Fit for the Future: Taking Stock of WHO Reform in the Western Pacific Region
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ACKNOWLEDGEMENTS

WHO reforms in the Western Pacific Region have been carried out with support from the Australian Government Department of Foreign Affairs and Trade (DFAT), the Government of Japan and the Government of the Republic of Korea.
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Executive summary

The World Health Organization (WHO) in the Western Pacific Region has been implementing reforms since 2009 in an effort to remain relevant in a region of rapid changes. These reforms, which have been led by Dr Shin Young-soo, WHO Regional Director for the Western Pacific, have had a central aim – the delivery of services that meet the specific needs of the Region’s Member States.

THE IMPORTANCE OF STOCKTAKING

Upon taking office in 2009, the Regional Director recognized that all staff members would need to be engaged in any effort to reinvent the Organization. With this in mind, the reforms started with retreats for staff members to consider how to make WHO “fit for the future”. Those discussions led to four major reform initiatives, along with actions across the Organization carried out through a shared leadership approach. In 2016, a review was undertaken to take stock of all of the reform efforts and ask: is WHO now fit for the future?

This report shares the key findings of the year-long stocktaking exercise and highlights the most significant reform actions. The exercise was coordinated by a core group of members of the Country Support Unit (CSU), several WHO country representatives, other senior staff members and external consultants. Staff members and stakeholders across the Region contributed to the stocktaking process through consultations with the Regional Director’s Cabinet, WHO country representatives, country liaison officers and technical coordinators, as well as focus group discussions and key-informant interviews.

Through the stocktaking exercise, 801 reform actions were identified and grouped into 30 reform action areas, which were further analysed to discern six domains of reform. Chapter 1 of this report highlights key actions in each of these domains and shares stories of the nature and benefits of these reform actions.

HOW REFORMS WERE PRIORITIZED

DOMAIN 1. Focusing on country needs

A matrix approach for staff members from country offices and the Regional Office for the Western Pacific to engage in meaningful strategic discussions was rolled out through the WHO country cooperation strategy (CCS) process. The story of the Lao People’s
Democratic Republic—WHO CCS demonstrates this change in action. To strengthen WHO’s leadership in the Pacific and to provide tailored support to the Pacific, WHO reconfigured its presence in the Pacific. The organigram for WHO in the Western Pacific Region was revisualized to support a mindset change towards putting country offices at the forefront of all work in the Region.

**DOMAIN 2. Breaking silos**

WHO has invested in strengthening links between the Regional Office and country offices, shifting the way the Organization addresses health security and emergencies and creating an enabling environment for cross-cutting approaches that break traditional organizational silos. These actions have resulted in more integrated technical support to priority health issues at the country level, such as the drug-resistant tuberculosis (DR-TB) crisis in Papua New Guinea, sustainable financing of essential public health programmes in countries of the Greater Mekong Subregion, and work towards universal health coverage (UHC) and the Sustainable Development Goals (SDGs) in the Region.

**DOMAIN 3. Improving governance and partnerships**

Building on global discussions, the WHO Secretariat has sought to improve processes and practices of the WHO Regional Committee for the Western Pacific. Efforts have been made to increase the transparency and inclusiveness of the agenda development process for the annual sessions of the Regional Committee and to have more thorough consultation on regional action plans. WHO in the Western Pacific Region has also been active in interregional learning and collaboration, resulting in high-level biregional action on antimicrobial resistance and on health and the environment. The Organization’s extended family of WHO collaborating centres has also been an area of focus through the creation of the Regional Forum of WHO Collaborating Centres.

**DOMAIN 4. Evaluation**

With evaluation recognized as an area in which WHO can improve, strategic assessments and reviews have been carried out in the Region, such as assessments of WHO performance in specific countries and the Regional Office’s support to countries. The practice of reviewing regional strategies has been introduced, with the findings shared with the Regional Committee to inform its decision-making.

**DOMAIN 5. Optimizing organizational efficiency**

Reforms in staff recruitment processes contributed to an easier-to-use recruitment system and reduced the time from a job vacancy to bringing a new staff member on board. The Professional Staff Mobility and Rotation Scheme has broadened the working experience of staff members and contributed to building more professionalism within the Organization. Programme Budget management has been improved through the Programme Management Officers’ Network and Regional
Administrative Network. The management of WHO-organized meetings has been also improved. A roster of Programme Management Officers was introduced to ensure a ready and appropriate supply of individuals to fill these key posts.

**DOMAIN 6. Communicating effectively**

Communications is increasingly recognized as an important area of reform. Efforts in this area have been launched and additional efforts are in the works. Key achievements to date include a more strategic focus on communication, better information products, a new multimedia library and innovative approaches led by country offices.

**WHAT WE FOUND**

Analyses of these actions resulted in key findings: reform has relied on a clear and consistent leadership direction; reform has taken an incremental and evolutionary approach; clear mechanisms of reform and the participation of all have been essential; and motivating staff performance has helped support reform.

The stocktaking team concludes that WHO is, in fact, now more fit for the future. In the Western Pacific Region, WHO is focused on country needs and delivering results at the country level. A culture of continually asking how we can work better has become an integral part of the mindset of WHO staff members in the Region. However, the Organization cannot stop now. This culture of continuous improvement must be regularly nurtured. Supporting mechanisms and actions described in this report need to be institutionalized and routinely improved. To ensure WHO’s actions deliver better services to countries, six attributes of good country support – distilled through the stocktaking process – will serve as a framework to guide further organizational improvements in the Region.

**Six attributes of effective country support**

1. Leveraging three levels of the WHO Secretariat
2. Focusing WHO support where the Organization can make a difference
3. Placing the right people in the right places
4. Effectively engaging partners
5. Enhancing communications
6. Improving operational intelligence
Introduction

Is WHO fit for the future?

This question was the focus of staff member retreats organized by Dr Shin Young-soo, World Health Organization (WHO) Regional Director for the Western Pacific, shortly after he took office in 2009. The Regional Director recognized that WHO must continuously evolve in order to remain relevant and meet the specific needs of Member States.

In the Western Pacific Region, the needs and priorities of Member States reflect their different cultures, contexts and histories. Covering one quarter of the Earth’s surface, the Region is diverse. It is home to 1.9 billion people and to the Member State with the largest population (China) and the smallest (Niue). Countries are developing rapidly, particularly in Asia, and as their national incomes increase, the manner in which they cooperate with the Organization – and the type of support they require – evolves.

Rapid development has been accompanied by progress in health. The health of mothers and children has improved, and illness and death from infectious diseases have declined. But there are also new challenges. Countries are undergoing an epidemiological transition from communicable to noncommunicable diseases (NCDs), and health systems are undergoing reforms to meet changing consumer demands. Threats of emerging diseases, global health security risks, climate change and antimicrobial resistance (AMR) are also receiving more attention.

For the Organization to deliver on its mandate in this complex environment, WHO in the Western Pacific has transformed itself continuously over the past nine years.¹ Reform efforts in the Region are working in unison with the global WHO reform process initiated in 2011. There have been four major reform initiatives in the Region and regular progress reports, but these have not captured the full scope of the organizational transformation.

1. WHO reforms in the Western Pacific Region have been carried out with support from the Australian Government Department of Foreign Affairs and Trade (DFAT), the Government of Japan and the Government of the Republic of Korea.
In the spirit of learning and continuous improvement, a decision was taken in 2016 to reflect on the reform process and consider: Are we now fit for the future?

A core group was set up to take stock of reforms in the Region. The group was composed of members of the Country Support Unit (CSU), selected WHO country representatives (WRs), other senior staff members and external consultants. All technical divisions and country offices in the Region were engaged in the process through an expanded working group, discussion groups and interviews. Members of the Regional Director’s Cabinet, WRs, country liaison officers (CLOs) and technical coordinators were regularly consulted throughout the process, and they provided substantial input to shape the direction of the stocktaking initiative.

