Delivering on the SDGs through WHO's 13th General Programme of Work:

WHO Transformation Plan & Architecture

World Health Organization

FOREWORD

Dear colleagues,

Our 13th Global Programme of Work (GPW13) charts a bold and ambitious new strategy for WHO to deliver on the SDGs. Ensuring our organization is fit-for-purpose to fulfil our mission and to achieve the bold targets of GPW13, requires an equally bold transformation of WHO to optimize our impact on people's health at country level.

Last week represented a major milestone in the history of WHO, as the Executive Board discussed and recommended the draft GPW13 to the World Health Assembly. In parallel with the development of the GPW, the Global Policy Group (GPG) has been working on this document – *'Delivering on the 13th General Programme of Work and Health SDGs: WHO Transformation Plan & Architecture'* – which lays out our destination for change and describes the integrated transformation process we intend to drive, across the 3 levels of the organization, to reach this destination.

This Plan is very much based on the input you have provided over the past months and the experience gained through the previous and ongoing reforms and transformation work in so many part of WHO. It is a living document that we will continue to build on and refine as we receive further input from all of you – we invite you to send your comments and suggestions to transformation@who.int. This Plan is a starting point and will soon be complemented by additional materials as different aspects of the transformation unfold. The next eighteen months will be a period of major change. While a small team will support the GPG to run the transformation process, every staff of WHO must implement this change.

On behalf of the entire GPG, I take this opportunity to re-iterate our commitment to leading this change and thank you for your continuous contribution to making WHO an even better Organization.

Dr Tedros Adhanom Ghebreyesus

Director-General

16 February 2018

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Delivering on the SDGs through the 13th GPW: WHO Transformation Plan & Architecture

1. PURPOSE OF THE DOCUMENT

The World Health Organization (WHO) is embarking on a major transformation to increase its impact at country level and to be fit-for-purpose in the era of the Sustainable Development Goals (SDGs) and a rapidly changing world. This document lays out the compelling case and ambitious destination for WHO's change, building on the inputs of hundreds of staff, virtually all WHO offices around the world, Member States and partners. This plan details the integrated transformation process across the 3 levels of the organization that has been designed and will be directly led by the Global Policy Group (GPG), as well as the longer term roadmap for transformation. It incorporates lessons from our previous reform work, builds on new and ongoing change efforts, outlines the principles employed in the design of this transformation, and explains the transformation timelines and 'architecture'. This is intended to be a living document, which will evolve over time and be adapted to Regional and country contexts.

2. CASE AND DESTINATION FOR CHANGE

2.1 The Case for Change

Nearly 70 years after the founding of WHO, more than half of the people in the world still cannot use health services without incurring financial hardship. In fragile, crisis-affected, and vulnerable states, millions of people are in particularly desperate circumstances due to a lack of access to preventative and curative health services. At the international level, the benefits of globalization have been accompanied by an escalating risk of new and emerging pathogens and their rapid spread. While economic development and technologic advances have curbed the toll of most communicable diseases, the burden of non-communicable diseases in many countries has continued to grow and has now become the leading cause of death and disability. In this rapidly changing world, there is an exceptional demand on WHO to further focus and improve its normative and technical work, and fundamentally enhance its impact at country level in support of Member States.

The Sustainable Development Goals provide a comprehensive framework and demanding timeline for addressing the drivers of health inequalities globally and substantively improving health outcomes. The World Health Organization's draft Thirteenth General Programme of Work 2019-2023 is rooted in the Sustainable Development Goals, and proposes ambitious strategic priorities and targets:

- 1 billion more people have universal health coverage,
- 1 billion more people are made safer, and
- 1 billion lives are improved through the health SDGs.

As laid out in the 13th General Programme of Work (13GPW), these targets will be achieved through three key strategic shifts that are designed to enhance the impact of the Organization's voice, presence and expertise to improve health outcomes at country level (see figure 1). Achieving these strategic shifts requires a fundamental transformation of WHO through five major organizational shifts in its accountabilities and management, organizational design and operating model, processes and tools, culture, and relationships.

FIGURE 1: 13TH GENERAL PROGRAMME OF WORK

Draft thirteenth general programme of work: 2019–2023

2.2 The Destination for Change

To effectively drive the global health agenda and to fulfil its mission, WHO must change. The world needs an ambitious, modern organization that works as one, across programmes and levels, focusing on a common goal. WHO must ensure its technical excellence drives impact, so that all people can achieve healthy and productive lives, no matter who they are or where they live. The world needs a WHO that is agile, flexible and innovative in a rapidly changing global environment.

The goal of this WHO transformation process is to fundamentally reposition, reconfigure and re-capacitate the Organization such that its normative and technical work is of an even higher quality, and more sharply focused on and

translating directly into a measurable difference in people's health at country level. This will require embarking on an WHO-wide process of learning, developing and – in some instances - transforming the organization. The exact destination will and should continuously evolve and be shaped by all involved, but the aspiration for the outcome of this transformation is clear. A successful transformation means that:

WHO is the authoritative voice on global health issues. The organization is the internationally recognized, impartial authority driving the global health agenda at global, regional and country levels. The technical work and advocacy of WHO are reflected in the health priorities of Member States, non-governmental organizations, civil society actors and the broader partnership for international health.

Country outcomes are at the center of WHO's work and the primary measure by which its impact is measured. The organization is re-aligned, across all three levels, to optimize impact at country level. Country needs inform, focus and drive the work of the entire organization, from its global advocacy to a differentiated country level approach. Measurement capacity is strengthened to monitor progress in addressing these needs, guide course corrections and report impact.

High-performing country offices are working hand in hand with country stakeholders to drive impact. With country outcomes at the center of WHO's work, WHO country offices have the right strategy, organizational design, resources, and processes to deliver high quality technical advice and, when appropriate, service delivery, that is appreciated by host governments, partners and populations.

Normative and technical work that matters. WHO's normative and technical strategy, work and investments are driven by country needs and optimized to achieve impact at that level. WHO is the recognized authority on its country-driven, normative and technical work.

A mobile, well-supported workforce, focused on impact. WHO has the right people, with the right skills, in the right place, at the right time, focusing on delivering impact in country. WHO has appropriate mobility approaches, career paths, learning and training opportunities that promote technical and managerial excellence, and a fast and effective recruiting process. People's primary affiliation in the organization is with WHO, focused on a common objective: making a difference at country level.

A transformed approach to partnerships, communications and resource mobilization. Through a re-designed external relations function, integrating communications, partner engagement, advocacy and health diplomacy, WHO is well positioned to effectively shape global health decision making and generate appropriate and sustainable financing to deliver impact against its strategic objectives.

Relentlessly focused on results. Targets, measurement, risk management and performance management are at the core of all WHO activities. At an organizational level, WHO tracks organization-wide progress through a balanced scorecard that are directly linked to its programmatic, financial, internal business and organizational learning and growth targets. At an individual level, performance and consequence management systems and processes are updated to directly link all work to organizational results, creating stronger accountability and risk management.

This transformation effort is not a one-off effort. As the world becomes more volatile, uncertain, and complex, WHO is also putting in place a longer-term capacity to continuously adapt through more agile organizational arrangements and sustainable continuous improvement processes.

3. IMPLEMENTING TRANSFORMATIONAL CHANGE THAT WILL LAST

3.1 Guiding principles for our change

Implementing transformational change is challenging. This is particularly evident in the experience of previous and ongoing WHO reforms, including the extensive change work at regional level, from AFRO to WPRO (see Appendix I for a selection of key risks and lessons learnt from past reforms). Examining and learning from WHO's experience in implementing reforms and change over the past 15 years, particularly since 2009, has been at the centre of designing the Transformation Plan and Architecture laid out in this document. Specifically:

1. ***Senior leadership must be aligned and seen to be proactively and collectively leading the change effort.*** In the past, WHO's complex organizational set up has been perceived to result in a misalignment of reform work with leadership's priorities, insufficient role modelling of the changes needed, and slow decision-making. In this effort, the GPG has decided to jointly drive the transformation as one team. The GPG will commit substantial time to collectively steering the transformation, ensuring alignment on everything from aspirations and "direction" to the design and implementation of "one transformation" while making sure the transformation reflects the input and ongoing reforms and transformation of all Regions. Change will require ownership and time commitments across all leadership, cascading from the GPG to ADGs, DPMs, DAFs, WRs and directors to coordinators and managers who are so critical to WHO's day-to-day work and impact.

2. ***A clear destination and expected results for change are essential to avoid loss of focus and dilution***. In this effort, WHO will focus on change that drives improved country level delivery and impact. To move towards this common destination, the GPG will identify, work on and focus leadership attention on a number of required organizational shifts, ensuring early wins while building a sustainable platform for impact.

3. ***It all starts and ends with staff mindsets and behaviors– their engagement and ownership are the "glue" of successful and lasting change***. The nature of the transformation described in this document involves addressing mindsets to drive the necessary behaviors for successful change. Sustainable change can only happen if staff at all levels to understand, own and take leadership of the cultural shifts required. The approach to this transformation thus puts staff at the center, continuing and deepening their excellent work to date (e.g. through the Working Group on Initiatives for Change), aligning from WHO's formal leadership all the way to frontline staff through a staff-nominated change network, and role modeling the desired change by all members of the Transformation architecture itself.

