "best-in-class" processes and operationalized through an aligned, 3-level operating model. The third seeks to leverage our partners and the global community to drive health outcomes and includes new partnership and resource mobilization initiatives. Underpinning all of these objectives is our work to ensure that we have a diverse, motivated and fit-for-purpose workforce.

Our Transformation reflects the ambitions, ideas and work of WHO staff. It is our staff who have constituted the 3-level working groups and Global Task Forces that shaped major initiatives, and our staff who made up the networks of Change Supporters who shaped our new ways of engaging, working and communicating, regularly providing feedback on areas for improvement. As a result, our Transformation approach constantly evolves as it incorporates new learnings.

Our Transformation is now well under way. As of end November 2020, 19 of our 40 major 3-level Transformation initiatives were either completed or fully implemented (see Table 1).

Member States have provided direction on our strategic priorities and goals (i.e. the Triple Billion), the strategic shifts to deliver those goals and the

Our mission to...

promote health,

keep the world safe, and

serve the vulnerable

...is at the heart of our Transformation.

organizational shifts to enable GPW13 implementation. Our Governing Bodies continue to provide guidance on key initiatives, such as those relating to human resources, accountability functions and core business processes.

Our strategy is now driving our day-to-day work, for example, GPW13's outcomes and outputs are now fully embedded in our staff work plans. We have also finalized the measurement tools, metrics and mechanisms needed to keep us on track. The foundational architecture for an impact-focused WHO is in place.

However, in order to realize our strategic objective of becoming a data-driven and impact-focused WHO, we must now fully roll out and mainstream the use of our new measurement tools and mechanisms (e.g. stocktakes, the Triple Billion dashboard, GPW13 output score card) to ensure we are optimizing our resources and focus towards the realization of our targets. This also applies to the Transformation itself and will require the introduction and use of new tools, such as dashboards, and the more regular conduct of surveys to help us assess how we are progressing with our Transformation. This will tell us whether the changes we are introducing are having the intended impact and it will also drive course corrections toward our goal of becoming a modern WHO that works seamlessly to make a measurable difference in people's health at country level.

More agile and collaborative ways of working are already being operationalized, with support through new cultural norms, initiatives and engagement platforms that enable a more seamless "One WHO". These emerging ways of working will be fully elaborated, institutionalized and complemented by change management efforts that help to promote the necessary mindsets, behaviours, and practices.

New and/or redesigned processes are enabling and accelerating GPW13's strategic shifts. As of end November 2020, about 1/3 of these processes were fully implemented, 1/3 were partially implemented, and 1/3 were being initiated. The latter progressed more slowly due in part to resource constraints and because of the demands of the COVID-19 pandemic. The role of each of WHO's three levels has been sharpened and our major office structures aligned to more effectively deliver GPW13 and implement the new processes. Many of our new capacities and functions are already operating at scale, such as those under the Office of the Chief Scientist and in the areas of data analytics and delivery, emergency preparedness, and partnerships.

For example, the resource mobilization campaign for the COVID-19 Strategic Preparedness and Response Plan was the most successful in our history. And our new approach to partnerships has massively enhanced the global response to COVID-19, such as through the Access to COVID-19 Tools (ACT) Accelerator.

These are the values of WHO that anchor our work and our Transformation:

service

excellence

integrity

collaboration

compassion

These provide important foundations and momentum for accelerating our Transformation.

We continue to see that our partnership landscape changes enormously, most recently in the context of the pandemic. Expectations of our Member States, partners and the general public have increased dramatically, all as WHO moves into a more challenging global political, economic and operating environment. The full implementation of United Nations (UN) reform may have further implications for our partner environment as we continue to elevate WHO's engagements with our UN sister agencies. Reinforcing WHO's readiness and capacities to lead and partner effectively is more vital than ever.

COVID-19 has reinforced and accelerated our Transformation. By January 2020, many of the foundations for our change were in place just as WHO was called upon to mount the largest, most comprehensive, global health emergency response ever. The new entities under our Chief Scientist, in the new WHO Emergency Preparedness Division and in our business, partnership and external relations functions, were immediately tasked to operate at scale, validating the importance and rapidly growing capabilities of these new functions and capacities. Several of our Transformation initiatives were critical to WHO's business continuity during the worldwide shift to remote working. WHO staff rapidly adopted innovative approaches to ensure continuity of support despite significant logistical and operational constraints. These "agility" experiences have highlighted the importance and feasibility of making WHO more responsive and more connected across its three levels. All of this experience is now informing the future of how we work within WHO and with our Member States and partners.

Now that our new strategy, processes, structures, and cultural norms are largely in place, we must unlock the underlying mindsets, behaviours, and practices needed to fully implement our new ways of working and to deliver the full impact of a transformed WHO. As Transformation implementation continues, priority will be given to: institutionalizing our new, agile and fully accountable ways of working; fully implementing our new "best-in-class" processes to enable, support and reinforce the new ways of working; accelerating our extensive programme of work to build a motivated and fit-for-purpose workforce; rolling out our new measurement tools and mechanisms (e.g. stocktakes, the new Triple Billion dashboard, GPW13 Output Scorecard) and fully mainstreaming their use to help us measure and optimize progress in delivering impact and the Transformation itself; and scaling up our efforts to transform WHO's financing.

Our Transformation Agenda is more relevant than ever and, as evidenced in this report, well under way; WHO is rapidly becoming more fit-for-purpose to address the global health challenges of both today and tomorrow. Going forward, it will be important to take into account recommendations and insights from relevant ongoing external evaluations, in particular the external Evaluation of the Transformation Agenda and the Independent Panel on Pandemic Preparedness and Response (IPPR), as these have the potential to provide invaluable insights for optimizing our Transformation and its impact on the health of people everywhere.

Our Transformation priorities going forward

- institutionalizing our new, agile and fully accountable ways of working;

- fully implementing our new "best-in-class" processes to enable, support and reinforce the new ways of working;

- accelerating our extensive programme of work to build a motivated and fit-for-purpose workforce;

- rolling out our new tools to measure and track progress in delivering impact and the Transformation itself; and

- scaling up our efforts to transform WHO's financing.

Table 1: Implementation status of our 3-level Transformation initiatives by workstream

Transformation goal

A modern WHO working seamlessly to make a measurable difference in people's health at country level

Strategic objectives

Fully focused and aligned for impact	Enabling the full potential of our organization	Leveraging the global community

Major workstreams and number and status of initiatives

Impact-focused, data-driven strategy

2 Completed
1 Fully implemented
1 Partially implemented
1 Initiated

See **Section 3.1** for details on these 5 initiatives.

"Best-in-class" processes

4 Fully implemented
4 Partially implemented
4 Initiated

See **Section 3.2** for details on these 12 initiatives.

New approach to partnerships

3 Fully implemented
1 Partially implemented

See **Section 3.4** for details on these 4 initiatives.

Collaborative & results-focused culture

2 Fully implemented
1 Partially implemented

See **Section 3.5** for details on these 3 initiatives.

Aligned, 3-level operating model

1 Completed
1 Partially implemented
1 Initiated

See **Section 3.3** for details on these 3 initiatives.

Predictable & sustainable financing

1 Completed
1 Fully implemented
1 Initiated

See **Section 3.6** for details on these 3 initiatives.

Motivated & fit-for-purpose workforce

1 Completed
3 Fully implemented
2 Partially implemented
4 Initiated

See **Section 3.1** for details on these 10 initiatives.

1

About
this document

This document provides an overview of progress with implementation of WHO's Transformation Agenda. It builds on a prior report shared with the Executive Board (EB) in February 2020[1] and gives a status update on major 3-level Transformation initiatives.

This document complements the report "Transforming for enhanced country impact"submitted to the 148th session of the EB[2]. It provides further information on changes being introduced across WHO to optimize delivery at country level, summarizes findings from recent regional office-led country reviews and describes the additional, critical resourcing shifts needed to fully enable our Transformation at country level.

The report begins with a brief recap of our Transformation journey and goal. It explains how we have approached this Transformation and describes how the seven major Transformation workstreams are helping to realize our goal.

Status updates on all major 3-level Transformation initiatives constitute the core of this report. A progress update, summary of major milestones and achievements and highlights from the past year are provided for each initiative. Case examples that illustrate how this work is being taken forward at the regional office level and in the context of the COVID-19 response are also included.

The final two sections address progress made and challenges and lessons we have learned that may have implications for our Transformation approach going forward and give a look ahead to priorities for 2021 and beyond.

A directory of headquarter divisions and departments and a high-level timeline with major transformation initiative milestones are included as annexes.

[1] The WHO Transformation: an overview at 29 January 2020. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/rest/bitstreams/1289810/retrieve; accessed 07 November 2020).
[2] Document EB 148/32. Transforming for enhanced country impact. Submitted to the Executive Board at its 148th session (Geneva, 18–26 January 2021).

2

About our Transformation

This section describes our overall approach to the WHO Transformation. It gives a short history and overview of our change journey to date and describes the different phases that constitute this agenda of work. It reaffirms the overall goal of our Transformation and explains the strategic approach and scopes of work envisaged to take us there.

2.1
A brief history of our journey

Following is a high-level overview and description of the four major phases of our 3-level Transformation journey starting from July 2017, when the Director-General (Tedros) took office, to end November 2020.

Phase 1: Consultation and analysis (July 2017 to February 2018)

During Director-General Tedros' transition, he immediately set the stage for the Transformation process by initiating a period of deep listening and broad consultation. Between July and October 2017, a Working Group on Initiatives for Change solicited ideas from staff across the Organization on the changes needed to make WHO fit-for-purpose in the context of the Sustainable Development Goals (SDG) and United Nations (UN) reform. Hundreds of ideas were generated about how the Organization could deliver tangible and lasting public health impact and adjust its ways of working to deliver it.[1] A global staff survey undertaken in November 2017 documented challenges staff face in conducting their day-to-day work and helped identify priorities for changing our organizational culture. These staff contributions, together with inputs and expectations expressed by Member States during the Director-General election process and from past WHO reform efforts, helped shape the "WHO Transformation Plan and Architecture"[2] launched by WHO's Global Policy Group (GPG), which comprises the Director-General (DG), regional directors (RDs) and the Deputy Director-General (DDG), in February 2018 setting the direction, overall scope and ambition for our 3-level Transformation.

Phase 2: Design (February 2018 to March 2019)

Under the overall leadership and direction of the GPG, key aspects of our Transformation addressed as part of the design phase included: a) finalizing our new strategy and Thirteenth General Programme of Work (GPW13) and its accompanying Impact Measurement Framework; b) designing our new, aligned, 3-level operating model; c) re-engineering our core technical, external relations and business processes; and d) transforming our approach to external relations, including resource mobilization. During this period, thousands of staff from across WHO engaged in a consultative process to co-create a set of core WHO values and principles to guide our ways of working.

[1] Final report of the Working Group on Initiatives for Change (https://intranet.who.int/homes/dgo/documents/first%20report%20of%20the%20working%20group%20on%20initiatives.pdf; accessed 07 November 2020).
[2] 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 07 November 2020).

Phase 3: Alignment and initiation (March to December 2019)

On 6 March 2019, the DG and RDs introduced our new aligned, 3-level operating model. This kicked off a phase of work aimed at aligning our major office structures. Under this new operating model, four pillars – External Relations, Business Operations, Programmes, and Emergencies – would extend across each level of the Organization to enable better programmatic coordination and bring consistency to our technical, business and external relations processes. In parallel with the work carried out at the major office level, the DDG/Director of Programme Management (DPM) Working Group on Transformation initiated work on WHO's country operating model with the goal of ensuring that our country presence is fit-for-purpose to deliver impact at country level. Findings from recent and ongoing regional office-led country reviews informed these efforts.[3,4]

Figure 2.1 Some major milestones in each phase of our Transformation

Phase 1:
Consultation & analysis

Phase 2:
Design & planning

Jul '17
Working group on Initiatives for Change

Feb '18
Transformation Plan & Architecture

Jul '18
3-Level Work Groups & 13 Processes

Nov '18
Global Values Jam

Nov '17
Staff Baseline Survey

May '18
GPW13 approved at WHA71

Sep '18
1st ever WHO Investment Case

Feb '19
1st WHO-wide GPW13 Goals Week

[3] Document EB 148/32. Transforming for enhanced country impact. Submitted to the Executive Board at its 148th session (Geneva, 18–26 January 2021).
[4] Document A72/INF./4, WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: WHO presence in countries, territories and areas. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019 (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_INF4-en.pdf, accessed 1 November 2020).

Phase 4: Implementation and continuous improvement (January 2020 onwards)

After the structural alignment exercise was completed in WHO headquarters (HQ) at end December 2019, business owners of the redesigned 3-level processes were reaffirmed and tasked with implementation and roll-out. Some of these processes, however – for example, the new programme budget and planning process, the new quality norms and standards process and key aspects of the new end-to-end data process – were already under way before the end of this phase of the Transformation.

This shift of responsibility to the business owners was an important milestone in the Transformation, as it marked the change from being a centrally led and coordinated process to one that is now firmly in the hands of line managers. This phase of our Transformation journey is ongoing. The near-term focus is on reinforcing and consolidating changes being introduced within the Organization, after which the focus will shift to monitoring, learning, adapting and continuous improvement.

Phase 3: Alignment & initiation

Phase 4: Implementation & continuous improvement

Mar '19
DG & RDs launch 3-level op. model & Transformation vision

Jun '19
Launch of WHO Academy

Dec '19
Aligned HQ & RO structures

Jun '20
Global Career Pathways initiative

May '19
New WHO Values Charter

Sep '19
Launch of Global Action Plan

May '20
WHO Foundation established
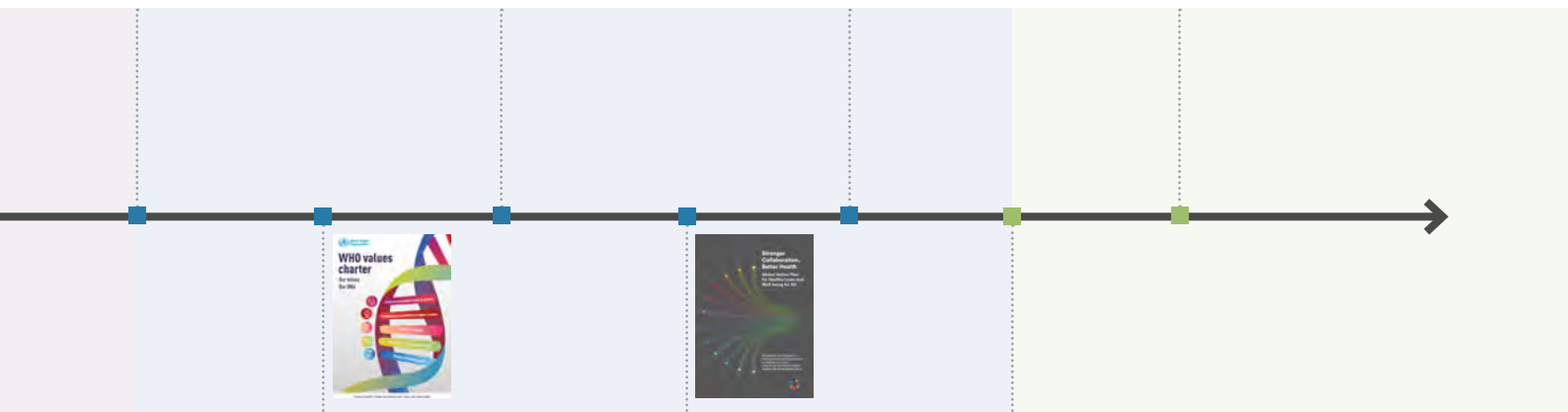
2.2
Our Transformation approach and major areas of work

The overall goal of our Transformation, as expressed by the DG at the 142nd session of the EB, is *"a modern WHO working seamlessly to make a measurable difference in people's health at country level"*.

A three-pronged strategic approach has helped drive and focus our overall Transformation journey and has helped align and ensure coherence across the seven major areas of work[1] that constitute our Transformation Agenda (see Figure 2.2).

Figure 2.2 *Our Transformation approach*

Transformation goal

A modern WHO working seamlessly to make
a measurable difference in people's health at country level

Strategic objectives

Fully focused & aligned for impact	Enabling the full potential of our organization	Leverage the global community

Major Transformation workstreams

Impact-focused, data-driven strategy	"Best-in-class" processes	New approach to partnerships
Collaborative & results-focused culture	Aligned, 3-level operating model	Predictable & sustainable financing

Motivated & fit-for-purpose workforce

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[1] The work of Transformation was initially structured around five major workstreams; by 2019, two additional workstreams had emerged as distinct workstreams (related to our financing and workforce) given their cross-cutting importance to the other workstreams and centrality to our capacity to deliver our strategy.

The first strategic objective of our Transformation is to ensure that we are fully focused on and aligned to deliver measurable impact. This includes all work being done to operationalize our new strategy – GPW13 – and to ensure that our workplans and day-to-day activities are fully focused on GPW13's Triple Billion targets. It also includes initiatives aimed at fostering a more results-focused, agile and collaborative culture.