This report describes the reform actions undertaken in an effort to make WHO fit for the future. The report also shares findings from the stocktaking process and highlights specific reform experiences in WHO in the Region. The report is divided into four main sections. This Introduction and Chapter 1 describe actions taken in six thematic domains identified during the stocktaking review. Rather than providing an exhaustive description of all actions taken, Chapter 1 shares key highlights and success stories under each domain. The stories focus on the challenges each reform action sought to address, the actions that were taken and the results or progress achieved. Chapter 2 summarizes findings from the stocktaking process, and the Conclusion summarizes key messages and goes beyond an analysis of the findings to identify six key attributes of effective country support.

This report also presents a few key examples distilled from the 801 reform actions identified through the stocktaking process. The full report of all reforms in the Region is documented in Stocktaking of WHO Reform in the Western Pacific Region.
Reform actions

The stocktaking process: from 801 reform actions to six thematic domains

The first step of the stocktaking process was to identify all reform actions, both those fully implemented and those that are ongoing. Four reform initiative documents published since 2009 were reviewed: Fit for the Future; Moving Forward, Making a Difference; Making a Real Difference at the Country Level; and Keeping Countries at the Centre.

The current review was extended to capture reform actions beyond those contained in the four major reform documents. The search included the annual reports of the Regional Director to WHO Regional Committee for the Western Pacific, information circulars, the minutes of weekly Cabinet meetings, technical coordinators meetings, and consultations of WHO representatives (WRs) and country liaison officers (CLOs). Through these reviews, 801 reform actions in the Region were identified, including actions such as preparing an annual planning calendar of WHO meetings and updating reporting templates to include guidance to writers and word limits.

Key-informant interviews and focus group discussions were then conducted to better understand why the reform actions had been carried out, what they had achieved or contributed to, and the relationship among various reform actions. Many actions were found to be iterative, building on the progress and achievements of past reform actions; other actions have taken a fresh approach when it was determined that past actions had not produced expected results. Taking all of this information into consideration, the stocktaking team conducted several rounds of discussions that allowed the team to group the actions into 30 thematic areas.

The 30 thematic areas then were analysed more closely. By looking at the 30 thematic areas from the perspective of the challenges or priorities each area sought to address, six domains of reform were identified.
The domains are:

1. Focusing on country needs
2. Breaking silos
3. Improving governance and partnership
4. Evaluation
5. Optimizing organizational efficiency
6. Communicating effectively

FIGURE 1. The stocktaking process in 2016
Domain 1. Focusing on country needs

External evaluations of WHO’s work have consistently found that the Organization overextends itself and attempts to address too many priorities, resulting in a lack of focus. As a technical agency, WHO has expertise at various levels, but it must learn to put countries at the forefront of all of its work. Countries are increasingly demanding that WHO’s technical collaboration be country led and anchored to their national health priorities.

To address issues of concern, WHO in the Western Pacific Region took a range of reform actions including promoting greater investment in strategic planning and foresight, reorienting WHO’s resources across the Region to better serve countries, and incentivizing staff to prioritize country support. Of these, this report will highlight new approaches to development of WHO country cooperation strategies (CCSs) and reconfiguring WHO’s presence and adjusting organizational perceptions to better support countries.

A new approach to country cooperation strategies

WHO CCSs provide the medium-term strategic vision for WHO cooperation with a given Member State in support of the country’s national health plan and policies. However, external evaluations of WHO work found that CCSs were seen as insufficiently focused and underutilized. The assessment also found it difficult to link the CCS with the WHO Programme Budget and work plans of each country office.

Recognizing their untapped utility and value, the Regional Director prioritized the CCS on his leadership agenda. The Regional Director sought to use CCS to facilitate a matrix approach to management. In 2010, internal tools known as technical strategic frameworks and country strategic frameworks were rolled out. The intention was to pursue joint operational planning between the country offices and the Regional Office using a results chain from input to impact. This pre-empted the use of the results chain in WHO’s Global Management System. The frameworks were not well received among staff members partly because they were out of step with dominant approaches at the time.

In 2015, taking lessons from the first attempt to utilize technical strategic frameworks and country strategic frameworks, a new tool – the technical programme country support plan (TCP) template – was developed. TCPs serve as a record of the discussion between regional and country-based staff members to determine priority areas for each technical programme in each country for the coming four to six years. Technical discussions are framed using a matrix approach (Fig. 2) for the national health system, the system’s status and health sector goals for the system in the coming 10–15 years. After TCPs are developed, members of the Regional Director’s Cabinet and the respective WR consider what resources will be needed and where WHO can make the greatest difference in a country.
These then form the draft CCS strategic priorities to be discussed with the Government.

As a result of these changes, CCSs are more widely understood to be a guiding document for WHO staff members at the regional and country levels and for ministries of health. There has been a shift towards more sharply focused, cross-cutting priorities that reflect deep consideration of country foresight, as well as better alignment of the CCS and the 10 priorities of the Programme Budget. This gives staff members a greater appreciation of planning and a more comprehensive view of where a country is likely to be in five years or so, rather than a view of only the current situation. In conjunction with this approach to defining CCS strategic priorities more clearly, the quality of the final CCS document was also improved with a standardized template and professional photos. In an effort to increase visibility of these strategies, a ceremonial signing and launch of each renewed CCS by the Regional Director and respective country’s Minister of Health has become a routine practice.

**FIGURE 2.** A matrix approach to WHO country support in the Western Pacific Region
BOX 1.

THE LAO PEOPLE’S DEMOCRATIC REPUBLIC – WHO COUNTRY COOPERATION STRATEGY 2017–2021

The new approach to CCS development was implemented in the Lao People’s Democratic Republic.

Through the leadership of the WHO country office, drafting of priority collaboration areas with the Ministry of Health became a country-owned process. Each technical division in the Regional Office nominated a focal point to participate in drafting the strategy. A joint mission of CCS focal points then visited the country office to discuss priorities for the coming years. Using the TCP template, Regional Office and country office counterparts devised high-level, five-year action plans for their joint work together in support of the country.

These TCPs considered how the Lao People’s Democratic Republic might change in the coming years – graduating from least-developed country status, with increasing urbanization, and continuing to be governed by a stable one-party system. Investment in primary health care emerged as the top cross-cutting strategic foresight for the country to ensure rural and remote communities are not left behind as urban communities grow. The WR and senior management then refined the filtered technical programmes and grouped them into draft strategic priorities for discussion with the Government and then with partners.

The resulting five cross-cutting strategic priorities emerged from filtering technical priorities through country strategic foresight of primary health care:

1. Resilient health systems towards universal health coverage;
2. Effective delivery of essential public health programmes;
3. Enhanced health security;
4. Effective policy dialogue and advocacy; and
5. the Lao People’s Democratic Republic as an active partner in the Greater Mekong Subregion and the Association of Southeast Asian Nations.

In February 2017, the Regional Director and the Minister of Health launched the strategy. In the first six months of its implementation, the focus has been on dissemination of the strategy to WHO and Ministry of Health staff members and partners, as well as working together to operationalize strategy, guided by the TCP. The CCS also is serving as the guiding in-country reference for operational planning for the Programme Budget 2018–2019.
Reconfiguring WHO presence and adjusting perceptions to better support countries

WHO country offices are the frontline of the Organization. CSU was created in 2009 to support these offices and strengthen collaborative work with Member States. In the same year, the Division of Pacific Technical Support (DPS) was established and other organizational changes were made. These were reflected in a revised organigram in 2014.

Strengthening WHO’s Pacific presence

The 21 Pacific island countries and areas are scattered across a vast ocean. The huge distances between islands and the remoteness of communities often make communications difficult. Prior to 2010, the six WHO offices in the Pacific were coordinated by the Regional Office in Manila, Philippines, with limited interaction among the offices. There was no office in the northern Pacific.

In August 2010, the WHO Country Liaison Office in Northern Micronesia was created to bring WHO support closer to the Marshall Islands, the Federated States of Micronesia and Palau. Then in September 2010, the Office of the WHO Representative in the South Pacific was reconfigured as DPS. The Country Liaison Office in Solomon Islands was reclassified as a WHO Representative Office in 2012 to respond to increasing demands for WHO support. Following these changes, the WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017 was developed to provide strategic direction for WHO work in the Pacific.

