

## Management Response

<b>Evaluation Title</b>	<b>Evaluation of the WHO transformation</b>
<b>Commissioning Unit</b>	<b>WHO Evaluation Office</b>
<b>Link to the evaluation</b>	<p><b>Main report:</b> <a href="https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5">https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5</a></p> <p><b>Annexes:</b> <a href="https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-annexes.pdf?sfvrsn=4d4577f_5">https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-annexes.pdf?sfvrsn=4d4577f_5</a></p> <p><b>EB149/5Add.1 Executive Summary:</b> <a href="https://apps.who.int/gb/ebwha/pdf_files/EB149/B149_5Add1-en.pdf">https://apps.who.int/gb/ebwha/pdf_files/EB149/B149_5Add1-en.pdf</a></p>
<b>Evaluation Plan</b>	<b>Organization-wide Evaluation Workplan for 2020-2021</b>
<b>Unit Responsible for providing the management response</b>	<b>HQ/DGO/TIC</b>
<p><b>Overall Management Response:</b> WHO welcomes and accepts the recommendations of the evaluation. In particular, WHO welcomes the clear support for the Transformation Agenda and recognition of progress made thus far.</p> <p>The final phase of WHO's Transformation journey – implementation and continuous improvement – began in January 2020. This important milestone marked the transition from central coordination to distributed leadership in the hands of line managers and 'business owners'. The shift towards implementation also coincided with the start of the COVID-19 pandemic, which has both tested and reaffirmed the importance of the overall Transformation Agenda. The insights and recommendations provided through this formative evaluation are therefore both helpful and timely, in particular as WHO and its Member States take stock of lessons learned from COVID-19 and the need for a stronger, more agile and responsive WHO which is relevant in all countries, focuses on results, provides technical and normative leadership, and is "ahead of the curve".</p> <p>Many of the recommended actions are already underway. For example, WHO launched a new on-line Transformation implementation monitoring tool which provides greater visibility on the implementation progress and status of the 40 core Transformation initiatives. The need to prioritize and accelerate initiatives that will ensure Transformation at country level was identified and addressed by the PBAC and EB in January 2021 (see EB148/2). All ten initiatives focused on ensuring a motivated and fit-for-purpose WHO workforce (e.g. global mobility, flexible working arrangements) are underway and have been aligned with activities within the current WHO Year of the Workforce and Respectful Workplace campaign.</p> <p>WHO will continue to sharpen its monitoring and reporting on Transformation implementation, notably by reviewing and strengthening outcome level milestones for each Transformation workstream. The global Transformation stocktake under discussion for late 2021 will provide an important opportunity to reengage Member States and WHO staff from across the three levels of the organization to identify areas and opportunities to optimize WHO's Transformation and its impact on the health of people everywhere.</p>	
<b>First Management Response Status:</b>	<i>In progress</i>
<b>First Management Response Date:</b> 8 July 2021	<b>Updated Management Response Date:</b> 1 March 2024

