



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE **Americas**

**10th SESSION OF THE SUBCOMMITTEE
ON PROGRAM, BUDGET, AND ADMINISTRATION
OF THE EXECUTIVE COMMITTEE**

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Provisional Agenda Item 5.2

SPBA10/INF/2
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UPDATE ON WHO REFORM

1. Since the Director-General of the World Health Organization (WHO) outlined her proposals for the reform of WHO in 2011, WHO has reported significant progress towards becoming more effective, efficient, transparent, and accountable.
2. According to the WHO Secretariat, the rate of implementation of the various reform streams has been uneven, with programmatic reforms progressing the furthest, and governance and managerial reforms lagging somewhat behind. In addition, the Ebola outbreak brought to light the need to reform how WHO reacts to outbreaks and health emergencies, ensuring that the Organization can mount a rapid, scaled-up response to complex health emergencies.
3. Most of WHO reform outputs (84%) are reported to have reached the implementation stage, and the rate of completion of implementation nears 60%. Furthermore, all reform activities will be mainstreamed into WHO's business processes during the 2016-2017 biennium.
4. With the development of a more robust monitoring framework, WHO can report on the impact of these reforms based on performance metrics that can be tracked over time. Annex A to this report highlights key reforms relevant to the WHO Regional Office for the Americas (AMRO) and their implementation status.

Programmatic Reform

5. Substantive programmatic reforms in WHO include the creation of category and program area networks that coordinate planning, monitoring, and budgeting. Staff of the Pan American Sanitary Bureau (PASB) participate in WHO's networks at global and regional levels. A bottom-up, priority setting process that starts with country consultations was established in PAHO during the Program and Budget development for the 2014-2015 biennium, and was replicated at WHO for 2016-2017. Similarly, WHO
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strengthened its results chain in 2016-2017 by developing indicators for organizational outputs that are linked to measurable health outcomes, as PAHO had done for 2014-2015.

6. The financing level for WHO's base budget at the start of the budgetary period improved, increasing from 62% in 2012-2013, to 77% in 2014-2015, to nearly 80% at the beginning of 2016-2017. PAHO's Program and Budget for Base Programs will also have 80% at the beginning of 2016-2017, provided that the Region of the Americas receives its full share of the WHO budget during the biennium (\$178.1 million). Programmatic alignment of funding improved during 2014-2015 at WHO, as a result of the Director General's strategic allocation of flexible resources. Similarly, PAHO's integrated budget, approved by the Directing Council in 2015, gives the PASB Director latitude to direct flexible funding to programs and priorities with resource gaps during the implementation of the Program and Budget 2016-2017. WHO's web portal, a product of programmatic reform, has greatly enhanced transparency and now provides detailed information on financial flows down to the country office level; during this biennium, PAHO will develop its own web portal with financial and programmatic information drawn from the PASB Management Information System (PMIS).

Management Reform

7. The area of human resources has been an important aspect of WHO's management reform, with advances being made in staff planning and recruitment processes. Additionally, the implementation of the WHO mobility policy is underway, with a first phase of voluntary mobility expected to commence in 2016. PAHO has explored ways to participate in this effort, including through existing inter-organizational arrangements that permit frequent staff transfers between WHO and PAHO.

8. The WHO Secretariat reports having taken several steps to strengthen accountability, transparency, and internal controls following decisions of the Executive Board and the Program, Budget, and Administration Committee. These measures include the establishment of a corporate risk management policy and risk registers in all offices (already in place at PAHO) and adherence to core ethical values, as evidenced by updates on disciplinary measures in response to misconduct (also in place at PAHO) and the publication of an annual report on investigations.

9. Furthermore, WHO will join the International Aid Transparency Initiative (IATI) and will apply IATI's standards for publishing data on development activities. Regarding information management, the Director-General has committed herself to develop and implement an information disclosure policy that will determine the documents and information made publicly available. In country offices, self-assessment checklists will be rolled out (these are in place already at PAHO).