An assessment in 2013 of WHO’s roles and functions in the Pacific revealed that stakeholders found WHO had become more responsive and that more resources were available at the country level following the creation of DPS. The division provides a mechanism to channel the three levels of WHO support – headquarters, the Regional Office and country offices – across priority technical programmes to the Pacific islands.

Revisualizing WHO’s presence to put countries at the centre

An external assessment of the Regional Office’s strengthened country support in 2013 found that staff members across the Region perceived that the Regional Office and country offices were not part of a single entity, instead each office acted independently.
To support a change in perceptions about the relationship between the Regional Office and country offices, the organigram for the Organization in the Western Pacific Region was revisualized (Fig. 3). The new organigram clearly showed that WHO in the Region acts as one team, with country offices and Regional Office technical divisions on equal footing structurally and functionally. Individual technical units were also removed from the organigram.

This symbolic shift underpins a mindset change that puts country offices at the forefront of all work in the Region. This shift also has contributed to removal of the hierarchy of Regional Office technical divisions over the country offices.

**FIGURE 3.** The revisualized organigram of WHO in the Western Pacific Region
Domain 2. _Breaking silos_

A strong health system and a focus on the social, economic and environmental determinants of health are both essential to improving health outcomes. Global efforts towards universal health coverage (UHC) and achieving the Sustainable Development Goals (SDGs) recognize that various stakeholders need to work together.

WHO traditionally has recruited highly skilled experts to lead programmes, but these programmes do not exist in a vacuum. While many appreciate that cross-cutting approaches are necessary, there are differences of opinion about how to make them work.

In this domain, WHO has invested in strengthening links between the Regional Office and country offices to make the most of the different skills of each office, team and individual. The Organization’s key role in emergencies was also recognized early and teams were reorganized accordingly.

**Stronger links between the Regional Office and country offices**

The three-level structure of WHO provides Member States with a variety of expertise on which to draw. A range of mechanisms have been established and fostered so that the three levels can work together coherently and so that technical programmes can deliver integrated support to Member States.

Biannual consultations of WRs and CLOs are a well-established tradition of WHO in the Western Pacific Region. These consultations are a platform to exchange regional and country-level views and ideas. However, the Regional Director recognized that these interactions could be improved, made less rigid and more collegial, and geared towards learning and continuous improvement.

A retreat component was introduced to the consultations to facilitate these enhancements in 2009. Similar annual retreats have also been introduced among regional technical programme and country office staff members.

Complementing these face-to-face meetings, upgrades to the information technology infrastructure across the Region have made it possible for the Regional Office and country offices to hold regular videoconferences. All 15 WHO country offices in the Region are regularly connected in real time to important Region-wide all-staff
gatherings. Since 2012, Cabinet members have met with WRs by videoconference to discuss strategic issues and as part of the handover from one WR to the next. At the technical level, category and programme area networks also hold regular videoconferences between the Regional Office and country offices.

Key information also has been exchanged across offices every two months through regular updates from country offices (since 2010) and technical divisions (since 2014). Country office updates are discussed in detail during Cabinet meetings. Technical division updates are discussed during technical coordinators meetings and shared with WRs. CCS development, in particular completion of TCPs, provides an additional opportunity to ensure strategic collaboration across regional and country office technical teams.

**A strategic shift in the way to address health security and emergencies**

The Western Pacific Region is a hotspot for emerging diseases and disasters. Recognizing this, the Regional Director prioritized health emergencies as an important area of WHO work.

Reform actions that focused on health security were structural and process oriented. The first step came in January 2010 when units from three different divisions – the communicable disease surveillance and response unit, the food safety unit and the emergency and humanitarian action unit – were merged into the single Health Security and Emergencies unit. Each of these units had been providing emergency response support separately. Working together the new unit was soon able to create synergies by benefiting from each other’s knowledge, skills and platforms. Later in the year, the unit became its own division – the Division of Health Security and
Emergencies (DSE), marking a strategic shift in the way the Region addresses global health security. As DSE’s role grew in the Organization, its Emergency Operations Centre was upgraded and renovated in 2013.

DSE’s work was guided by the *Asia Pacific Strategy for Emerging Diseases* (APSED), a biregional strategy that was developed in 2005 and updated in 2010. The strategy supported the building of generic preparedness, alert and response capacities in line with the International Health Regulations, known as IHR (2005). The APSED strategy was evaluated in 2015, informing the development in 2016 of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III). The updated strategy reflects global developments, such as the global introduction of the WHO Health Emergencies Programme.

Through the DSE, WHO was able to better respond to emergencies in the Region, such as Typhoon Haiyan in 2013. The Region was also able to support other regions, for example through the Western Pacific Ebola Support Team deployed to Sierra Leone. The all-hazards approach adopted through the creation of the DSE also was integrated in 2014 into the Twelfth General Programme of Work, which included Category 5 on health security and emergencies.
The response to the drug-resistant tuberculosis (DR-TB) situation in Papua New Guinea is an example of how WHO can focus support where it can make a difference, guided by the leadership and high-level advocacy of the Regional Director and with the Organization’s three levels working together effectively.

On a small island in Papua New Guinea, the DR-TB case notification rate rapidly increased from 8 in 2011 to 61 in 2013. The WHO country office in Papua New Guinea reported the increase to the Regional Office and WHO headquarters. An in-depth investigation in response identified three hotspots of DR-TB transmission.

In August 2014, the Regional Director visited Papua New Guinea and advocated, in a discussion with the Prime Minister, for urgent action to address the DR-TB situation. The Prime Minister declared a public health emergency on the same day, and a Government-wide emergency response team was established. The team led high-level advocacy, resource mobilization, and planning and monitoring of implementation of the national response to DR-TB.

In 2015, the three levels of WHO convened a global meeting to discuss the way forward to accelerate assistance for the DR-TB crisis in Papua New Guinea. A medical officer dedicated to the DR-TB response was deployed to the WHO country office in Papua New Guinea. The officer works day-to-day with counterparts at the National Department of Health. The officer also coordinates the work of partners in TB control, with support from the Regional Office. In 2016, the second meeting was convened alongside a global TB conference in the United Kingdom of Great Britain and Northern Ireland, enabling worldwide response by partners.

Although the DR-TB crisis in Papua New Guinea continues, the country in collaboration with WHO and other partners has improved patient support, expanded access to a new TB medicines and updated policies to further strengthen services.
**Cross-cutting approaches**

WHO technical teams traditionally have been organized around diseases or health systems building blocks. However, in focusing on people-centred care and acknowledging common public health approaches to some diseases, there is value in multidisciplinary approaches. Cross-cutting approaches have been pursued in an effort to break traditional organizational silos.

**From regional adviser to technical coordinator**

In 2010, the Regional Director introduced a key structural change: the Regional Office’s 31 technical units were streamlined to 17 units. In a parallel move, the Region transitioned from regional advisers leading programmes to technical unit team leaders. These leaders provided guidance on collaborative work, coordinated technical work and managed the human resources plan. Technical team leaders meetings were also introduced in 2010 to share information across programmes.

Team leaders were renamed as technical coordinators in 2014 to emphasize their role in facilitating collaborative work. Coordinators were encouraged to collaborate across technical teams. In an effort to encourage collaboration, their meetings expanded from information sharing to discussions of cross-cutting topics, such as “toxic money”, partnerships and communications. Technical officers also were encouraged to include a cross-cutting objective in their annual performance management and development plans. In 2012, annual staff performance awards were introduced, including a team award for outstanding contribution to a project or programme.

**Cross-cutting working groups**

In 2010–2011 four formal working groups were created on key topics – AMR; Laboratories; Millennium Development Goals (MDGs); and Gender, Women and Health, later refocused to Gender and the Social Determinants of Health – to encourage staff members to work across teams and divisions. Each working group engaged staff members from all technical divisions and each group defined their own way of working together.