<p><b>Overall update on the actions taken since July 2021</b></p>	<p>Overall implementation of the Transformation Initiatives continues to be taken forward by relevant business owners, with some initiatives now mainstreamed into routine ways of working in WHO, and others still in progress.</p> <p>A situation analysis with a critical inventory across the 40+ Transformation initiatives was initiated in Q3 2023, to inform a strategic reprioritization of the Transformation agenda, aligned with the 14<sup>th</sup> General Programme of Work (GPW14). This analysis will inform the refreshed roadmap and monitoring and evaluation framework for WHO organizational change and continuous improvement agenda.</p>
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<p><b>Recommendation 1: The WHO Secretariat should establish clear and comprehensive outcome-level milestones for the remainder of the Transformation and use these measures as an internal management tool and as a communications tool for reporting on progress.</b> Building on the inferred theory of change developed for this evaluation, WHO should:</p> <ul style="list-style-type: none"> <li>a) revise this theory of change, as necessary, to make it as comprehensive and meaningful an encapsulation as possible of the results roadmap for the Transformation – that is, the desired end state sought by the initiative, how the various workstream initiatives are intended to contribute to each outcome both individually and jointly, the inputs (human and financial resources, partnerships), and the assumptions and risks to be managed in the final stage of the Transformation;</li> <li>b) operationalize the theory of change in a series of specific, measurable, actionable and attainable, relevant, and time-bound (SMART) outcome-level milestones (that is, key performance indicators), accompanied by corresponding timeline milestones for when it is expected that targeted outcome-level changes will be fully realized, bearing in mind the assumptions identified in the theory of change;</li> <li>c) aim to maintain a record of the human and financial resources expended on Transformation throughout the Organization so that there is a clearer picture of the organizational investment in the initiative; and</li> <li>d) use the theory of change and accompanying metrics to monitor and report on progress moving forward.</li> </ul>					
<b>Management response</b>	<p><b>Accepted</b></p> <p>A monitoring mechanism and reporting framework for Transformation implementation is already in place (May 2021) and is being reviewed and updated to take into account the above recommendations, feedback provided by Member States during the PBAC, and relevant recommendations provided through other external reviews such as the IPPPR and IHR Reviews. The actions below clarify how the above sub-recommendations (items a-d above) will be addressed in this context.</p>				
<b>Status</b>	<i>In progress</i>				
<b>Key actions</b>	<b>Responsible Units</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Overall update on the actions taken since July 2021</b>
Produce a refreshed results roadmap that builds on the theory of change produced in the evaluation and, subsequently, clarify and refine the global Transformation outcome-level milestones, where needed.	DGO/TIC with Transformation Business Owners <sup>1</sup>	Q2 2024	<i>In progress</i>	<p>This work is underway and will be completed following the completion of the External Audit of the Transformation agenda (tentatively planned for Sep-Oct 2021) and a global transformation stocktake exercise under discussion for late 2021.</p> <p><i>Reference: EB149/2, section 4.1(a) recommendation to establish outcome-level milestones for the remainder of the Transformation</i></p>	<p>A stocktake was not done in 2021.</p> <p>In Q4 2022 the status of the Transformation agenda and options for refocusing were considered, including in WHO's 11<sup>th</sup> Global Management Meeting. This informed the establishment of the Action for Results Group (ARG) whose action plan seeks to accelerate the Transformation agenda by strengthening of WHO country offices.</p> <p>In Q4 2023, a critical inventory of progress with implementation of WHO's global Transformation Agenda was initiated. The aim of this review is</p>

<sup>1</sup> Transformation Business Owners include business owners in HQ, Regional Offices and in Country Offices as applicable.

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					to document progress as well as learnings and insights to inform the future focus of WHO's organizational change agenda, including under GPW14. Insights from this critical inventory will inform the strategic reprioritization of the Transformation agenda going forward.
Update and refine the monitoring tool and framework used to report on TRF implementation progress and outcomes, based on the above.	DGO/TIC with the Global Transformation Team (GTT)	Q2 2024	<i>In progress</i>	A first version of the monitoring tool is already available on-line. The completion of this action (to update the tool and its associated monitoring framework) is dependent upon completion of the above.  <i>Reference: EB149/2, sect 4.1(c): provide regular updates on progress made in the implementation of transformation at all levels of the Organization and especially at country level;</i>	The online dashboard was taken down in 2023, as it was felt that it did not properly reflect progress.  As part of the current critical inventory, the measurement and evaluation framework is being critically assessed across 43 Transformation initiatives, to inform a forward looking and updated monitoring approach.
Provide information on human and financial resources expended on the global Transformation in the next Transformation progress report, and refreshed annually from 2022 as applicable.	Transformation Business Owners with support from DGO/TIC and PRP	Q4 2024	<i>In progress</i>	<i>Reference: EB149/2, section 4.1.(b) engage more closely with Member States in pursuing future implementation of transformation and ensure that the requisite resources and capacity were available for WHO's work at country-level in the next phase of transformation</i>	The feasibility of this was explored and found to be impracticable, as work by business owners across the 40+ Transformation initiatives generally is not budgeted separately.  Where dedicated resources are clearly attributed to Transformation outputs (e.g. under output 4.2.5 in the Programme Budget 2022-2023) this is reported as part of regular results reporting.  Resources expended as part of the work to strengthen WHO's country presence (e.g. as part of the ARG action plan) are reported as part of regular results reporting.