4. ***The transformation must capture and reinforce the full scope of ongoing and previous reform and transformation work at all levels of WHO.*** As a large international organization, WHO has seen a

number of completed and ongoing reform projects, especially in recent years. Whether these were led by Regional leadership, such as the ongoing AFRO Transformative Agenda, or the respective business owner, such as the WHO Human Resources Strategy, these change programs will underpin the design and implementation of this WHO Transformation in a systematic manner to ensure lessons learnt are captured, work is not duplicated, best practice is incorporated and built on, and measures that are already working are reinforced and scaled-up.

5. ***Headquarters, Regional and Country offices must be "in it together" to improve country impact.*** An integrated approach to change across all three levels of WHO is key to enhancing the organization's impact. Only if the effort is collectively owned and led will health improvements be delivered in terms of country level work and impact. Thus the effort will be managed through a Global Transformation Team, with staff in each Regional Office and HQ taking responsibility and working together in managing and integrating transformation efforts, under the leadership of the entire GPG. With built-in flexibility for local contexts, the Transformation will operate through a harmonized structure across countries, Regions, and Headquarters. Special attention will be paid to harmonizing communications and creating alignment across Regions through the creation of new and adapted communication mechanisms. Joint inter-regional/HQ bodies will drive all major transformation workstreams. Of particular importance, the voice of WRs must continue to ensure that the country perspective drives this transformation. This perspective can quickly be lost in a headquarter-centric organization, and is one of the issues that the transformation effort is trying to address. WRs, selected by Regional Directors, will participate in the DPM, DAF and resource mobilization working groups to provide a country level perspective. In addition, all WRs will be engaged and consulted throughout the transformation through existing CSU/CCU mechanisms and the regular Regional WR consultation processes.

6. ***The entire organization must be committed to a sustained, long-term effort to transform WHO.*** WHO is a complex organization with a large number of important stakeholders, occasionally with conflicting priorities. While the GPG is committed to moving on "quick wins" – changes with a considerable impact that can be quickly implemented across – it also recognizes that transformational change cannot take place overnight. Managers and staff across all three levels of WHO must be committed to implementing change over a prolonged period of time, and to dedicating the time and resources needed to arrive at truly sustainable solutions rather than easy fixes.

7. ***Under-resourcing a reform effort is one of the most common drivers of failure.*** This is a major transformation and the time, resources and management attention required at all levels will be substantial. In this effort we will have dedicated, fulltime WHO staff based in HQ and all Regional Offices, with a strong link to country offices, as part of the Global

Transformation Team. These positions will be back filled, with a guaranteed right of return at the end of the support to help ensure the strongest possible Team. The best possible people and ideas will be brought from across WHO into the Global Transformation Team. Expert external support will be embedded within WHO's team to provide additional expertise, knowledge, best practice and experience, especially on topics where WHO is not expected to have worked extensively (e.g. culture change, operating model).

8. ***A holistic approach to the transformation must tightly integrate all dimensions of the agenda.*** Changes cannot be designed and implemented in isolation. Interdependencies between reforms necessitate a holistic view and analysis of the entire agenda. Financing reforms, for example, cannot be seen as separate to priority-setting and defining results, which themselves are linked to planning and budgeting. In this transformation effort, these inter-linkages will guide the scope of change, as well as the prioritization and chronology of implementation. It will build on past and ongoing cross-organizational and Regional work in this regard.

3.2 High level overview of the transformation

Figure 2 below provides a schematic overview of the multi-faceted approach that is being taken in this transformation, reflecting the above lessons learned from previous and ongoing WHO change work, as well as best practices in organizational change.

FIGURE 2: WHO TRANSFORMATION OVERVIEW
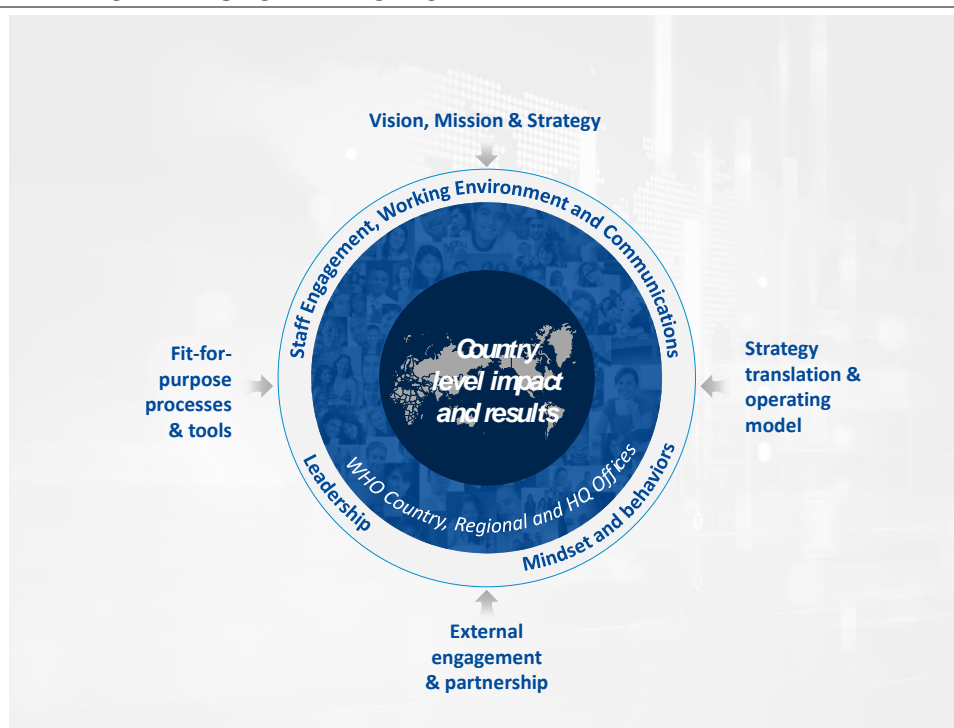
WHO's vision and mission is complemented by new strategic priorities for the next 5 years as outlined in the draft 13th General Programme of Work. This provides the high-level WHO strategy, with work at all levels driven by Member State priorities as framed by the SDGs. Reflecting the ambition of the fundamental strategic and organizational shifts outlined in the 13th GPW, and the transformation approach outlined in Figure 2, the WHO Transformation will be structured around 5 areas of work (these are presented in more detail in the section on the Transformation Roadmap).

These areas of work share a central and common goal: increasing country impact. At the center of this work and underlying all the other areas of work is the mobilization and engagement of WHO's leadership and staff at all levels. It is WHO staff that need to diagnose and own the shifts in mindsets, beliefs and behaviors that are required, and it is staff who have to create real and lasting change. Continued staff engagement and strengthening of WHO's organizational culture (i.e., alignment toward a shared WHO vision, ability to execute on WHO's mission, and ability to change/adapt to the evolving internal and external environment) will be embedded into all of the transformation work.

The other, interlinked elements of this transformation process are detailed in the section on the Transformation Roadmap and include WHO's strategy translation process and operating model, the establishment of fit-for-purpose WHO processes and tools to support the running of WHO, and a new external engagement model to strengthen partnerships and secure sustainable necessary for the organization.

4. FIRST STEPS IN THE WHO TRANSFORMATION

During the Director-General's transition, he immediately set the stage for the transformation process by initiating a period of deep listening and broad consultation. Within the organization this included regular meetings with the GPG and senior managers, the solicitation of ideas for change from across the entire 9000 staff of WHO and PAHO, discussions with the WHO Staff Association Committee, and the institution of a weekly "open door" period. The Director-General engaged Member States, political fora, partners, civil society organizations, donors and the private sector.

This broad internal and external consultation led to five early actions from July through October 2017 through which the Director-General:

- established a Working Group on Initiatives for Change that generated hundreds of ideas from all Regional Offices and >90% of country offices and headquarters departments, consolidated them into 13 concrete initiatives, and, through sub-groups that were staffed with nominations from the Regional Directors and ADGs, developed implementation plans for six of these;

- initiated Fast-track Initiatives, based on the advice of Member States and staff to address urgent priorities including rethinking WHO's approach to resource mobilization and communications, boosting its effectiveness in emergencies, and enhancing strategic governance;

- recognizing the need for a new strategy to drive the WHO's new priorities, established with Member States an accelerated process was to advance the development of the 13th General Programme of Work by 12 full months;

- announced on 3 October 2017 a new senior leadership team representing 14 countries, including all WHO regions, and composed of over 60% women;

- with Regional Directors convened a first-ever joint leadership meeting that brought together all of WHO's Representatives, the new Deputy and Assistant Director-Generals, and the Directors from all Regional Offices and headquarters to discuss and align on WHO's new strategic priorities and shifts, identify the key constraints to their realization at country level, and concur on the outlines of a transformation plan and architecture to address these, beginning with 10 quick wins that could be implemented immediately.

In planning this transformation, particular time is being given to carefully studying WHO's extensive past and ongoing reform work at country, Regional and Headquarters levels. This rich history, experience and progress has established a strong foundation for the organization-wide transformation that is now required. This process has also provided major lessons which inform the principles that underpin the development of the *WHO Transformation Plan and Architecture*. Furthermore, best practices are being identified for adoption and scale-up across the organization.