For example, the Technical Working Group on Gender and Social Determinants, co-chaired by the directors of the Division of NCD and Health through the Life-Course and the Division of Health Systems, identified commons issues on which to work, from publishing a report on *Women and Health in the Western Pacific Region in 2011* to conducting a Regional Office-wide workshop in 2016 to develop a cross-cutting work plan on gender and social determinants of health. The plan identified two areas of work: mainstreaming gender and social determinants of health through capacity-building and documentation of best practices; and gender-based violence. The group also secured dedicated funds for its activities to supplement resources available from individual units.
A further example is the Working Group on the MDGs. This group responded to the work of the Commission on Information and Accountability for Women’s and Children’s Health in 2014, produced regional reports and leaflets on health-related MDGs in the Region, and facilitated the reporting via the Health Information and Intelligence Platform. Other working groups and cross-cutting approaches have developed organically, such as the Health Law Forum initiated in 2015 that meets monthly over a self-catered lunch to discuss a health law topic.

Speaking the same language across the Organization on cross-cutting areas of work ensures that these areas do not suffer from a silo approach. Progress is ongoing to incorporate working group activities across work plans. For example, in 2018–2019, AMR-related activities to be led by the working group are planned across WHO work in health emergencies, communicable diseases, health systems and health through the life course.

Cross-cutting work is increasingly the norm in the Region. Following the declaration by the Government of the Marshall Islands of a noncommunicable disease (NCD) emergency in 2014, WHO and partners developed a strategy to respond and in 2016 WHO mobilized technical expertise across divisions to support population health screening and electronic recording for leprosy, NCDs, nutrition and TB.

BOX 3.

CHAMPIONING UHC AND THE SDGS IN THE REGION

Globally, Member States have committed to achieving the SDGs by 2030. Work towards UHC is a key to achieving the SDGs. WHO recognized that innovative approaches will be needed to ensure the work of the Organization’s programmes is supportive of and guided by SDG principles.

The Division of Health Systems (DHS) leads work on UHC and the SDGs in the Western Pacific Region. DHS recognized that continuing discussions would be necessary to achieve a common understanding of UHC and the SDGs across the Regional Office and country offices, with all programmes and country offices engaged in developing regional action frameworks on these issues. The objective is to have regional frameworks speak to all programmes and offices, while at the same time reflecting the specific perspectives and agendas of the various programmes.

Several platforms were used to ensure everyone had an opportunity to share their input and engage in the process. Internally, among DHS colleagues in the Region and in country offices, a series of dialogues were conducted to engage health systems staff deeply in understanding UHC and the SDGs. Regular consultations of WRs and CLOs in the Region were turned into opportunities to understand and reflect country perspectives in order to reinforce support at the country level. Technical coordinators meetings involving all professional staff members in the Region also were used as venues to engender a common understanding of UHC and the SDGs across technical programmes. The dialogues occur iteratively within teams, between teams, within divisions and between offices. Each technical unit mapped out its programme mandates, partner sectors and stakeholders in relation to the SDGs.
BOX 3. CONTINUED

CHAMPIONING UHC AND THE SDGS IN THE REGION

Additional innovative platforms provided opportunities to expand collaboration on the SDGs and UHC. These included: the Second Regional Forum of WHO Collaborating Centres in 2016, the combined Global Gender, Ethics and Rights and Social Determinants of Health Networks Meeting, the Category Area Network for Health Systems Meeting, and the Asia Pacific Parliamentarians Forum on Global Health. A culture of collaboration evolved, with stakeholders beginning to appreciate and link the realities of their programmes to the goals of UHC and the SDGs. This collaboration culminated in endorsement by the Regional Committee for the Western Pacific of two regional action frameworks. Universal Health Coverage: Moving Towards Better Health was endorsed in 2015 and the Regional Action Agenda on the Sustainable Development Goals in the Western Pacific was endorsed in 2016.

The dialogue and exchange on UHC and the SDGs are examples of a process that helps develop a model for implementation. People engage in the process to determine the next steps that will move the agenda forward. Synergies arise through the actions of people across all levels of the Organization. Teams and offices in the Region began to invite colleagues from DHS to not only be briefed on UHC and SDGs, but to plan specific programmatic actions along the lines of the regional action framework. The WHO Deputy Director-General, when visiting the WHO Regional Office for the Western Pacific, said that this process of championing UHC and the SDGs can be a source of learning for others to follow. In recognition of this successful and productive process, the team leading the SDGs work received the 2016 Annual Team Performance Award.

The inclusive and open process of discussing how UHC and the SDGs can be institutionalized was made possible through the authorizing environment created by the Regional Director and the DHS Director. Further, the active participation of all has opened opportunities for behaviour changes that we see today. A Technical Advisory Group on UHC was established in 2016 and is now guiding UHC policy development and implementation in countries, based on progress already achieved.
As countries progress economically and socially, global health initiatives often withdraw their support, prompting the health sector to initiate reforms. As a result, countries can face challenges integrating vertical services into the health system. WHO has a role to play in guiding countries through this transition.

An example of collaboration during this transition can be seen in the work of the TB team at the WHO Regional Office for the Western Pacific. The team has previously collaborated with the essential medicines team on strengthening regulatory frameworks and with the social determinants of health team on reaching vulnerable populations. In 2014, the TB team approached the health policy and financing team to flag the potential need for support on sustainable financing. Following a series of discussions, the teams provided significant technical support to an Asia Pacific biregional meeting on TB control and health insurance in 2014.

Based on consultations with Member States at the meeting and continued collaboration, the teams developed an assessment tool in 2015 with the assistance of HIV, immunization and malaria colleagues. In 2016, the teams conducted joint missions and used the tool to develop case studies in Cambodia, Japan, Mongolia, the Republic of Korea and Viet Nam. Debriefings following these missions also were useful in gaining the insights of other health systems experts.

At the strategic level, the Cabinet discussed potential Regional Committee agenda items for the coming years, raising the option of an agenda item on sustainable financing. The topic was discussed during a Regional Committee side event in 2016, with Member States deciding to include sustainable financing on the main agenda of the Regional Committee in 2017.

A key challenge in their cross-cutting work has been finding a mutually agreeable time to work together. The travel ban – a week each month in which staff members normally do not travel outside the Regional Office – has been useful in this regard.

A second challenge has been the need to develop a shared language, as terms such as “integration” and “coherence” might mean different things to different specialties. Of course, it has taken time for the teams to understand each other. But working together in the field, in meetings and engaging socially have helped specialists develop a common language and way forward. The TB Technical Coordinator noted with satisfaction that health systems colleagues were speaking “TB language” during debriefings following joint missions.
Domain 3. Improving governance and partnerships

WHO Member States set the direction of the Organization through annual meetings of the WHO governing bodies. WHO reform has focused on improving the quality of interactions at these meetings through increased transparency and inclusiveness.

The Organization has pursued and convened high-level meetings and advocated key issues across regions. Recognizing that WHO can be even more effective by utilizing its extended family of WHO collaborating centres, these partnerships also have been an area of focus.

Increased transparency and inclusiveness

In discussions around global reforms, Member States have requested that the WHO decision making process be more transparent and inclusive. These concerns have been addressed in the Organization’s ongoing effort to improve governing bodies meetings and other Member State deliberations.

During the Regional Committee sessions, various discussion formats have been introduced. First, each year, one in-depth panel discussion is convened on a technical agenda item. This encourages greater discussion and attention to the issue among Member States. Second, since 2012, side events are convened to address issues of emerging interest that are outside the agenda. Topics for side events are proposed by the Secretariat and/or Member States. Examples from 2016 include gender-based violence, health security and health-care financing for priority public health diseases.

A more recent innovation at the sixty-seventh session of the Regional Committee in 2016 was to include a live video link with all WHO country offices in the Region to discuss WHO’s work in countries. This event was well received by Member States and in line with the decision of the Sixty-ninth World Health Assembly for regional committees to consider reports from WHO country offices. In 2016, the Secretariat also conducted a review of Regional Committee agenda items since it began in 1951 with the aim of contributing to a shared understanding of the past to inform future approaches.

The Secretariat also initiated discussions with Member States on ways to improve the inclusiveness and transparency of the process of developing the agenda for the annual sessions of the Regional Committee.

In 2015, Member States agreed to two proposed refinements to the agenda development process proposed by the WHO Secretariat: 1) beginning in 2016 the Regional Committee each year would discuss the agenda for the next year’s session; and 2) the Regional Director would exchange views on the draft provisional agenda with the Region’s Executive Board members each January on the side lines of the Executive Board session in Geneva.
The refined approach to the agenda development process was rolled out in 2016, with active participation by Member States. The various discussion formats and innovations have been well received by delegates.