Governance Reform

10. In the area of governance, WHO has reached only 50% completion of reform activities. In order to accelerate implementation, WHO Member States established a consultative process on governance reform, with Mexico serving as its chair. The Member States' working group for this process met twice in 2015. However, in the absence of consensus, the Executive Board agreed to establish a new open-ended intergovernmental meeting on governance reform to meet no later than April 2016, in order to reach consensus on recommendations to present to the 69th World Health Assembly in May 2016. The Executive Board also agreed that the chair of this new meeting on governance reform would be selected through intersessional consultations with regional coordinators.

11. Significant progress was made in 2015 towards the adoption of the Framework for Engagement with Non-state Actors (FENSA), with Argentina functioning as chair. At the January 2016 Executive Board meeting, WHO Member States acknowledged the benefit of enhanced engagement with non-State actors through robust rules and principles on conflict of interest and risk management. WHO Member States identified several issues that require further discussion in order to conclude FENSA, including: *i*) emergencies; *ii*) an analysis of financial and practical impacts; *iii*) rules surrounding secondments; *iv*) ensuring uniform applicability throughout all six regions, and; *v*) the content of the necessary WHA resolution to adopt FENSA.

12. Member States that participate in the Group of the Region of the Americas (GRUA) issued a joint statement at the January 2016 Executive Board that emphasized PAHO's distinct legal and constitutional status, and committed the Region to approve and enact FENSA at the first meeting of the Directing Council, following the adoption by the WHA. They further committed themselves to establish appropriate follow-up and review mechanisms through the Governing Bodies of PAHO and WHO once FENSA is implemented.

13. In light of the progress made to date, and in order to enable the presentation of a final FENSA document to the 69th World Health Assembly in May 2016, the Executive Board approved an extension of the mandate of the Open-Ended Intergovernmental Meeting on FENSA through April 2016 as a way to continue intersessional work.

14. The work of the Open-Ended Intergovernmental Meeting on FENSA is scheduled to resume on 25–27 April 2016. Argentina will continue to serve as chair for the working group, which intends to submit a consensus text for the 69th World Health Assembly through the Program, Budget and Administration Committee, which will meet prior to the World Health Assembly. The Executive Board also requested that the Secretariat of WHO submit an objective report on the implications for WHO on the implementation of FENSA. This report is due no later than four weeks prior to the April session of the Open-Ended Intergovernmental Working Group on FENSA. In addition, the Secretariat was requested to schedule a briefing with the Missions in Geneva open to all Member

States and available on Webcast, no later than one week prior to the April session of the Working Group.

Reform of WHO's Work in Emergencies and Outbreaks

15. WHO's work in emergencies and outbreaks was added to the reform agenda in the wake of the Ebola outbreak. An analysis is under way of a number of recommendations from internal and external advisory bodies regarding WHO's critical functions and core commitments during outbreaks and emergencies. These include recommendations on: a unified WHO Program for Emergencies and Outbreaks; the delegation of authority and responsibilities; a platform to support the scaling-up and outreach of outbreak and emergency operations; a \$100 million Contingency Fund; a Global Health Emergency Workforce; increased support for capacity building and preparedness in countries, and enhancing partnerships. Reform proposals from the advisory bodies will be consolidated and presented to the World Health Assembly for consideration in May 2016.

16. PASB will continue to actively participate in and contribute to all areas of WHO reform, for the benefit of each organization.

Action by the Subcommittee on Program, Budget, and Administration

17. The Subcommittee is invited to take note of this report.

Annexes

Annex A: WHO Reform Results Framework: Implementation of Reform Outputs at PAHO

Annex B: WHO Reform: overview of reform implementation (Document [EB138/5](#))

Annex C: Member State consultative process on governance reform (Document [EB138/6](#))

Annex D: Framework of engagement with non-State actors (Document [EB138/7](#))