5. TRANSFORMATION ROADMAP: OBJECTIVES, TIMELINES AND INITIAL DELIVERABLES

Enabling WHO to deliver on its strategic priorities requires further developing the organization's culture and design, its core processes, and its approach to external engagement. The transformation effort will be structured around five areas of work as reflected in the organizational shifts that are laid out in the draft 13th General Programme of Work. The five areas of work and their major objectives and initial deliverables are detailed below. The process for managing these areas of work is summarized for each, with further detail provided in Section 6 (The Transformation Architecture).

5.1 Areas of work, major deliverables, and process

The initial 'step change' of particularly intense transformation activities will be in the first 6 months of 2018. During this period, each area of work will focus on the key deliverables outlined below (details can be found in Appendix III).

The subsequent 12 months will be focused on implementing and reinforcing the changes across the 3 levels of WHO and in the 2020-2021 Programme Budget.

Figure 3 provides an overview of the timeline for the main transformation activities by area of work through end 2018.

FIGURE 3: Overview of selected deliverables by area of work

Key deliverables of the transformation over the next year

	November	December	January	Feb/March	Q2	Q3	Q4
	EB Special Session		EB/GPG		WHA		
Staff Engagement & Organizational Culture	Culture survey and interviews		**Culture baseline & action plan**	Regional culture workshops Change network		Culture change network activities	
Strategy Translation Process & WHO Operating Model	Current shape of WHO		**Critical operating model shifts (including country operating model aspirations)**	**Implementation plan for operating model changes & first changes being implemented**		Implementation ongoing, incl. through 2020-21 planning	
Fit-for-purpose WHO Processes and Tools	Prioritization of business processes; Balanced scorecard approach		First "quick wins" implemented; Workplan for 2-3 processes for catalytic support (Feb)	Mapped best practices; ongoing design for 2-3 processes; Launched balanced scorecard		Ongoing monitoring of initiatives and catalytic support	
New External Engagement and Partnership Model	Partner engagement strategies Staffing of FC external engagement team		**Launch of FC and investment case Finalization external engagement mapping**	Intensified partner engagement FC External engagement model blueprint		**Financing conference Implementation of new engagement model**	
Coordination of Transformation and Measuring of Results	**Transformation Plan & Architecture**		Staffing of Global Transformation Team	Transformation activities; business owners capability building		Tracking & monitoring of the Transformation activities	

Key deliverable

Specific outcomes and/or performance improvement targets for each of the five major areas of work outlined above will be established by the GPG in the first months of this transformation effort based on ongoing WHO-wide processes (e.g.

the Sub-groups on Change Initiatives) and the baseline organization-wide culture survey that analyses how WHO currently aligns its work to its vision and mission, executes against that work, and innovates and adapts as needed.

5.1.1 Staff Engagement and Organizational Culture: this area of work will listen to and engage the entire staff of WHO, and identify and act upon the mindsets that are needed to drive the behaviours for successful change across the organization.

Initial deliverables

- Cultural baseline with quantitative (e.g. staff survey) and qualitative (e.g. interview) elements

- Leadership workshops to set cultural aspirations across the organization

- Staff engagement and culture change plan

- Creation and training of a change network to support the change that is driven and championed by WHO leaders and line managers

Process

The culture change program will be an integrated process across the organization, with the GPG setting cultural aspirations, leaders and line managers working to craft an action plan, and change network members helping cascade change and provide feedback.

5.1.2 Operating Model: this area of work will help senior leaders translate the new WHO strategic priorities into a strategic approach for WHO's work in the next Programme Budget and results framework. This will in turn drive the optimization of WHO's operating model[1] across its three levels to deliver those results.

Initial deliverables

- Assessment of current state and gaps in the WHO operating model (e.g. staff distribution, responsibilities across levels)

- Definition of operating model aspirations and essential changes to deliver impact at country level

- Design of alternatives to the current operating model for GPG decision

- Implementation plan for the new operating model

- Translation of the GPW into strategy implementation plans

- Options for redesigned, end-to-end strategy, planning and budget process

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[1] Operating Model refers to the scope and location of WHO's work, the roles and responsibilities at each level, the distribution & skills of its workforce across the 3 levels, its structures and reporting lines, and internal governance.

Process

The DPM Working Group will be complemented by the DDG of Programmes and other key managers and staff to drive the assessment and diagnosis of the current operating model, and prepare options for the GPG's consideration. Business owners/responsible officers will provide expertise throughout and implement changes.

5.1.3 Fit-for-purpose WHO Processes and Tools: this area of work will identify, standardize and scale up the best administrative and management practices from the country, Regional and/or headquarters levels. Where key gaps exist, WHO business owners will be supported to design and implement new mission critical processes.

Initial deliverables

– Review of critical WHO business processes and key pain points (e.g. supply chain & procurement, performance management)

– Identification of best practices in Regional and other offices that could potentially be scaled-up and harmonized across the organization

– Determination of core processes that potentially require a fundamental redesign

– Prioritization of core processes for scale-up or redesign for GPG decision

– Delivery of improvements in 2-3 critical processes every 6 months

Process

The DAF Working Group will be complemented by the ADG/GMG and, as appropriate, DDG of Corporate Operations and other key managers and staff, to drive the identification and scale-up of best practices across the organization and, where needed, the redesign of other critical processes; the GPG will provide oversight and set the prioritization and scheduling of critical process improvements.

5.1.4 External Engagement and Partnerships: this area of work will articulate the investment case for WHO and drive changes to WHO's external engagement model across the three levels to ensure sustainable support for WHO. It will also include a concerted effort in 2018 to mobilize sufficient and predictable resources to deliver on the priorities outlined in the 13th GPW, while increasing transparency around resource mobilization, availability and allocation.

Initial deliverables

– Map of current WHO resources engaged in partnerships, resource mobilization, and communications

– New approach for engagement of key donor partners

- Strengthening of staff capabilities/capacity to deliver on resource mobilization objectives
- Professionalization of essential systems supporting the partnerships and RM function (e.g. grant management, partner analytics)
- Financing campaign including a case for investment, strategies to engage priority partners, and strengthening of reputation and brand visibility

Process

A Working Group on External Relations, convened by the ADG/External Relations, will drive the re-design of the external engagement model with direction from the GPG and input of staff.

5.1.5 Coordination of the Transformation Effort and Monitoring of Results: this area of work will be responsible for setting-up and running the transformation process and tracking, and coordinating initiatives across the organization.

Initial deliverables

- Alignment on the transformation plan, architecture and timeline
- Selection and onboarding of the Global Transformation Team
- Tracking and monitoring of the progress of transformation initiatives
- Identification and integration of past and ongoing change, reform and transformation work across the organization
- Development of a balanced scorecard

Process

Part of the Global Transformation Team will be dedicated full-time to coordinating across the major areas of work, helping the GPG set strategy and direction, and presenting progress to the GPG and the organization at large.

5.2 Integrating past and ongoing WHO reform efforts

The areas of work above build on past and ongoing WHO reform efforts, as well as recent assessments of organizational needs, and proposals for new initiatives (i.e. through the Working Group on Initiatives for Change and the implementation plans developed by its Sub-groups).

As introduced under the 'First Steps in the WHO Transformation' a major, cross-organizational consultative effort was carried out before the start of the Transformation effort. This led to the establishment of the 'Working Group on Initiatives for Change' which identified potential flagship initiatives and major enablers. Sub-groups were then created with GPG nominees, representing a

broad spectrum of the organization's functions and expertise and levels, to develop prioritized implementation plans (see Figure 3).

The outcome of this effort formed the foundation for the Transformation process and architecture and is the basis for several of the areas of work: for example, most of the prioritized processes in the fit-for-purpose WHO processes & tools area of work have been highlighted in the work of the "Workforce of Excellence" and "Fit-for-Purpose Management and Administration" Sub-groups.

A number of the priority changes that were proposed by the Sub-groups were reinforced by the Heads of WHO Country Offices and have already been approved by the GPG as part of the "quick wins" (see Appendix II).

The implementation plans developed by the Sub-Groups will be taken forward and implemented by the relevant WHO business owners as part of the transformation effort and with support from the Global Transformation Team as needed. Sub-groups will continue to be leveraged as solutions get further refined and implemented (see Figure 4). The new Programmatic Initiatives that have been announced will be developed under the full responsibility of the relevant ADG (e.g. Fast Track to Elimination, 21st Century Health Systems for UHC).

FIGURE 4: THE WORKING GROUP ON INITIATIVES FOR CHANGE DIRECTLY INFORMS THE TRANSFORMATION ARCHITECTURE AND WORK

5.3 Establishing a mechanism to track progress

One of the deliverables for the transformation will be establishing a sustainable mechanism to track progress in the five areas of work outlined above.

The Global Transformation Team will work together with Working Groups and business owners on the creation of a Balanced Scorecard – a dashboard of selected key performance indicators to track progress against the organization's strategic objectives. A balanced scorecard will ensure a holistic approach to monitoring and driving all major aspects of WHO's strategy, from its programme outcomes to its financing, internal business processes and organizational learning and growth. In the process, the Global Transformation

Team will consider existing tracking mechanisms developed by Regions and business owners so as to harmonize the monitoring of results and regularly communicate them to the organization.