**Thorough consultation on regional action plans**

The preparation of Regional Committee agenda has also changed. In an effort to ensure the Organization’s mandate and the steps to carry it out are clear and agreed upon, a more evidence-based approach with inclusive consultation has been taken to developing regional action plans, culminating in the endorsement of the plans through Regional Committee resolution.

Progress in implementing the endorsed plans is monitored through a progress report to the Regional Committee, two to three years after the resolution endorsing the regional action plan. In addition, in 2016, summary reviews of regional action plans being renewed were shared with the Regional Committee as information documents.

The effort to have more tightly focused resolutions also has paid off. In 2010, 60% of Regional Committee resolutions endorsed a technical strategy or goal. However, from 2013 to 2016 this increased to 100% each year. One key informant interviewed in the stocktaking process appreciated the effort to consult more thoroughly on regional action plans, explaining that the improved quality of regional action plans means they can be more readily adopted and adapted to national contexts.
Interregional collaboration

Ties with the South-East Asia Region have been strengthened as part of an effort to build more effective relationships across regions, share experiences and create learning opportunities.

Due to proximity and shared interests in Asia, the regional directors for the South-East Asia and Western Pacific regions have been meeting annually since 2010. Collaboration among WRs in countries in the Greater Mekong Subregion has been taking place since 2006. In 2012, this collaborative mechanism was formalized through development of collaborative annual action plans.

While differences between regional offices exist, they share commonalities and follow common WHO corporate processes. Collaboration between the South-East Asia and Western Pacific regions has resulted in successful convening of biregional meetings and platforms, such as the Asia-Pacific Regional Forum on Health and Environment. The high-level AMR meeting for Asia Pacific countries in April 2016 also resulted from discussions at the annual meeting of the South-East Asia and Western Pacific regional directors. The AMR meeting was significant in the context of Japan’s decision to focus on AMR during its presidency of the Group of Seven (G7) in 2016.

Renewed partnerships with WHO collaborating centres

Through research, capacity-building and informing policy development, WHO collaborating centres contribute to the Organization’s work in setting norms and standards, pursuing global public goods and delivering country support. These centres are often at the forefront in their field of work. As the Western Pacific Region continues to evolve, WHO collaborating centres can add increasing value to the Organization’s work.

However, partnerships with WHO collaborating centres have sometimes been vague or out of step with WHO priorities and ways of working. Enhancing the partnership between WHO collaborating centres and WHO has been a key focus of reform in the Western Pacific Region. A key initial step was the establishment in 2014 of the Western Pacific Regional Screening Committee on WHO Collaborating Centres.
The First Regional Forum of WHO Collaborating Centres in the Western Pacific was then convened in November 2014. The forum brought together 181 participants from 135 WHO collaborating centres in 10 countries. Discussions at the forum highlighted the sometimes vague positioning of WHO collaborating centres within their parent institutions and also in relation to WHO.

Since that forum, efforts have been taken to ensure the terms of reference of WHO collaborating centres fit clearly within WHO operational work plans and within the work plans of their parent institutions. Processes of designation, redesignation, termination and evaluation of WHO collaborating centres in the Western Pacific Region have also been improved and the role of the screening committee has been enhanced.

In 2016, the Second Regional Forum of WHO Collaborating Centres in the Western Pacific was convened with even greater participation than the first. The second forum provided a venue to update on progress since the first forum, to further strengthen the role of WHO collaborating centres in WHO work plans and to introduce the overarching global framework of the SDGs. The outcome statement of the second forum also opened opportunities for WHO collaborating centres to work across WHO regions and across technical programmes in keeping with the multisectoral approaches called for to achieve the SDGs. Progress in implementing the outcomes of the second forum will be reviewed in July 2017.
Motivated by the Regional Forum of WHO Collaborating Centres in the Western Pacific, WHO collaborating centres are realizing opportunities to connect across disciplines and share information and experiences through the creation of networks.

After the first forum in 2014, WHO collaborating centres in the Republic of Korea joined forces to establish an alliance. Through quarterly meetings the alliance shares its activities and learns of the work of its members. When the WHO Director-General visited the Republic of Korea in 2015, the alliance used the opportunity to share a poster display introducing each centre.

Inspired by action in the Republic of Korea – reported at the second forum in 2016 – WHO collaborating centres in Australia and Japan have also convened national network meetings. Through these meetings, centres can identify opportunities to collaborate and learn of different funding opportunities and ways to work better with WHO. For example, WHO collaborating centres in Japan sought clarity on the limitations of terms of reference. The WHO Secretariat advised that cross-cutting activities, beyond the terms of reference, are encouraged and should be discussed with WHO responsible officers.
Domain 4. Evaluation

Evaluation has been an area of WHO work that can be improved. In 2012, the Executive Board approved a formal evaluation policy which will ensure accountability and oversight of performance and results, and reinforce organizational learning. In parallel with this global move, WHO in the Western Pacific Region has spearheaded key reviews and evaluations. Highlighted in this domain are a series of assessments of WHO performance at the country level in the Region and reviews of regional strategies.

Assessment of WHO’s performance at the country level

In 2011, the Regional Director’s Cabinet tasked CSU to conduct an assessment of WHO performance in countries in order to gather evidence on reform initiatives and identify areas for further improvement. A tool for self-assessment was developed and applied at all major country offices in the Region. Country offices were able to identify strengths, weakness, barriers and priority action points for improvement.

Following these self-assessments, external assessments of WHO performance of its roles and functions in Cambodia, Papua New Guinea and Solomon Islands were carried out in 2012. The external assessment aimed to complement and extend the insight of the self-assessment and strategic discussions between the Regional Office and country offices.

In 2013, an external assessment of the Regional Office for the Western Pacific was carried out to evaluate its ability to provide effective support to WHO country offices and countries. An external assessment of WHO’s roles and functions in the Pacific also was conducted in the same year, with the aim of assessing the added value of DPS support since its establishment in 2010.

Key findings and recommendations from these assessments were carefully reviewed by senior management. Some were quickly accepted and implemented by Cabinet decisions, while others were incorporated into the Keeping Countries at the Centre reform initiative launched in 2015.
Review of regional strategies

The Regional Office has an increasingly strong track record in evaluating its activities and initiatives. Two key examples are *Guiding Health System Development in the Western Pacific: Summary of a Review on the Use and Utility of Six Regional Health System Strategies* in 2013 and the 2015 evaluation of APSED.

The APSED evaluation was biregional in scope and looked at the previous nine years of implementation. The methodology consisted of a series of intensive country-level assessments and discussions, as well as a biregional consultation that brought together regional and global experts, along with public health officials from various Member States. Activities included an extensive document review, a questionnaire to all Member States in the South-East Asia and Western Pacific regions, and missions to Indonesia, the Lao People’s Democratic Republic, Mongolia, Nepal and Viet Nam. Recommended by the 2014 Technical Advisory Group on APSED, the purpose of the evaluation was to examine the relevance, effectiveness, efficiency and lessons learnt since 2005 as part of an effort to review what had been achieved and decide on the way forward.

The evaluation found considerable progress: 85% of Member States had established event-based surveillance; 92% had a rapid response team and risk communication plans for emergencies; and 95% of national reference laboratories had participated in external quality assessments. The APSED approach was found to be a useful mechanism supporting this progress.

DHS led the review of six health systems strengthening strategies\(^2\) to assess their relevance and usefulness to Member States in the post-MDG era. The review was conducted over one year and drew upon multiple experts; a wide range of data sources allowed the review to triangulate findings and conclusions. The review used mixed methods including desk reviews and analyses of documentary sources from July 2004 to June 2012, as well as collation and analysis of indicator data. The prospective reference period for discussion was up to roughly 2020. Ten countries in the Region participated, with 61 key-informant interviews ensuring the insights of senior national officials were given due weight. Ten senior WHO staff and 12 representatives from development partner organizations in the Region were also interviewed on their experiences with policy dialogues and system development.