Annex A

WHO Reform Results Framework: Implementation of Reform Outputs at PAHO

Reform Status	Completed/Implemented	In progress	Not started/ Not currently considered in implementation plan
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Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
1. Programmatic	1.1 Program, planning and financing [Outcome 1.1 : WHO's priorities defined and addressed in systematic, transparent and focused manner and financed accordingly]		
	1.1.1 Needs driven priority setting, results definition and resource allocation aligned to delivery of results		<ol style="list-style-type: none"> PAHO initiated the bottom-up planning process with country offices by identifying their priorities before the operational planning process. Bottom-up planning for the development of the PAHO Program and Budget 2016-2017 was conducted with all countries and territories (51) in the Strategic Plan Monitoring System, which included identification of priorities and costing at the output level. The region continued working with Member States to fine-tune the Programmatic Prioritization Methodology (see Document SPBA10/4). The next face to face meeting of the SPAG is scheduled for April 2016 in Washington. Continued efforts to align resource allocation with programmatic priorities, with special attention to NCDs and the unfinished agenda in Maternal Health.
	1.1.2 Improve the delivery model at the three levels of the Organization to better support Member States		<ol style="list-style-type: none"> In the 2016-2017 biennium, PASB will advance on the establishment of two new subregional offices in Central America (El Salvador) and South America (Peru), similar to the subregional structure that exists in the Caribbean. The selection process for the head of these offices is currently underway. The PAHO Category and Program Area Network (CPAN) is functional and is currently engaged in supporting the End of Biennium Assessment of the Program and Budget 2014-2015/Interim Progress Report of the PAHO Strategic Plan 2014-2019 (Document SPBA10/2). The PAHO Program Management Network was activated in 2015 and will meet again in 2016 to share experiences and lessons across all levels and work toward programmatic coherence and operational consistency across offices. PAHO continues to actively participate in the Global Program Management Meeting and contribute to the formulation of the WHO Program Budget and methodology for operational planning.
	1.1.3 Adequate and aligned financing to support strategic focus		<ol style="list-style-type: none"> Approval of the PAHO Program and Budget 2016-2017 as an integrated budget. Continued participation in dialogue with WHO regarding Strategic Budget Allocations. Commitment to establish the PAHO Financing Portal which will make information more accessible to Member States and will facilitate improved reporting to WHO. Adopted a regional Resource Mobilization Strategy in 2015.

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Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
	1.1.4 Transparent reporting of results delivery and use of resources		<ol style="list-style-type: none"> Established Performance Monitoring and Assessment process across all levels. The first joint assessment of the PAHO Program and Budget 2014-2015 has been initiated with Member States, using a newly developed tool, the Strategic Plan Monitoring System (SPMS). The countries and territories have completed their country assessments in SPMS, validated in consultation with the PAHO/WHO Representative Offices. The category and program area network is completing the Region-wide validation of outcomes and outputs. More information on this process and results are presented in Document SPBA10/2. PAHO has committed to developing the Financing Portal which will allow greater access to programmatic and financial information by Member States and better facilitate reporting to WHO.
2. Governance	2.1 Governance [Outcome 2.1: Improved decision making]		
	2.1.1 Proactive engagement with Member States ahead of GB		<ol style="list-style-type: none"> Orientation and training program to delegates of Governing Body meetings in PAHO and WHO. The workshop on “<i>How to write reader-focused Governing Bodies Documents</i>” has been institutionalized and is offered to all authors of Governing Body documents annually (2007 to present).
	2.1.2 Coordination and harmonization of GB practices		<ol style="list-style-type: none"> Regional Director elections. Continued emphasis on reducing/managing the number of agenda items and pre-session documents for Governing Bodies.
	2.1.3 Member States Work coherently in Global Health		<ol style="list-style-type: none"> More strategic focus of Governing Body Sessions guided by the PAHO Strategic Plan 2014-2019. Greater alignment of strategies and plans of action to the Strategic Plan.
	2.2 Engagement with non-State actors (NSAs) [Outcome 2.2: Strengthened effective engagement with other stakeholders]		
	2.2.1 Leverage NSAs to achieve WHO results		<ol style="list-style-type: none"> PAHO continues to participate in the global Framework of Engagement with Non-State Actors (FENSA) dialogue and in the Open-Ended Intergovernmental Working Group on FENSA. Member States that participate in the GRUA issues joint statement emphasizing the distinct legal and constitutional status of PAHO as well as continued commitment to approve and enact FENSA in the next Directing Council of PAHO, following approval at the World Health Assembly (WHA).
	2.2.2 Risk Management engagement		<ol style="list-style-type: none"> Measurement in the context of risk with non-State actors – pending with FENSA.
2.2.3 Maximize convergence with the UN system reform to deliver effectively and efficiently on the UN mandate		<ol style="list-style-type: none"> PAHO actively engaged with United Nations Development Group (UNDG) Latin America and the Caribbean team (regional and country) and with WHO at the global level. Participation in the WHO Country Support Network. Collaboration and participation in the UNDGs and United Nations country teams. <ul style="list-style-type: none"> – Member of the United Nations country teams and United Nations Development Assistance Framework (UNDAF) Peer Review Team for the development of UNDAFs (to ensure alignment between Country Cooperation Strategies, UNDAFs and the national health and development plans). – Support to countries to adopt the “Delivering as One” framework and principles and for the adoption of relevant standard operations procedures where feasible. – PAHO engaged with the UN as chair on health-related interagency working groups at the country level. 	