6. INTEGRATED TRANSFORMATION ARCHITECTURE

An integrated transformation process will be established across the 3 levels and 7 Major Offices of the organization, led by the Global Policy Group (GPG). The transformation architecture will utilize existing structures (e.g. DPM, DAF, RMB groups), groups, and processes across the organization, rather than create additional/parallel structures. This will allow the transformation to leverage these groups' existing expertise and processes and to ensure a truly sustainable, WHO-driven change.

The GPG will collectively lead and champion the transformation. It will institute monthly meetings to provide strategic guidance and decision-making for all transformation efforts.

The GPG will be supported by a dedicated Global Transformation Team. This small team, with staff in each Regional Office and Headquarters, will be led by a Global Transformation Coordinator and Co-Coordinator based at headquarters and a Regional Transformation Coordinator in each of the 6 regional offices (see Figures 5 and 6). The Global Transformation Team will drive and manage the day-to-day transformation work, accelerate key initiatives as needed, and coordinate and integrate efforts across the organization. Figure 7 provides an overview of the full transformation architecture, Figure 8 the details for the Global Transformation Team and Figure 9 the timeline for establishing the Transformation Team and key decision-making points.

Existing joint inter-regional/headquarters bodies, supported by the Global Transformation Team and complemented with additional perspectives (e.g. DDGs, ADGs, WRs, CSU/CCU, PRP), will drive the design, alignment and implementation of transformation efforts across the Major Offices. These bodies may include new members or work at a different cadence to ensure an accelerated and integrated transformation progress across the organization (e.g. existing working groups of Directors of Programme Management (DPMs) and Directors of Administration & Finance (DAFs), with Deputy Director Generals (DDGs), relevant Assistant Director Generals (ADGs), Planning, Resource Coordination & Performance Monitoring (PRP) and WR representatives' participation). Stronger linkages will be established between these bodies and the Sub-groups on Initiatives for Change to build on and benefit from the priorities and implementation plans that were developed by those groups in the planning of the transformation effort. The voice of WRs will be integrated into these existing mechanisms for coordination by having two WR representatives join the DAF/DPM/RMB meetings. In addition, consultation with the broader body of WRs will be facilitated through existing CSU/CCU mechanisms as well as the regular Regional WR consultation and meeting processes.

The main roles & responsibilities of these groups are as follows:

- **GPG**: to provide overall direction and major decision-making to move the transformation forward.
- **Global Transformation Team**: to manage and coordinate transformation initiatives, develop appropriate solutions to implement GPG decisions,

orchestrate staff engagement and culture change work (including the global change network).
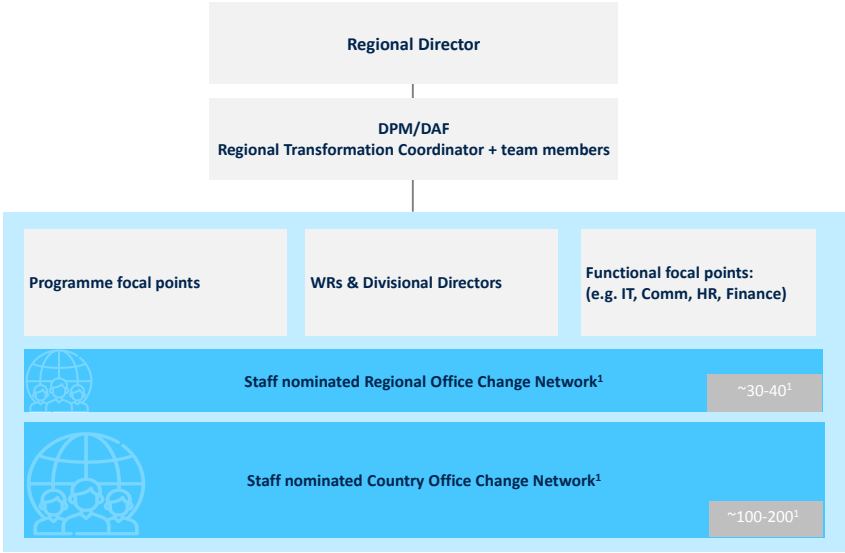
- **DPM Working Group, (complemented by DDG Programmes, WR representatives, PRP, relevant ADGs)**: to lead the translation of the new GPW into a new implementation strategy, Results Framework and Programme Budget for WHO, and consider different options for enhancing or changing the WHO operating model to deliver that strategy and results.

- **DAF Working Group, (complemented by DDG Corporate Operations, WR representatives, ADG/GMG):** to identify, align across Regions, and scale-up best practice administrative and management processes and, where needed, recommend and guide the development of new processes or the radical redesign of existing processes by the appropriate business owner.

- **Working Group on External Relations** (ADG External Relations and sub-group of the Global Resource Mobilization and Communications Team): to support the transformation of WHO's external engagement model across the three level of the organization.

- **Global Change Network**: the change network will support WHO's leaders and line managers in championing key changes locally and generating ideas. The network will include roughly one person per country and department, for a total of 200-300 people across WHO. The network participants will be identified through an analysis of internal influencers, their willingness to join the network, and the perspectives of managers. The network will be supported through an onboarding workshop and the Regional Transformation Coordinators. Their main Terms of Reference will include helping the organization's leadership and line managers to:

  – Communicate key changes, new ways of working and desired behaviors to the organization

  – Translate the transformation into practical daily behaviours

  – Champion and role-model these key changes

  – Collect feedback and success stories and transmitting to leadership

Expert external support will help structure and catalyse the transformation process. Their main Terms of Reference will include helping the GPG and Global Transformation Team by:

  – Bringing in content expertise on specific areas (e.g. culture change, organizational design)

  – Providing project management support and expertise (e.g. development of tracking mechanisms, scheduling of activities)

  – Benchmarking current practices against best practices from other organizations

  – Bringing external perspective and objectivity to discussions and the development of new options for the organization

The transformation architecture will be flexible and adapted to Regional contexts, and remain fluid over time to allow for adjustments to the evolving transformation. For instance, some Regional Offices may find that the role of the transformation coordinator can be fulfilled through existing Regional reform or transformation structures; as the transformation progresses, actual resource needs will also begin to differ from those laid out in this document.

FIGURE 5: OVERVIEW OF TRANSFORMATION ARCHITECTURE - REGIONS

Regional Director

DPM/DAF
Regional Transformation Coordinator + team members

| Programme focal points | WRs & Divisional Directors | Functional focal points: (e.g. IT, Comm, HR, Finance) |

Staff nominated Regional Office Change Network[1]   ~30-40[1]

Staff nominated Country Office Change Network[1]   ~100-200[1]

1 Change Network selection informed by cultural survey and manager nominations, with common training & support

FIGURE 6: OVERVIEW OF TRANSFORMATION ARCHITECTURE - HEADQUARTERS
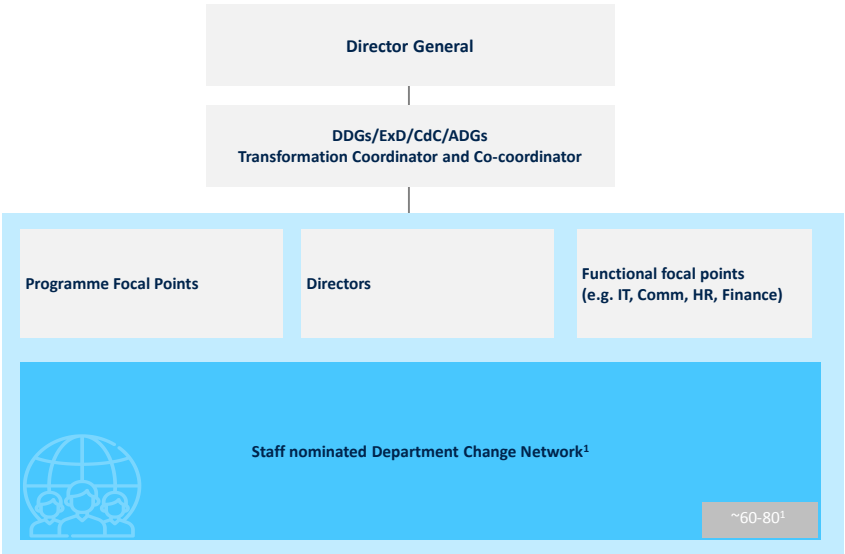
Director General

DDGs/ExD/CdC/ADGs
Transformation Coordinator and Co-coordinator

| Programme Focal Points | Directors | Functional focal points (e.g. IT, Comm, HR, Finance) |

Staff nominated Department Change Network[1]   ~60-80[1]

1 Change Network selection informed by cultural survey and manager nominations, with common training & support

FIGURE 7: INTEGRATED GLOBAL TRANSFORMATION ARCHITECTURE

Legend:
- ... WHO FTEs
- Integrated processes

Regional Offices
- RD leading
- DPM/DAF/CSU Steering Group
- Regional Transformation Coordinator
- 1-2 transformation team members
- Programmatic focal points
- Functional focal points