The review found that Member States still regarded WHO as a trusted neutral ally in health system development. Countries valued the technical expertise of WHO staff and the evidence-based policy options in WHO strategies. Further, the countries requested WHO take a whole-of-systems approach towards achieving UHC. The review’s final report, *Guiding Health System Development in the Western Pacific: Summary of a Review on the Use and Utility of Six Regional Health System Strategies*, was presented to the Regional Committee for the Western Pacific in 2013. In 2015, the Regional Committee endorsed the Western Pacific regional action framework, *Universal Health Coverage: Moving Towards Better Health*, as a comprehensive, whole-of-system approach.

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Evaluation of existing strategies has increasingly become a standard initial step before developing new regional strategies or action frameworks. To share the key messages or summaries of these evaluations with the Regional Committee, the Secretariat has developed a simple information document template. The summaries of evaluations describe how the strategy was implemented, evaluation methods used by WHO, key evaluation findings and conclusions.

Three such information documents were shared in 2016, and all were well received by the Regional Committee:

2. Summary Evaluation of Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015); and
Domain 5. Optimizing organizational efficiency

By improving the Organization’s efficiency, WHO can perform its roles and functions better. However, the Organization’s sheer size, complexity and long history have at times hampered its work. Further, limited resources and the increasing demands of a changing public health landscape require a more effective and efficient WHO.

There have been many reform actions related to administrative processes. These include streamlined recruitment processes, the use of generic post descriptions, spearheading staff mobility, implementation of travel efficiency measures, enhancements to mission reporting systems, and fostering of networks and mechanisms such as the Programme Committee to improve programme management and finance monitoring. Other administrative reform actions include the development of templates, online training and other tools, such as analytical dashboards, to support management and administrative processes. This section will highlight efforts to invest in the Organization’s best assets, improve Programme Budget management and increase efficiencies in the conduct of WHO meetings.

Investments in our best assets

Streamlined recruitment process

WHO continues to face pressure to perform well in times of limited resources. A strong human resource management system is critical to improved performance. External assessments of WHO noted that its recruitment system was outdated and time-consuming. The preparation and clearance of post descriptions, application screening, candidate shortlisting and preparation of related memos were said to be cumbersome and complicated. Further, the second stage of WHO reform evaluation at the global level noted that a piecemeal approach to human resource management has not been helpful.

Efforts in the Region to reform recruitment processes included cutting time needed from vacancy posting to selection, while getting the most qualified individuals for different positions within the Organization.

In 2012, the Human Resources Management unit in the Regional Office reviewed 20 recruitment and selection cases from 2010 to 2011. Consultations with various clients explored bottlenecks in the current practice. Key changes in recruitment and selection processes were then implemented. These included the establishment and use of generic post descriptions and templates for human resources memos, reducing the vacancy notice posting time to three weeks, email clearance/approval, and clear descriptions of roles and responsibilities of each party involved in selection and recruitment.
These changes were paired with a recruitment tracking system to monitor recruitment processes and a recruitment and selection guide for units hiring new employees.

These reforms have contributed to an easier-to-use recruitment system and reduced the time from vacancy to new employees beginning work.

**Staff mobility and rotation**

In December 2009, WHO in the Western Pacific Region introduced a staff mobility and rotation scheme for professional staff members. Through the scheme, coordinators and directors regularly review their staff profile to develop mobility options for the Region as a whole through the Mobility Review Committee.

The Mobility Review Committee is composed of directors and chairperson of the Staff Association. The committee meets annually to review expressions of interest from staff members and to discuss possible options for an appropriate matching process and result. A similar scheme was also introduced for General Service staff members to identify possible rotation opportunities.

The staff mobility policy has contributed to broadening the working experience of staff and building more professionalism within the Organization. In 2010, there were 38 professional staff in the Region that had been in the same post for more than seven years; through the mobility scheme this was reduced to zero in 2015. This Professional Staff Mobility and Rotation Scheme was cited by the Joint Inspection Unit in 2012 as a best practice in WHO and recommended for consideration for a global mobility scheme.

**Improved Programme Budget management**

The external review of the WHO Regional Office for the Western Pacific’s country support highlighted the need to adapt administrative systems that ensure adherence to WHO business rules and build trust and efficiency. Networks of programme management officers and regional administration officers were created to facilitate better planning, the conduct of activities, the monitoring of performance and resource utilization at the country level, and to ensure administrative processes contribute to the success of the Organization.

**Programme Management Officers Network**

In August 2011, the Programme Management Officers Network was formally established. The network is composed of Programme Management Officers (PMOs) of country offices and Regional Office technical divisions. The Coordinator of Programme Development and Operations chairs the network, with guidance from the Director of Programme Management. The network meets monthly by
videoconference and gathers in person for annual meetings. Although PMOs are in divisions and country offices, they function as the convergence point for technical and management issues, ensuring technical programmes are aligned to agreed-upon management policies.

In 2014, the terms of reference for PMOs were revised to include awards oversight, country support and technical coordination, WHO reform, and evaluation. These issues also were added to the PMO Network agenda.

The PMO Network has proved valuable as a facilitating, coordinating and quality-assurance mechanism. PMOs support their teams through Programme Budget operational planning and reporting processes, as well as donor reporting. They monitor implementation of funds and advise their directors and colleagues of any issues requiring attention, along with proposed solutions. The Programme Committee provides a platform each month for division directors, supported by PMOs, to update on budget implementation progress and constraints and to set targets for the coming months. The PMO Network is used to share information across divisions and offices. Good rapport among network colleagues contributes to collegiality and team-based approaches to problem-solving. Appreciating the value of this network, in 2014, the PMO roster concept was introduced to ensure a ready supply of appropriate candidates to fill these core roles.

**Regional Administrative Network**

The Regional Administrative Network (RAN) is composed of administrative officers and administrative assistants in country offices and Regional Office divisions. It is supervised by the Director of Administration and Finance. RAN was established to ensure reform actions aimed at strengthening the awards management system are sustained.

Since the RAN’s first meeting in February 2010, it has kept track of donor agreements to ensure support from the initial stages to completion of the agreements. RAN also is a forum to share country experiences, resolve administrative problems and discuss policy updates. RAN has contributed to developing policies and systems to enhance administrative processes. Periodic dialogue has been instrumental in coordinating efforts to carry out and expand global management reforms.

Both RAN and the PMO Network ensure technical teams are fully supported to deliver quality services to countries. Timely updates from the Programme Committee, human resources planning, flexible funding distribution based on gaps and actual needs, and the regular review of programme activities and funding issues are now common practices. Actual increases in budget implementation from 2008–2009 to succeeding bienniums have been observed. RAN and the PMO Network hold a joint one-day meeting each year to review achievements and challenges and enhance synergies in their work. The successes of RAN and the PMO Network have raised interest from other regions to adapt similar mechanisms to improve their programme and budget management.
Improved management of WHO-organized meetings

WHO’s convening power – bringing Member States and partners together to address health issues – is one of the Organization’s core functions and strengths. In recent years, however, the efficiency, impact and cost-effectiveness of WHO meetings have been questioned by partners.

In 2013, a review was conducted of WHO-organized meetings from 2008 to 2012. Based on the review findings, the following changes were introduced in June 2013:

1. A yearly meetings and workshops planner for the Western Pacific Region was introduced to ensure efficiency and proper planning. The collated planner is submitted to the Regional Director’s Cabinet for approval every October.

2. The Standing Planning Meeting Committee (SPMC) was established, composed of all division directors and chaired by the Director of Programme Management. The SPMC reviews planned meetings four months before their scheduled dates.

3. A biannual review is conducted of meetings and workshops in the Region to assess efficiency and effectiveness.

To ensure smooth implementation of these changes, an electronic meetings and conferences system (eMAC) has been established, with the Meetings and Courses unit providing support to technical teams in planning, conducting, and reporting on meetings and training activities.

With these changes, the number of meetings per biennium has been decreasing relative to 2008–2009. As the number of meetings has decreased, it is expected that cost savings also will follow. The average annual cost of all meetings has decreased from a high of US$ 6.65 million in 2010–2011 to US$ 5.48 million in 2012–2013. The location of meetings impacts costs. Further, the use of videoconferencing facilities in place of face-to-face meetings contributes to cost savings.
BOX 7.