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Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
3. Managerial	3.1 Human Resources [Outcome 3.1 : Staffing matched to needs at all levels of the organization]		
	3.1.1 Strengthened and more relevant Human Resource Strategy		<ol style="list-style-type: none"> PAHO continues to explore means to participate in the WHO Mobility Strategy including existing interorganizational arrangements that permit frequent staff transfers between WHO and PAHO. HR planning integrated into biennial planning process and routinely monitored as part of the performance monitoring and assessment process.
	3.1.2 Attract talent		<ol style="list-style-type: none"> WHO reports on timelines of recruitment (time between advertisement and selection decision) for full time, internationally recruited staff; PAHO is doing this in the implementation its People Strategy approved in 2015.
	3.1.3 Retain and develop talent		<ol style="list-style-type: none"> WHO reports on the percentage of staff in the professional category and higher that have changed duty station in the last year. PAHO will begin doing this as it implements its People Strategy (approved in 2015).
	3.1.4 Enabling environment		<ol style="list-style-type: none"> This is measured by WHO by the number of appeals or possible appeals resolved by informal means and administrative review. PAHO is in the process of conducting internal justice system review.
	3.2 Accountability and Transparency [Outcome 3.2: Effective managerial accountability, transparency and risk management]		
	3.2.1 Effective internal control and risk management processes		<ol style="list-style-type: none"> Establishment of the corporate risk management policy (May 2013). Establishment of risk registers in all PAHO 87 entities. Risk focal points established in each PAHO entity and risk focal points network meeting held. Internal audit recommendations accepted by the Director has increased to 87%.
	3.2.2 Effective disclosure and management of conflicts framework		<ol style="list-style-type: none"> Measured by annual reports of staff completing declarations of interest.
	3.2.3 Effective promotion and adherence to core ethical values		<ol style="list-style-type: none"> Preparation of annual report on investigations and updates on disciplinary measures in response to misconduct.
	3.3 Evaluation [Outcome 3.3 : Institutionalized corporate culture of evaluation and learning]		
	3.3.1 Strengthened WHO Policy on Evaluation		<ol style="list-style-type: none"> WHO Evaluation Practice Handbook to harmonize the evaluation methodology. PAHO compliance with the United Nations Evaluation Group (UNEG) guidelines: <i>Impact Evaluations in the UN Agency Evaluation Systems: Guidance on Selection, Planning and Management; Standards for Evaluation; and Norms for Evaluation.</i>
	3.3.2 Institutionalization of evaluation function		<ol style="list-style-type: none"> Office of Internal Evaluation and Oversight established in 2008 and fully functional with staff dedicated to evaluation.
	3.3.3 Staff and programs plan evaluation and use results of evaluation to improve their work		<ol style="list-style-type: none"> Proportion of internal audit recommendations accepted by the Director closed within the biennium increased to 87%.
	3.3.4 WHO champions and rewards learning from successes and failures		<ol style="list-style-type: none"> Work on consolidating and analyzing all evaluation reports and their major lessons learned is ongoing.

