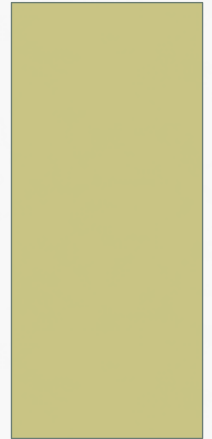


REFORM OF THE WORLD HEALTH ORGANIZATION - ACHIEVEMENTS AND CHALLENGES

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SETTING THE CONTEXT

- Why do international organizations seem constantly under reform?
- Was WHO reformed before? Implications of political changes on role and image of Organization
- Recurring questions about WHO:
 - 1) Role, priorities and comparative advantage in a changing global governance landscape
 - 2) Regional structure
 - 3) Funding
 - 4) Relations with other actors



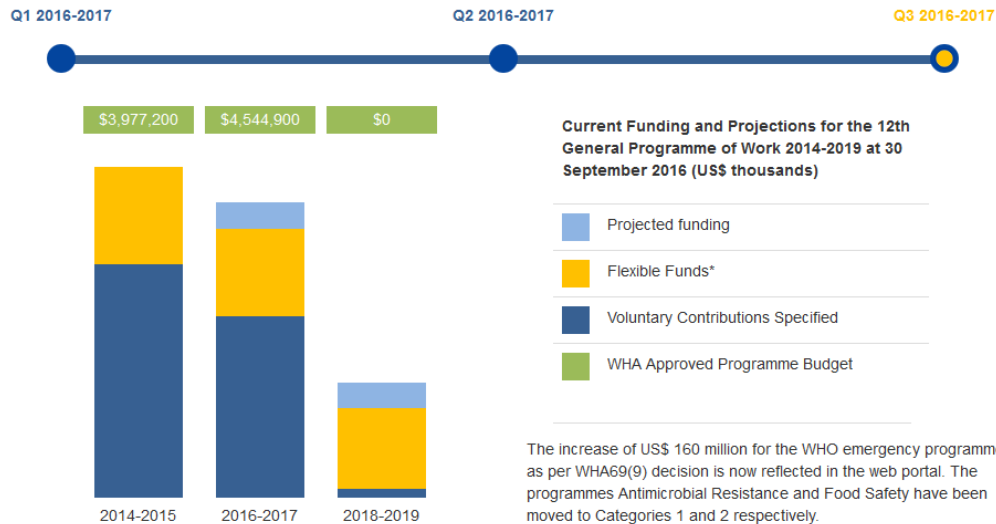
STRUCTURE OF THE REFORM 2010 TO PRESENT

- Reform initiated by the Director-General
- Initial question - consistency between funding model and role – leads to broad questions about identity and role of WHO
- Three main streams of reform:
 - 1) Programmatic;
 - 2) Governance
 - 3) Managerial
- Ebola virus disease crisis: reform of WHO's work in outbreaks and health emergencies
- Cross-cutting issues: accountability, transparency, effectiveness, efficiency
- Important achievements and open challenges

PROGRAMMATIC REFORM

- Objective criteria for priority-setting and bottom-up planning. Start from the countries and move up
- Matrix approach to planning with criteria and categories as planning tools
- Paradigm shift in budgeting and financing to work around funding model. Whole budget approval, financing dialogue, strategic allocation, transparency in financial flows and alignment of funds with priorities
- Result chain and accountability – from aspirational to real budget
- Open challenges: voluntary financing, interactions of three levels, what can be dropped....

Funding of the 12th General Programme of Work



The increase of US\$ 160 million for the WHO emergency programme as per WHA69(9) decision is now reflected in the web portal. The programmes Antimicrobial Resistance and Food Safety have been moved to Categories 1 and 2 respectively.

The subsequent tabs reflect the WHA approved Base programme budget of US\$ 3,354 million and increased budget for polio, OCR, TDR & HRP as supported by [Resolution WHA68.1](#).

* Flexible funds consist of Assessed Contributions, Core Voluntary Contributions and Programme Support Costs. In 2018-2019, it is assumed that Assessed Contributions shown are at the 2014-2015 and 2016-2017 levels, for illustrative purposes only.



GOVERNANCE REFORM

Main goals

- 1) More strategic focus in decision-making by WHO's governing bodies
- 2) WHO as a single organization:
harmonization and coherence of
governance and coordination processes
- 3) WHO's role in global health governance
- 4) WHO's relations with non-state actors



GOVERNANCE REFORM - ACHIEVEMENTS

- Increased harmonization and alignment across three levels of WHO's governance
- Endorsement of Global Policy Group (GPG) as best practice.
- Some improvement in methods of work of governing bodies – traffic lights and webcasting
- Adoption of framework of engagement with non-state actors (FENSA): first ever comprehensive framework of engagement with all major non-state stakeholders



GOVERNANCE REFORM – OPEN CHALLENGES

- Failure to clearly define WHO's role in global health governance – mission impossible?
- Appointment of regional directors
- Status of the Pan-American Health Organization (PAHO)
- Agenda and priorities of governing bodies – tension between strategic focus and sovereignty
- Testing the new process for electing the Director-General

MANAGERIAL REFORM

- Less visible part of reform - crucial for effectiveness, legitimacy and credibility
- Management reform in
 - 1) Decentralized organization
 - 2) Part of UN system and international civil service
 - 3) Historical underestimation of management
 - 4) Major shift in culture across UN system



MANAGEMENT REFORM – MAIN ISSUES

Transparency/accountability

- Management of conflicts of interest, risk management, evaluation culture
- Internal controls – strengthening oversight bodies, audit, “zero-tolerance” culture
- Tone at the top – transparency within senior management