CCU/CSU + Regional WR consultation mechanism

Director General and Global Policy Group

GPW

DPMs, DDG Prog, ADGs[1], PRP, WRs[2]

DAFs, DDG Corp. Ops., ADGs[1], WRs[2]

Global Transformation Team (HQ and regions)

ADG Ext Rel + GRMCT[3]

WHO Leadership

HQ Clusters
- DG leading
- DDG/CdC/ADG Steering Group
- Programmatic focal points
- Functional focal points
- Team members
- Comms — 1
- Finance — 0.25
- HR — 0.5
- IT — 0.25
- CCU — 0.25
- Legal — 0.25

Staff nominated Global Change Network[4]

~200-300[1]

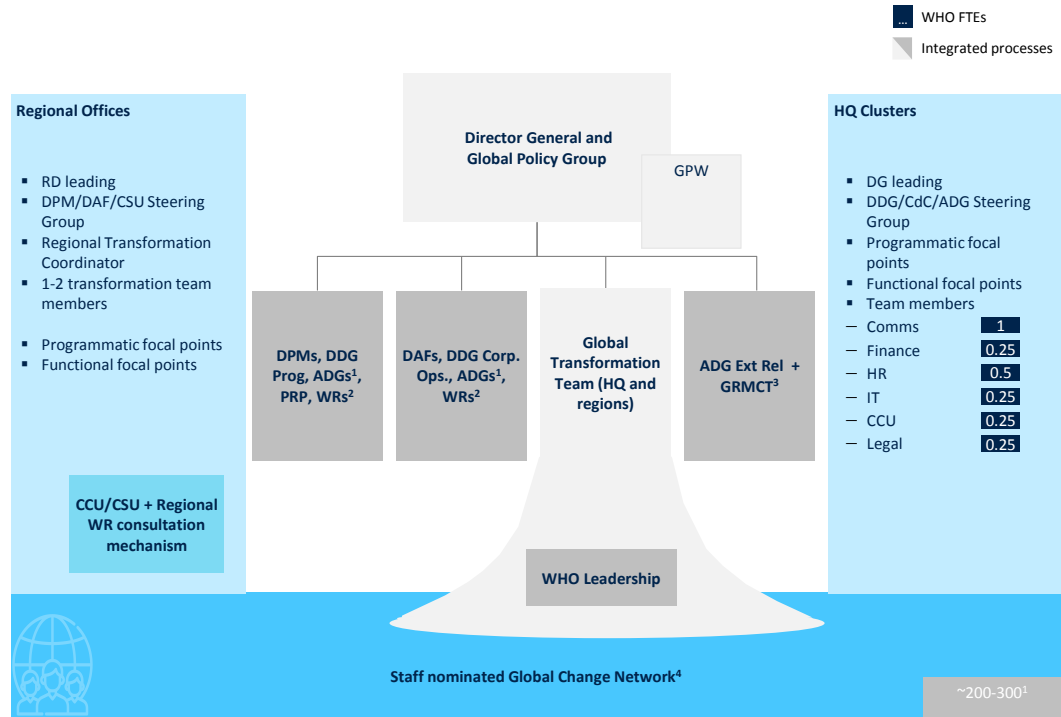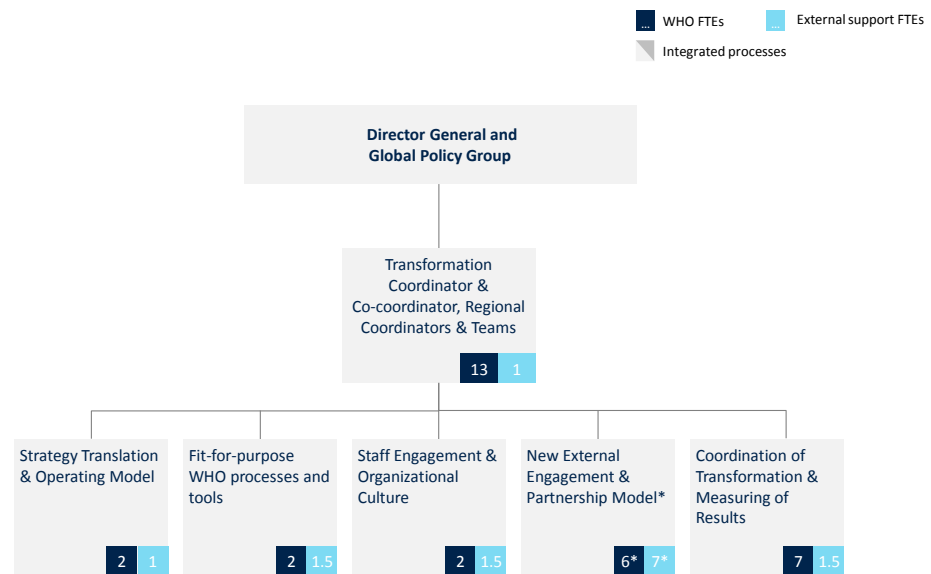1 Relevant ADGs will attend meetings on ad hoc basis   2 Two WR representatives selected by RDs, rotating between regions   3 Sub-set of Global Resource Mobilization Coordination Team   4 Change Network selection informed by cultural survey/manager nominations, with common training

FIGURE 8: GLOBAL TRANSFORMATION TEAM STRUCTURE

Legend:
- ... WHO FTEs
- External support FTEs
- Integrated processes

Director General and Global Policy Group

Transformation Coordinator & Co-coordinator, Regional Coordinators & Teams
13 | 1

Strategy Translation & Operating Model	Fit-for-purpose WHO processes and tools	Staff Engagement & Organizational Culture	New External Engagement & Partnership Model*	Coordination of Transformation & Measuring of Results
2 1	2 1.5	2 1.5	6* 7*	7 1.5

*delivery will require additional 23 internal and 2 external FTEs

FIGURE 9: TIMELINE FOR ESTABLISHING THE GLOBAL TRANSFORMATION ARCHITECTURE AND KEY DECISION POINTS

key deliverable

- **GPW draft**
- **Final Transformation Plan and Architecture**
- Plan for implementation of "quick wins"

- **Launch of financing campaign**
- **Prioritization of culture shifts**
- Current shape of WHO & operating model major shifts

- **Approved GPW**
- **Completion of WR 'quick wins'**
- First operating model changes being implemented
- Redesigned end-to-end strategic planning process

- **Operating model implementation ongoing, incl. through 2020-21 planning**
- Ongoing monitoring of initiatives and catalytic support

October November December January Feb/March Q2 Q3 Q4

HWCO/GPG meeting

EB special session

EB/GPG

WHA

Global Transformation Team leads & members

Change network program

Change network activities

Ramp-down to steady-state

Leadership Change Workshop

Regional culture change workshops

7. STAFF ENGAGEMENT

Staff engagement has been and will remain at the forefront of the WHO transformation effort. The WHO Transformation Architecture has been designed to maximize the engagement of staff members in this process and to ensure they feel the change and see real progress. Leadership across all levels of the organization will make it their priority to continue listening, sharing, and role modelling the changes so as to create an ongoing dialogue with staff and stakeholders. Elements of the transformation architecture which contribute directly to staff engagement include:

- **Creation of a global change network**
  - across all levels of the organisation – roughly one per country and department, for a total of 200-300 individuals across WHO country offices, Regional Offices and HQ
  - supported by the Global Transformation Team to help WHO leaders and line managers implement key changes locally, and to help translate the transformation communications into practical daily behaviors which everyone can adopt and help promote in their job
  - selected through influencer identification and social network analysis, complemented by the perspectives of WHO leaders, directors and WRs, and dedicating 10-20% of their time to the transformation effort
  - working under the leadership of existing line management (e.g. WRs or department directors)

- **Broad based staffing of the Global Transformation Team:**
  - Global Transformation Team with staff in each Regional Office and HQ to coordinate and integrate transformation efforts across the 5 major areas of work
  - these staff members will have back filled positions, where and if needed, to ensure they are fully available and dedicated to drive key elements of the change effort
  - one area of work has dedicated, fulltime staff that explicitly focus on staff engagement, culture change, and communication

- **Focal points in the Global Transformation Team at HQ to help ensure the Transformation Team connects across the organisation**
  - Regional Coordinators and staff as core members of the Global Transformation Team,
  - committed resources from key support functions at the HQ and Regional levels (e.g. HR, finance, IT, comms, etc.),

- contacts within key fast track initiatives linked to the Transformation to ensure coordination (e.g., Polio Transition).

■ **Tailored activities to encourage broad participation**

- the guiding principle is for change initiatives to be driven by the organization, with the Global Transformation Team resourced only to play a supportive and catalytic role. Change will be owned by the appropriate parts of the organization, with work done as closely as possible to where the change is needed,

- an all-staff Organizational Culture Survey will give everyone the opportunity to express their views on WHO's culture and ways of working and to further influence the change agenda,

- interviews and focus groups will continue collecting direct input for needed changes in the way WHO currently operates,

- regional workshops will further engage regional and country staff in shaping a tailored culture change plan for each WHO region (which also drives towards the overall cross WHO aspiration).