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<p><b>Recommendation 2: WHO Secretariat needs to engage its Member States better throughout the remainder of the Transformation's implementation.</b> In this regard, priority should be placed on:</p> <ul style="list-style-type: none"> <li>a) clearly and transparently communicating the results roadmap encapsulated in the theory of change, including what organizational initiatives are and are not directly a part of the Transformation;</li> <li>b) regularly providing Member States with clear updates on progress made (including progress not made) against the implementation plan as well as the targeted outcome-level changes</li> </ul> <p>Consulting with Member States as appropriate on any ongoing or new/emerging transformation-related initiatives.</p>					
<b>Management response</b>	<p><b>Accepted</b></p> <p>Reports on progress with Transformation implementation are regularly provided to Member States through the Regional Committee meetings, the PBAC, EB and WHA. Annual progress reports have also been produced since 2019. A new, dedicated web page on WHO's Transformation Agenda was included on WHO's website in January 2021 that includes a specific sub-section on monitoring and reporting implementation progress.</p>				
<b>Status</b>	<i>In progress</i>				
<b>Key actions</b>	<b>Responsible Units</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Overall update on the actions taken since July 2021</b>
Develop a revised/refreshed global Transformation implementation roadmap and communicate with WHO Member States.	DGO/TIC & GTT	Q4 2021	<i>In progress</i>	<p>This action is directly linked to actions outlined in response to Recommendation 1 and is dependent on the completion of those prior actions.</p> <p><i>Reference: EB149/2, section 4.1(a) recommendation to establish outcome-level milestones for the remainder of the Transformation</i></p>	<p>This is under articulation as part of the critical inventory exercise described above.</p> <p>The WHO webpage on Transformation is being revamped and updated to provide information to Member States and the broader public about status of implementation.</p> <p>The forward looking reprioritization of the Transformation agenda will be communicated and discussed with Member States as part of the development of the GPW14.</p>
Produce and disseminate an annual report on Transformation implementation until the end of the PB2022-23, after which point Transformation reporting will be rolled into regular results reporting.	DGO/TIC and TRF Business Owners	Annually to end 2023	<i>Implemented</i>	<p>First and second annual reports (2019, 2020), completed and issued on dedicated WHO Transformation webpage. The next report will be produced at end 2021.</p> <p><a href="https://www.who.int/about/transformation">https://www.who.int/about/transformation</a></p>	<p>Dedicated progress reports have not been published since 2020. Internally, progress have been tracked by annual reporting from business owners. WHO has submitted progress reports to the EB and WHA (EB148/2; EB149/5 Add.1 (evaluation), and the IEOAC has reviewed transformation (EBPBAC33/2, EBPBAC34/2,</p>

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				Reference: EB149/2, sect 4.1(c): provide regular updates on progress made in the implementation of transformation at all levels of the Organization and especially at country level;	EBPBAC35/2, EBPBAC36/2, EBPBAC37/2, and EBPBAC39/2). The overall progress of the Transformation agenda has been reflected in the general results reporting of the Secretariat (e.g. mid-term and end of biennium results reporting) and as part of dedicated reports on specific business areas e.g. annual HR reports to governing bodies.
The Secretariat will brief Member States on progress with the global Transformation Agenda and on any new/emerging Transformation-related initiatives as applicable at least annually.	DGO with ExD/EXT	At least annually	In progress	Reference: EB149/2, section 4.1.(b) and (c)	See above under 'roadmap' (Recommendation 1)