The second strategic objective is to ensure that we have a fit-for-purpose WHO that enables and unlocks the full potential of our organization such that our normative and technical work is of even higher quality; that we are ahead of the curve, vis-à-vis the latest technologies, science and innovation; and that we can be agile, data-driven and responsive to changing needs and circumstances. Transformation workstreams in this area include the redesign of our core technical, external relations and business and administrative processes and our work to align and enhance our 3-level operating model.

The third strategic objective focuses on leveraging our partners and the global community to help drive health outcomes. This includes initiatives aimed at transforming our approach to external relations, partnership engagement and resource mobilization, the latter being critical to ensuring we have predictable and sustainable financing.

Underpinning all of these objectives is our work to ensure that we have a diverse, motivated and fit-for-purpose workforce.

The current Transformation approach has evolved, based on learnings from the prior phases of this journey. It has also been sharpened by lessons learned from other reform efforts, including WHO's past reform efforts. The current approach builds on past experiences but is different and distinguished from those experiences in three ways:

1. It is the most comprehensive and wide-reaching change agenda WHO has ever embarked upon in the 72 years since its establishment;

2. It has been shaped by the most extensive staff engagement exercise the Organization has ever undertaken (see Section 2.4); and

3. It includes an internal *and* external focus – with the former addressing WHO's organizational set-up, culture and ways of working and the latter addressing key changes needed at the major office and country levels to ensure that WHO is appropriately positioned and capacitated to address current and future health challenges, including as part of a reformed UN system.
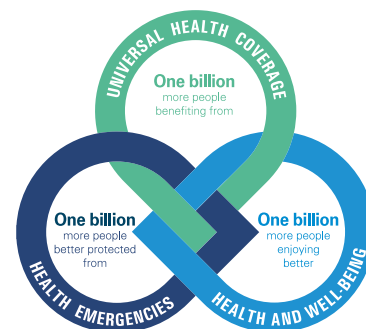
2.3
Managing and coordinating our change agenda

The overall design and ongoing direction of our Transformation has been led by the GPG.

In February 2018, when the initial direction for the Transformation Plan and Architecture was set by the GPG, an integrated support mechanism was established to help coordinate its execution. This mechanism builds upon and leverages existing structures, networks, groups and processes across the Organization (see Figure 2.3). It is also supported by dedicated staff, the Global Transformation Team.

2.4
Staff engagement

WHO's entire workforce has been systematically invited to contribute to the Transformation effort. Staff have provided many ideas for change through surveys, "open door" sessions with the Director-General and senior managers, seminars, Town Halls and other mechanisms. Staff have played leadership roles in the integrated support mechanism that is helping to coordinate this overall work (see Figure 2.3). Staff have contributed to the design/redesign of core processes in 3-level working groups and have actively participated in Transformation-related Task Forces that have shaped major Transformation initiatives.[1] Staff from across WHO also participated in the three-day virtual "values jam" in November 2018 that led to the development of the WHO Values Charter.

In addition, to help staff across WHO understand, engage in and provide feedback on the Transformation, a global network of Change Supporters has been established. This network is helping to drive and influence our new ways of engaging, working and communicating, and it provides feedback on progress and areas for improvement. Pulse check surveys and other staff surveys have also been carried out in different phases of the Transformation, at a global level and in major offices. These surveys provided an important channel for staff to share opinions on what is working and what is not working in the Transformation and to contribute ideas for improvement.

Did you know?

No reform in WHO's history has had this much staff engagement

>800 staff contributed to the design/redesign of core processes in 3-level working groups

~200 staff participated in global Task Forces that shaped major Transformation initiatives

~5600 staff participated in the November 2017 WHO Staff Baseline survey

>2700 staff across WHO participated in the three-day virtual 'values jam' in November 2018 that led to the development of the WHO Values Charter

>300 Change Supporters form a global network across WHO to understand, engage and provide feedback on the Transformation

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[1] In March 2019, the Director-General established 3-level Transformation Task Forces to provide recommendations on Global Mobility, Career Pathways and Capacity Building, Delegations of Authority and New Ways of Working.

2.5
Member State consultations

During the period November 2017 to May 2018, Member States set and confirmed the overall direction for our Transformation through our first strategic objective – aligning for impact. This included the decisions by our Member States on: (i) our medium-term strategic priorities and goals (i.e. GPW13 and the Triple Billion targets); (ii) the strategic shifts needed in WHO's work to deliver these goals; and (iii) the major organizational shifts needed to WHO's operating model, processes and culture to achieve our mission and implement our strategy.

As the design and implementation of our Transformation Agenda has been executed under the leadership of the GPG, Member States have been kept abreast of progress through a combination of mission briefings, informal consultations, dedicated information sessions and governing body reports. Additionally, Member States regularly discuss and provide guidance to help shape specific, major Transformation initiatives, such as those relating to our human resources transformation, accountability functions and core business processes through the Programme, Budget and Administration Committee of the Executive Board, the EB and World Health Assembly itself.

Did you know?

The WHO Transformation Agenda and transformation-related initiatives have been discussed with Member States in more than 88 agenda items in WHO's governing body meetings, in 56 informal briefings, and in 12 Mission Briefings during the period September 2017 to December 2019.

Figure 2.3 *Integrated global transformation architecture and support structure*
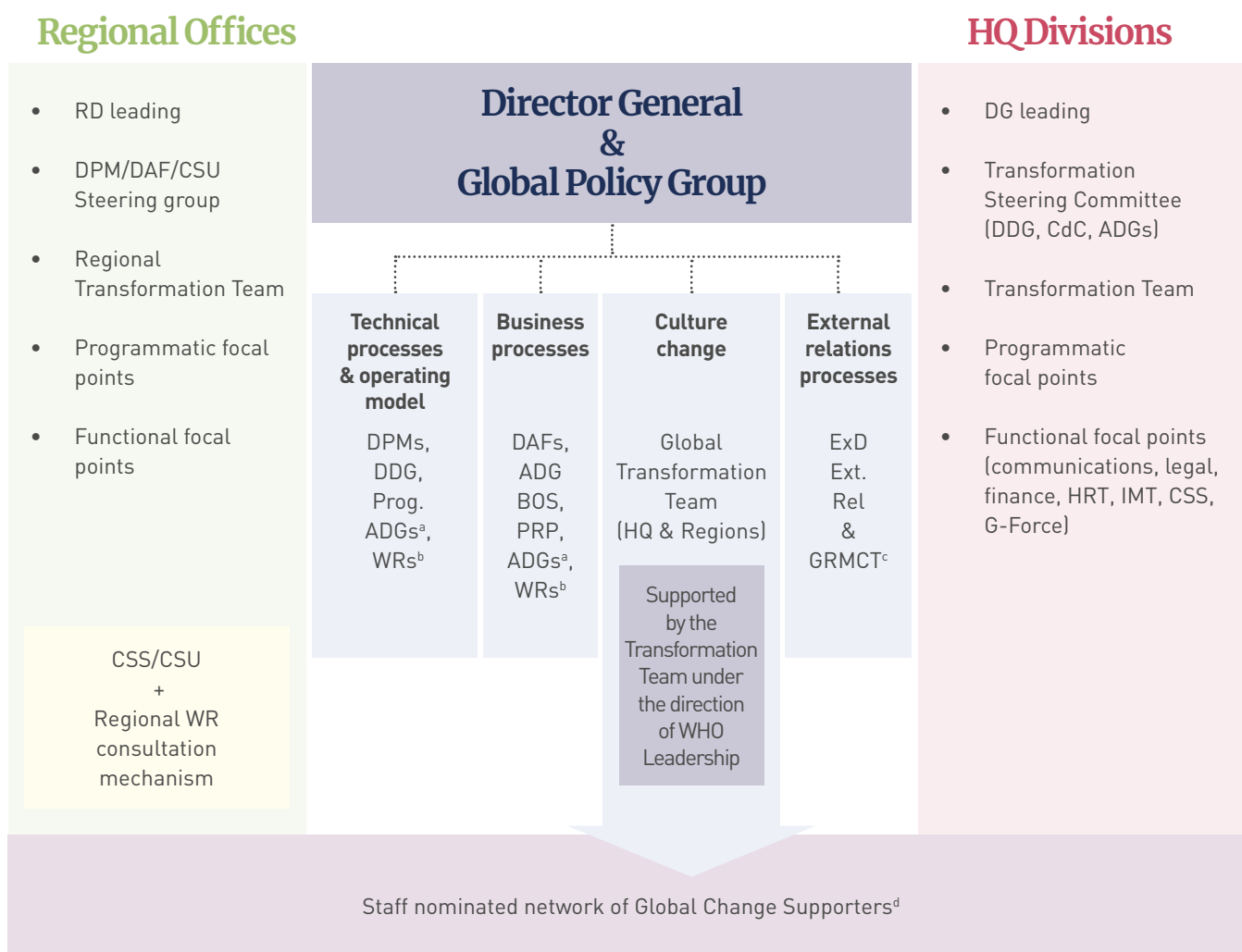
Source: adapted from "Delivering on the SDGs through WHO's 13 General Programme of Work: WHO Transformation Plan & Architecture" (February 2018).

[a] Relevant ADGs will attend meetings on an ad hoc basis; [b] Two WHO Representatives (WRs) will be selected by RDs, rotating between regions; [c] sub-set of Global Resource Mobilization Coordination Team; [d] Change Supporters informed by cultural survey/manager nominations with common training.

3
Progress by major area

This section describes the seven major areas of work under the WHO Transformation Agenda and gives a status report and overview of all 3-level initiatives included under each area. Major milestones and achievements are highlighted, along with challenges and insights gleaned from the past year of implementation. Case examples that highlight how this work is being taken forward at the regional and country levels are also included.

The following symbols are used to provide in indication of what phase of implementation each initiative is in:

Initiated

Work has just started or is in a **testing phase**.

Partially implemented

Work is in an **early phase** of implementation and roll-out.

Fully implemented

Work is **fully under way**.

Completed

Work has been **completed**.

3.1
Establishing and operationalizing an impact-focused, data-driven strategy

The major objective of this workstream is to ensure our day-to-day work is fully aligned with our mission and strategy. This includes: ensuring that the strategic shifts reflected in GPW13 are fully operationalized in our work plans; linking our day-to-day activities with specific GPW13 outputs; and developing and rolling out mechanisms to monitor and manage for results. **Making a measurable impact on people's health is a core objective of our Transformation**. The GPW13 Results Framework helps realize this. Table 3.1 provides an overview of the five 3-level initiatives that currently constitute this workstream.

Aligning the WHO Regional Office for South-East Asia (SEARO) framework for monitoring results with the new WHO Impact Measurement Framework

Staff from across all three levels of the Organization played a critical role in informing the design and finalization of the GPW13 Results Framework. For example, SEARO assisted in refining the draft framework through consultations and by piloting the impact framework with Member States and new output scorecard approach with the regional office technical units for all three strategic priorities and the enabling pillar of GPW13. SEARO did not stop there though – building off this work, they established a regional results measurement framework, complete with a compendium of indicators with regional and country baselines and targets. They are now in the process of developing systems and tools to facilitate the implementation of the framework across all countries of the Region. The first ever regional results report was also published in September 2020, providing information on the programmatic and financial implementation of the Programme Budget (PB) 2018–2019 in the South East Asia (SEA) Region based on the end-of-biennium assessment.[a] These efforts are in line with the regional vision and commitment to enhance accountability and transparency, demonstrating the Organization's contribution to measurable results and impact in countries.

[a] Programme Budget Performance Assessment: 2018–2019. New Delhi: WHO Regional Office for South-East Asia; 2020 (https://apps.who.int/iris/handle/10665/334057, accessed 12 December 2020).

Table 3.1 Status overview of Transformation initiatives focused on operationalizing our strategy

Initiative	Aligning WHO's work with GPW13	Aligning the day-to-day work of all WHO staff with GPW13
Lead division (lead department)	Business Operations (PRP)[a]	Business Operations (HRT)
Supporting 3-level mechanism	Programme Management Network (PRG)	Global HR Community
Implementation phase	✓✓ Completed (for 2020–2021)	✓✓ Completed (for 2020)
About this initiative and how it relates to the objectives of this workstream	The new PB planning process, rolled out in 2018, is aligning WHO's work with GPW13 and operationalizing GPW13 and its three major shifts into WHO's workplans through country support plans (CSPs), global public health goods (GPHGs), and leadership functions.	In February 2019, WHO launched its first Organization-wide campaign to align individual staff workplans with the new strategy. This annual initiative - Goals Week - ensures that all individual staff can link their day-to-day work directly to at least two GPW13 outputs.
Major achievements and key milestones (as of November 2020) ⚑ Achievement ◎ Milestone	◎ May '19: GPW13 shifts reflected in PB 2020-2021 were approved by the Seventy-second session of the World Health Assembly (WHA). ⚑ WHO workplans for 2020-21 incorporated: 329 GPHGs prioritized by three levels of the Organization for delivery by HQ; and a CSP for each WHO Country Office, which includes work planned by regional offices and HQ for delivery in the country.	⚑ In 2019, 74% of WHO staff globally had at least 2 individual performance objectives linked to GPW13 outputs. ◎ In 2020, the ePMDS was amended to make it mandatory for each objective to be linked to a GPW13 output. Accordingly, the objectives of every staff member are now linked to at least two GPW13 outputs.

[a] The supporting GPHG planning process is led by the DDG in collaboration with the Chief Scientist, the division for Data, Analytics and Delivery for Impact, PRP and regional focal points.

GPW13 Results Framework and WHO Impact Measurement Framework

Data, Analytics and Delivery for Impact (DNA) and Business Operations (PRP)

Output Delivery Team 4.1.1 / 4.1.2, Data Governance and Hub and Spoke Collaborative

Fully implemented

The Results Framework measures Member States, WHO and partner contributions to meet the Triple Billion targets and achieve the health-related SDGs. It includes the WHO Impact Measurement Framework, country case studies, and GPW13 Output Scorecard.

The WHO Impact Measurement Framework is SDG-based and consists of healthy life expectancy (HALE); the Triple Billion target indices; and 46 outcome indicators based on the SDGs.

⚐ Oct '19 – Jun '20: WHO Impact Measurement Framework tested in 34 countries across all WHO regions.

◉ Published GPW 13 methods report (May '20), metadata (Jul '20), and a visual summary of the Triple Billion and health-related SDG targets.[b]

◉ Nov'20: Triple Billion dashboard launched in margins of WHA73 resumed session.

⚐ Introduced data principles and updated WHO's data sharing policy for non-emergency contexts.

◉ Nov'20: WHO Impact Measurement Framework was noted by the 73rd WHA.

GPW13 Output Scorecard

Business Operations (PRP)

Programme Management Network (PRG)

Initiated

The GPW13 Output Scorecard ensures that the Secretariat's specific contribution to delivery of GPW13 is meaningfully measured. The Scorecard considers performance in six 'dimensions': Leadership; global public health goods; achievement of results; technical support; gender, equity and human rights; and value for money.

⚐ Feb '20: An update on the new Output Scorecard was presented to the 146th session of the EB.

⚐ Apr – Sep '20: The new Output Scorecard piloted in WHO regions and some countries.

New delivery stocktake mechanism

Data, Analytics & Delivery for Impact (DFI)

Output Delivery Team 4.1.1 / 4.1.2 and Global Delivery Stocktakes platform

Partially implemented

The delivery stocktakes mechanism rigorously tracks progress toward the Triple Billion targets by setting targets and trajectories and identifying and overcoming barriers through regular reviews. The stocktake process is fundamentally changing the way that WHO monitors progress towards projected impact and helps prioritize support, improving value for money.[c]

⚐ Jun '20: 1st round of stocktakes held for all Triple Billion targets.

◉ Oct '20: Delivery for Impact Knowledge Hub for eight WHO Country Offices launched.[d]

⚐ Oct '20: Stocktake undertaken for the Healthier Populations billion.

⚐ Nov-Dec '20: global stocktakes undertaken for UHC and Health Emergencies protection billions.

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[b] The Triple Billion targets. A visual summary of methods to deliver impact [website]. Geneva: World Health Organization; 2020 (https://www.who.int/data/stories/the-triple-billion-targets-a-visual-summary-of-methods-to-deliver-impact, accessed 08 November 2020).
[c] This work also addresses related recommendations from the last Multilateral Organization Performance Network (MOPAN) assessment.
[d] Ethiopia, Mauritius, Oman, Pakistan, Paraguay, Philippines, Sri Lanka and Ukraine.

Example applications and learnings since January 2020

- In May – June 2020, a review of all workplans was undertaken to better understand the implications of the COVID-19 pandemic on our non-emergency work. The aim of this review was to: reaffirm our commitments to deliver on the approved PB 2020-2021, take stock of deliverables that might require postponement, refocus original plans based on recent developments, and ensure consistent support to Member States and approach to donors and partners if any of the projects need adjustments or repurposing. The review showed that despite the Organization-wide response to COVID-19, commitment to the base programme activities remains strong and 80-85% of the biennial plans will be delivered as planned.