■ **Open sharing and communication across all levels:**

- broad use of communication channels including line management, newsletters, intranet, DG townhalls/visits, emails and video messages. The DG's office will remain open to any staff member wishing to share their views.

8. REINFORCING ORGANIZATIONAL CHANGES AND TRANSITIONING TO CONTINUOUS IMPROVEMENT

In the longer term, WHO aims to shift its entire approach to change. As the world becomes more volatile, uncertain, and complex, WHO is adjusting to maintain relevance and influence. WHO will move from a cycle of repeated reform to the establishment of more agile arrangements and a sustainable capacity to continuously innovate and improve.

Following the initial 'step change' of the transformation activities in the first 6 months (i.e. through WHA 2018), the transformation focus will shift to implementing, reinforcing, and consolidating the changes within the Organization over the second half of 2018 and 2019. This will include ensuring that the changes are built into the 2020-21 Programme Budget. The goal is to reach a new 'steady state' for WHO in which continuous adjustments and improvements are made to ensure delivery of its strategies and results. To ensure sustainable change the Global Transformation Team will reinforce change capabilities at all 3 levels by creating a culture and an infrastructure conducive to continuous improvement (e.g. dedicated training for team members, change network capability building, business owner support) (see Figure 10).

FIGURE 10: CHANGING ROLE OF THE TRANSFORMATION ARCHITECTURE
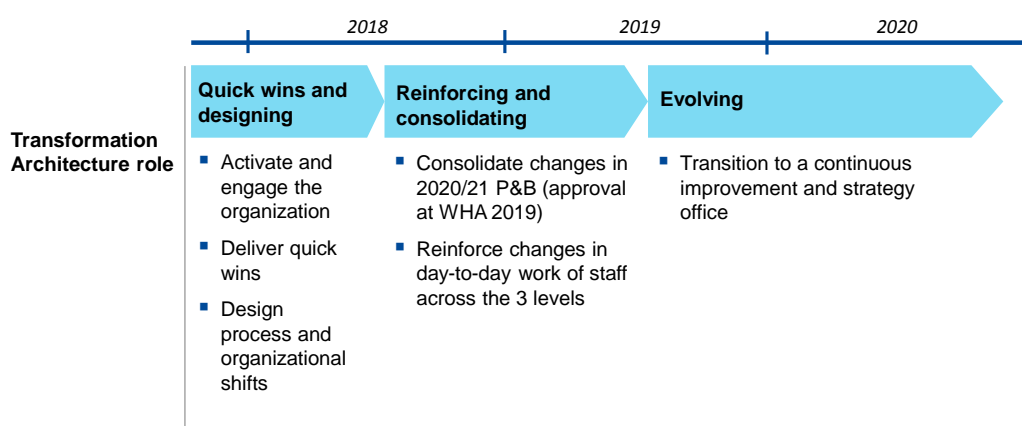
As of late 2019, the Global Transformation Team could start to evolve into a continuous improvement and strategy unit to help support the continued evolution of the organization and to ensure continuous learning and capability building throughout the 2020-21 biennium and beyond. The terms of reference for this continuous improvement function will be defined in the second half of 2018 as the transformation progresses.

APPENDIX I: KEY RISKS AND LESSONS LEARNT FROM PAST REFORMS

Implementing transformational change is challenging. We know this from experience of previous and ongoing WHO reforms (including regional efforts such as those in AFRO and WPRO). The findings, reflections and recommendations of external evaluations have documented many such challenges, some of which are specific to this organization. An examination of these evaluations and WHO's extensive experience in implementing reforms and change over the past 15 years, particularly since 2009, identified a number of major risks that needed to be addressed in the design of the transformation.

A clear case for change, expected results, and destination for change are essential to avoid loss of focus and dilution. Failure to communicate why change is needed, to maintain a clear and compelling vision for the transformation, and relate all initiatives and proposals back to this vision, can result in an unfocused effort, confusion and dilution of both effort and impact.

An incremental and evolutionary approach to the transformation is needed to sustain momentum. New opportunities for improvement will arise throughout the transformation, as staff adopts a reflective mindset and buys into the change. Building on the experience of regional reforms, we will ensure an incremental approach to change built on sequenced waves of initiatives, prioritized to reflect organization needs.

Under-resourcing a reform effort is one of the most common drivers of failure. This is a major transformation and the time, resources and management attention required at all levels will be substantial. Within the Transformation Team, members will need to dedicate their full attention to this effort, without the distraction of other responsibilities (this will also be required for a significant proportion of the time of focal points and the change network).

Substantial leadership time and support is a prerequisite for success. WHO's complex governance can result in misalignment with leadership's vision and priorities for change, insufficient role modelling of the changes needed and slow decision-making. It will require real GPG time commitment and working sessions to be successful. It will also require individual time commitments across leadership, including full support of the DG, RDs, DDGs, ADGs and WRs, as well as directors, coordinators and managers who are so critical to our day-to-day work and impact.

Excellent design work is often compromised by weak implementation. To ensure clear project implementation, it will be key to build project plans into the design phase (incl. deliverables timelines, milestones, budget, responsibilities and accountabilities), provide business owners with project management support, and regularly monitor progress against project plans.

Business owners must be involved in both designing and implementing the transformation. To ensure that they are committed to

implementing the transformation, business owners (e.g. HR, budgeting, administration) must be involved in the design phase of the transformation as well as the implementation. We will have dedicated business owner focal points in communications, HR, finance, IT, CCU and legal departments to ensure input and buy-in from the get-go.

Do not underestimate the importance of communication, engagement and capability building. In an organization as large and geographically dispersed as WHO, reforms that begin in headquarters may never reach country offices. Everyone must be engaged to avoid change being seen as something that is imposed on employees. The organization needs to change itself.

Appropriate Member State engagement and support is key. The direction and ultimate success or failure of WHO reforms can be heavily influenced by Member States' deliberations and decisions. While Member States' ownership is essential to ensure reforms are strategic, relevant, appropriate and sustainable, this role in reform is distinct to that of the Organization's leaders in designing and operationalizing the necessary changes.

Thoughtful, meaningful and full involvement of Regional offices and Country offices is essential. Joint, coordinated change across all three levels of WHO is key to enhancing the organization's impact. The "WR voice" can quickly be lost in the practicalities of implementing changes. In the end, health improvements will be delivered at country level, so ensuring change takes a country perspective and focuses on maximizing national benefits is key – transformation needs to be designed as close as possible to where it will be implemented.

Changes cannot be designed and implemented in isolation. Interdependencies between reforms necessitate a holistic view and analysis of the entire agenda. Financing reforms, for example, cannot be seen as separate to priority-setting and defining results, which themselves are linked to planning and budgeting. All of these reforms are influenced by existing business processes and systems (e.g. GSM, the programme budget, operational planning), the timing of which needs to be taken into account. These inter-linkages guide not only the scope of change, but also the prioritization and chronology of implementation.

Change must be shaped by context. Recent WHO reforms were initiated in response to an unprecedented global economic downturn, and were undertaken in a context of marked shifts in the political world order, social movements, and technological advancements. It is imperative, therefore, that the shape of reform reflects/responds to the external context, including issues such as increasing societal demands for greater transparency and accountability of public monies and institutions.

The most important reforms are often the hardest to implement. Previous reform have seen limited attempts to radically change people and culture. Though cultural change can have the most meaningful impact on performance, it is also the hardest to scope out and implement. While recognizing the difficulty of cultural transformation, this effort will have a dedicated staff

engagement and culture change area of work supported by a WHO team familiar with the organization as well as external experts.

Change and development efforts need to be engaging, coordinated and actively supported through staff engagement. Particularly when it comes to cultural change, it is important to ensure staff buy-in early on. Previous WHO reforms have shown the importance of a non-hierarchical approach to change efforts - deleting reporting lines and allowing group engagement from all levels and all angles. Breaking silos by encouraging cross department / cluster / organization collaboration on practical projects can result in innovative approaches and initiatives. Likewise, encouraging staff to use work time for addressing internal issues in innovative ways has a high return on investment, but this dedication of time must be supported by supervisors and recognized officially through existing performance management models. To ensure staff engagement, we will have a global staff-nominated change network officially dedicating a portion of their time to the transformation, along with tailored activities to encourage broad participation of staff (e.g. culture survey, workshops, focus groups).

Building independent evaluation into the process from the beginning helps hold stakeholders accountable. Building an evaluation plan into the Transformation, with periodic external evaluations to assess the design, implementation, and outcome, has proven to be an effective way of tracking progress and adjusting course as needed in past reforms. We will build a clear timeline and evaluation mechanism into the transformation to foster accountability.

Visible reforms are important in maintaining confidence. Highly visible reforms (e.g. 'traffic lights' in the governing body meetings, programme budget web portal) attracted the most comment and support in previous reforms. Although less visible reforms may have greater impact, it is important to ensure a set of early, highly visible change initiatives to demonstrate that real change is underway.

APPENDIX II: GPG DECISIONS ON WR-PROPOSED QUICKS WINS, MEDIUM, AND LONG TERM PRIORITIES

Meeting immediately after the 9th Global Meeting of Heads of WHO Offices in Countries, Territories and Areas (HWCOs) on 30 October– 1 November 2017, the GPG considered a range of proposals from WHO Representatives on actions that could be taken rapidly to facilitate country level work. The GPG decided on a number of the WR-proposed 'quick wins' (1-6 months), and medium (6-12 months) and long-term (>12 months) priorities for change as summarized below.