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<p><b>Recommendation 3: Without losing momentum for continued progress at all levels of the Organization, WHO should invest dedicated attention – and resources – toward supporting country-level Transformation in the next phase.</b> With emphasis having thus far been on changing operations at headquarters and, in some cases, regional offices, in the next phase attention must redouble its focus on the end goal of this organizational change initiative and the GPG's vision of a strengthened WHO country presence: transforming country offices, and transforming support to country offices, in order to realize WHO's vision for country-level impact. Toward this end, WHO should prioritize the following measures:</p> <ul style="list-style-type: none"> <li>a) The 2022-2023 programme budget should allocate adequate resources to country-level operations and, once this is approved, WHO country offices should be encouraged to better apportion their resources towards making larger country-level impacts and fully realize the GPG aspirations for the WHO country-level presence and operating model.</li> <li>b) Specific targets should be established for the number of positions increased (moved or newly created) in country offices.</li> <li>c) Further investments in the WHO representative selection and development process should be made, in order to ensure strong competencies in leadership, management, advocacy, resource mobilization and multi-sectoral partnership work.</li> </ul> <p>Based on the finalized theory of change for the Transformation, any additional measures that are necessary for improving the Transformation at country level, and the supports to country-level impact from other corners of the Organization should be identified and pursued.</p>					
<b>Management response</b>	<p><b>Accepted</b></p> <p>A priority focus for the Transformation Agenda for 2021 and the coming biennium, as reflected in the 2020 Progress Report and in the EB paper on <i>Transforming for enhanced country impact</i> (see EB148/32) is to accelerate implementation of the 3-level shifts needed to enhance and optimize WHO's impact at country level. This includes work ongoing in WHO Regional Offices to implement recommendations of the country functional reviews and the related work to optimize WHO's country operating model in-line with the aspiration set by the GPG. The following actions detail how this work will be taken forward in consideration of the above sub-recommendations (items (a) – (d) above). Regarding sub-recommendation (b), while there is agreement that WHO country offices should be appropriately resourced, flexibility is needed in determining the number of positions (moved or newly created) in country offices. This number (and specific skill mix) needs to be dynamic, informed by results-based planning and determined based on country needs/priorities and WHO's comparative advantage vis-à-vis the work of its partners.</p>				
<b>Status</b>	<i>In progress</i>				
<b>Key actions</b>	<b>Responsible Units</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Overall update on the actions taken since July 2021</b>
Allocate adequate resources to WHO's country level operations in PB2022-23	WHO Global Policy Group	May 2021	<i>Implemented</i>	<p>An additional USD\$ 252 million of budget was allocated to segment 1, more may be allocated in the future revision of PB2022-23.</p> <p><i>Reference: Resolution WHA74.3; document A74/5Rev.1 Table 8</i></p> <p>Further flexible resources will be needed in order to fully fund WHO Country offices against this budget. This is a focus of the Sustainable Financing Working Group and may take time to realize.</p>	

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Introduce enhancements to the WR rostering and selection process to promote a proper gender balance and ensure that core competencies reflect/align with the GPG-agreed aspiration for WHO's country operating model.	DIR/HRT with DGO/CSS & Global CSU network	ongoing	<i>In progress</i>	<p>WHO is at the forefront of UN agencies using a Global WR roster to select and appoint WRs across all regions, including use of a multi-step competitive assessment modelled after the UN Resident Coordinator system. As part of Transformation, and building on lessons learned, efforts to maintain a more fit-for-purpose effective roster include:</p> <ul style="list-style-type: none"> <li>• Updated and revised WR vacancy notice, and selection process (with final nomination by the Regional Director and approval by the Director-General).</li> <li>• Revised and finalized WR core competencies (Q1 2021) aligning with GPW13, SDG and Transformation Initiative, including competencies addressing health diplomacy, UN Reform engagement, and multisectoral partnering.</li> <li>• Gender balance: a quarterly dashboard tracks the gender balance of WRs; recognizing that WHO's efforts for gender equity is relevant to WRs and all staff.</li> </ul>	<p>Following an RFP process, WHO has engaged with a new provider (ODRL) to enhance the WR Assessment Centre through expanded exercises which cover all competencies outlined in revised WR profile and connect closer to the revised profile.</p> <p>Through the screening process, additional focus on gender equity showing an improvement year on year for the nominated candidates participating in the upcoming assessment centres.</p> <p>Three assessment centers planned in 2024 to increase pool of candidates including female candidates in the roster.</p> <p>The dashboard is used to provide up to date and relevant data for all WHO official reports (EB, WHA, etc.). This dashboard will be closely monitored going forward in connection to open WR vacancies and review of current candidates on the WR Roster.</p>
Expand rollout of the WHO management & leadership training programme (initially established in AFRO under the Pathways to Leadership) to all WHO Regions and HQ, with priority given to training of WHO Country Representatives.	BOS/HRT & Global HR Community Regional Offices	Q4 2022	<i>Implemented</i>	WHO is escalating its investment in leadership and professional skills development at all levels of the Organization but especially among WHO representatives and managers. Rollout has been delayed due to the COVID-19 context; HQ is focusing initially on the 360 degree feedback approach, and will implement the full training programme subsequently.	This was initiated in 2022 and 2023 with 3 joint cohorts organized jointly between AFRO, EURO and EMRO, which was expanded in 2023 in collaboration with UN system Staff College (UNSSC) to include HQ and WPRO. Other cohorts are planned for 2024 and 2025, to include SEARO. Capacity is an issue to meet global demands.