THE RIGHT PEOPLE IN THE RIGHT PLACES THROUGH THE PROGRAMME MANAGEMENT OFFICERS ROSTER

Effective management of the Programme Budget is important for WHO in the Western Pacific Region in the face of evolving needs of Member States and the fluctuation in resources available to the Organization.

A roster of PMOs at P3, P4 and P5 levels was introduced to address the need for staff members who can contribute to better planning, coordination and management of resources. A call for applications for PMO positions was announced in July 2015. In three weeks, more than 1300 candidates applied to the regional roster. A selection panel shortlisted 100 candidates to take an online written test. Twenty-five applicants passed the test and were included in the final roster.

A three-week induction training for PMOs on the roster at the P3 level was organized to determine the right fit for the available posts. Ten participants were invited to attend training covering three main PMO functions: planning, management and coordination. Key areas included the WHO General Programme of Work; Programme Budget operational planning, monitoring and reporting; writing for WHO; Programme Committee reports; technical programme country support plans; award management; and risk management. Behavioural, technical and qualitative assessments were used to evaluate the participants. After the training, 8 of 10 participants were employed as PMOs. The induction training contributed to ensure the right staff members were matched with the right jobs.
Domain 6. Communicating effectively

The Fit for the Future consultations in 2009 and the external assessment of WHO’s performance at the country level in 2012 indicated that WHO should improve its capacity for both internal and external communications. This has been an area of focus in the Western Pacific Region, and there is still much work to be done.

A strategic focus on communications

In July 2009, the Regional Director brought the External Cooperation and Partnership unit and the Public Information Office directly under the purview of the Office of the Regional Director (RDO) in order to consolidate efforts to strengthen partnerships and raise the Organization’s profile. In 2010, a working group on communications was established to ensure consistent and high-quality communication of WHO’s work both externally and internally. In January 2012, the Regional Communications Network was launched, bringing together communications focal points from the Regional Office and country offices in the Western Pacific Region.

In 2013, the Communication Strategy for the WHO Western Pacific Region (2013–2019) and the Partners Engagement and Coordination Strategy (2013–2019) were launched. In the same year, the Regional Director also brought the Publications unit directly under RDO to further consolidate the way WHO communicates. RDO also directs regional social media outreach.

Better information products

The communications team has been working to raise the standard of WHO information products. A key focus has been the creation of a similar aesthetic for all WHO publications, which helps define the WHO brand. The annual Report of the Regional Director has been transformed from a largely technical document heavy on text to a more well-designed and informative document that can appeal to a broader audience. Rather than detailing all the work of each technical unit, the report now highlights achievements across the Region and emphasizes reform priorities. Centralized clearance of publications also has helped achieve a uniform look for WHO publications in the Region.

Templates were developed and a donor report tracking system was introduced to improve the quality and consistency of proposals and reports for donors. As a result, all deadlines for donor reports have been met since 2015.
BOX 8.

HEALTH THROUGH THE LENS: THE NEW MULTIMEDIA LIBRARY

While there is a wealth of health-related photography on various platforms, the Regional Office lacked images specifically illustrating WHO work and health realities in countries in the Region. This limitation hindered the effectiveness of behaviour-change campaign materials, advocacy documents and other information products. A multimedia library was created to save time in sourcing photos and to ensure ready access to high-quality photos and other media.

A professional photographer was engaged to accompany WHO staff on missions with government approval. These images have been tagged and uploaded in an open access library – http://multimedia.wpro.who.int/ – that contains a growing collection of more than 1000 images.

This collection constitutes the visual institutional memory of the Organization and will be used in coming years to illustrate the work of WHO in supporting Member States and the diverse health challenges faced by countries in the Region.

BOX 9.

POLICY DIALOGUE AND SOCIAL MEDIA CAMPAIGN ON VIRAL HEPATITIS IN CHINA

Following 35 years of rapid economic growth that helped lift 500 million people out of poverty, China is now an upper-middle-income country. China has a range of technical resources at its disposal and the financial ability to address its population’s health needs. This is reflected in the China–WHO Country Cooperation Strategy 2016–2020, which focuses WHO’s support on policy dialogue, communication and partnership rather than traditional technical assistance.

For example, China has had remarkable success in strengthening hepatitis B immunization, and as a result the current generation of Chinese children is almost hepatitis-free. However, there are still more than 100 million people living with chronic hepatitis in the country. New medicines can treat chronic viral hepatitis, but high drug prices have limited access to life-saving medicines.

While supporting a joint cost-benefit analysis in China, WHO country office in China convened health policy dialogues for various stakeholders. The first round-table discussion was led by the Regional Director and the responsible officer for viral hepatitis from WHO headquarters. On World Hepatitis Day 2016, the WHO country office conducted a social media campaign on hepatitis stigma and discrimination, engaging Chinese celebrities such as Jackie Chan. In just two weeks, the campaign reached roughly 70 million people on social media, and nearly 10 million passengers were exposed to videos every day for a month on the Beijing subway.
The characteristics of successful reform include:

- clear and consistent leadership direction,
- employing an incremental and evolutionary approach,
- the existence of reform mechanisms,
- the participation of all, and
- motivating performance.

These features have been integral to carrying out reforms in the Region. They are discussed in greater detail below.

Clear and consistent leadership direction

The first characteristic was clear and consistent direction from senior management on reform. On his first day in Office in 2009, the WHO Regional Director for the Western Pacific, stated clearly:

“The next five years are going to be critical, particularly in a public health arena crowded with so many competing stakeholders… efficiently, effectively and in a
well-coordinated manner… never shy away from reinventing ourselves if it leads to more responsive and accountable means of serving the people of the Western Pacific Region… We must maximize our performance, going beyond the arbitrary divisions that too often exist — both internally and externally — between programmes and initiatives, and between Region and countries.”

By regularly reiterating the importance of reform and continuous improvement, the Regional Director created an authorizing environment that encouraged staff to reflect on how the Organization could work better. The Regional Director reported the progress of reform to the Regional Committee every year. In his first report he noted:

“I have led a series of retreats with Regional Office staff to gain their insights into how we can work together more effectively and efficiently over the next five years… Our goal is to create a more efficient and effective organization, one in which our various divisions and programmes work in a more integrated, efficient and effective way that produces results at the country level.”

Senior management’s commitment to a country-focused Organization has cascaded down to the individual staff member level. Senior management regularly reiterates the importance of reform, key achievements and next steps. Reform has been a standing agenda item for the consultations of WRs and CLOs. In addition, each year the Regional Director shares an update on progress of reform to all staff members on the first working day of each year. In his 2017 address, he reiterated:

“When I first took office, my top priority was to keep countries at the centre of everything that the Organization does… I know it is not always easy. We must support each other through collaboration and open discussion and dialogue, and do our best to resolve problems together. Please keep in mind during the tough times, the reason that we are here: to improve the health – and the lives – of the 1.9 billion people that we serve.”

**Incremental and evolutionary approach**

In the Western Pacific Region, WHO reform has taken an incremental and evolutionary approach, which is the third characteristic rather than adhering to well-designed comprehensive reform action plans (Fig. 4). Over time, a constant reflection developed among staff, regularly taking the pulse of change and working together to implement a systemic approach. Synergies within and across technical teams and offices were leveraged and administrative processes were aligned to ensure compliance and accountability in workable ways for Regional Office and country office teams.
The stream of reform initiatives was launched in 2009 with a series of Fit for the Future consultations engaging all staff members.

**The Fit for the Future initiative identified four areas for reform:**

1. **WHO leadership and partnership**
2. **Resource mobilization and communications**
3. **Human resources management**
4. **WHO’s ways of working in the Region**

Recommendations from the exercise were implemented over the following two years, charting a course towards greater efficiency.

Two subsequent reform initiatives – Moving Forward, Making a Difference in 2011, and Making a Real Difference at the Country Level in 2012 – focused the scope of reform actions more sharply at the country level. The Keeping Countries at the Centre initiative launched in 2015 emphasized the advancement of UHC, being more strategic at the country level and engaging partners more effectively. Keeping Countries at the Centre also aimed to strengthen WHO’s support to Member States in line with evolving country expectations and the rapid development in the Region, as well as the importance of country-specific approaches to UHC in national health policies, strategies and plans.