- The country capacity-building approach uses the new delivery stocktake mechanism to maintain focus on supporting countries to deliver the GPW13 Triple Billion targets. A virtual on-line learning programme has been initiated in response to the restrictions required by the COVID-19 pandemic. This resulted in the development and introduction of a more targeted training approach via WHO's virtual Knowledge Hub platform. This platform uses an interactive blended learning approach to support countries in "delivery capacity" using webinars, workshops, problem solving sessions and a peer network. Eight countries are now using the delivery approach through the knowledge hub. Experience gained from this initial experience will inform the scaling-up of WHO's approach.

Looking ahead to 2021 and beyond

- Timely, reliable and actionable data are vital to measuring impact. WHO is committed to continuing to strengthen data, analytics and health information system capacity as a priority and to ensuring that data are country-owned, accessible and disaggregated, as appropriate.

- The upcoming stock takes in 2021 will integrate a specific focus on primary health care (PHC) and a deep dive on equity across the Triple Billion targets and all outcome indicators. Further work will also be undertaken to integrate projections, factoring in the impact of COVID-19, and refine the progress trajectories in mid-2021. Recommendations and suggestions from the IPPR and other undergoing review processes will also be incorporated into the overall delivery and stock take approach as applicable.

Piloting our new Output Scorecard in the WHO Country Office in Namibia

Our new GPW13 Output Scorecard was pilot tested in the regional offices and in a few country offices, including Namibia. During the pilot, the WHO Country Office (WCO) team was able to complete the scorecard using the guidance provided. Colleagues found that the scorecard was helpful in its applicability to AFRO's Semi-Annual Monitoring and Mid-Term Review processes. The team felt that the tool is very ambitious given the expectation that it be applied to each GPW13 output and pointed out that, in small offices, the scopes of work supported may not be broad enough to bring into play all aspects of the tool. Overall the team felt that the scoring scale for the different dimensions was well explained but found that there were some overlaps and duplications in the tool between dimensions, attributes and criteria. This feedback from the Namibia country office pilot and from the other pilot experiences has helped refine the Output Scorecard and has confirmed that it is a feasible approach that will lead to increased transparency, and more efficient and robust reporting on the Secretariat's contribution to GPW13.

Source: WHO/Namibia
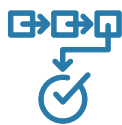
3.2
Establishing "best-in-class" technical, external relations and business processes

The major objective of this workstream is to prioritize, optimize and harmonize – across all WHO major offices – the key processes that are essential to achieving GPW13's strategic shifts. Processes addressed in this context include:

1. technical functions and processes related to WHO's constitutionally mandated core functions;[1]

2. business and administrative processes that enable WHO's day-to-day operations; and

3. external relations functions and processes that support WHO's engagement with its Member States and partners.

During the design phase of our Transformation, 13 processes were reviewed and redesigned.[2] Work is now under way to refine and fully roll them out (see Table 3.2 for the status overview of each).

Toward higher-impact norms and standards products – COVID-19 and a new era of urgency

The new Quality Assurance, Norms & Standards (QNS) department supports the development of prioritized norms and standards (including GPHGs), ensuring a transparent end-to-end process with state-of-the-art methods applied, and guidance that is designed to be relevant and impactful. To harmonize the process and fast track interim guidance during emergencies, QNS and the WHO Health Emergencies Programme (WHE) established the COVID-19 Publications Review Committee (PRC) that has reviewed over 600 WHO documents. The COVID-19 Literature Database offers global open access to over 100,000 citations, including pre-prints, in 7 languages. The Evidence Collaborative on COVID-19, with over 90 partners from a wide variety of disciplines, helps coordinate and reduce duplication efforts in COVID-19 evidence generation. A living guidance platform has been established to provide resources and support coordinated dissemination in a timely manner. The WHO Rapid Review Group supports rapid evidence briefs for key COVID-19 issues, 30 of which are ongoing COVID-19 questions.

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[1] Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards and promoting and monitoring their implementation; articulating ethical and evidence-based policy options; providing technical support, catalysing change, and building sustainable institutional capacity; and monitoring the health situation and assessing health trends.
[2] One of these processes - the new programme budget and planning process - is not addressed in this section. See Section 3.1 and Table 3.1 for more details.

Table 3.2 *Status overview of the major 3-level processes addressed in this workstream*

Technical processes

Initiative	Norms and standards	Research	Innovation
Lead division (lead department)	Science Division (QNS)	Science Division (RFH)	Science Division (DHI)
Supporting 3-level mechanism	3LWG on Norms & Standards[a]	3LWG on Research[a]	3LWG on Innovation[a]
Implementation phase	Partially implemented	Partially implemented	Initiated
About this initiative and how it relates to the objectives of this workstream	This is a new process developed to enhance the predictability, timeliness, quality assurance and impact-monitoring of WHO normative products and planned GPHGs.	This process seeks to prioritize and promote a common WHO research agenda, working closely with partners and in support of the SDGs (this process draws on lessons in establishing the WHO R&D Blueprint). The focus of this work is to harmonise processes and set strategy and provide support for technical departments and programmes.	The innovation process is new, designed to identify, implement and scale up health innovations, with a focus on addressing country needs in support of the SDGs. It seeks to match country needs with mature innovations, address barriers to scale up and leverage technical expertise and implementation research to scale and sustain innovations.
Major achievements and key milestones (as of November 2020) ⚑ Achievement ◉ Milestone	⚑ Feb '20: Launch of the Rapid Review Group to provide rapid evidence retrieval and analysis in support of key questions necessary for creation of WHO's normative guidance in emergencies; implementation of new GPHG planning review process. ⚑ Mar '20: Launch of new publications clearance process and establishment of PRC for COVID-19-related publications. ⚑ Sep '20: new quality assurance of GPHG principles, criteria, process, & check-list issued.	◉ Oct '20: Launch of guidance for research priority setting for WHO staff. The prioritization document is now being used throughout HQ and EMRO and AFRO have been engaged to pilot its translation and adaptation for use in the regions.	⚑ The innovation process is currently being piloted on specific clusters of innovations (e.g. in women's and children's health, medical oxygen, nutrition, COVID-19 vaccine delivery, and others).

[a] This 3-level Working Group supported the redesign of this process during the period July to end October 2018.

Strategic policy dialogue

Director-General's Office (CSS)

DPMs & Country Support Unit network

Initiated

A new process designed to bring together WHO's evidence base, normative expertise, technical work and political insights to help optimize national policy environments to achieve the SDGs and the Triple Billion targets.

⚐ The concept and steps for strategic policy dialogue were developed in close consultation with the Office of the Director-General, Data, Analytics and Delivery for Impact (DDI), regional offices and WRs. External partners were also consulted. The concept was field tested in five countries between October 2019 and February 2020.[b] The process and approach are now being enhanced based on findings of these field tests.

Technical cooperation

Director-General's Office (CSS) & Deputy-Director General's Office (DDO)

DPMs & Country Support Unit network

Partially implemented

This process was substantively redesigned to reflect the primary role of regional and country in driving WHO's technical assistance and surge support to countries and managing 3-level responses to country requests. The redesign creates a mechanism for managing, tracking and quality assuring responses.

⊙ Aug-Sep '19: A mechanism for 3-level consultation in developing of 2020-21 workplans was introduced. This enabled HQ and regional technical divisions to better understand country-level technical assistance needs, while also informing country teams of global proposals for specific countries.

Data

Data, Analytics and Delivery for Impact (DNA)

3LWG on Data[a]

Partially implemented

This work focuses on supporting countries on strengthening data, analytics and health information system capacity; ensuring timely and reliable data and that evidence is used for strategic policy dialogue to deliver a measurable impact; and leveraging partnerships to accelerate progress towards the SDGs and Triple Billion targets.

⊙ Jan – Sep '20: Data governance established, Health Data Collaborative, Data Principles, Data Sharing Policies, Reference Group on Health Statistics, World Health Data Platform.

⚐ May – Sep '20: World Health Statistics 2020, Health Economic Assessment Tool (HEAT) / HEAT Plus Tools, Mortality Database.

⚐ Aug '20: SCORE Health Data Technical Package launched.[c]

⚐ Sep '20: ICD-11 digital updates, technical guidance of COVID-19 certification.

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[b] Countries included in the initial round of testing were Indonesia, Kenya, Pakistan, Ukraine and Vietnam. The approach was also planned to be tested in Mexico; however, this plan was postponed because of the COVID-19 pandemic.
[c] SCORE for Health Data Technical Package [website]. Geneva: World Health Organization; 2020 (https://www.who.int/data/data-collection-tools/score, accessed 08 November 2020).

Business processes

Initiative	Supply chain	Recruitment	Performance management
Lead division (lead department)	**Business Operations (SUP)**	**Business Operations (HRT)**	**Business Operations (HRT)**
Supporting 3-level mechanism	**To be determined**	**Global HR Community**	**Global HR Community**
Implementation phase	**Initiated**	**Initiated**	**Fully implemented**
About this initiative and how it relates to the objectives of this workstream	This new process shifts WHO from its current procurement-centric approach to a more holistic approach to supply management, with a full end-to-end process that includes needs & planning, requesting, purchasing, transport, stock management/ warehousing, and distribution; the process improves visibility & analytics, from order to delivery.	The redesigned recruitment process aims to better position WHO in today's dynamic job environment by reducing the time for fixed term recruitment by an average of 50%. It includes improved planning, expanded sourcing, streamlined screening, enhanced panel/ interview management, and it leverages new technologies and systems to boost human resources services and focus.	This process was redesigned to include enhancements focused on capability building (e.g. the leadership and management initiative), goal alignment (e.g. Goals Week), frequent coaching conversations, and multi-source feedback for project teams. It has important linkages with work on Global Leadership Development and WHO Career Pathways (see Section 3.7).
Major achievements and key milestones (as of November 2020) ⚑ Achievement ◎ Milestone	⚑ Recruitment of a new director for SUP is in process and anticipated to be completed by end 2020. Further facilitated discussions on responsibilities for an end-to-end supply chain process were planned for Q1 2020 but were put on hold due to Covid-19. Discussions will resume in Q1 2021.	⚑ Jan '19: A pilot of the new recruitment process was undertaken. Lessons learned are being documented to inform work planned for 2021, when HRT will explore the application of new tools and approaches to identified bottlenecks.	◎ Goals week held in 2019 and 2020, focusing on alignment of individual objectives with GPW13 goals (see Section 3.1). ⚑ As of Mar '20, 180 participants had gone through the AFRO leadership programme, including a specific session on women in leadership (see Section 3.7). ⚑ Jun '20: Global Career Pathways Initiative launched to bring together career management, learning and development (linked to the WHO Academy), and performance management.

External relations processes

External communications

Director-General's Office; External Relations and Governance (DCO)

WHO Global Communication Forum

Fully implemented

In this redesigned process, WHO external communications are driven by a cohesive, corporate, WHO-wide annual plan that is jointly developed by the seven major offices' communications teams, emphasizes country content, and is aligned with modern digital communications

- Nov '19: 3-level planning meeting held; next one planned Dec '20.
- Dec '19: HQ communications functions centralized into DCO as part of the HQ structure alignment process.
- New designated team producing digital material with enhanced country content and visuals.
- New collaborations to ensure WHO material and messaging appears on digital platforms worldwide.
- Introduction of 120-day rolling communications plans with clear, measurable goals.
- New sharepoint CommsHub to facilitate joint planning and coordination among global communications staff.
- WHO-wide communications calendar: weekly plans shared through 7 major offices; weekly calls between the 7 offices; interoffice WhatsApp group.
- Brand guidance and platform in development to improve cohesion and effectiveness in communicating as "One WHO".

Internal communications

Director-General's Office; External Relations and Governance (DCO)

WHO Global Communication Forum

Fully implemented

This new process is built around WHO's transformation-led corporate strategy, direction and priorities, and needs of our staff, so that the entire workforce is engaged, empowered and connected, with collective ownership of our mission; the redesigned process recognizes that our workforce is a key audience and driver to enable WHO's goals.

- Workplace implementation as an internal platform for communications and exchange.
- Introduction of Slido for 2-way engagement during meetings.
- Frequent all-staff DG Town Halls and staff seminars on topics informed by staff needs.
- Introduction of Ask the Expert sessions.
- Weekly global newsletters keep staff informed.
- Global "internal" campaigns on shared initiatives and need-to-know info, such as Goals Week, COVID-19 protection behaviours, IT platforms, etc.

Resource mobilization

External Relations and Governance (CRM)

External Relations Focal Points network

Fully implemented

The entire end-to-end resource mobilization process was substantially redesigned to anchor all resource mobilization activity in WHO's strategy and coordinate it through 3-level donor engagement teams. The new process includes streamlined grant management, a differentiated approach for large/small grants and an internal lending mechanism.

- 3-level donor engagement teams were piloted in 2019, and lessons learned are being considered for broader application.
- A streamlined grant management model was introduced for some large grants (e.g. many of the COVID-19 grants) mainly managed by central resources with very close coordination and follow-up.
- A resource allocation committee is being developed by senior management, with implementation anticipated shortly.
- Lighter processes for small contributions, particularly pooled funding for smaller donations, have been piloted in 2020 with the Strategic Preparedness and Response Plan (SPRP).
- Enhanced donor reporting and increased visibility implemented (e.g. impact sheets for top donors and visibility messages).
- Internal Lending Facility fully implemented.

Example applications and learnings since January 2020

- The need for a fast-tracked coordination mechanism under the **norms and standards** process to align WHO products with current priorities while ensuring due process and quality assurance has never been more apparent than during the COVID-19 pandemic. This need led to the creation and introduction of several new mechanisms to help fast-track interim guidance in emergencies (see box on p23). Maintaining and, ideally, expanding many of these functions to include non-COVID-19 products will require significant investment in systems to manage content and workflow, along with investments in personnel.

- In the context of reinforcing **technical cooperation** and ensuring continuity of support to Member States during the COVID-19 response, a new WHO initiative called "Internal Boost" has been organized under DDG's leadership to augment the capacities of WHO country offices. The initiative includes 3-level consultations with selected priority countries to identify technical support needs that could be provided by HQ and regional offices to ensure continuation of essential services. The main areas where technical support has been requested include: health systems strengthening (including for recovery and resiliency); primary health care and essential health services provision; health economics and financing; partnership engagement for health security; data management; and support to sustain non-emergency programmes (e.g. tuberculosis, HIV/AIDs, maternal and child health, nutrition, trauma care). So far, 17 countries are taking part in this initiative, and it is expected to grow in the coming months.

- In October 2020, our new **research process** and approach helped launch the Global Accelerator for Paediatric formulations (GAPf) network and a position paper on genetically modified mosquitoes. The GAPf network has now expanded from its start in HIV and tuberculosis to cover other communicable and non-communicable disease areas. The position paper on genetically modified mosquitoes is receiving public feedback and full technical guidelines will be ready by Q1 2021.

- The COVID-19 pandemic has brought to the fore the need for timely, reliable and actionable data, highlighting the criticality of efficient **data processes**. Data gaps and fragmentation have caused inefficiencies and inability to track inequalities and monitor progress of SDGs and Triple Billion targets. We have found that it is essential to standardize and streamline data flows across all three levels of the organization and bring WHO's data assets into a single repository. The need to urgently implement data sharing policies, with adequate data protections, will require working even more collaboratively and seamlessly. We will support Member States in addressing data gaps through strengthening integrated data and health information system capacity. Strong data systems and processes will make the world better prepared to respond in a more agile manner the next time a crisis occurs.

- Government donors can be split across different ministries and funds and the new coordinated approach to **resource mobilization** has also helped to encourage a more holistic approach from donors, to the benefit of WHO. However, there is still work to be done to institutionalize donor visibility and impact reporting under current modalities.

- WHO massively scaled up its **procurement** activities in response to the emergence of COVID-19. Investments in WHO's pre-existing Operations Support and Logistics platform and Pandemic Supply Chain Network, enabled the COVID-19 Supply Chain Platform, in partnership with other agencies, to deliver hundreds of millions of items of personal protective equipment, medical equipment, oxygen supplies and laboratory tests to 174 countries. These experiences provided an opportunity to review and refine the working relationships between the central procurement and supply management functions in the Business Operations division and the Operational Support and logistics function in the Emergency Response Division. The lessons learned from this experience will greatly contribute to future thinking in this area, in particular to the roll-out of the new **supply chain process**.

Innovating with partners to save lives in Somalia

Somalia is putting a new innovation process to the test with scaling solar-powered medical oxygen as well as innovations in business models for oxygen delivery. With the government leading the efforts in collaboration with the WCO and technical departments in the Regional Office and HQ, this initiative has the potential to save the lives of thousands of children suffering from pneumonia, while also addressing the immediate need for an essential COVID-19 therapy, through providing access to medical oxygen in a more affordable, reliable and sustainable way. By combining solar panels, batteries, and oxygen concentrators into a self-sustaining system, this innovation can deliver medical-grade oxygen 24/7,

Photo credit: WHO/Fouzia Bano

off-the-grid, anywhere at any time. This is an important example of how we can scale innovation together with Member States and partners — including development innovation funders and other multilateral agencies — through the Global Action Plan for Healthy Lives and Well-being. Together we are saving and improving lives, accelerating the achievement of "health for all by all" as well as the Triple Billion targets and SDG-3. The country will continue to gather evidence on feasibility, utilization and cost effectiveness in a complex context like Somalia through implementation research.