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Develop a learning exchange approach to document best practices and synthesize lessons and learning from the implementation of Transformation across the three levels of the Organization.	Transformation Business Owners with support from the GTT	Q4 2021	<i>Implemented</i>	<i>Reference: EB149/2, section 2.1(c) continue efforts to ensure that the WHO transformation agenda is fully reflected at country level and that Member States are updated on how lessons learned are applied;</i>	The Global Transformation Team, comprised of Transformation focal points from Regional Offices and HQ met regularly and shared experiences, thus providing a platform for peer-to-peer learning and exchange, particularly between and across regions.
Identify additional measures to accelerate aspects of the global Transformation that will enhance impact at country level following the process to clarify outcome-level milestones (see recommendation 1 above)	Transformation Business Owners with support from the GTT	Q4 2021	<i>Implemented</i>	Completion of this action is dependent upon completion of actions outlined in response to Recommendation 1, especially the global stocktake exercise and refinement of outcome-level milestones for the remainder of the Transformation. <i>Reference: EB149/2, section 2.1(c)</i>	Implementation is ongoing to increase WHO country office capacity through core predictable country presence; enhancing WHO country level leadership through empowering them with increased delegation of authority and improving selection and recruitment of WR positions; ensuring seamless communication across three levels of the organization; and streamlining planning and reporting resulted in due to fragmented and unpredictable voluntary contribution.

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<p><b>Recommendation 4: Efforts should be intensified to build a motivated and fit-for-purpose workforce.</b> As a crucial means of advancing multiple goals conducive to the success of the Transformation – for example, circulating knowledge across the three levels of the Organization, forging a “One WHO” identity within its organizational culture, fostering a heightened sense of how country offices operate and what support they need in order to enable their work, and cultivating a motivated and fit-for-purpose work force, WHO should:</p> <p>a) prioritize implementation of the reforms in human resources, including the development of WHO career pathways, enhancing contracting modalities and the implementation of global geographic mobility; and</p> <p>to promote staff mobility and rotation, when filling all new positions or replacement vacancies, consider if the position in question can be located at decentralized level without the loss of overall organizational effectiveness to WHO. Hiring managers should either move the position to the field or explain why it should not be moved to the field, in keeping with the “comply-or-explain” principle.</p>					
<b>Management response</b>	<p><b>Accepted</b></p> <p>Several Transformation initiatives are directly focused on key aspects of human resources reform that have the potential to inculcate a stronger culture of a result-focused, collaborative and agile ‘One WHO’. This includes initiatives that seek to establish clear and equitable career pathways for WHO staff; ensure the fair and appropriate use of WHO contractual modalities; support new flexible ways of working; promote a respectful and inclusive workplace; provide learning and development opportunities; and enable global geographic mobility. Ensuring the full roll out of global geographic mobility will also help achieve the dual objectives of providing staff with opportunities for learning and development while at the same time strengthening country presence particularly where staff take up positions through mobility at the country level.</p>				
<b>Status</b>	<i>In Progress</i>				
<b>Key actions</b>	<b>Responsible Units</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Overall update on the actions taken since July 2021</b>
Update and align WHO’s Human Resources Strategy and Learning and Development Strategy with global Transformation objectives to ensure coherence along/across related initiatives.	BOS/HRT & Global HR Community; WHO/ACD; GSMC	To be implemented during the 2022-23 biennium	<i>Not initiated</i>	<p>Completion of this action is partly dependent on the actions outlined in response to recommendation 1 above (to produce a refreshed results roadmap). The HR and learning strategy updates will also take into account the outcomes of the global Transformation stocktake to ensure alignment.</p> <p><i>Reference: See A74/25 Human Resources annual report and A74/53 Report of PBAC: Human Resources annual report</i></p>	These strategies have not been updated yet, but cross cutting strategic issues are being analysed as part of the ongoing critical inventory, which can inform a forward looking strategic reprioritization across human resources of the Organization. Additionally, the update of the HR Strategy is foreseen within the context of GPW14; and the WHO Learning and Development Strategy will be led and coordinated by the WHO Academy.

