

# **Evaluation of WHO transformation**

## **Volume 2: Annexes**

Corporate evaluation  
commissioned by the  
WHO Evaluation Office

May 2021



Report by DeftEdge Corp.

538 Fayette Blvd.  
Syracuse, NY 13224  
USA.

<https://www.deftedge.com/>

The analysis and recommendations of this report are those of the independent evaluation team and do not necessarily reflect the views of the World Health Organization. This is an independent publication by the WHO Evaluation Office.

Any enquiries about this evaluation should be addressed to:

Evaluation Office, World Health Organization

Email: [evaluation@who.int](mailto:evaluation@who.int)

# CONTENTS

ANNEX I. TERMS OF REFERENCE.....	2
ANNEX II. EVALUATION QUESTIONS .....	4
ANNEX III. TRANSFORMATION INITIATIVES AND MILESTONES .....	7
ANNEX IV. RESULTS CHAIN ANALYSIS .....	12
ANNEX V. EVALUATION MATRIX.....	18
ANNEX VI. STAKEHOLDER ANALYSIS .....	23
ANNEX VII. LIST OF STAKEHOLDERS CONSULTED.....	27
ANNEX VIII. KEY DOCUMENTS REVIEWED .....	33
ANNEX IX. INTERVIEW GUIDES .....	37
ANNEX X. SUPPLEMENTAL DATA AND CHARTS.....	42
ANNEX XI. SUMMARY OF MEMBER STATE FEEDBACK.....	53
ANNEX XII. PREVIOUS EVALUATION: RECOMMENDATIONS AND ACTIONS .....	59
ANNEX XIII. EVALUATION TEAM .....	61

## SUPPLEMENTARY DATA AND CHARTS

A1.	Sample frame (population) and response: Staff survey .....	42
A2.	Sample distribution by staff categories .....	43
A3.	Overall familiarity with various levels of the organization (WHO) .....	44
A4.	Familiarity with WHO Transformation across various regions .....	44
A5.	Communication preferences: Present and desired .....	45
A6.	Organizational culture: WHO across all levels (2020 snapshot) .....	46
A7.	Organization culture: Managers and leadership .....	47
A8.	Organizational culture: Human resources management.....	48
A9.	Organizational culture: External relationship management .....	49
A10.	Key element of organizational culture: A comparison over time .....	50
A11.	Human resources by region, category and appointment ty .....	51
A12.	Emergency response: Global architecture and predicted losses from pandemics .....	52

## ANNEX I. TERMS OF REFERENCE

### Context

The WHO Transformation was launched by the Director-General upon taking office in 2017, with the goal of making 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.

The work of Transformation was originally structured around five major workstreams: a new strategy, a new operating model, fit-for-purpose processes and tools, organizational culture and staff engagement, and new external engagement and partnerships. By 2019, two additional workstreams had emerged as cross-cutting, enabling areas of work: predictable and sustainable financing, and building a fit-for-purpose workforce.

The first thrust of the Transformation – the development and operationalization of a new strategy – was initiated immediately, in July 2017, as this work stream would be directly overseen by Member States and would drive the rest of the Transformation. The second major thrust of the Transformation – designing and implementing the internal changes that would be needed to the Secretariat's set-up and ways of working to implement the new strategy – began with a six-month period of information gathering and analytics to inform the Global Policy Group's<sup>1</sup> deliberations and the Director-General's decision-making. Both aspects are reflected in the Global Policy Group's document *WHO Transformation Plan and Architecture* that was issued to staff on 16 February 2018.

### Objective

The objective of this evaluation is to assess progress of the WHO Transformation to date and the status of implementation of the *WHO Transformation Plan and Architecture*. The evaluation will: (a) document key achievements, best practices, challenges, gaps, and areas for improvement in the implementation of the WHO Transformation thus far; (b) assess whether change management issues and barriers to implementation have been appropriately considered and addressed; and (c) make recommendations as appropriate on the way forward to enable the full and consistent implementation of the WHO Transformation.