Human resources

- Mobility within a global normative organization
- Internal justice
- Whistleblowing policy and support
- Focus on selection, training, support and accountability of heads of country offices – from emergency response to policy dialogue



REFORM OF HEALTH EMERGENCY PROGRAMME

- Paradox of Ebola – WHO criticized for not playing the role it was not supposed to play
- Challenge of adapting/transforming organizational rules, modes and culture
- Operating principle: single programme with one line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics



- Challenge of command and control structure in decentralized organization. Role of RDs
- Challenge of merging two cultures – outbreak response and emergency
- Funding and workforce
- Relations with other humanitarian actors
- Acceptance of WHO's coordination and leadership role

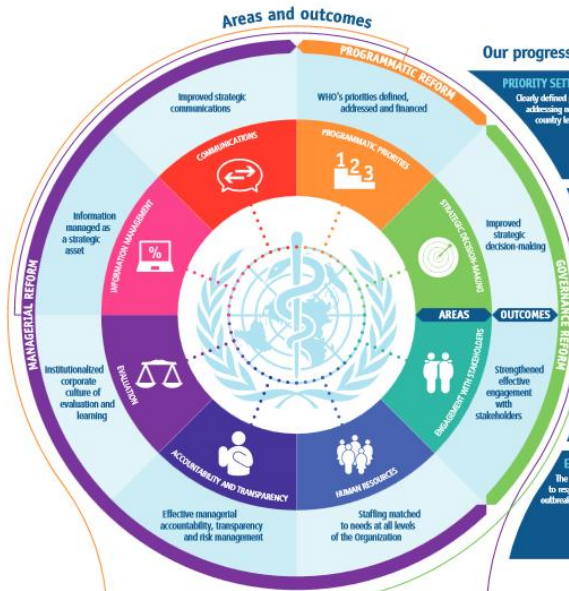
CONCLUSIONS

- Balance sheet of the reform - what is missing?
- What are the unsolved questions and open challenges?
- Importance of the election of the Director-General for the future of the reform
- Can the world do without WHO? What is WHO's essential role?

THE REFORM IN A SNAPSHOT

Our reform story

The first decade of the 21st century brought unprecedented challenges and opportunities for people's health. Old health problems persist and new ones emerge. The global public health landscape is crowded and poorly coordinated. This demands renewed leadership in global health from WHO.



Who we are

The World Health Organization (WHO) is the United Nations specialized agency for health, made up of 194 Member States and supported by more than 7000 staff based in 150 countries, territories and areas, six regional offices and a headquarters in Geneva.

What we do

- Our primary role is to direct and coordinate international health. We:
- provide leadership on matters critical to health
 - shape the health research agenda
 - define norms and standards for health
 - articulate policy options for health
 - provide technical support and build capacity
 - monitor health trends.

Our vision

Health is a fundamental human right; everyone has the right to the highest possible level of health.

Our leadership priorities give focus and direction to our work

- Advancing universal health coverage
- Implementing the International Health Regulations (IHR)
- Increasing access to essential, high-quality and affordable medical products
- Achieving the health-related Millennium Development Goals and Sustainable Development Goals
- Addressing the challenge of noncommunicable diseases and mental health
- Reducing health inequalities by addressing the social, economic and environmental determinants of health

Our progress

PRIORITY SETTING

Clearly defined priorities addressing needs at country level

60% of country offices allocating at least 80% of budget to their 10 priority programme areas

Most country offices allocating at least 80% of budget to their 10 priority programme areas

FINANCING

Predictable, flexible and aligned financing of agreed priorities

70% of programme budget fixed at the beginning of the biennium 2014-15, compared with 52% for 2010-11

Predictability and flexibility of resources and better alignment with priorities

ACCOUNTABILITY

Every member of the Organization is accountable for his/her actions and decisions, and accepts responsibility for them

Processes in place that facilitate accountability: corporate risk register, whistleblowing policy, management dashboards, and harmonization of compliance functions.

All operational audits conducted as "satisfactory" or "partially satisfactory"

EMERGENCIES

The world is better prepared to respond to health outbreaks and emergencies

An emergency platform, a contingency fund and a global health emergency workforce are being established

WHO is prepared to respond cooperatively and rapidly to disease outbreaks and emergencies with health consequences, in a directed, coordinated and scalable manner

What success looks like

- A world in which gaps in health outcomes are narrowed
- A world in which people have access to the medical products and services that they need
- A world in which the sick and vulnerable are protected from impoverishment
- A world in which countries have quality health systems that meet the expectations and needs of their people
- A world which puts health and well-being at the centre of sustainable development
- A world which achieves internationally-agreed health targets and goals:
 - reduced child and maternal deaths
 - 25 by 25 - 25% fewer premature deaths from noncommunicable diseases by 2025
- A world in which populations are protected from disease outbreaks and harm from natural disasters
- A world without polio

We are all part of the change

Reform of our work in EMERGENCIES

A new stream of reform was established to ensure WHO's capacity to prepare for and respond to epidemic and emergency with health consequences. It cuts across the three areas of reform and they will all be closely linked and aligned.

PROGRAMMATIC REFORM

WHO improves health outcomes through more systematic and transparent definition of priorities and better alignment of these priorities with resources - both technical and financial.

GOVERNANCE REFORM

WHO achieves greater coherence among players in global health by improving internal governance practices, leveraging convening power, encouraging uptake of technical advice and standards, and engaging more effectively with non-State actors.

MANAGERIAL REFORM

WHO enables the delivery of health outcomes by more effective and efficient management of human resources, accountability, evaluation, information and communications.



World Health Organization