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Encourage hiring managers, where possible, to give priority consideration to filling vacant positions through the mobility roster before opening positions to wider recruitment.	BOS/HRT & Global HR Community	To be initiated during the 2022-23 biennium	<i>Implemented</i>	This action is dependent on the timing of the full rollout of the Global Geographic Mobility mechanism.	This was implemented with the publication of the Global Geographical Mobility Policy in June 2023 and the roll out of the Phase 1 Voluntary Mobility Compendium in July 2023.
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<p><b>Recommendation 5: WHO should accelerate the pace of desired changes in its organizational culture.</b> WHO should consider the following actions to accelerate and embed desired cultural shifts throughout the Organization:</p> <ul style="list-style-type: none"> <li>a) Building on initiatives such as the WHO Academy and the leadership training initiative of the Regional Office for Africa, WHO should escalate its investment in leadership and professional skills development at all levels of the Organization but especially among WHO representatives and managers elsewhere. Leadership initiatives should incorporate the cross-cutting priorities of gender equity and empowerment and diversity and inclusion.</li> <li>b) Actions such as the Director-General's open-door policy should be modelled not just at the top, but also promoted by managers at all levels of the Organization. Regular feedback, including by documenting and responding to relevant proposals submitted by staff, should be considered a central element of this strategy.</li> </ul> <p>A more concerted effort needs to be made to align policies and procedures with new norms of collaboration and agile functioning.</p>					
<b>Management response</b>	<p><b>Accepted</b></p> <p>The need to prioritize and accelerate implementation of Transformation initiatives that will operationalize changes in WHO's day-to-day culture and ways of working envisaged as part of the WHO Transformation Agenda has already been recognized and reflected as a priority area of focus for 2021 and beyond (see 2020 progress report). Many of the Transformation initiatives focused on human resources described under Recommendations 3 &amp; 4 above will also address key enablers for the culture change envisaged.</p> <p>Actions specifically addressing sub-recommendation (a) are described above under recommendations 3 &amp; 5. The actions below specifically address sub-recommendations (b) and (c).</p>				
<b>Status</b>	<i>In Progress</i>				
<b>Key actions</b>	<b>Responsible Units</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>	<b>Overall update on the actions taken since July 2021</b>
Expand and actively encourage "open-door policy" between management and staff, as previously actively promoted and practiced at the highest levels of WHO.	Executive Management/Senior Leadership across all levels of WHO	ongoing	<i>Implemented</i>	<i>Reference: EBPBAC34/2 IEOAC Report to PBAC EB149/2 Report: need for continued two-way dialogue with staff, and avoiding staff fatigue.</i>	

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As part of the rollout of redesigned internal communications process, and building off existing dedicated channels to capture staff ideas, proposals and feedback on different aspects of the Transformation, strengthen feedback loops for consolidating and applying staff ideas and proposals.	DGO/TIC with the GTT & DCO/Internal Communications and Global Internal Comms focal points	ongoing	<i>In progress</i>	Dedicated channels to capture staff ideas, proposals and feedback on different aspects of the Transformation have been established, such as through the global and regional Change Agent networks, will be further promoted and supported as Transformation implementation continues.	Annual staff surveys have been carried out to solicit feedback and ideas for enhancing international communications. The WHO intranet site has also been updated to facilitate information sharing via a common platform accessible to WHO's global workforce. As a critical component of change management, this will remain a key area of focus for WHO's organizational change and continuous improvement agenda going forward.
Develop a systematic approach to apply lessons from the Evaluation, Transformation implementation to date, and reviews of Covid-19 response to further institutionalize greater agility in WHO and to enhance key enablers (policies, procedures and behaviours).	GTT with relevant Transformation Business Owners	Q4 2021	<i>In progress</i>	There is already a dedicated initiative (Agile @WHO) within the 40 core initiatives that constitute the core of the global Transformation Agenda. An initial assessment of WHO's readiness to adopt more agile ways of working was undertaken as part of the design phase of the Transformation. This will be updated on the basis of findings from the Evaluation, Transformation implementation lessons to date and from review of COVID-19 response.	Work on this action did not progress as originally envisaged due to competing demands of the COVID-19 pandemic. The pandemic did require a new level of agility within WHO, and this experience provided important insights on barriers and enablers for increased agility in WHO. This is an area of work that will continue to be a major area of focus for Transformation going forward.