### Scope and approach

The evaluation will cover the design and implementation of the WHO Transformation across all levels of the Organization. The evaluation exercise will be guided by considerations of the main evaluation criteria of relevance, efficiency, effectiveness, sustainability and impact, and provide information on:

- the design and implementation of the Transformation (i.e. the seven workstreams);
- the processes put in place, the outputs generated, and the impact on organizational values and culture;
- enabling factors and challenges encountered; and
- the overall effectiveness and impact of the Transformation on the work of the Organization.

---

<sup>1</sup> The Global Policy Group includes the Director-General, regional directors and the Deputy Director-General.

The informed opinion of staff and senior management across the three levels of the Organization and Member States is crucially important. This could be sought by means of key informant interviews and/or an online survey. The evaluation will be conducted using a combination of quantitative and qualitative methods, including:

- a desk review of available documentation, including governing body documents such as Secretariat and Independent Expert Oversight Advisory Committee reports to the Executive Board, and of Secretariat materials related to the processes and outputs associated with the design and implementation of the Transformation; and
- key informant interviews and/or online surveys of key stakeholders, including staff, WHO senior management, Member States, the Transformation secretariat and focal points for the Transformation across the Organization.

The overall process and methodological approach will follow the principles set forth in the WHO Evaluation Practice Handbook<sup>2</sup> and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation.<sup>3</sup>

### The evaluation process

The evaluation will be conducted by an external independent evaluation team, selected by the Evaluation Office through an open tender. The evaluation team will have appropriate knowledge of the subject of the evaluation and skills mix, as well as relevant experience in performing similar evaluations involving organizational reform in multilateral or United Nations organizations. The evaluation team will develop the evaluation methodology, conduct the analysis and deliver a report of the findings, including recommendations.

The Evaluation Office will provide the necessary support to the evaluation team during the evaluation exercise (finalization of methodology, facilitation of the evaluation process, identification of relevant documentation and data). The Independent Expert Oversight Advisory Committee will play a critical advisory role. It will be kept informed throughout the evaluation process and consulted on the evaluation at key junctures, which will include consideration of the terms of reference and of the findings and recommendations.

#### **Proposed timeline** (*subject to change pending COVID-19 response*):

- Consideration of the terms of reference and proposed approach at the 30<sup>th</sup> meeting of the IEOAC: April 2020
- Issuance of the open tender (request for proposals): May 2020
- Selection of the evaluation team: Early July 2020
- Inception report: November 2020
- Presentation of the final report: April 2021.

---

<sup>2</sup> [WHO Evaluation Practice Handbook](#). Geneva: World Health Organization; 2013.

<sup>3</sup> [Norms and Standards for Evaluation](#). New York: United Nations Evaluation Group; 2016 and [UNEG Ethical Guidelines for Evaluation](#), United Nations Evaluation Group Foundation Document, UNEG/FN/ETH(2008).

## ANNEX II. EVALUATION QUESTIONS

In line with the terms of reference and evaluation matrix above, the evaluation responds to the following four overarching evaluation questions (EQs), organized around the evaluation criteria of relevance, effectiveness, efficiency, coherence, impact and sustainability. Questions related to human rights and gender equality will be mainstreamed within these other criteria. The overarching EQs, together with the specific sub-questions that will operationalize them, are enumerated below.