- The goal of the **recruitment pilot** initiated in January 2019 was to reduce the average time time to recruit staff from 156 days to 80 days. The pilot sought to enhance efficiency by providing candidate screening services and enabling asynchronous interviewing. The initiation of this pilot coincided with the organizational changes implemented through the Transformation. Time to recruit remained on average 160 days in 2019, with a range of 64 to 376 days. In 2020, the average time to recruit has been improved to 126 days, with a range of 36 to 216 days. Lessons learned are being documented and will be presented to the Director-General with recommendations for the next phase of the pilot planned for 2021 which will explore additional new tools and approaches to address demonstrated bottlenecks.

Did you know?

WHO is measuring the impact of its brand. In 2020, Interbrand, a global marketing and brand consultancy, conducted a sample brand audit for WHO on a pro-bono basis. It showed that WHO's brand ranks higher in "presence" and "trust" compared with some peer international agency brands. Areas for further growth for enhancing our brand are in "connection" and "engagement", especially if compared with non-governmental organizations and foundations. Building on these initial findings, DCO is developing an updated WHO brand platform, including resources and tools, to align and improve broad understanding of WHO's mission, actions and impact. It will be accompanied by staff engagement and external communications efforts aimed at strengthening our culture and approach to serving communities and countries.

Looking ahead to 2021 and beyond

- Further enhancements to be implemented in WHO's new **norms and standards** process in 2021 include: (i) rolling out of a new publications clearance workflow and software platform to introduce modern publications standards and further streamline the WHO publications process; (ii) adding of new provisions in the WHO guidelines development process to improve inclusion of gender and equity considerations, enhance the use of living guidelines and support the implementation of the precautionary principles; and (iii) strengthening portfolio management functions in the QNS department to better service the end-to-end needs of technical programmes in developing, adapting and implementing quality WHO norms and standards products. Going forward, QNS will build out additional functions to enable organizational agility and responsiveness at all levels of WHO, taking into account learnings from the application of the norms and standards process to the COVID19 response.

- WHO will continue streamlining its end-to-end **data processes** from collection to storage to analysis, dissemination and use. We will roll out the data governance framework and implement the data sharing policy through the hub and spoke mechanism. We will implement modern data analytic methods including predictive analytics, machine learning and artificial intelligence to provide insights and inform action. The World Health Data Hub prototype that will be launched at end November will provide an initial view on how we are operationalizing these modern data tools and approaches. It will be fully operational in May 2021. This work will be accomplished through leveraging partnerships and fundamental to enabling the roll-out of our new WHO Impact Measurement Framework, Delivery Stocktake and Knowledge Hub (see Section 3.1).

- Going forward, priority areas of focus for WHO's work on **innovation** will include: finalization and implementation of a WHO innovation in health strategy; development of a 3-level network to assess country needs (and inform opportunities to pair those needs with mature innovations); strengthening the partnership with the International Development Innovation Alliance; and further engagement of the Global Action Plan for Healthy Lives and Well-being for All accelerator on research and development (R&D), innovation and access to support implementation of innovations at country level.

3.3
A new, aligned, 3-level operating model

The major objective of this workstream is to optimize the "set-up" of WHO across its major offices and 3-levels, to enable it to deliver GPW13 and run the new and redesigned processes addressed in Section 3.2. This set-up includes the combination of roles, functional capacities and structures that enable our Organization to operate.

A key aspect of enhancing our operating model has been the introduction of enhancements to help break down silos and enable more seamless and agile ways of working. A sharper delineation of roles and responsibilities across the three levels of WHO was an additional and integral facet of this work. Under the leadership of the DDG and supported by a global task force on delegations of authority, the role delineation in the new operating model was also reflected in key leadership and administrative functions across the Organization.

Key characteristics of the new WHO operating model agreed upon by the GPG in March 2019 include the clearer delineation of the roles of each of the levels of the Organization and the establishment of four pillars to bring greater structural alignment (see Figure 3.1). These pillars are intended to enhance programmatic coordination and engagement and bring uniformity and consistency to our external relations and business processes.

Refocusing technical work on delivery and impact is also reflected in the new operating model. Technical programmes now primarily focus on delivery of GPHGs, country support plans and leadership functions. Corporate enabling functions now primarily focus on providing enabling support and services for impact.

Did you know?

COVID-19 has provided an important opportunity for WHO to step up its leadership role in the UN system at country level. In a survey conducted by CSS in the 3rd quarter of 2020, 90% of WHO Country Offices reported that their coordination role within UN Country Teams increased in the context of COVID-19. Almost 2/3 of WHO Country Offices reported that this role increased considerably.

Figure 3.1 *Clear roles and pillars that anchor our new, aligned, 3-level operating model*

Roles

Country Offices:
Strategic support, technical assistance, service delivery

Regional Offices:
Technical Cooperation process and 1st provider of support

Headquarters:
Global Public Health Goods Specialized assistance/surge

Pillars

External Relations

Business Operations

Programmes UHC & Healthier Populations

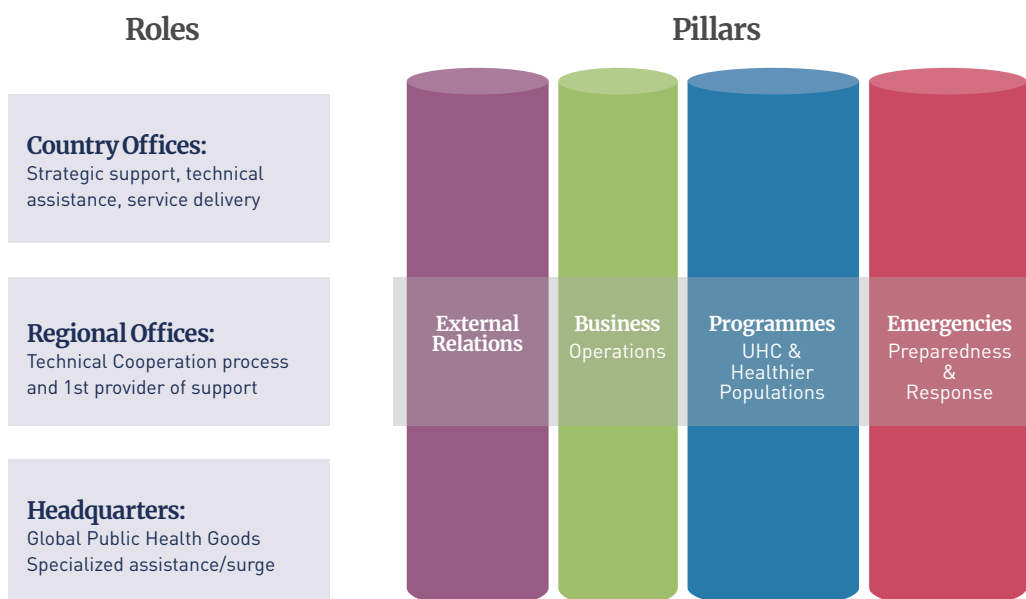**Emergencies** Preparedness & Response

Figure 3.2 *New and enhanced 3-level capacity to enable GPW13's strategic shifts*

Stepping up leadership: enhancing our capacity to engage in partnerships where joint action is needed

Driving public health impact in every country: being relevant in all countries because of our focus on current and future health challenges

Focusing global goods on impact: enhancing our normative work, driving data quality & capacity, and catalyzing research & innovation

The office of the WHO **Director-General's Envoy for Multilateral Affairs** is coordinating and professionalizing WHO's engagement with key multilateral forums, mobilizing support at the highest political levels.

The new **Antimicrobial Resistance (AMR) division** leads & coordinates the global One Health response to AMR and ensures WHO's work at all levels supports the AMR Global Action Plan.

The new division for **Data, Analytics and Delivery for Impact** aims to ensure that WHO is transformed into a modern data-driven organization and serves as the most trusted source for health data.

A new Assistant Director-General position was created to act as the **Director-General's representative for UN Reform** and lead the WHO Office at the United Nations (WUN).

The new **Healthier Populations division** is scaling up action on health promotion and on the environmental, social and economic root causes of ill health in order to promote better health and well-being.

The new **Chief Scientist & Science division** is keeping WHO "ahead of the curve" in its core business as standard setter for health, advancing health research, harnessing digital health and innovation, and ensuring WHO's work is of the highest ethical and quality standards.

The strengthened **Health & Multilateral Partnerships** department works to deepen existing relationships & foster innovative new partnerships to support delivery of GPW13.

WHO's new **Emergency Preparedness division** was established in recognition of the critical need to support countries in strengthening national and global preparedness

The new **Special Programme on Primary Health Care** provides a multidisciplinary platform to accelerate progress and ensure coordinated action on primary health care – the critical health systems foundation needed to achieve universal health coverage.

Table 3.3 Status overview of Transformation initiatives focused on our 3-level operating model

Initiative	Alignment of all major offices to our new 3-level operating model	New corporate service delivery models provide key enabling business services to all levels of the organization	Fit-for-purpose WHO country operating model
Lead division (lead department)	Director-General and Regional Directors	Business Operations (HRT, OSS, SUP and IMT)	Director-General and Regional Directors
Supporting 3-level mechanism	DPM and DAF networks	ERP Replacement Project Board; Functional networks (IT/HR/OSS)	DPM and DAF networks
Implementation phase	✔✔ Completed	↻ Initiated	↻ Partially implemented
About this initiative and how it relates to the objectives of this workstream	The alignment is aimed to ensure that the four major pillars of WHO's new, 3-level operating model, which includes external relations, business operations, programmes and emergencies, were reflected in all major office structures.	For key cross-cutting business functions in human resources, operational services and support, procurement, and information management and technology, new corporate service delivery models have been introduced to provide more client-focused services and enable programme delivery.	This work seeks to ensure WHO's presence at country level aligns with our 3-level operating model. It also seeks to ensure our functional country presence is fit-for-purpose to deliver impact, including as part of UN reform. The ongoing regional office-led country reviews are an important additional aspect of this work.
Major achievements and key milestones (as of November 2020)	⊙ Dec '19: HQ, AFRO, EMRO, SEARO, WPRO structures have been realigned to reflect four pillars. ⊙ Sep '20: Structural alignment of EURO with core priorities completed as part of the transition and agile transformation programme of the new RD.	⊙ Jan '19: ERP replacement project started and staff input being incorporated into future design and capability of replacement system. ⊙ Dec '19: New capacity established to support programmes (e.g. dedicated HR Business Partners) as part of the structural alignment exercise in HQ. ⚑ Dec '19: Town Halls held to inform staff on planned activities to improve service delivery and seek their input on pain points and service areas that should be prioritized.	⊙ Jan '18: GPG agreed a common aspiration for WHO's country presence.[b] ⚑ By Feb '20: Regional office-led country reviews carried out in more than 80 countries in four WHO regions.[c]

⚑ Achievement
⊙ Milestone

[a] Document EB 148/32. Transforming for enhanced country impact. Submitted to the Executive Board at its 148th session (Geneva, 18–26 January 2021).
[b] Document A72/INF./4, WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: WHO presence in countries, territories and areas. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019 (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_INF4-en.pdf, accessed 1 November 2020).
[c] In depth functional reviews were carried out in 47 countries in the African Region and in 18 countries in the Eastern Mediterranean Region; programmatic and administrative reviews were completed in all 11 South-east Asia Region countries; and management and administrative reviews were carried out in 6 countries in the European Region.

Initiatives in this workstream seek to: (i) align our major offices with the new WHO operating model; (ii) roll out new corporate enabling services (e.g. in human resources, information management and technology) to better enable programme delivery; and (iii) ensure our operating model at country level is fit-for-purpose to deliver GPW13.

In addition to the above, 3-level capacities considered essential for operationalizing GPW13's strategic shifts have been established or enhanced under this workstream (see Figure 3.2). This includes: capacities to enhance our engagement and leadership in partnerships, for example in high-level political fora and with the UN system; capacities to enhance WHO's ability to address current and future health challenges and priorities (e.g. in digital health, AMR and PHC); and capacities needed to enhance the quality of our core normative work and support for global goods with particular emphasis on data, research and innovation.

This workstream has strong linkages with the workstreams focused on operationalizing our strategy (Section 3.1) and enabling our culture change (Section 3.5).

Example applications and learnings since January 2020

- In recognition of the centrality of political support and concrete commitments to the GPW13 and SDG agenda, the position of WHO Director-General's Envoy for Multilateral Affairs was established in March 2019 to coordinate and professionalise WHO's systematic engagement with key multilateral forums and to mobilize support at the highest political levels. This capacity was and continues to be instrumental in supporting WHO's expanded engagement in key political processes (e.g. G20, G7) that are galvanizing the political commitment needed to end the COVID-19 pandemic.[1]

- By raising the head of office position at the WHO Office of the UN to the Assistant Director-General (ADG) level and appointing that ADG as the WHO Director-General's Special Representative for UN Reform, WHO has been able to significantly increase interactions with the UN Secretariat, especially the UN Department of Operational Support, the UN Development Coordination Office, the UN Department of Global Communications, and the UN Development Program. WHO's increased engagement has contributed to strengthening partnerships and increasing awareness of WHO's work within the UN system, as illustrated by systematic strategic engagement in six inter-agency initiatives/campaigns[2] and hosting/co-hosting 61 high-level/advocacy events, as well as content contribution to numerous briefings for the UN Secretary-General and the UN Deputy Secretary-General.

- WHO's new, fully integrated approach to emergency preparedness and response across the 3-levels of the Organization has allowed WHO to leverage all its capacities in the fight against COVID-19, resulting in an unprecedented capacity for the whole Organization to respond as one entity.

Protecting essential vaccination campaigns in Malaysia during COVID-19

While COVID-19 is the greatest public health challenge faced in decades, other public health challenges, such as polio eradication and other vaccine preventable diseases, continue to require our attention. Malaysia was in the midst of responding to a polio outbreak when the COVID-19 pandemic hit. In order to accommodate the additional burden to the health system, polio activities were scaled back in the initial response to COVID-19. However, health authorities did not let the polio programme sit idle for long. In collaboration with the UN and the recently appointed Resident Coordinator, WHO supported the Ministry of Health and state and district health authorities to introduce new protective measures that enabled the safe resumption of immunization campaigns by June 2020. "In a short span of time, Malaysia, working hand-in-hand with all three levels of WHO and UNICEF, was able to immunize all children against polio virus that was recently detected in State of Sabah on Borneo island. We are here, together, to fight the COVID-19 pandemic and ensure that immunization programmes are not further disrupted", said Dr Lo Ying-Ru Jacqueline, Head of Mission and WHO Representative to Malaysia, Brunei Darussalam and Singapore.

Photo credit: Ministry of Health of Malaysia/ State Health Department Labuan

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[1] Extraordinary G20 Leaders' Summit Statement on COVID-19. 26 March 2020. (https://apps.who.int/gpmb/assets/pdf/Statement%20on%20the%20COVID-19%20pandemic%20and%20the%20Extraordinary%20G20%20Leaders%E2%80%99%20Summit%201Apr2020.pdf, accessed 07 November 2020).
[2] The Secretary-General's Verified Initiative to combat dis/misinformation, UN Communications Groups, UN Civil Society Network, the SDG Strategy Hub which resulted in the issuance of the UN COVID-Response Stamps to support the COVID-19 Solidarity Response Fund.

Getting ahead of the curve: WHO is harnessing digital technologies to change the future of health and health services provision

Digital technologies are rapidly changing how we communicate, learn and access information and services. If deployed appropriately, digital technologies could "change-the-game" for health and health services provision globally. They could change the way that good health is maintained, how and when diseases are discovered and treated, how and where health services are provided, and how data and health information is managed and used. With a view towards harnessing this health potential, WHO is scaling up its work on digital health in five areas:

1. **Leveraging digital health to accelerate UHC and the health-related SDGs.** The digital transformation of health care could dramatically enhance access to quality primary health care everywhere, for everyone. Guided by the new Global Strategy on Digital health (2020-2025)[a], WHO will leverage digital technologies for health by: a) promoting global collaboration and knowledge transfer; b) supporting implementation of national digital health strategies; c) strengthening digital health governance at global, regional and national levels; and d) advocating for people-centred health systems enabled by digital health. WHO will also develop a "digital health maturity model" to help countries optimize digital health investments taking into account what phase of digital transformation they are in.

2. **Developing forecasting tools to keep the world safe from epidemic threats:** Big data analytics, artificial intelligence and machine learning open significant opportunities to address epidemic threats. These new technologies make it possible to capture data on infectious diseases events from a variety of sources and develop algorithms to analyse convergence patterns. Leveraging these new technologies, WHO will work with partners to build forecasting tools to monitor and anticipate potential emerging epidemics.

3. **Deploying new tools to counter the spread of health "misinformation":** In our increasingly connected world, misinformation can spread through social media platforms and the internet with unprecedented speed. WHO is working on a new area of public health communications – "infodemiology"– to develop and deploy new tools to monitor and counter the rapid spread of misinformation about health on the internet and ensure that people get reliable information on actions to take to protect themselves and others from public health threats.