These quick wins and priorities for change aligned with many of those that had been identified by the Working Group on Initiative for Change. They will be further supplemented with additional quick wins and priorities as the specifics goals for the WHO Transformation are consolidated in the coming months.

Timeline	GPG Decision (November 2017)
Quick Wins (implementation in 1-6 months)	■ that Delegations of Authority (DoAs) should be harmonized across Regions, giving greater accountability to WRs (while taking into account risk analysis, management and size of country office operations); an Inter-Regional Working Group (incl. DAFs/DPMs) to draft a proposal for GPG consideration.
	■ to re-classify all WHO Representatives who are currently serving at P6 grade to D1.
	■ that all WHO Country Office requests for temporary budget ceiling increases will be decided within 2 weeks.
	■ to ensure the prioritization for staffing the WHO Emergencies Programme (WHE) is country office, followed by Regional Office and then HQ level.
	■ to create a mechanism to ensure direct WR engagement in the Change Process to ensure it remains focused on enhancing country level impact.
	■ to reinforce and track compliance with WHO policy that HQ not bypass or fail to inform ROs, and ROs not bypass or fail to inform WRs, when contacting governments and Country Office staff and undertaking travel to country level.
	■ to establish a mechanism to manage WHO's engagement in the UN reform process & ensure ongoing internal communications, especially to WRs, on the reform process and WHO's position(s).
	■ to ensure WR representation at Regional Committees, World Health Assembly and Executive Board (e.g. rotating basis).
	■ that position descriptions will be standardized across WHO to facilitate mobility.

	■	to establish and implement a standard duration of assignment for WRs.
Potential Quick Wins to review at January 2018 GPG meeting	■	the potential for aligning WHO rules for contracting non-UN retirees with the UN system standard.
	■	the new proposed HR policy for short term development assignments for National Professional Officers (NPOs).
	■	the current distribution of staff across the 3 levels of WHO, to inform potential goals for future staffing of the organization.
Medium-term change priorities (6-12 months)	■	to define goals for future staffing across the 3 levels of WHO, and establish a strong mobility implementation plan in support of those goals.
	■	to review options for the relocation of selected technical expertise and programmes closer to countries.
	■	to review the budget ceiling concept for WHO Country Offices.
	■	to implement the harmonized Delegations of Authority (DoAs) with more accountability to WRs.
	■	to initiate and monitor the strengthening of communications and resource mobilization (RMB) expertise at country level, based on a new organization-wide strategy for WHO's external engagement.
	■	to establish a standardized grading of Country Office WR positions.
	■	to simplify internal FENSA business processes and SOPs.
	■	to establish a platform to enable the rapid sharing of best practice between WRs.
	■	to review best-practices from Inter-Regional, Regional and Country level and decide on priorities for organization-wide scale-up.
	■	to analyze and provide guidance on linking the new GPW13, the UNDAF and CCS processes, and future programme budget and operational planning.
Long-term change priorities (>12 months)	■	to increase mobility, especially out of Geneva.
	■	to create career pathways and mechanisms to advance staff development.
	■	to create individual accountability for results (performance management).
	■	to increase staffing and recruiting speed.

APPENDIX III: DETAILED ACTIVITIES BY AREA OF WORK

1. *Staff Engagement and Cultural Change*

The Staff Engagement and Cultural Change area of work will achieve its objectives through six main interventions:

1. *Establish a cultural baseline:* (Nov-Jan), this team will create a reliable cultural diagnosis that will guide thinking on priority cultural shifts. It will also provide a baseline against which progress can be measured. This diagnosis will blend quantitative and qualitative elements, including a review of all past and on-going WHO initiatives related to staff engagement and cultural change.

   – *Quantitative cultural baseline*: an organizational survey will be administered to all WHO staff to measure alignment towards a shared vision, ability to execute on the core mission, and ability to change/adapt to the internal and external environment. This survey is based on substantial research on managerial practices directly correlated with organizational effectiveness; results can be benchmarked against 3,500+ organizations, including other social sector and UN organizations. The survey will allow identification of the change network by asking individuals to nominate influential and/or trusted colleagues.

   – *Qualitative cultural baseline*: the team will supplement insights from the survey with interviews and/or focus groups at all levels of WHO. These conversations can both gather information on the current state of WHO culture and communicate the importance of culture change.

2. *Define WHO cultural aspiration:* in January, top WHO leadership will take part in a Leadership Change Workshop to review the results of the culture survey, define a clear set of cultural behavior and mindset shifts that will enable the organization to deliver on the GPW, and identify the highest impact cultural interventions.

3. *Create a concrete staff engagement and cultural change action plan:* (Feb-March), all findings will be discussed and used to define a cultural change aspiration that will be delivered through a comprehensive staff engagement and culture change plan. This plan will provide an outline to be tailored for implementation in Regional and Country Offices.

4. *Design a change network at all levels of the organization:* (Mar-Apr), in parallel with establishing the cultural baseline and change plan, the team will set up a staff-nominated change network. This will include selection and training of the change network, and development of a communications platform to listen for new ideas, measure impact, and channel key messages.

5. *Embed staff engagement and culture change in all transformation initiatives:* (Mar), the team will organize culture change training for key transformation initiative owners. The goal will be to embed cultural shifts and new ways of working into their initiatives. For example, when business

owners revisit procurement processes, desired behaviors such as collaboration across silos and role clarity should be embedded into new processes.

6. *Run Regional workshops to define tailored implementation plans and train change network:* (Feb-Mar) the team will organize Regional Workshops to cascade and customize the change plan at the Regional and Country Office level, and to empower the change network (e.g. provide a tactical toolkit to gather feedback, execute culture action plans, run workshops). Throughout the rest of the year, members of the change network will implement and track cultural progress across WHO.

As of May 2018, the staff engagement and cultural change team will continue supporting the change network, on-board new members where relevant, and track and monitor implementation of staff engagement and cultural change initiatives.

Early in 2019, the team will assess the impact of the change activities by conducting a short culture pulse survey. This will allow the team to quantify impact and adapt its efforts.

2. *Operating Model*

The design and implementation of the operating model will follow these 6 steps:

1. *Assess current state and gaps* (Oct/Nov). While defining the aspiration on how WHO could be better set up to deliver on its priorities, the team will also map the current organizational design (e.g. baseline, responsibilities across levels), and define the major pain points and potential changes needed.

2. *Define the aspiration for the future operating model* (Dec-Feb). The aspiration for the new operating model will be driven by WHO's mission, as well as by the strategic priorities defined in GPW13. These will be translated into the definition of the most critical operating model shifts along a few key dimensions such as scope of work & location, roles & responsibilities, structure, interfaces across levels, workforce distribution & capabilities.

3. *Support translation of the GPW into Strategic choices within programme planning processes* (Jan-May). The GPW provides high level guidance, but this will need to be translated at the start of 2018 into strategic choices for different programme areas. This strategic planning efforts will have to be led by the responsible leaders with input from countries on needs, and the relevant technical experts. While the changes will be integrated fully through the 2020-21 planning cycle, adjustments will start already in 2018.

4. *Develop options for changes to the operating model* (Feb/March). The team will start developing options for major changes to the operating model (particularly, country operating model, workforce distribution). Defining the options and aligning on a preferred one will require:

   – consideration of recommendations to date (experts reviews, Member States, WHO Working Groups),

- input from experts across WHO (working team of subject matter experts),

- top leadership engagement (DG, RDs, DDGs) for input and feedback,

5. *Define implementation plan* (Apr/May). Once the major operating model changes are agreed upon, the team will create a comprehensive implementation plan with owners, timelines and activities to drive implementation over the following months.

6. *Detailed design and implementation* (from May 2018). Over the course of 2018, the team will start implementing and refining the changes. In the implementation phase, the strategy translation and operating model team will support business owners across all levels of WHO, for example by aligning topics and linkages across locations and keeping track of the implementation status.

3. Fit-for-Purpose WHO Processes and Tools

The fit-for-purpose processes and tools team will work closely with the Transformation and PMO Team to understand on-going work and initiatives related to critical WHO processes. They will also pro-actively identify critical process and tool 'pain points' which need to be addressed to best enable WHO's delivery at country level. They will steer work on selected critical WHO processes and tools (2-3 per 6 months).

1. *Work with the Transformation and Project Management Team to maintain an oversight of improvement work on critical WHO processes and tools.*

   - pro-actively identify process pain points and critical areas to be addressed based on process improvement work,

   - work with the Transformation and PMO Team to identify additional improvement ideas arising from the organization (e.g., ideas raised in DG 'Open Door' sessions or red flags on mainstreamed activities)

2. *Prioritize and steer initiatives to improve critical WHO processes and tools* by creating a road map for the process work, highlighting overlaps and interdependencies.