Evaluation question	Evaluation sub-questions
<b>EQ1.</b> To what extent has the Transformation, in its overarching design and in its specific elements, been <b>relevant to meeting the organizational reform and change management objectives of being fit-for-purpose</b> , as envisaged for the Organization at this juncture in its evolution? <i>(Relevance)</i>	<ul style="list-style-type: none"> <li>a. What was the <b>context in which the Transformation was designed</b> – e.g., the areas targeted in previous change management and reform efforts across the Organization and the progress made through them, the areas targeted in the Transformation and the rationale for doing so, and the baseline state of the Organization on key elements identified for change?</li> <li>b. What was the <b>process followed in designing the Transformation</b>, and to what extent did it rely on key sources of information and knowledge<sup>4</sup> in a systematic, well-balanced manner to ensure that the contours of the Transformation would be as well-tailored to the task at hand and within WHO's operating context?</li> <li>c. To what extent do the Transformation's specific elements constitute a <b>necessary and sufficient set of measures that will help WHO achieve the desired changes</b> within its specific organizational context and operating environment?</li> </ul>
<b>EQ2.</b> How <b>effective has the Transformation thus far been</b> in delivering on its targeted actions according to plan and in orienting WHO towards the achievement of its intended outcome- and impact-level results? What have been the key results achieved, best practices, challenges, gaps, and areas for improvement? How likely is the Transformation to contribute to the achievement of the goals	<ul style="list-style-type: none"> <li>a. To what extent have the <b>outputs, activities and processes identified for action been executed according to plan</b> in each of the seven major workstreams?</li> <li>b. What <b>tangible results in WHO's functioning can be observed at the three levels of the Organization</b> as a consequence of the actions completed to date? E.g.: <ul style="list-style-type: none"> <li>1) To what extent have the <b>specific organizational shifts targeted by the Transformation been achieved</b> – e.g., better alignment of WHO's strategy, structure, values and culture, and operations to the goals of the GPW13 and SDGs? To what extent, and in what specific ways, have these shifts led to <b>concrete, meaningful changes in</b></li> </ul> </li> </ul>

<sup>4</sup> E.g., previous Transformation processes and the evaluations produced on them, consultation with key stakeholders, evidence on good practice for reform and change management of organizations like WHO). In addition to on-going internal stock-taking stock of on-going learning by doing within the current Transformation itself, these knowledge sources include, e.g., previous WHO Transformation processes and the evaluations produced on them, the experience of WHO regional offices that have paved the way on Transformation prior to the global effort being fully launched, consultation with key stakeholders, evidence on lessons and good practice from reform and change management efforts of other UN agencies).

<p>outlined in GPW13 and the SDGs? (<i>Effectiveness and Impact</i>)</p>	<p><b>the ways WHO leverages the core aspects of results-based management</b><sup>5</sup> for maximum impact at all levels?</p> <p>2) What evidence is there that the shifts achieved had an <b>effect and impact on the work of the Organization</b>, e.g., by making WHO more results-oriented, agile, modern, innovative and responsive in delivering its core functions<sup>6</sup> pursuant to the goals of the GPW13 and the SDGs?</p> <p>c. What <b>other results (including unanticipated effects)</b> have occurred during implementation of the Transformation?</p> <p>d. To what extent <b>has implementation of the Transformation been managed effectively</b><sup>7</sup> in a way that maximizes the likelihood that the initiative will succeed in helping the Organization attain impactful, sustainable change?</p> <p>e. To what extent is WHO better positioned to respond to global public health crises (and thus respond to the third goal) than previously as a result of the Transformation efforts?</p>
<p><b>EQ3. How adeptly has WHO leveraged its human, financial, technical and technological resources to maximize the Transformation's success</b> in the most efficient, internally consistent and coherent, whole-of-organization manner? (<i>Efficiency and Coherence</i>)</p>	<p>a. To what extent has the redesign of WHO's 13 human, financial, technical and technological business processes been undertaken in a way that fosters maximum <b>policy coherence</b> (i.e., ensuring that process redesigns are complementary to, and even mutually reinforcing of, each other as well opposed to working at cross purposes)?</p> <p>b. To what extent have these <b>process re-designs contributed to progress in the broader goals of the Transformation</b> to date (as per EQ2b)?</p> <p>c. How effective have <b>coordination, communication and collaboration (wherever appropriate)</b> been in the Transformation's rollout, both vertically (across levels of the Organization) and horizontally (within levels of the Organization), in an effort to ensure a maximally consistent, streamlined, whole-of-organization approach?</p> <p>d. What have been the approximate <b>financial and human costs</b> of the Transformation (including opportunity and transaction costs), and to what extent have the results achieved justified these costs to date?</p>

<sup>5</sup> These include the ways in which the Organization plans and budgets for results, manages toward results, measures its progress toward results through monitoring and evaluation, and feeds M&E knowledge back into its planning, budgeting and management approaches.

<sup>6</sup> These are: (1) Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; (2) Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; (3) Setting norms and standards and promoting and monitoring their implementation; (4) Articulating ethical and evidence-based policy options; (5) Providing technical support, catalyzing change, and building sustainable institutional capacity; and (6) Monitoring the health situation and assessing health trends.