4. **Ensuring data protection and integrity through enhanced international health data regulation:** The COVID-19 pandemic highlighted the importance of having accurate, well-functioning data systems that enable analysis and data sharing across borders. It has also highlighted the critical need for strong legal and regulatory provisions to protect privacy, confidentiality, integrity and availability of data and the processing of personal health information. WHO is also scaling up its work to promote the harmonization of global and national public health data systems to improve prediction, analytics and reporting to accelerate progress towards the health-related SDGs with the best available data and evidence.

5. **Digitizing global public health resources to enhance access and accelerate uptake:** Digital technologies offer a paradigm-shifting opportunity to accelerate country-level uptake of evidence-based health recommendations. WHO is developing new tools and mechanisms, such as Smart Guidelines, that can leverage digital platforms to disseminate accurate, up to-date clinical and public health recommendations in real-time.

Photo credit: ra2 studio

a Document EB146/26. Data and innovation: draft global strategy on digital health. Report by the Director-General. In: 146th Executive Board, Geneva, 23 December 2019 (https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_26-en.pdf, accessed 07 November 2020).

Looking ahead to 2021 and beyond

- As we plan to replace our current enterprise resource planning (ERP) system, one of the key undertakings will be to further simplify our processes in human resources, finance, procurement, program management, strategic and operational planning and travel. The new ERP system is projected to go live, in waves, by the end of 2024.

- A new diversity and inclusion unit is being established to ensure that we have a workplace where everyone feels welcome, embraced and treated with respect. The work of this new unit will cover a broad range of topics that lead to discrimination and exclusion, including gender, race, disability, sexual orientation, level of education and age.

- An additional key focus for the coming year and for the PB 2022–2023 will be on advancing WHO's work to transform its country presence and delivery at country level, taking into account findings of the regional-office-led country reviews and recommendations from the IPPR and the Transformation evaluation.

3.4
A new approach to partnerships

The major objective of this workstream is to modernize WHO's approach to external partnerships. The workstream encompasses our approach to high-level political engagement and advocacy for health, our work to step up leadership for joint action on the health-related SDGs, our work to enhance leadership and engagement with the UN including as part of UN Reform, and our work to deepen existing relationships and establish new innovative partnerships to promote health and the work of WHO.

Forming effective partnerships critical for achieving health impact at country level in the Eastern Mediterranean Region

WHO HQ launched the *Global Action Plan for Healthy Lives and Well-being for All* in September 2019 to facilitate collaboration among 12 health and development partners working towards the achievement of the health-related SDGs. Implementation of this global action plan has been initiated in seven countries in the Eastern Mediterranean Region with many focusing on primary health care, data and digital health. A joint Eastern Mediterranean regional workplan 2020-21 was drafted among 12 UN organizations during the Regional Health Forum held in March 2020. Furthermore, a Regional Health Alliance will be launched by the end of 2020 to promote harmonized accountable support to countries to achieve the health-related SDGs.

Photo credit: WHO/EMRO

Table 3.4 *Status overview of major Transformation initiatives in this workstream*

Initiative	Strengthening high-level political support for health	Global leadership in support of the health-related SDGs
Lead division (lead department)	DG Envoy for Multilateral Affairs	Special Adviser to the DG
Supporting 3-level mechanisms	Relevant major office focal points	DPMs, regional focal points, accelerator working groups
Implementation phase	Fully implemented	Partially implemented
About this initiative and how it relates to overall transformation goal	Led by the new Director-General's Envoy for Multilateral Affairs, work on strengthening political support for health aims to consolidate and deepen existing high-level engagements (e.g. G20), raise multilateral engagements from a primarily technical level to the political level and explore new, untapped fora with potential to benefit the health agenda but where WHO is not currently engaged.	WHO helped lead the development of the *Global Action Plan for Healthy Lives and Well-Being for All (GAP)*[a] which brings 12 multilateral health, development and humanitarian agencies together to help countries accelerate progress towards health-related SDG targets as well as recover and build back better from COVID-19. WHO hosts the GAP Secretariat and plays a leading role in country level implementation.
Major achievements and key milestones (as of November 2020) ⚑ Achievement ◎ Milestone	◎ Memoranda of Understanding (MoUs) signed with the African Union (Nov '19) and Union for the Mediterranean (Mar '20). ⚑ Continuous high-level engagement with G7 and G20 presidencies. ◎ Delivered report on assessment of gaps in pandemic preparedness to G20 (Aug '20), and coordinated DG participation in five G20 ministerial meetings and summits (Nov '20). ⚑ Nov '20: Expanded WHO's engagement with BRICS, ASEAN, OIF, and Commonwealth of Nations. ⚑ Nov '20: Ensured high-level facilitation of the WHO Academy project, including management of the strategic relationship with the Government of France.	◎ Oct '18: Commitment to develop GAP at World Health Summit in Berlin, Germany. ◎ Sep '19: GAP jointly launched at the UN General Assembly (UNGA). ⚑ Jun '20: Catalytic funds enhance WHO's capacity to partner and drive GAP implementation at regional and country levels. ◎ Jul '20: GAP partners established a regular Principals' meetings to strengthen GAP governance. ◎ Sep '20: 1st joint GAP progress report provides early evidence of achievements and challenges faced during first 8 months of implementation.[b] ⚑ Sep '20: Joint Evaluability Assessment by the 12 independent evaluation offices provides recommendations toward 2023 independent evaluation.

[a] Stronger collaboration, better health: global action plan for healthy lives and well-being for all. Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals. Geneva: World Health Organization; 2019. (https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all, accessed 24 January 2020).
[b] Stronger collaboration, better health: 2020 progress report on the Global Action Plan for Healthy Lives and Well-being for All. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO (https://www.who.int/publications/i/item/9789240010277, accessed 07 November 2020).

Enhanced WHO leadership and engagement within the UN system

WHO Office at the United Nations (WUN)

WHO Regional and Country Offices

Fully implemented

Work in enhancing WHO's leadership and engagement within the UN system aims to raise the profile of public health in debates, decisions, and resolutions of the UN Security Council, UNGA, UN Economic and Social Council, and other intergovernmental forums to anchor health securely in the wider SDG agenda and strengthen WHO's mandate, effectiveness and leadership in the UN system.

- Raised profile of global public health priorities in UN resolutions with explicit reference to 16 public health issues[c] - through technical guidance and diplomatic direction to Member States.

- Supported global progress towards UHC–by steering of (1) UHC High Level Meeting with the President of the General Assembly and (2) intergovernmental negotiations of the UHC Political Declaration.

- Advancement of the Triple Billion target on Health Emergencies Protection through strategic guidance to UN Security Council members and UN partners; guiding work on a new UN resolution on an International Day of Epidemic Preparedness; and advancing WHO's interests in the UNGA Special Session on COVID-19.

- Elevated WHO leadership in key UN system mechanisms with Co-chairing of the UN Working Group on Bio Risks and SDG Task Team on Leaving No-One Behind; and steering of the UN Postal Administration issuance of UN stamps to commemorate the 40th anniversary of the eradication of smallpox.

Deepen existing relationships and establish innovative partnerships to promote health and the work of WHO

External Relations and Governance

Regional and Country Office External Relations Focal Points

Fully implemented

Strengthening WHO's relationships with partners is key to leveraging available public and private resources to support GPW13 and the SDGs. This work on innovative partnerships is part of a larger agenda of work to explore new ways to engage people globally with WHO's evidence-based guidelines and recommendations to improve health.

- Jan '18: WHO-Civil Society Task Team established.[d]

- Oct '18: MoU established with International Parliamentary Union (IPU), influencing the adoption of an IPU resolution on UHC in Oct '19.

- MoUs signed with Google Fit (Aug '18), FIFA (Oct '19), and the International Olympics Committee (May '20) to promote healthy lifestyles through football, and the Google Fit digital platform to move towards an integrated approach on sport and health.

- Regular dialogue established between WHO and major international business associations (IOE, WEF, Global Compact, etc.).

- As of Oct '20: Establishment of new MOUs with eight major implementing UN agencies and other partners.[e]

[c] UHC, NCDs, Mental Health, Gender equality in health, Food Safety, Nutrition, Financing for Development, Humanitarian Coordination, Health Emergency Response, Health Security and Preparedness, Peacebuilding Architecture Review, Climate Change, Youth and Health, Malaria Eradication, Global Health and Foreign Policy, COVID-19 response.
[d] Together for the Triple Billion: A new era of partnership between the World Health Organization (WHO) and civil society [website]. Washington DC: CivilSociety4Health; 2020 (https://www.civilsociety4health.org, accessed 07 November 2020).
[e] Document A71/43. Collaboration within the United Nations system and with other intergovernmental organizations. In: Seventy-first World Health Assembly, Geneva, 21–26 May 2018 (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_43-en.pdf, accessed 07 November 2020).

Example applications and learnings since January 2020

- The COVID-19 pandemic has underscored what WHO has been saying for years: health is a political choice and an investment rather than a cost. Our new approach to multilateral engagement has translated to heightened political recognition of health and concrete political commitments key to achieving GPW13, the Triple Billion targets and the health-related SDGs (e.g. in AMR, universal health coverage). Our new, enhanced approach to global health diplomacy provides a strong footing for WHO's engagement at the highest political levels during the COVID-19 pandemic response.

- In responding to the COVID-19 pandemic, WHO has systematized its collaboration with civil society organizations (CSOs) and the private sector. These are now driving the development of CSO and private sector engagement strategies to mainstream updated ways of collaborating throughout the Organization. Work is also under way to develop a proactive policy on how and when WHO engages with parliaments and parliamentary fora.

- Our new approach to external engagement has enabled the establishment of innovative new partnerships with Facebook, WhatsApp, Google, Wikimedia and others to harness the power of social media platforms to counter mis-information about the pandemic and facilitate access to real-time information on COVID-19 to more than 2.2 billion people around the world, in more than 75 languages.

- Under the framework of WHO's new draft global digital health strategy, and in response to increased demand for support arising in the context of the COVID-19 pandemic, WHO engaged with Tech4Covid19 - a pioneering pro-bono partnership working with 40 private technology companies to strengthen and upgrade WHO's digital technology solutions and processes in response to COVID-19 and beyond.

- The GAP is a central element in WHO's strategy to step up leadership and engage in partnerships to deliver results and impact at country level, which is one of the three strategic shifts outlined in GPW13. Changing the organizational cultures of the 12 signatory agencies in support of stronger collaboration for better health outcomes in countries is a major focus of GAP. As part of this effort, WHO country-level capacity to provide leadership and "to partner" in support of country efforts to accelerate progress on the health-related SDG needs to be further strengthened.

- The Access to COVID-19 Tools (ACT) Accelerator is demonstrating the power of partnership, harnessing the international health development system and enhanced engagement of the private sector and civil society to accelerate global equitable access to lifesaving COVID-19 tests, vaccines and treatments.[1]

- The COVID-19 Technology Access Pool (C-TAP) is another innovative partnership established to help realize equitable global access to COVID-19 health technologies by pooling of knowledge, intellectual property and data.[2]

Fighting misinformation on COVID-19 in Kazakhstan

Recognizing how misinformation about COVID-19 can thwart the best efforts to end the pandemic, WHO has partnered with Facebook, WhatsApp, Google and others to harness the power of social media. The Kazakhstan country office has followed this lead and has been working with UNICEF and the UN Resident Coordinators office to take advantage of these innovative tools, while continuing to use traditional media sources to provide the latest knowledge about COVID-19 and fight misinformation. Nearly 400 posts have been made on Facebook and Instagram, reaching over 500,000 viewers, delivering new WHO guidance on COVID-19 preventive and treatment measures in real time. A successful #SafeHands challenge was launched in partnership with the Ministry of Healthcare to engage the public in demonstrating proper hand washing. A STOP-COVID19 campaign was implemented jointly with the National Center for Public Health — banners and billboards were placed on city streets and bus stops using national symbols to illustrate the importance of maintaining physical distancing during COVID-19. WCO also supported a government call center and chatbot to provide answers to the public 24/7.
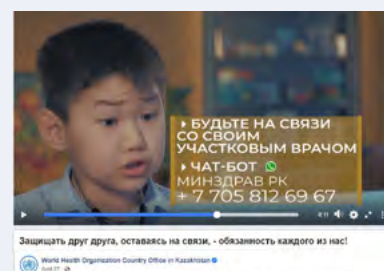
Photo credit: WHO/Kazakhstan

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[1] The Access to COVID-19 Tools (ACT) Accelerator. Geneva: World Health Organization; 2020 (https://www.who.int/initiatives/act-accelerator, accessed 07 November 2020).

[2] COVID-19 technology access pool. Geneva: World Health Organization; 2020 (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/covid-19-technology-access-pool, accessed 07 November 2020).

Looking ahead to 2021 and beyond

- GAP implementation will be expanded to more countries, and GAP signatory agencies will strengthen institutionalization of the approach, develop a monitoring framework by early 2021 and release the next progress GAP report around WHA 2021.

- Within the context of stepping up WHO's leadership role in health as part of the UN's development and humanitarian systems, we will advance three new UN resolutions (i.e. the Decade of Healthy Ageing 2020–2030; Drowning Prevention; and Vision Care) through technical direction to Member States and UN agencies; steer the AMR High-level Dialogue; and strategically engage in, and provide direction to, at least 9 UN high-level meetings, sessions and events,[3] including the 2021 Food Systems Summit.

- The WHO Museum, currently in the planning phase, is being established to provide a new point of engagement and access to the public.

- New policy work is under way, within the External Relations and Governance division, including in the Health and Multilateral Partnerships area, to evolve and refine WHO's engagement policies to reflect the new operating reality following the emergence of COVID-19.

PAHO's Revolving Fund role in the COVAX Facility: added value and transformation

National Immunization Programs of PAHO's Member States have achieved many successes over the years including elimination of vaccine preventable diseases and introducing new vaccines, not least of which will be the introduction of the future COVID-19 vaccine. PAHO's Revolving Fund has been an important pillar of its Regional Immunization Program since 1979, by consolidating regional demand and leveraging economies of scale for access to affordable and assured quality vaccines. The Revolving Fund has been supporting the efforts of WHO, Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and other partners for the design and implementation of the global COVAX Facility. The COVID-19 pandemic has led to unprecedented level of cooperation and alignment across multilateral and bilateral partners globally. Together with UNICEF Supply Division, PAHO's Revolving Fund will serve as the procurement agent for the COVAX Facility.

In the COVAX Facility, the Revolving Fund's work will continue to be guided by the principles of equity, solidarity, quality assurance, transparency and affordability, mandated by PAHO's Governing Bodies. These principles will lead the Revolving Fund's negotiations with suppliers on behalf of both self-financing and COVAX Advanced Market Commitment (AMC) eligible countries from Latin America and the Caribbean. Following the acute phase of the pandemic, the Revolving Fund will continue to respond to global, regional and country evidence-based recommendations.

[3] UNGA; CSW; FFD (Financing for Development); HLPF; COSP; CPD (Commission for Population and Development); ECOSOC Youth Forum; UN Climate Change Conference (COP26), EXPO 2020.

3.5
New results-focused, collaborative and agile culture

The major objective of this workstream is to promote a more results-focused, collaborative and agile culture across WHO, including in major offices and across its three levels. The importance of this workstream was highlighted by the findings of the 2017 Staff Baseline Survey, which documented the challenges staff often face in contributing to WHO goals and in conducting their day-to-day work. Initiatives included within the workstream are focused on enhancing collaboration across and within each of the three levels of the organization; harnessing and scaling up the use of new tools to enhance communication and staff engagement; establishing new and more agile ways of working; and promoting and embedding WHO values into all aspects of our work.

New 3-level mechanisms to enhance collaboration in support of GPW13

The Strategic Priority Coordination Group (SPCG) consists of the "billion" network (combined Pillars 1–3) and another pillar for the enabling functions (Pillar 4). It serves as the high-level strategic oversight and coordination mechanism for the overall delivery, monitoring and reporting of the Triple Billion targets and for the enabling functions that support their achievement.

Output Delivery Teams (ODTs) ensure collaboration of work aimed at delivery of specific GPW13 outputs within major offices and across the three levels of the Organization from strategy development through implementation and reporting.

Technical Expert Networks (TENs) ensure 3-level coherence and alignment of technical expertise to efficiently and effectively deliver products and services. TENs provide inputs to ODTs to ensure that specific expertise or technical competence in certain technical or programmatic area is further strengthened within the integrated nature of the GPW13 Results Framework.

Agile ways of working facilitated WPRO's COVID-19 response

There has been no better time than 2020 for WHO to demonstrate its ability to transform into a more responsive Organization. The complex and protracted nature of the COVID-19 pandemic required the coordination and mobilization of additional support from across the three levels of the organization. In WPRO, all relevant technical Divisions came together to rapidly support the Incident Management Support Team (IMST) in ensuring an effective response to support Member States. Agile teams were formed for developing and testing tools for contact tracing and for supporting countries to identify new ways of delivering essential health care services to all.

Internal regional office agility continues to be demonstrated in preparing for regulating and implementating novel diagnostics, therapeutics and vaccines, monitoring the financial implications of the pandemic; supporting risk communications, and the delivery of essential health services. WPRO will continue to strive in health system strengthening as part of the longer-term response to COVID-19 and is committed to trying to ensure minimal disruptions to non-COVID-19 services and no setbacks in "last mile" disease elimination efforts.

