

Evaluation of WHO transformation

Evaluation brief – May 2021

Context of the evaluation

The WHO transformation, launched in July 2017, was conceived as an organizational change initiative aimed at better equipping WHO to achieve the ambitious goals set forth in its Thirteenth General Programme of Work 2019–2023 (GPW13) – that is, greater impact at country level in pursuit of the triple billion goals and the health-related Sustainable Development Goals – by optimizing its use of resources, streamlining processes and ensuring it is fit for purpose in a rapidly changing world. Within this context, the ultimate aim of WHO transformation has been to “make WHO a modern, seamless, impact-focused Organization to better help Member States achieve the health-related Sustainable Development Goals in the context of United Nations reform.”

Objectives and scope of the evaluation

The overarching objective of this formative evaluation was to assess the progress of WHO transformation at all levels of the Organization from July 2017 to date and the status of implementation of the WHO transformation Plan & Architecture. It documented key achievements, good practices, challenges, gaps and areas for improvement in the implementation of WHO transformation thus far; assessed whether change management issues and barriers to implementation have been appropriately considered and addressed; and made recommendations on the way forward to enable the full and consistent implementation of the WHO transformation.

Key findings and conclusions

WHO transformation has been undertaken in four phases. The first phase, undertaken in the second half of 2017, consisted of consultations and analytics and informed the Global Policy Group deliberations and the Director-General’s decision-making, culminating in the WHO Transformation Plan & Architecture. The second phase (February 2018 to March 2019) was focused on the transformation’s design and thus led to the development of the GPW13, the redesign of 13 key WHO processes and a new WHO-wide operating model. The third phase (March to December 2019) focused on alignment and initiated changes to organizational structure and methods of work and the development of the WHO Values Charter. The fourth phase on implementation started in January 2020. This is the final and longest phase and remains ongoing.

The far-reaching scope and scale of the specific organizational changes launched by the transformation have been ambitious, and the context in which they have been pursued has been exceedingly challenging. These changes entailed seven workstreams (impact-focused, data-driven strategy; a new approach to partnerships, ensuring the predictable and sustainable financing of WHO; a new, aligned 3-level operating model, new results-focused, collaborative and agile culture; 13 redesigned processes; and building a motivated and fit-for purpose workforce). The workstreams encompass 40 distinct initiatives aimed at addressing the “hard-wiring” aspects of change (that is, fundamental structural and process changes), the “soft-wiring” aspects (that is, changes to its organizational culture that have long been viewed as deep-rooted and difficult to address), and many of these initiatives have been pursued in parallel to each other. They have also been pursued within WHO’s singularly decentralized structure, a feature of the Organization that poses unique challenges for any corporate initiative, not least of all for change management initiatives. While WHO’s transformation represents a process of cohesive organizational change at the highest level, its roll-out involved a rather more complex array of change activities that vary by timeline and location. Moreover, less than two years into transformation, its implementation risks being derailed by the unprecedented disruption of the COVID-19 pandemic in which WHO has played a leading role.

Within this context, progress in implementing this ambitious change initiative has been significant despite the constraints, with substantial progress having been made in four out of seven workstreams, and two additional workstreams on track for being mostly or fully implemented within the next few months. Less progress has been made in those activities focused on fostering a motivated and fit-for-purpose workforce. To date, however, it appears that most of this progress has primarily been at the activity and output level, and primarily at headquarters and in some regional offices.

Far less is known about the tangible effects that the changes implemented to date have had on the functioning of the Organization – or the extent to which they have contributed to the end goal of increasing WHO’s impact at country level. There is widespread recognition by staff and Member States alike that the new operating model pursued by WHO under its

transformation, reorienting itself around achieving impact at country level to address the triple billion goals, has had concrete positive effects on the work of the Organization. Small but positive and significant indications of progress have also been noted in WHO's organizational culture that were targeted by transformation despite the lower level of implementation progress in the workstream. However, beyond these perceived shifts toward a stronger and clearer results orientation and towards a more inclusive environment for staff, few tangible results have been observed to date at the country level. For example, less progress has been made in resourcing WHO Country Offices with the staff they need to achieve impact, either through the deployment or creation of posts at this level, the rotation of staff from other parts of the Organization to the field or a combination of these measures. Significant positive change has yet to be seen in the goal of reducing the time spent on administrative processes, such as recruitment processes. However, as these issues are being addressed during the last phase of the transformation agenda's implementation, it is not yet possible to assess the extent to which efficiencies across business and human resource processes will be gained from the transformation.

This lack of evidence for results on the Organization's functioning is partly rooted in the inherently long arc of large and ambitious change management initiatives such as transformation, and in the challenging operational environment in which transformation has taken place – but only partly so. At a fundamental level, whereas the design of transformation benefitted from a wide range of inputs – from an inclusive approach to staff consultation, from lessons learned from previous reform efforts, and from the state of the knowledge on organizational change – it lacked a comprehensive, coherent roadmap (that is, a theory of change or logic model) that clearly and concretely articulates what the desired end-state of being transformed “looks like” and precisely how the elements of WHO transformation will work together toward this desired end-state. By extension, there has also been a lack of corresponding metrics for measuring and reporting on the outcome-level results being targeted by the various initiatives pursued under the workstreams, the significant inputs expended on the various initiatives associated with the workstreams. Put simply, the precise milestones for how – and by when – WHO can be considered to be truly transformed (that is, nimbler, more fit for purpose, more modern, and so on) and what the level of investment has been to achieve these milestones have yet to be defined, tracked or reported against.

The lack of a theory of change and corresponding outcome-level indicators has internal implications for the Secretariat's ability to manage the change process in a well-informed, evidence-based manner. It also has implications for the Secretariat's ability to communicate openly and transparently on transformation to Member States, who feel they could have been better engaged during the transformation process or better informed on key relevant areas to allow them to exercise their roles and strategic responsibilities: *what the overarching plan is, what the desired end-state is and when WHO will know it has achieved it, what is and is not being achieved through implemented initiatives, and what transformation is costing.*

With the COVID-19 pandemic response very gradually ceding space to other areas of concern to the Organization, there is an opportunity to consolidate WHO transformation gains made to date, get back on track with those initiatives that are farther behind than others, redouble the focus on outcome-level change (not least of all at country level), and to address the areas for improvement highlighted in the evaluation. Doing so will maximize the likelihood that the investment of WHO's human and financial resources for this crucial organizational change initiative will ultimately yield the targeted result – increased impact at country level – with all key stakeholders having a clear, shared sense of the way forward.

Recommendations

Recommendation 1: The WHO Secretariat should establish clear and comprehensive outcome-level milestones for the remainder of WHO transformation and use these measures as an internal management tool and as a communications tool for reporting on progress.

Recommendation 2: The WHO Secretariat needs to engage its Member States better throughout the remainder of WHO transformation's implementation.

Recommendation 3: Without losing momentum for continued progress at all levels of the Organization, the WHO Secretariat should invest dedicated attention – and resources – towards supporting country-level transformation in the next phase.

Recommendation 4: Efforts should be intensified to build a motivated and fit-for-purpose workforce.

Recommendation 5: The WHO Secretariat should accelerate the pace of desired changes in its organizational culture.

Contacts

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Hyperlinks: [Evaluation Report](#) and its [Annexes](#).