In support of these four reform initiatives, as well as through the initiative of staff at all levels, a range of reform actions were implemented; the stocktaking exercise identified more than 800 such actions.

**FIGURE 4.** The evolution of WHO reform in the Western Pacific Region
Reform mechanisms

The third characteristic was the existence of mechanisms to roll out and manage reforms and maintain the momentum of continuous learning. This involved distributing leadership at different levels of the Organization and instilling specific ways of working to ensure everyone is “on the same page”.

In February 2009, the Regional Director established a task force to facilitate the Fit for the Future consultation process. In July 2009, RDO led the introduction and implementation of WHO reform in the Region. In August, the Regional Director also established the Country Support Unit (CSU) to strengthen delivery of WHO’s collaborative activities at the country level.

As the reform sharpened the focus towards keeping countries at the centre, CSU played an increasingly key role in monitoring the implementation of reforms. With the Regional Director’s Cabinet fully endorsing the reform actions, CSU has worked closely with country offices to ensure the reforms respond to country needs and are being implemented appropriately.

The Information Technology unit also has played a key role in building applications and platforms to rapidly retrieve information and facilitate collaborative approaches and synergies. Examples include the Western Pacific Region Analytical Dashboard and the e-Mission Reports System.

Overtime the reform mechanisms have expanded to include key networks, such as those of the PMO Network and RAN. Reform updates can be disseminated quickly and ideas to improve processes can be shared easily through these networks. Meeting mechanisms have also been valuable, including executive management meetings three times a week, weekly Cabinet meetings, monthly PMO Network and RAN teleconferences, technical coordinators meetings every two months, and consultations and retreats of WRs and CLOs with Cabinet members.

Participation of all

In February 2009, the Regional Director sent a message to all staff in the Region and invited them to the Fit for the Future exercise:

“I will not be able to accomplish much without the full participation and support of each and every one of you. As Regional Director, I do not want to simply issue directives and orders. Rather, I want your input and your ideas so that together we can build a consensus on improving our performance and – if necessary – reinventing ourselves.”

With this sentiment, reform in the Region also has taken a bottom-up approach. All staff members have been encouraged to lead reforms and improve ways of
working. Indeed, the theme Fit for the Future was coined by a General Services staff member, indicating that all staff are encouraged to speak up and share their ideas. Subsequent reform initiatives also have involved strong staff engagement, such as Keeping Countries at the Centre and this stocktaking initiative.

Motivating performance

Motivating performance has involved formal recognition of professional achievements, as well as creating an enabling environment for staff members to thrive.

In 2012, WHO in the Western Pacific Region introduced a new staff awards system to recognize outstanding performance in three areas: field impact; ambassadorship and diplomacy; and teamwork, the latter awarded to all team members across two or more divisions. In 2014, a fourth area – an award of excellence in service – was added to recognize outstanding service of a General Services staff member. The stocktaking team observed that the performance award system serves as motivation for staff members, knowing that their contribution to the Organization’s work is valued.
Additionally, the built and social environments of the office are designed to encourage collaboration, learning and reflection. Over time, older-style compartmentalized offices are being redesigned to have a variety of informal and formal spaces for collaboration. The Staff Association also contributes to these and other initiatives by providing a range of activities for its members – such as music and dance clubs, triathlons, badminton and yoga – to encourage collegiality, reduce stress and promote a work–life balance.

Office renovations, such as those in China, Cambodia, the Lao People’s Democratic Republic, the Division of Pacific Technical Support in Fiji, Samoa, Solomon Islands and Viet Nam, have prioritized staff well-being and have influenced staff performance. The cafeteria renovation in the Regional Office also has provided staff members and visiting experts and guests with a comfortable space for formal and informal interaction.
Conclusion

Throughout the process of taking stock of WHO reforms in the Western Pacific Region, the team returned frequently to the question first asked in 2009 – Is WHO now fit for the future?

The team concluded that the Organization now is more fit for the future. In the Western Pacific Region, WHO is focused on country needs and delivering results at the country level.

However, WHO should not stop evolving. The essence of WHO reform – continually questioning how we can improve our work – is an integral part of the mindset of WHO staff members in the Region. This mindset should be nurtured continuously to foster a culture of continuous improvement that will make the Organization more resilient and adaptable to future challenges in the evolving public health landscape.

WHO needs to cultivate this emerging culture of continuous improvement. Supporting mechanisms need to be institutionalized and routinely improved. Country needs and priorities should be the reference point for embedding these mechanisms in our ways of working.

Beyond these conclusions, as WHO reforms have focused on improving WHO’s work with countries, discussions during the stocktaking process also reflected on what characterizes effective support to countries. In considering reform actions – reflecting on why actions were taken and what they intended to achieve – common characteristics of the nature of effective country support started to emerge. These common characteristics were distilled to identify six attributes of effective country support.

Continually improving WHO’s support to countries remains the vision of WHO reform in the Region. In pursuit of this goal, the six attributes of effective country support can serve as a framework to guide further organizational improvements in the Region.
# SIX ATTRIBUTES OF EFFECTIVE COUNTRY SUPPORT

1. **LEVERAGING THE THREE LEVELS OF THE WHO SECRETARIAT**

   Being responsive to country-specific health needs and priorities is crucial and should be the aim of any WHO reforms. WHO has three organizational levels: headquarters, regional offices and country offices. The effectiveness of WHO depends on effective management systems at all three levels of the Organization, on how the different levels work together, and a clear delineation of the roles and responsibilities of each level.

2. **FOCUSING WHO SUPPORT WHERE THE ORGANIZATION CAN MAKE A DIFFERENCE**

   Recurrent findings from internal and external assessments of WHO country work revealed that WHO is perceived as insufficiently attuned to country-specific opportunities and insufficiently focused on strategic aims. WHO country support should be directed towards clear and tangible results at the country level. WHO should use strategic selectivity to prioritize and limit the scope of its work. It is envisaged that the new approach in WHO country cooperation strategies and WHO Programme Budget development meet these recommendations.

3. **PLACING THE RIGHT PEOPLE IN THE RIGHT PLACES**

   WHO country performance mainly depends on strong leadership in WHO country offices and high-quality staff members appropriately matched to their jobs. The refocus of priorities and means of delivery of WHO country support also has implications for the staffing structure of WHO country offices, the support required by other levels of WHO and the allocation of resources. This calls for workforce planning, an efficient recruitment process and strong development and learning initiatives.

4. **EFFECTIVELY ENGAGING PARTNERS**

   WHO must provide a strong voice, based on its own unique competencies, and engage partners whose skills can complement those of the Organization in providing the best possible support to Member States.

   The 2030 Agenda for Sustainable Development has set out an ambitious vision to end poverty and improve health, education, food security and nutrition. Health is viewed as an integral component of that vision. However, there are many interrelated areas that require the support of non-health sectors to achieve ambitious health outcomes. Likewise, good health outcomes will help with progress towards other development goals. The way forward calls for a paradigm shift in global health to ensure leadership for intersectoral coordination on structural drivers of health. The future demands enhanced public engagement and accountability at all levels of the Organization. It also demands that WHO reach out to partners beyond the health sector and to act effectively and proactively to open up new opportunities.
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5. ENHANCING COMMUNICATIONS

Properly communicating and facilitating the flow of useful and timely health and health-related information to governments and their partners, including United Nations agencies and development partners, are key to deliver effective country support. In an increasingly connected world, the role of strategic and timely communications in public health is of growing importance. WHO needs to be much more effective in communicating results to partners and the public. Internal communications within and across WHO’s three levels is indispensable for ensuring coordinated action on a range of health and related areas.

6. IMPROVING OPERATIONAL INTELLIGENCE

In a diversified but interconnected world, WHO should be poised to swiftly respond to urgent calls for effective leadership in global health, including during health emergencies. Strengthening its institutional capacity to collect and analyse information systematically will become increasingly important to the Organization. Increased interest in transparency, especially as it relates to aid and donor support, demands that WHO pay acute attention to this issue.