Photo credit:
WHO/Renagi Katiola Ugava Taukarai

Table 3.5 *Status overview of major Transformation initiatives in this workstream*

Initiative	Enhancing collaboration within and across the three levels of WHO	New tools and platforms to facilitate ways of working, enhance communication and increase staff engagement	New, agile ways of working
Lead division (lead department)	Business Operations (PRP) and DDG's Office (DDGO)	Business Operations (IMT)	Global Transformation Team
Supporting 3-level mechanisms	SPCG, ODTs, TENs and relevant 3-Level Steering Committees	Global IMT focal points	Regional Transformation Focal Points and Global Change Supporter network
Implementation phase	Fully implemented	Fully implemented	Partially implemented
About this initiative and how it relates to the objectives of this workstream	Enhancing collaboration within and across the three levels of WHO is key to achieving a 'seamless' organization. This work is operationalizing new horizontal and vertical networks to support GPW13 implementation, including the Strategic Priority Coordination Group (SPCG), Output Delivery Teams (ODTs), Technical Expert Networks (TENs) and other programmatic steering committees.	As part of WHO's digital transformation, this work seeks to introduce new digital workplace tools and services to staff members to simplify and expedite key business and administrative processes that will enable enhanced ways of working. The widespread introduction of paperless processes also aims to reduce WHO's overall environmental footprint.	With a view towards enhancing WHO's ability to be agile and responsive to changing country needs and circumstances, this work seeks to introduce and institutionalize agile practices and principles into WHO's ways of working.
Major achievements and key milestones (as of November 2020)	◎ Sep '20, the terms of reference for the SPCG and ODT networks were developed and agreed. ⚑ Oct '20, all 27 global ODTs met at least once. ⚑ Under the leadership of the DDG, multiple 3-level Steering Committees were set up to support the implementation of the Member States priorities to achieve the Triple Billion targets (e.g. universal health coverage partnership, NCD/WIN, polio transition).	◎ Mar '20: A new WHO "e-workflow" platform was launched offering a faster, traceable, confidential and mobile path to approvals. To date, more than 30 000 transactions (in HQ and AFRO) have been approved using this system. ◎ Jun '20: The new WHO eSignature platform launched to accelerate the contracting process and securely create, route, and exchange signatures on legally binding contracts with external partners and vendors. Since the launch, 138 contracts have been signed using eSignature.	⚑ Oct-Nov '18: Past agile experiments undertaken in WHO reviewed to set ambition and scope for WHO to become an agile organization. ◎ Dec '18: All WHO Senior Managers oriented to agile concepts and methods. ◎ Dec '19: Organizational structures in WHO HQ departments flattened to reduce hierarchical layers and promote agility.

⚑ Achievement
◎ Milestone

Staff-inspired initiatives to promulgate our new WHO values

Respect

December 2017
Very 1st **Respectful Workplace Day** - an opportunity for the WHO community to reconnect with the core values of our Organization.

May 2018
Inaugural **Walk the Talk: The Health for All Challenge**. Over 4000 people of all ages and abilities participated in the walk/run event for WHO's 70th anniversary. In 2019, the event was held for the first time in New York and then went virtual in 2020 in the time of the COVID-19 pandemic.

May 2019
Creation of **GForce** - the first WHO/HQ general service staff (G-Staff) task force has been collaborating with senior management to ensure systematic inclusion of G-Staff perspectives in: identifying issues impacting processes in order to improve WHO's ways of working; streamlining administrative processes; and supporting the development of career pathways for G-Staff. This momentum for change has led to the recent creation of a regional G-Staff task force in EURO (GSTF).

Photo credit: WHO/Chris Black

July 2019
WHO staff around the world joined the Virgin Pulse **100 day Global 'health' Challenge**. Working in teams, and equipped with max buzz fitness trackers, colleagues encouraged one another to keep active and work towards healthier lifestyles.

Photo credit: WHO/WPRO

January 2020
Good health & wellbeing is 'good for our business'. Strategically leveraging our own normative advice, we can 'walk the talk', prioritize staff health & wellbeing and put WHO on the path towards becoming **The World's Healthiest Organization**.

May 2020
1st ever **LEAD Innovation Challenge** launched. Nearly 100 participants formed teams from across the Organization to solve key WHO challenges. Five creative ideas have been selected for prototype development. LEAD is empowering staff to get their ideas heard, be creative, collaborate across functions, take intelligent risks and practice new skills.

April 2020
Ask the Expert is a simple way for staff globally to interact with the 'expert', generally a senior person in WHO, and really understand the work of the Organization. So far, 27 sessions have been held, ranging in topics from logistical, like teleworking tools, career management, cyber security, photo library, flu-shot, Governing Bodies...to programmatic like ACT-A, Norms and Standards, WHO Academy, WHO Foundation, WHE...etc. Sessions are recorded and placed in the Ask the Expert group on Workplace.

Walking the Talk in the Bahamas

The Walk the Talk: The Health for All Challenge travelled to the Bahamas in 2019 where the PAHO Bahamas' Country Office organized a fun run/walk-a-thon to encourage physical activity of people of all ages and abilities. Participation from the Government Ministries, the Organization of the American States, Religious Organizations and other civil society partners showed commitment and enthusiasm for getting the community to 'move in any way they like'! Participants started the day warming up on the beautiful sands of the local beach and finished the course with presentations of medals and sharing of healthy fruit snacks kindly donated by the Bahamas Agriculture and Marine Science Institute. Z Eve Maycock Dorsett (see photo on the right) an avid runner, mother of eight and a strong advocate for physical activity — and was the first person to complete the Health For All Challenge!

Photo credit: Ashley Whitney

Photo credit: Ashley Whitney

WHO Timor-Leste wastes no time in committing to WHO values

As soon as the WHO values charter was launched by the South-East Asia Regional Director, Dr Poonam Khetrapal Singh, the WHO Country Office in Timor-Leste followed suit. In the familiar words of Dr Rajesh Pandav, Head of the WCO, "The values WHO staff should embrace are enshrined in the principles set out in the preamble to WHO's Constitution". The Timor-Leste WCO is a valued partner of the Ministry of Health. By adhering to the WHO values charter, the team has created a respectful workplace, collaborating with integrity and excellence to promote the highest attainable standard of health for all. In doing so, the Timor-Leste WCO are on the path to truly promote health, keep the world safe, and serve the vulnerable to ensure "Health for All".

Photo credit: WHO/Timor-Leste

Towards a new era of business integrity for WHO

WHO is making strides to strengthen organizational accountability.[a] These efforts have been foundational and expansive and include programmatic dimensions, for example around results delivery; governance dimensions, for instance on monitoring and reporting; and managerial dimensions, such as internal controls, risk management and human resources policies.

Accountability 2.0

WHO is currently focused on strengthening its "business integrity" functions considered central to organizational accountability. Initiatives under way in each of these areas include:

- **Evaluation & organizational learning:** implementation of the revised evaluation policy[b] is operationalizing independence, impartiality and objectivity into every stage of the evaluation process. A Senior Advisor for Organizational Learning appointed in July 2020 is now leading our new process to anchor organizational learning.

- **Risk management & compliance:** to serve the objectives of GPW13, WHO is enhancing its WHO's risk management approach. An organization-wide risk management dialogue is on-going and will inform the development of a new corporate risk management statement under Risk Management 3.0. A new risk awareness campaign is under way with trainings being rolled out out across the Organization. WHO's fraud prevention policy is also being revised.

- **Ethics:** WHO continues to focus efforts on elevating awareness and ensuring the effective implementation of WHO's ethics-related policies.[c] In 2019, a consultative process to adopt a new Policy on Preventing and Addressing Harassment, Sexual Harassment, Discrimination and Abuse of Authority was launched. The new policy introduces concrete mechanisms to address sexual harassment in line with the UN model policy and international best practices.

- **Internal oversight:** An external review of the current practices and procedures of WHO's investigation function commissioned in late 2019 identified the need to significantly strengthen WHO's overall capacity for investigations, including for supporting regional offices. Opportunities to enhance the investigation process through better use of information technology tools and data analytics were also identified. WHO is developing a new investigations policy in line with some of these findings. In June 2019, the Office of Internal Oversight Services introduced an updated Charter to better outline and communicate its responsibilities, role and functions.

- **Ombudsman & mediation services:** WHO is scaling up efforts to ensure equal access for all staff, regardless of location, to informal resolution, with professional ombudsmen operating in all regions. These Ombuds networks are promoting best practices in informal conflict resolution and are helping to prevent conflict escalation. The Ombudsman's annual reports to the EB have increased transparency about informal resolution initiatives and potential actions that could address persistent systemic issues.

In addition to the above, a new compact has been established between the DG and each EXD and ADG. This will serve as the accountability instrument to gauge the role of WHO's senior leadership team in promoting managerial and programmatic results.

Looking ahead to 2021 and beyond

Going forward, WHO will continue to strengthen each business integrity functions to "best-in-class" standards and will work to optimize their collective contribution to the achievement of WHO's shared purpose, values and vision. Realizing this vision will require strong engagement from Member States to ensure availability of requisite resources and catalyze the change in mindsets needed.

[a] See document EBPBAC/32/3 for a detailed overview of work on WHO's accountability functions.
[b] See document EB143/2018/REC/1, decision EB143(9) and Annex 4.
[c] Including the code of ethics, whistle-blowing and protection against retaliation, sexual exploitation and abuse, and management of declaration of interest.

Example applications and learnings since January 2020

- The ongoing digital transformation of many of WHO's core business and administrative processes – such as the new e-signature platform – has enhanced the efficiency of internal approval processes and has helped ensure business continuity while a significant portion of the WHO staff worked remotely because of the pandemic. In addition, while initiated prior to the COVID-19 crisis, the shift towards cloud-based and virtual collaborative tools and platforms has not only facilitated and enhanced productivity, it has also helped to ensure a smooth and rapid transition to remote working arrangements necessitated by the pandemic.

Looking ahead to 2021 and beyond

- The Output Delivery Teams are now leading and coordinating the preparation of the PB 2022-2023, and by December 2020, the new WHO TENs, based on agreed terms of reference, are expected to be fully up and running.

- Increased focus will be placed on documenting lessons learned from recent experiences with adopting more agile ways of working in HQ and in regional offices including in the context of the COVID-19 response, as these will help to inform future thinking on how to best institutionalize agile approaches in WHO (i.e. what capacities, supporting structures, processes and practices will be needed).

Changing the culture in the WHO Regional Office for Europe

With the launch of the WHO Values Charter, a wave of change and organization development is moving through WHO. In EURO, the newly appointed Regional Director, Dr Hans Kluge, invited all staff members to join him in showing their commitment to the WHO Values Charter. He regularly engages with staff members to discuss their interests, concerns and their own health and wellbeing, and is committed to enabling a safe and respectful workplace including through the appointment of a full-time EURO Ombudsman. Colleagues across the Region are kept updated on improvements in business continuity and transition processes, as well as the COVID-19 response. Open and frank communication is encouraged through various channels, including an "Ask Hans" mailbox. These initiatives were established in 2019 during the Regional Director's transition process, and they will continue to strengthened in the future.

Photo credit: WHO/EURO

3.6.
Ensuring the predictable and sustainable financing of WHO

The major objective of this workstream is to improve the quality, predictability and sustainability of financing for WHO. This includes a focus on ensuring that WHO is adequately resourced to deliver on the strategic priorities of GPW13 and the health-related SDGs. In building the quality and flexibility of available resources, and in diversifying funding sources, this work also seeks to build WHO's financial resilience in the face of today's dynamic and sometimes uncertain financial environment.

Solidarity Response Fund

Faced with an unprecedented crisis like COVID-19 it has never been more urgent to support the global response. To enable financial support for this response, – working with the UN Foundation and Swiss Philanthropy Partners – WHO developed the Solidarity Response Fund in just a few weeks. It proved a successful and innovative mechanism to capture the enthusiasm generated by landmark events like the *One World Together* at Home event, jointly hosted by Global Citizen and WHO. As of 25 November 2020, the Solidarity Response Fund raised over $USD 238 million from over 651 000 individuals and over 200 companies and other organizations[a], serving as both a powerful proof of concept and a transition to the new WHO Foundation.

Photo credit: Global Citizen

[a] COVID-19 Solidarity Response Fund for WHO (https://covid19responsefund.org/en/, accessed 02 December 2020).

Table 3.6 *Status overview of major Transformation initiatives under this workstream*

Initiative	The WHO Investment Case and Partners Forum	A New WHO Resource Mobilization Strategy[c]	Establishing a WHO Foundation[e]
Lead division (lead department)	External Relations and Governance (CRM)	External Relations and Governance (CRM)	External Relations and Governance (HMP)
Supporting 3-level mechanism	External Relations Focal Point network	External Relations Focal Point network	To be determined
Implementation phase	✔✔ Completed	↻ Fully implemented	↻ Initiated
About this initiative and how it relates to the objectives of this workstream	This work seeks to improve the quantity and quality of WHO's funding. The investment case shows how a stronger, more efficient, and results-oriented WHO serves and guides governments and partners. The Partners Forum provides an opportunity for partners to learn more about WHO's impact and value for money.	The resource mobilization strategy outlines WHO's approach for mobilizing resources for delivering GPW13. It has four pillars: growing and diversifying government partners; building on relationships with philanthropic partners; maintaining and developing new financing streams[d]; exploring innovative financing and revenue activities. A greater focus on country-level fundraising cross-cuts these pillars.	The WHO Foundation complements the resource mobilization strategy by engaging in areas of financing with which WHO is not structured to engage, strengthening its financial independence and supporting GPW13. The near-term goal of the Foundation is to contribute $US 1 billion in support of delivery of GPW13 by 2023.
Major achievements and key milestones (as of November 2020) ⚑ Achievement ⦿ Milestone	⦿ Sep '18: 1st WHO investment case launched.[a] ⚑ Investment case refresh is under way, due Q1 2021. ⦿ Apr '19: Inaugural WHO Partners Forum[b] convened in Stockholm, Sweden and follow up with ongoing "Quality Financing" dialogue with donors.	⦿ Feb '20: WHO Resource Mobilization Strategy presented to the EB in its 146th session. ⚑ Activity moving forward under all pillars of strategy. ⚑ Progress made on increasing flexible and thematic funding, and on agreement consolidation, more in pipeline. ⚑ As at Oct '20: 15 new government donors were added via the SPRP.	⦿ May '20: The WHO Foundation and its Board of Directors established with key personalities from around the world. MoU between WHO and the Foundation signed. ⚑ Fundraising to cover the Foundation's operating costs for the first four years is under way.

[a] A healthier humanity: the WHO investment case. Geneva: World Health Organization, 2018. (https://www.who.int/about/planning-finance-and-accountability/financing-campaign/investing-global-investing-local, accessed 24 January 2020).
[b] Inaugural WHO Partners Forum [website]. Geneva: World Health Organization, 2019 (https://www.who.int/news-room/events/inaugural-partners-forum, accessed 24 January 2020).
[c] Document EB146/29. Programme budget 2020–2021 WHO resource mobilization strategy Report by the Director-General. In: 146th Executive Board, Geneva, 3-8 February 2020 (http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_29-en.pdf, accessed 24 January 2020).
[d] From funds, international development banks and multilaterals.
[e] For more details see: www.who.foundation.

Example applications and learnings since January 2020

- The COVID-19 crisis has accelerated implementation of WHO's resource mobilization strategy and the response has benefited from coordination by the lead team across the centralized resource mobilization function. This whole-team effort to fund the COVID-19 SPRP has helped to accelerate the application of WHO's resource management strategy, and all pillars have been activated. The experience of implementing the strategy in the context of a pandemic has also influenced thinking about our engagement with different partners and, for example, has resulted in the development of a vision paper that outlines a more strategic approach for engagement with philanthropic partners. It has also led WHO to engage in more systematic and strategic dialogues with key partners and contributors.

Looking ahead to 2021 and beyond

- The Contributor Engagement Management (CEM) system is scheduled to "go live" in the first quarter of 2021, modernizing WHO's strategic management of relations with contributors through the introduction of a "best in class" leading market platform, Salesforce. This will be a strong reinforcement of the resource management processes and will further enhance the cooperation and coordination between the technical units and CRM. It will facilitate CRM's role as a strategic partner across the Organization. A network of CEM change champions is currently being cultivated to help prepare the way for CEM testing and roll-out.

- The CRM team, after having had vacancies in some important positions, will soon have all funded positions staffed, and this will help as we look to build on the momentum of having attracted many partners and new contributors to support the COVID-19 appeal.

Did you know?

The COVID-19 Strategic Preparedness and Response Plan is the biggest Outbreak and Crisis Response (OCR) funding appeal in WHO's history. In just 8 months, through a concerted and collective resource mobilization effort across the Organization, and with the generous support of a wide range of donors including governments and the Solidarity Response Fund, WHO raised a record $US 1.6 billion out of a total ask of $US 1.7 billion.

Did you know?

WHO is investing in its first Contributor Engagement Management (CEM) system to underpin our resource mobilization strategy and streamline the grants management process. The CEM will bring a more modern, more agile approach to resource mobilization across the 3-levels of WHO and facilitate increased transparency and coordination. Hundreds of people across WHO are actively involved in shaping, testing and rolling out this initiative.