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Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
3.4 Information Management [Outcome 3.4: Information managed as a strategic asset]			
	3.4.1 A strategic framework for streamlined and standard information management		1. Strategy and Plan of Action on Knowledge Management and Communication (2012) .
	3.4.2 Streamlined national reporting		1. Regional Core Health Data Initiative functional. 2. Strategic Plan Monitoring System (SPMS) launched in 2015. 3. Platform for Health Information (under development).
	3.4.3 ICT systems in place to create an enabling environment for information management		1. PASB Management Information System (PMIS) (2015-2016). 2. Draft IT Strategy presented to the Subcommittee on Program, Budget, and Administration, and the Executive Committee in 2015.
	3.4.4 Promoting a knowledge sharing culture		1. Establishment of the Office of Knowledge Management, Bioethics, and Research (2008). 2. Institutional Repository for Information Sharing (IRIS) (2014).
3.5 Communications [Outcome 3.5: Improved reliability, credibility and relevance of communications]			
	3.5.1 Clear communications roadmap		1. Strategy and Plan of Action on Knowledge Management and Communication (2012) . 2. Communication Strategy (2014) . 3. PAHO Publications Policy approved and adopted in 2015 (currently available on PAHO Intranet).
	3.5.2 Showcasing the consistent quality and how WHO works to improve health		1. Awaiting results of WHO Perception Survey 2015 (participants from the Americas Region include Barbados, Dominican Republic, Guatemala, Honduras, Suriname).
	3.5.3 Provide accurate, accessible, timely, understandable, useable health information		1. All countries have and maintain an updated internet site, and the PAHO website was upgraded and redesigned to enhance mobile access and information delivery. 2. The corporate image was strengthened on the Intranet to serve as main hub of the PAHO corporate identity system. 3. Social network activities were established and consolidated to improve efficiency.
	3.5.4 WHO staff all have access to the programmatic and organizational information they need		1. All staff have access to PASB Management Information System providing access to financial and programmatic information on a real-time basis. 2. Spotlight section of the PAHO Intranet utilized to disseminate current information to staff on key issues affecting PASB and Member States.
	3.5.5 Quick, accurate and proactive information and communications in disease outbreak, public health emergencies and humanitarian crisis		1. PAHO provided a timely response to all six acute emergencies with potential health impacts that occurred during the biennium (Bolivia floods 2014, Chile floods 2015, storm Erika in Dominica, storm in Bahamas 2015, floods in Paraguay in 2014 and 2015) through the rapid mobilization and deployment of response experts to the field to conduct early damage/needs assessments and develop action plans within 72 hours of onset. 2. Response to outbreaks in 2014-2015 within 48 hours of onset. 3. PAHO participates in ongoing discussions regarding reorganization of WHO's critical functions and core commitments during and after emergencies, a WHO Program for Emergencies and Outbreaks, the Platform to support the scale-up and outreach of outbreak and emergency operations, the Contingency Fund, and the Global Health Emergency Workforce.

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Reform Element	Outputs	PAHO Status	PAHO progress in WHO Reform areas
			<ol style="list-style-type: none"> <li data-bbox="739 305 2007 391">4. The high-level advisory group on the reform of WHO's work in emergencies provided recommendations on how to strengthen WHO's capacity, including internal changes and capacity building, support to Member States, and enhancing partnerships. <li data-bbox="739 391 2007 508">5. Action plan for emergencies has been designed and segmented into eight areas of work (infectious hazards; Member States Preparedness; readiness and partnership; health and emergency information; risk assessment and response; operation support and logistics; administration; and external relations) focusing on incident management and key issues for pilot testing/transformative changes.

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