   - prioritize ongoing initiatives and ideas on process improvement based on impact (e.g. alignment with GPW, urgency from WCO perspective, transformative impact) and feasibility (cost, capacity, and syndication needed),

   - flag overlaps and interdependencies in ongoing process and tool related initiatives,

   - create a plan of ~6 months "waves" of initiatives for the next 2 years that includes delivery on the processes prioritised by WRs at the 9th HWCO meeting and agreed by the GPG. In so doing, ensure that workload is manageable for the Transformation Team and WHO.

3. *Ensure the delivery of 2-3 critical wins every 6 months* and in so doing help build capacities and capabilities for broader improvements. The team may

have a small standing capacity to help business owners drive critical initiatives. The team cannot drive all initiatives so these members will need to be deployed where their activities can have greatest catalytic impact.

4. External Engagement Model and Financing Campaign

Transformation of the external engagement model

This area of work will establish a more strategic, long term, WHO-wide approach to position WHO externally, form partnerships and ensure sustainable and high-quality resources. Work will focus on four organizational enablers:

1. *Building a strategic, and appropriately-resourced external relations function* that consolidates separate functions to ensure a coherent and centrally coordinated approach. This will include a baseline mapping of WHO resources engaged in partnerships, resource mobilization and communications. Roles of the corporate external engagement function and similar functions in programs, regions and countries, will be clarified and the allocation of staff will be optimized. The aim is to finalize and fully implement the new structure in Q1-2 2018.

2. *Establishing 'business-partner' teams for strategic and holistic engagement of key donor partners,* led by an RM specialist at corporate level who works with focal points in regions, programs, communications, and DGO to deliver on contribution targets. This approach will be rolled out in waves, with the first teams for key partners in place by Q1 2018. Staff capabilities/capacity to deliver RM objectives will be assessed to identify and address gaps.

3. *Strengthening staff capabilities/capacity to deliver effectively on resource mobilization objectives.* Based on the baseline mapping, skill and capacity gaps will be identified and an action plan developed, including investments needed to address gaps and diversify the skill-mix across the RM function. Early implementation of measures (incl. potential external recruitments) will be launched in December, with the comprehensive agenda rolled out over the course of 2018.

4. *Professionalize essential systems and tools supporting the partnerships and RM function:* a number of key gaps in existing processes and systems (e.g. grant management; partner analytics) need to be addressed to ensure a high performing, transparent and efficient external engagement function. The team will prioritize essential systems and tools to strengthen through dialogue with stakeholders across WHO in January/February and define related initiatives and areas of work. Implementation of systems strengthening initiatives will be kicked off in Q1 2018 and run through most of the year.

Financing Campaign

The Financing Campaign is an integrated effort to ensure sufficient and sustainable financing for WHO's most critical priorities. It will culminate with a pledging moment to be held at the end of 2018. It consists of four interconnected areas of work:

1. *Make the case for investment:* the investment case is a partner engagement and advocacy document, presenting donors with the role of WHO in the global effort to deliver on health security and universal health coverage. Based on modeled resource needs and the projected impact of WHO's work, it will present a funding request and the projected impact of investment. The investment case will be launched in early 2018.

2. *Develop and implement strategies to engage priority partners more effectively:* to deliver the Campaign, WHO will disaggregate the overall financial target to individual donors and then drive donor-specific engagement strategies developed in close collaboration with technical programs, country/regional offices, and functional offices. The team will also create market- and partner-specific messages. The campaign will be run in 2018 and culminate in a pledging moment at the end of the year.

3. *Communications, campaigns and advocacy:* this area of work supports the donor engagement work and strengthens WHO's visibility and voice by strengthening reputation and "brand visibility"; bringing in Member States, civil society and other advocates in support for WHO's work; and expanding traditional and social media outreach. This team will also plan support for key events (e.g. the launch of the investment case).

4. *Overarching project management of the Financing Campaign:* a management team will prepare and continuously update the plan for the campaign, coordinate the "drumbeat" of events, manage timelines and secure resources.

5. *Transformation Office and Programme Management Office (PMO)*

The Transformation Office and PMO area of work will play five main roles: setting up and running the Global Transformation Team, capability building, tracking/reporting on transformation activities, identifying new initiatives, and structuring coordination with area of work leads.

1. *Setting up and running the Transformation Team:* In February, the Transformation Office and PMO team will ensure that the Global Transformation Team and the broader Transformation Architecture are set up for success. Key activities will include on-boarding all Transformation Team members (incl. role-cards, introductory material), setting up a clear accountability structure and meeting cadence, and developing material for Transformation Team meetings. Throughout the year, team performance and wellbeing will be monitored through a fortnightly 'barometer'.

2. *Capability building:* the Transformation Office and PMO area of work will play an increasingly important capability building role for the team as it forms. This will begin with a full-day change 'bootcamp' for the entire team covering key topics such as Transformation Team ways of working (governance, meetings cadence, etc.), problem solving, project management best practices, and stakeholder management. The bootcamp will be followed by regular half-day trainings on topics relevant to delivering on current and future transformation activities (e.g. leading an effective team, time

management). Group training will be complemented by informal day-to-day coaching based on the needs of each member of the Transformation Team. Training materials will be shared with stakeholders in the transformation, including Regional and Country Office leads, the change network, and functional focal points.

3. *Tracking/reporting on transformation initiatives:* this team will be responsible for developing and implementing a dashboard that compellingly displays the progress of transformation activities, and can be used for reporting both to senior leadership and to the whole organization.

4. *Identifying new change initiatives:* new change initiatives that arise through planned activities/workshops, DG 'open door' meetings, and red flags raised from recently mainstreamed initiatives will be identified and tracked.

5. *Coordinating with area of work leads to define the Transformation Team role* in on-going and new initiatives (support as part of working team, integrate in the transformation areas of work, monitor and track, etc.). This will need to be done through careful joint discussion with leads of relevant areas of work to ensure resourcing remains appropriate.

GLOSSARY

Architecture: the WHO-side set-up for all transformation activities across the organization including, i) the GPG as steward of the transformation ii) joint inter-regional/HQ transformation processes and bodies (e.g., existing DPM and DAF working groups with DDG, WR and relevant ADG participation) vi) a Global Transformation Team v) programmatic and functional focal points (support functions, other programmes, etc.) vi) a Global Change network

Change network: WHO change network of staff supporting the WHO leadership and line managers who are driving and championing change. The network ensures consistency in the transformation by communicating, implementing changes, and sharing feedback across all levels and offices of WHO. The change network will include roughly one person per country and department, for a total of 200-300 people across WHO country offices, Regional Offices and HQ. The network will be identified based on an analysis of internal influencers (through a question in the all-staff Organizational Culture Survey), their willingness to join the network, and the perspectives of WHO leaders, department directors and WRs. The members of the change network will be expected to dedicate 10-20% of their time to support line managers in championing key changes locally by translating the transformation communications into practical daily behaviors, introducing new ways of doing things, role-modeling the desired behaviours and collecting feedback and success stories from the implementation.

Change story: meaningful and inspiring narrative to help people make sense of and engage in the changes they are being asked to make.

Culture: 'organizational culture' refers to how an organization works. It is the combination of mindsets, behaviors and management practices that allow staff to work in a consistent manner, execute with excellence, and sustainably achieve goals. A "good" culture means strong alignment toward a shared vision, ability to execute on the mission, and ability to change/adapt to internal and external environment. Culture has proven to be directly correlated with performance.

DPM Working Group:: existing inter-regional group of DPMs complemented by DDG Programmes, two WRs selected, and relevant ADGs as needed. This group will meet in person or by VC as frequently fortnightly to review the organizational design and present re-design options to the GPG.

Focal points: WHO staff with functional expertise (e.g. HR, Communications, IT, Legal, Finance) and/or programmatic expertise who are dedicated part-time to connecting the transformation effort with the relevant resources, analyzing relevant processes, and assisting with the implementation of initiatives requiring specialized knowledge.

DAF Working Group: existing inter-regional group of DAFs that is complemented by DDG Corporate Operations, two WRs, and ADG/GMG. This group will meet as frequently as fortnightly, in-person or by VC, to identify and escalate best processes and practices across regions and prepare major decisions for GPG consideration, particularly where new processes are required.

Global Transformation Team: WHO staff dedicated to helping design, drive, communicate, monitor, and coordinate the transformation; composed of staff working at HQ and Regional levels

Mindset: underlying thoughts and feelings, values and beliefs, fears and needs, that motivate staff behavior.

Operating model: the scope and location of WHO's work, the roles and responsibilities at each level, the distribution & skills of its workforce across the 3 levels, its structures and reporting lines, and internal governance.

Organizational design: the overall design of the organization along dimensions such as overall structure, roles and responsibilities, internal governance, workforce size and capabilities

Organizational culture survey: anonymous, in-depth staff survey used to assess the organisation in 3 dimensions: alignment of direction/vision, ability to execute, and capacity for innovation and renewal. These dimensions (as measured by this survey) are statistically proven to correlate with organization performance. Results will be used to define culture and mindest shifts desired bby the organisation, providing a quantitative baseline for future evaluations. The survey will also ask staff to anonymously nominate colleagues who they trust and believe make change happen. Answers will be used to build a change network.

Strategy translation: mechanisms by which overall organization strategy and vision are translated into budgets, action plans, and all 3 levels activities