3.7
Building a motivated and fit-for-purpose workforce

The major objective of this workstream is to build a diverse, motivated and fit-for-purpose workforce to deliver GPW13 in the context of the SDGs and UN Reform. The scope of work has included building and enhancing career pathways in WHO; introducing new learning, development and mentoring opportunities; establishing mechanisms to support geographic mobility; enhancing working and contracting modalities; and professionalizing learning for WHO staff members.

Table 3.7 *Status overview of major Transformation initiatives in this workstream*

Initiative	WHO career pathways	New measures to recognize experience of National Professional Officers (NPOs)	New mechanism for short-term developmental assignments (STDAs)
Lead division (lead department)	Business Operations (HRT) and WHO Academy (ACD)	Business Operations (HRT)	Business Operations (HRT)
Supporting 3-level mechanisms	Career Pathways Core Group and Global HR Community	Global HR Community	Global HR Community
Implementation phase	↻ Initiated	✓✓ Completed	↻ Fully implemented
About this initiative and how it relates to the objectives of this workstream	The career pathways work is focused on establishing clear and equitable career pathways for WHO staff, including enhanced opportunities for learning and development.	NPOs constitute a large part of WHO's workforce (16% in 2020). As part of the work to enhance equitable access to career opportunities in WHO, new measures were introduced to recognize experience gained by NPOs and increase their opportunities to be considered for international professional positions in different WHO duty stations.[a]	A new mechanism for STDAs was introduced in March 2018 to provide staff in all categories with the opportunity to be exposed to different work environments. The policy governing this mechanism was updated in April 2019, taking into considerations lessons learned from the first year of implementation.
Major achievements and key milestones (as of November 2020) ⚑ Achievement ⊚ Milestone	⊚ Apr '19: 3-level Task Force on Career Pathways and Capacity building established. ⚑ Jun '20: Task Force report shared with the DG. ⊚ Jun '20: Global Career Pathways Initiative launched; supported by core group tasked to carry out recommendations of Task Force. ⊚ Oct '20: Development of a new learning strategy for WHO was initiated.	⊚ Aug '19: New guidelines on standard minimum experience and educational requirements for international and national professional officers issued.	⚑ During 2018, this mechanism allowed 31 intra-regional STDAs, 16 assignments from country/regional offices to HQ, four assignments from HQ to country/regional offices and six assignments to another position within current duty stations. ⚑ During 2019 and 2020, 47 STDAs took place in HQ, with staff members coming from all major offices.

[a] After the first two years of experience as an NPO, the subsequent years will count as ¨international experience¨ at a ratio of 1:1, which will allow NPOs to be considered for international professional positions.

Global mentorship programme

Business Operations (HRT)

Global HR Community

Fully implemented

Complementing the wider work on WHO Career Pathways, the Global Mentoring Programme aims to enhance career support and development for all WHO staff members in all major offices and duty stations.

- Nov '19: A train-the-trainer approach, introduced to qualify human resources professionals to deliver Career conversation trainings in their respective major offices.
- Dec '19: Global Mentoring Programme was launched.
- By Oct '20: 48 staff members were trained in mentoring skills, and 188 staff members were trained in career conversation skills.
- Global pool of 184 mentors is now in place, covering all major offices and duty stations and categories of staff, including retirees.

Global internship programme

Business Operations (HRT)

Global HR Community; Fair Internship Initiative

Fully implemented

As part of a broader initiative to become an employer of choice for young health professionals, WHO revamped its Global Internship Programme to include stipends, meal vouchers and medical insurance, to making internship opportunities more attractive, accessible, and equitable.[b]

- May '18: Accident and Medical insurance provisions were implemented for all interns across the Organization.
- Jan '20: A subsistence allowance was introduced into the Global Internship Programme.

Global geographic mobility

Business Operations (HRT)

Global HR Community; Mobility Advisory Board

Initiated

Geographic mobility is a key tool driving diversity in WHO's workforce. It also helps to build a more empowered, fit-for purpose workforce, by ensuring that staff are constantly gaining new experience in new places, and that the organization benefits from that experience.

- Apr-Sep '19: The 3-level Task Force developed principles to guide revisions to WHO's Global Mobility Policy and the development of the implementation plan.
- Oct '20: Mobility simulation exercise launched with 124 staff members representing all regions participating. Their feedback will be used to inform the global mobility implementation plan.

[b] Document A72/43. Human resources: annual report. In: Seventy-second session of the World Health Assembly, Geneva, 20–28 May 2019 (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_43-en.pdf, accessed 24 January 2020).

Initiative	**New flexible working arrangements**	**New/enhanced contracting modalities**
Lead division (lead department)	Business Operations (HRT)	Business Operations (HRT)
Supporting 3-level mechanisms	Global HR Community; 3-level Task Force on Flexible Working Arrangements	Global HR Community; 3-level Task Force on Contractual Modalities
Implementation phase	Initiated	Initiated
About this initiative and how it relates to the objectives of this workstream	The objective of this initiative is to modernize the ways WHO empowers its workforce building on best practices and lessons learned. It will enable WHO to evolve in line with the external employment environment and promote inclusivity while remaining productive and responsive to the needs of our workforce and our stakeholders.	The contractual modalities work seeks to address challenges with the use of existing contractual types, and to either improve their application, or make recommendations for improvements. This will enable WHO to have a workforce that is better fit-for-purpose to achieve the Organization's objectives.

Major achievements and key milestones
(as of November 2020)

⚑ Achievement
◎ Milestone

◎ Oct '20: A global WHO Task Force on Flexible Working Arrangements was established to conceptualize a global framework and provide recommendations for carrying this scope of work forward.

⚑ Initial scoping was conducted to define the problem statement and terms of reference.

◎ Nov '20: 3-level Task Force on Contractual Modalities established.

Global leadership and management training

Professionalizing staff development and learning through the WHO Academy

Business Operations (HRT) and AFRO

WHO Academy (ACD)

Global HR Community

Multiple thematic 3-level working groups[c]

Partially implemented

Partially implemented

The leadership and management work aims to introduce a professional development system and standard approach in WHO. It builds on AFRO's Pathways to Leadership for Transformation initiative (launched in November 2018), a comprehensive programme for staff, designed to increase personal and interpersonal awareness, enhance analytical skills and build the skills required to manage complex issues.

The WHO Academy is changing how we learn to accelerate health impact. Its vision is to substantially increase competency development opportunities for WHO's workforce and revolutionize health learning globally.

The Academy is also accelerating and enabling other transformation priorities, fast-tracking technology use for multilingual learning and leveraging new innovations for its platforms (e.g. artificial intelligence, blockchain).

- A total of 181 staff from the African Region and some from other WHO regions have completed the training.
- Thirty-five female staff members attended the Leadership, Women and the UN (LWUN) Programme organized by the United Nations System Staff College (UNSSC).

- Jun '19: A declaration of intent to establish the WHO Academy[d] was signed by the Director-General and President Macron of France (leading to a US$ 100 million investment pledge by France in Feb '20).
- Jul '20: Collaboration was undertaken with UNESCO to apply its World Reference Level as a structure for the Academy's open-source digital credentials.
- Sep '20: The Academy's base systems were in place and production of the 1st set of 14 competency-based courses, two-thirds of which target the WHO workforce.
- Oct '20: Academy's open certification framework protocol was developed, and the WHO Academy Quality Committee and draft quality standards and framework were established.
- Nov '20: Launch of first set of prototype courses, including the world's first interactive augmented-reality course for health workers on donning and doffing Personal Protective Equipment.

[c] Includes the WHO Academy Learning Experience Platform Internal Coordination Group, WHO Academy learning design workshops and coaching to 3-level course development teams, WHO Academy technical working groups and coordination groups.
[d] The WHO Academy will be established as a new internal division within WHO headed by a Chief Learning Officer reporting directly to the Director-General.

Staff experiences with our new mechanism for short-term developmental assignments

Chizoma Henrietta Nnawuogo had worked as a National Professional Officer in Imprest Management for WHO Nigeria for 34 years and had aspirations to gain new experiences within the Organization to further develop her career. Chizoma periodically reviewed Stellis for open positions and in 2018 came across a posting for a new STDA. She recalled seeing an earlier Information Note on the introduction to career development in WHO as part of the Director-General's Transformation Agenda and felt this would be an excellent way to develop new skills in budget management while gaining international exposure – her supervisor agreed. Before she knew it, she was off to Geneva for a 3-month STDA in WHO/HQ/CPI! She experienced intense hands-on training in budget and award management, grants management and administration, and enhanced her skills in finance, ethics and leadership. The year 2020 brought a second STDA in an International professional position (P.3) to further broaden her skills in Corporate Accounts and leadership in WHO/HQ/FNM. These experiences gave Chizoma more skills, and confidence, to deliver quality work for WHO. She is grateful to WHO/Nigeria, WHO/AFRO and WHO/HQ for these career building opportunities. As a Change Agent, she encourages colleagues to pay close attention to news on the Intranet and in the Information Notes, and avail themselves to the career opportunities that the Organization provides – you never know what dreams can come true.

Dr Mohammad Salim Reza, originally from Bangladesh, worked as a Technical Officer in the WHO Country Office in Papua New Guinea for more than a decade in the areas of public health, health systems, immunization and emergency response. Dr Reza was offered an STDA in 2019 in the Health Emergencies Programme in HQ. This development assignment gave him the opportunity to work with the International Coordinating Group (ICG) Secretariat and Pandemic Influenza team to develop pandemic influenza tools. Through this experience, he also became familiar with the ICG mechanism on vaccine provision for the emergency response to outbreaks of other infectious diseases such as Yellow Fever, Meningitis and Cholera, working with ICG members and partners (UNICEF, MSF, IFRC, Gavi) to support countries in preparedness and response. This experience helped Dr Reza gain new perspectives from another level of the Organization and enabled him to more effectively collaborate and coordinate with others within and outside WHO. Because of his excellent performance and broadened skill set, he was offered a position with the team that hosted his STDA. Dr Reza believes his inputs and country level perspectives were well adopted in the development of operational guidance and tools for regions and countries.

Desislava Durcheva had been working in the WHO Country Office in Bulgaria for 16 years as an Administration Assistant, always eager to learn new skills and expand her knowledge, when she learned of the new STDA initiative introduced by the Director-General. With the support of her supervisor, she took one step forward in her career path when she was selected for a P3 Project Officer STDA with the Quality assurance, norms and standards department (WHO/HQ/SCI/QNS), providing project management and outreach support. She received a warm welcome and immediately felt accepted as part of her new team. The guidance the team provided helped Desislava gain new skills, fulfil her tasks and confirm her potential and willingness for career development.

Together, the team chased tough deadlines, reached departmental and divisional goals, and celebrated the success. Her supervisor provided tremendous support and training opportunities to enable the best learning opportunity possible during her STDA - an experience that both parties were able to mutually benefit from. Thanks to the knowledge, skills and motivation that Desislava gained during her STDA, she was able to advance her career and now holds an international position. She looks forward to a bright future with WHO and encourages supervisors to support their staff in career development as her supervisors did. Through this initiative, we can build an even more high-performing and motivated WHO team.

Example applications and learnings since January 2020

- Starting in mid-March 2020, WHO rapidly implemented exceptional teleworking arrangements under special conditions related to the COVID-19 pandemic, and in accordance with measures implemented by national authorities. While these arrangements have been in force, staff surveys and internal reviews have been carried out to monitor and assess their impact and to gather feedback and insights that will inform longer-term thinking, on mental health in the workforce, flexible working arrangements, and contractual modalities.

- Some initiatives under this workstream did not progress to levels originally anticipated during parts of the Transformation process. For example, the overall number of interns recruited globally decreased between 2018 and 2019 and from 2019 to 2020. This was attributed to several factors, including the HQ restructuring exercise, the new application process (no carry-forward of existing interns from 2019 to 2020 and strict adherence to all on-boarding oversight, which minimized non-official internships), and, most recently, the impact of the COVID-19 pandemic.

- The emergence of COVID-19 has generated urgent demand by all Member States for high-impact digital learning and has amplified the necessity for WHO to be a leader in digital learning and global-learning goods. The worldwide shift to digital technologies will drive profound change in how education and learning are optimized, regulated, developed, accessed and credentialed. The pre-pandemic diagnostics and business case for the WHO Academy have been updated to reflect this new reality. WHO's rapid scaling up of digital training tools and platforms during the COVID-19 response has also enabled the Organization to engage more than 30 000 health workers, health experts, public health officials and representatives of Member States, civil society, institutions and other UN agencies who have actively shared their learning needs, ideas and suggestions with the Academy this year. This helped us to co-design the WHO Academy mobile application on COVID-19 that was launched in May 2020 and the WHO learning strategy and Academy quality standards that will be released in January 2021 for consultation. The mobile learning application now has more than 73 000 users globally.

Did you know?

Resolution WHA71.13 requests that by 2022 at least 50% of accepted interns originate from developing countries.

We are making steady progress towards this target. In 2018, **25.7%** of all our interns were from developing countries. In 2019, this number increased to **29.6%** and in 2020 it increased to **35.2%**.

Building a motivated and fit-for-purpose workforce in AFRO

In November 2018, AFRO launched the Pathways to Leadership for Transformation initiative. This programme has trained more than 180 staff to improve skills in leadership, organization, and analytical and strategic thinking. The success of the pogramme has led to it being adopted Organization-wide. AFRO further launched a women's leadership programme to focus on overcoming barriers to career progression, a mentorship programme to support junior staff and a Team Performance Programme aimed at enhancing collaboration within and across technical areas in the Regional Office and countries offices. Thus far, 33 trained mentors matched to 65 mentees in the mentorship programme and 45 staff members have benefited from the Team Performance Programme.

Photo credit: WHO/AFRO

Looking ahead to 2021 and beyond

- The **Career Pathways initiative** will continue into 2021, through staff engagement that foresees collaboration at all levels of the Organization, and close links with the Learning Strategy and the WHO Academy. This will include elaboration of pathways in the Public Health and Operations streams, introduction of 360-degree evaluations, introduction of a young professionals programme and establishment of linkages between career development, competency-based learning (including the Academy) and performance management.

- While the emergence of COVID-19 impacted the implementation of the AFRO **Pathways to Leadership Programme** in 2020, there are plans to continue the scale-up and roll-out to other regions in 2021, starting with the European and Eastern Mediterranean Regions, as well to global staff of the Health Emergencies Programme. In the 2020–2021 biennium, 60 additional female staff members will attend the LWUN programme.

- The **WHO Academy** standards and **WHO learning strategy** will be launched in January 2021 for public consultation. Following the launch of the first set of prototype courses in November 2020, 10 additional courses are planned for May 2021.

- Going forward, WHO staff learning plans will be integrated into performance development and management systems of the WHO Academy. In addition, the Academy is co-designing a digital credentialing strategy with HRT that tags key workforce competencies terms in support of establishing a WHO career pathway.

Did you know?

The WHO Academy will be a game changer that will revolutionize lifelong learning for health impact. Through its state-of-the-art digital platform, it will provide millions of health workers and policy makers around the world, the skills and the knowledge they need to build together a safer and healthier world.

4

What we have learned so far in our Transformation journey

This section discusses the progress that we have made in delivering our Transformation Agenda, describes challenges we have faced, and suggests adjustments that may be needed to overcome these challenges going forward. This section also reflects on the many ways our Transformation is coming to life and how rapid, profound changes in our external operating environment, including and particularly those brought about by COVID-19, have helped test and accelerate our WHO change agenda.

4.1
Reflections on progress and on our approach to Transformation

As evidenced in the earlier sections of this report, the scope of our Transformation work is vast, with many important inter-dependencies between the different initiatives that are under way. The 3-pronged strategic approach we have used to focus and ensure the coherence of our Transformation (see Section 2.3) has proven extremely useful in keeping us on course. The following is an overview of where we have come with respect to each of our Transformation strategic objectives and some of the lessons we have learned.

Strategic objective 1: Ensuring we are fully focused and aligned for impact

Our strategy is now driving our day-to-day work, for example, GPW13's outcomes and outputs are now fully embedded in our staff work plans. We have also finalized the measurement tools, metrics and mechanisms needed to keep us on track. With this, the foundational architecture needed to realize our goal of becoming an aligned and impact-focused WHO is now in place.

However, in order to realize our strategic objective of becoming a data-driven and impact-focused WHO, we must now fully roll out and mainstream the use of our new measurement tools and mechanisms (e.g. stocktakes, the SCORE measurement tool and Triple Billion dashboard, GPW13 Output Scorecard) to ensure we are optimizing our resources and focus towards the realization of our targets.

For example, having conducted a few initial rounds of stocktakes, we now have a better understanding about where integrating a delivery approach in other aspects of our work can support the achievement of our Triple Billion targets. Key areas where we will strengthen the use of this approach include: planning to ensure we prioritize and focus our work and resources where it will give the greatest impact; strengthening and making more strategic use of our data and data systems; expanding partnerships, in particular through the SDG GAP; building capacity through the WHO Academy; leveraging innovation to accelerate or de-obstacle progress; and prioritizing and driving specific actions for primary health care through our new PHC Special Programme.

New tools and mechanisms will also be rolled out to enable better assessment of progress and impact attributed to the Transformation itself. More regular staff (and potentially partner) surveys will also be conducted in this context to help us understand whether the changes we are introducing are having the intended impact on our culture and ways of working. It will also drive course corrections toward our goal of becoming a modern WHO that works seamlessly to make a measurable difference in people's health at country level.

To work more seamlessly as "One WHO", we have established new cultural norms, strategic initiatives and staff engagement platforms to support more agile, collaborative ways of working. These now need to be fully operationalized and complemented by change management activities that help drive the necessary changes in our underlying mindsets and behaviours and practices to sustain and reinforce our new aligned and impact-focused organization.

Staff engagement has been a critical driver of success: staff shaped the ambition for our Transformation Agenda, provided insights that set its direction and design, and are leading its implementation and roll-out. Ensuring continued and sustained staff engagement through key change activities will be vital to institutionalizing our alignment for impact and new ways of working.

Implementing our vast and comprehensive change agenda will take time. Becoming a more agile, adaptive and accountable organization will invariably require us to make strategic decisions – on an ongoing basis – about where and how we deploy and redeploy available and limited resources. This is where our Transformation's strategic objective to be relentlessly focused on impact will help ensure we prioritize our focus and resources where most needed.

These learnings, about the ongoing challenges we face in constantly managing, balancing and redeploying our capacities for optimal impact, reinforce the fundamental importance of refreshing and adapting our change management approaches as we move forward. We will need to continue to include a comprehensive change management agenda, from effectively and continually communicating with staff on the desired changes, to role-modeling those changes, providing the necessary training and skills-building, and incentivizing the new behaviours and practices required.

Strategic objective 2: Enabling the full potential of our organization

The critical first step in enabling the full potential of our staff was to make it easier for them to get their work done, and to the highest standards possible, by redesigning or developing new technical, external relations and business processes. We set a high, "best-in-class" ambition for these processes, recognizing that many are also critical enablers of other transformation initiatives and priorities. As of end November 2020, about 1/3 of these redesigned processes were fully implemented, 1/3 were partially implemented, and 1/3 were being initiated (see Section 3.2 for details). Progress with the latter was slower than originally envisaged due in part to resource constraints (e.g. recruitment delays, funding gaps). In addition, the rapid and substantial redeployment of WHO capacities to support the COVID-19 response further stretched resources in some areas.

Continued focus will therefore need to be given to the roll out of processes that have not yet been fully implemented. For those processes that are well under way, such as for planning and norms and standards, our emphasis will shift towards continuous improvement so that we learn from and improve on these early implementation experiences, ideally informed by both internal and external user surveys.

We are close to completing the alignment of our organization wide set-up and major office structures to the new, aligned 3-level operating model that was rolled out in March 2019 to support our new GPW13 strategy and to implement the new processes. Both the design and implementation phases of our new

operating model have largely been completed. As shown in Section 3.3, our 3-level roles and accountabilities have been more clearly differentiated and major office structures have been aligned to enhance collaboration, efficiency and impact. As important, many of the new 3-level capacities and functions that were established to step up WHO leadership and advocacy for global health, to provide technical support that is relevant to all people in all countries, and to improve the quality and focus of our work on global public health goods, are already performing and delivering results.

Strategic objective 3: leveraging the global community

As we have seen in Sections 3.4 and 3.6, initiatives focused on transforming our approach to partnerships and financing are having early and important impact. This is particularly evident in the COVID-19 response, where there are many examples of how our new approach to partnerships has massively enhanced our global capacity. For example, the ACT Accelerator has harnessed the full potential of the international health development system and deepened the engagement of the private sector and civil society to accelerate equitable access to lifesaving COVID-19 tests, treatments and vaccines globally. New partnerships with social media providers have enabled the real-time spread and amplification of WHO guidance in different languages around the world and played a substantial role in countering misinformation about the pandemic. The resource mobilization campaign that is being carried out in support of WHO's COVID-19 SPRP was the most successful in our history.

Beyond COVID-19, our work to support the implementation of the GAP has highlighted for us that creating and fully embedding a similar culture of true partnership in our non-emergency work, and in such work of our partners, requires more time and a sustained investment on both parts. This aspect of our partnership work needs to be closely coupled with our work in building leadership capacities within WHO.

In 2020, we have seen that the landscapes of WHO's partnerships change enormously, largely as a result of and in the context of the COVID-19 pandemic. Expectations from our Member States, partners and the general public have increased dramatically in the face of this crisis, in terms of our roles, capacities and performance at and across all three levels of the Organization. This is all happening as the Organization moves into a new and more challenging global political, economic and operating environment.

Finally, while we have systematically elevated our level of engagement with our UN partners, the full implications of changes rolled out in the wider UN development system, including in the context of UN Reform, continue to unfold and may precipitate further material changes to our partner environment and how we work with and within it.

Reinforcing and further enhancing WHO's capacity to lead and partner in this context is even more important than ever.

4.2
What we have learned about our Transformation from the COVID-19 response

As knowledge of COVID-19 was emerging in January 2020, we had just entered the 4th phase of our Transformation (implementation and continuous improvement), with many of the foundations for change already in place, as evidenced in this report. Little did we know at that time just how fundamentally and immediately these foundations would be tested as WHO mounted the largest, most comprehensive global health emergency response ever.

Many of the new capacities and structures established under our new operating model were immediately tasked to operate at scale, including those under the new Chief Scientist position, in the new WHO Emergency Preparedness Division, and in our business operations, partnerships and external relations functions. The milestones and successes documented in this report validate the importance of these new functions and capacities and demonstrate that these aspects of our Transformation are already delivering results.

Several of our early Transformation initiatives – for instance, those related to our digital transformation – were crucial to ensuring WHO's business continuity during the worldwide shift to remote working that was necessitated by COVID-19. This rapid digitalization of our ways of working is now informing further thinking about the future of how we work within WHO, with our Member States and through our partners, opening up possibilities to introduce new, modern flexible working arrangements.

COVID-19 demanded that many of our platforms and initiatives that existed prior to the Transformation be massively scaled up, which in many cases helped reinforce and accelerate critical change initiatives. For example, as traditional learning models came to a virtual standstill, WHO rapidly increased the number of on-line courses available through its pre-existing OpenWHO knowledge and training platform. This platform, which now has training on 17 different topics in 41 languages with more than 4.5 million users globally, will provide an important foundational base for the new WHO Academy.

Building on the framework and experiences of WHO's R&D Blueprint, our new Science division and WHO Health Emergencies Programme have been actively coordinating research and innovation across the Organization since the first days of the COVID-19 pandemic. This critical work linked to WHO's policy, regulatory, access and readiness initiatives, has been joined with the strengths of other organizations to create the ACT Accelerator initiative.

During the pandemic, WHO staff have rapidly adopted new, more collaborative and innovative approaches to ensure continuity of support to Member States in the face of significant logistical and operational constraints. These positive staff and Member State experiences with enhanced WHO 'agility' have highlighted the importance of accelerating those aspects of our Transformation that will make WHO more responsive and more connected across its three levels.

These reflections are just a few examples of the many things we have learned from our Transformation journey to date. They illustrate that WHO is indeed changing and becoming more agile, collaborative and fit-for-purpose for today's global health challenges. They also make clear that more work is needed to reinforce and institutionalize the emerging good practices.

Unfortunately, the COVID-19 pandemic is far from over. As the situation evolves, we will learn much more in terms of how we improve both our emergency and non-emergency programmes and operations, as well as the deep interactions between them. These lessons, together with insights and recommendations from the Independent Panel on Pandemic Preparedness and Response and the external Evaluation of the Transformation Agenda, and from ongoing staff engagement and feedback, will help us to even better understand and focus on priority areas for further improvement.

5

Priorities for 2021 and beyond

Much of the focus of our Transformation journey to this point has been on establishing the strategic direction, processes, ways of working, structures and cultural norms needed to realize our change ambition. At end 2020, this architecture is designed, largely in place, and already yielding initial results, as described in Section 3. We must now fully enable and unlock the underlying mindsets, behaviours and practices needed to realize and sustain a fully transformed and ever-adapting WHO.

In this context, and in addition to ensuring the continued implementation of the major 3-level initiatives addressed in this report, going forward we will be giving priority to the following aspects of our Transformation:

1. institutionalizing the ongoing shift towards our new, agile and fully accountable ways of working, supported by policies that are aimed at creating a safe, enabling environment and that foster a culture of greater collaboration and joint ownership and accountability for results

2. fully implementing our new "best-in-class" technical, external relations and business processes that are vital to enable, support and reinforce our new ways of working and culture, across the three levels of WHO

3. accelerating our extensive programme of work to build a motivated and fit-for-purpose workforce, from the changes needed in our managerial culture and behaviours to the speed with which staff can acquire the skills and experience needed to enhance delivery of results

4. rolling out our new measurement tools and mechanisms (e.g. stocktakes, the new Triple Billion dashboard, GPW13 Output Scorecard) and fully mainstreaming their use to help us measure and track progress in delivering impact and the Transformation itself

5. intensifying and scaling up our efforts to transform WHO's financing and our transition towards a more diverse, predictable, sustainable and flexible funding base.

COVID-19 has been a seismic shock in our ever-changing world. It will be with us for the foreseeable future and will give rise to more demands of WHO, with important implications for our work and ways of working going forward. It is powerful proof that as we consolidate the fundamentals of our Transformation, we must also put in place the capacities to drive an ongoing programme of continuous improvement to stay "ahead of the curve" and in doing so provide the best possible service to our Member States.

Our Transformation Agenda could not be more relevant or timely.

As evidenced in this report, this change journey is well under way. We have passed many important milestones and have learned many important lessons, proving that we can change and that, in many instances, the changes we have started introducing are taking us in the right direction. Going forward, it will be important to take into account recommendations and insights from relevant ongoing external evaluations, in particular the external evaluation of the WHO Transformation and the IPPR, as these have the potential to provide invaluable insights for optimizing our Transformation and its impact on the health of people everywhere.

6
Annexes

Annex 1
HQ Department Directory (as of January 2020)

	Division/Department/Hosted Entity
DGO	**Director-General Office**
DGC	**Office of the Chef de Cabinet**[a]
IOS	Office of Internal Oversight Services
EVL	Evaluation Unit
LEG	Office of the Legal Counsel
CRE	Compliance and Risk Management and Ethics
OMB	Office of the Ombudsman and Mediation Services
TIC	Transformation Implementation and Change
CSS	Country Strategy and Support
ODG	Office of the Director-General
PMB	Global Preparedness Monitoring Board Secretariat
POL	Polio Eradication
EXT	**External Relations and Governance**
EXA	External Relations and Governance EXDGO
GBS	Governing Bodies
DCO	Communications
CRM	Resource Mobilization
HMP	Health and Multilateral Partnerships

Division/Department/Hosted Entity

BOS	**Business Operations**
BOA	Business Operations ADGO
PRP	Planning, Resource Coordination and Performance Monitoring
FNM	Finance
HRT	Human Resources and Talent Management
SHW	Staff Health and Wellbeing
IMT	Information Management and Technology
GSC	Global Service Centre
OSS	Operational Support and Services
SUP	Procurement and Supply Services
DDI	**Data, Analytics and Delivery for Impact**
DDA	Data, Analytics and Delivery for Impact ADGO
DNA	Data and Analytics
DFI	Delivery for Impact
SCI	**Chief Scientist and Science Division**
SCA	Office of Chief Scientist
QNS	Quality Assurance, Norms & Standards
DHI	Digital Health and Innovation
RFH	Research for Health
TDR	*TDR, The Special Programme for Research and Training in Tropical Diseases[b]*
HSR	*Alliance for Health Policy and Systems Research[b]*

Division/Department/Hosted Entity

DDG	Deputy Director-General Office[c]
DDO	Office of the Deputy Director-General
CNO	Chief Nurse
GNP	Global NCD Platform
UHL	**UHC/Life Course**
UHA	UHC/Life Course EXDGO
PHC	Special Programme on Primary Health Care
HWF	Health Workforce
HIS	Integrated Health Services
HGF	Health Systems Governance and Financing
IVB	Immunization, Vaccines and Biologicals
SRH	Sexual and Reproductive Health and Research
HRP	*Special Programme for HRP[b]*
MCA	Maternal, Newborn, Child and Adolescent Health, and Ageing
NMC	*Partnership for Maternal Newborn and Child Health[b]*

Division/Department/Hosted Entity

UCN	UHC/Communicable and Noncommunicable Diseases
UCA	UHC/Communicable and Noncommunicable Diseases ADGO
GMP	Global Malaria Programme
NTD	Control of Neglected Tropical Diseases
HHS	Global HIV, Hepatitis and Sexually Transmitted Infections Programmes
GTB	Global Tuberculosis Programme
NCD	Noncommunicable Diseases
MSD	Mental Health and Substance Use
HEP	**UHC/Healthier Populations**
HEA	UHC/Healthier Populations ADGO
ECH	Environment, Climate Change and Health
HPR	Health Promotion
NFS	Nutrition and Food Safety
SDH	Social Determinants of Health
WKC	WHO Centre for Health Development (Kobe)
MHP	**Access to Medicines and Health Products**
MHA	Access to Medicines and Health Products ADGO
HPS	Health Product Policy and Standards
RPQ	Regulation and Prequalification
AMR	**Antimicrobial Resistance**
AMA	AMR ADGO
SPC	Surveillance, Prevention and Control
GCP	Global Coordination and Partnership

Division/Department/Hosted Entity

HEO	Health Emergencies Preparedness and Response
HEO	EXD Office Health Emergencies Preparedness & Response
WRE	**Emergency Response**
ERA	Emergency Response ADGO
HEI	Health Emergency Interventions
HIM	Health Emergency Information and Risk Assessment
SHO	Strategic Health Operations
WPE	**Emergency Preparedness**
EPA	Emergency Preparedness ADGO
HSP	Health Security Preparedness
GIH	Global Infectious Hazard Preparedness
CRS	Country Readiness Strengthening

Special Entities and Advisers

EMA	Office of DG Envoy for Multilateral Affairs
WUN	WHO Office at the United Nations
CSF	*WHO Framework Convention on Tobacco Control (FCTC)[b]*

[a] Includes the Independent Oversight Advisory Committee (IOAC), Gender, Equity and Human Rights unit (GER), and Global Board of Appeals (GBA).
[b] Co-sponsored Programmes, Hosted Partnerships and other Hosted Entities.
[c] Includes Polio Transition programme (PTP) and Health and Migration programme (PHM).

Annex 2 Major milestones in our Transformation journey by workstream

2017

2018

Impact-focused, data-driven strategy

May '18
GPW13 approved at WHA71

Jun '18
New PB planning process launched

Best-in class processes

Jul '18
3-level working groups established for 13 processes

Dec '18
WHO leadership aligns on 13 new processes

Aligned, 3-level operating model

Nov '17
GPG agree 'quick wins' to strengthen WCOs

Jan '18
GPG agree aspiration for Country Op model

New approach to partnerships

Jan '18
WHO–Civil Society Task Team established

Aug '18
MoU signed with Google Fit

Collaborative & results-focused culture

Nov '17
Staff Baseline Survey

Jul '18
Launch of Global Change Network

Nov '18
Global Values Jam

Dec '18
'agile' principles introduced[a]

Predictable & sustainable financing

Sep '18
1st WHO Investment Case

Motivated & fit-for-purpose workforce

Nov '18
AFRO Pathways to Leadership Programme launched

[a] workshops conducted at the 1st Global Management Meeting held in Nairobi, Kenya from 10-12 December, 2018.

2019

2020

Feb '19
1st Global Goals Week

May '19
PB 2020–21 approved at WHA72

Feb '20
Output Scorecard presented to EB146

Mar '20
2nd Global Goals week

Jun '20
1st round of stocktakes held for Triple Billions

Nov '20
Triple Billion Dashboard goes live

Jan '19
Recruitment pilot initiated

Apr '19
New N&S process rolled out

Jan '20
Data Hub & Spoke Collaborative established

Feb '20
PRC established for WHO emergency normative products

Aug '20
SCORE health data technical package launched

Mar '19
DG & RD's announce new 3-level op model

Apr '19
3-level Task Forces on DOAs

Dec '19
HQ, AFRO, EMRO, SEARO, WPRO structures aligned

Sep '20
EURO structure aligned

Sep '19
Launch of GAP for Healthy Lives and Well Being for All

Oct '19
MoU signed with FIFA

Apr '20
Launch of ACT-Accelerator

May '20
MoU signed with IOC

May '19
WHO Values Charter

Oct '20
27 Output Delivery Teams in place

Apr '19
Inaugural WHO Partners Forum convened

Jun '19
1st meetings of Partner Engagement Teams

Dec '19
Approval to initiate CEM project

Feb '20
New RM Strategy noted by EB146

May '20
WHO Foundation established

Jan '19
New Global Internship Policy

Apr '19
3-level Task Forces on Career Pathways& Capacity building

Jun '19
Launch of WHO Academy

Dec '19
New Global Mentoring Programme launched

Sep '20
WHO Academy base operating systems in place

Oct '20
Global mobility simulation exercise launched

World Health
Organization