<sup>7</sup> E.g., by engaging and communicating with key stakeholders (especially staff) to optimize awareness and motivate them to actively support the Transformation, establishing a clear path forward and teams and roles for leading the effort, identifying change management "champions," sequencing and capitalizing on "quick wins" to help propel the Agenda forward, taking an adaptive management approach marked by active and positive management of issues and barriers arising during implementation, actively managing risks, and attending to other key aspects of the process in an effective manner

#### Cross-cutting questions:

- a. What have been the key internal and external factors influencing the overall results of the Transformation to date – i.e., enabling and constraining factors, and challenges encountered, including issues and barriers arising during implementation – and how have these been considered and addressed?
- b. How adequately have the Transformation's design and implementation addressed gender, equity and human rights considerations, in keeping with the GPW13 and SDGs' commitment to Leave No One Behind, such that its strategies and programmes are better equipped to address these aspects of programming and especially the specific needs of vulnerable populations than was previously the case?
- c. How adequately have gender, equity and human rights considerations been integrated into those aspects of the Transformation related to the reform of internal structures, systems, process and culture, such that the desired changes related to gender, equity and human rights in its externally facing work are mirrored in its internal change management approach as it seeks to modernize?
- d. Based on the responses to the foregoing evaluation questions, to what extent does WHO's approach to the Transformation, in its design and implementation, have the most critical pieces in place to ensure that this change management initiative succeeds, and thus positions the Organization to succeed? In keeping with the evaluation's formative focus on making recommendations on the way forward to enable the full and consistent implementation of the WHO Transformation, what (if any) critical gaps must be addressed as a matter of priority in order to maximize the likelihood that the initiative is to succeed?



## ANNEX III. TRANSFORMATION INITIATIVES AND MILESTONES

Areas	Processes	Major achievements and key milestones
<b>Establishing and operationalizing an impact-focused, data-driven strategy</b>	Aligning WHO's work with GPW13	May '19: GPW13 shifts reflected in PB2020-2021 were approved by the Seventy-second session of the World Health Assembly. WHO workplans for 2020-21 incorporated: 329 GHPGs prioritized by three levels of the Organization for delivery by HQ; and a CSP for each WHO Country Office, which includes work planned by regional offices and HQ for delivery in the country.
	Aligning the day-to-day work of all WHO staff with GPW13	In 2019, 74% of WHO staff globally had at least 2 individual performance objectives linked to GPW13 outputs. In 2020, the ePMDS was amended to make it mandatory for each objective to be linked to a GPW13 output. Accordingly, the objectives of every staff member are linked to GPW13 outputs.
	GPW13 Results Framework and WHO Impact Measurement Framework	Oct '19 – Jun '20: WHO Impact Measurement framework tested in 34 countries across all WHO regions. Published GPW 13 methods report (May '20), metadata (Jul '20), and a visual summary of the Triple Billion and health-related SDG targets. The Triple Billion dashboard reviewed by more than 90 Member States and made available for countries to track progress. Introduced data principles and updated WHO's data sharing policy for non-emergency contexts. WHO Impact Measurement has been submitted for consideration by the 73rd WHA through the 146th EB.
	GPW13 Output Scorecard	Apr – Sep '20: The new output scorecard piloted in WHO regions and some countries. Feb '20: An update on the new WHO Output Scorecard was presented to the 146th session of the EB.
	New delivery stock-take mechanism	Jun '20: 1st round of stock-takes held for all Triple Billion targets. Oct '20: Delivery for Impact Knowledge Hub for eight WHO Country Offices launched. Oct '20: Stock-take undertaken for the Healthier Populations billion.
	Norms and standards	Feb '20: Launch of the Rapid Review Group to provide rapid evidence retrieval and analysis in support of key questions necessary for creation of WHO's normative guidance in emergencies; implementation of new GPHG planning review process. Mar '20: Launch of new Publications Clearance Process & establishment of PRC for COVID-related publications. Sep '20: new Quality Assurance of GPHG principles, criteria, process, & check-list issued.
	Research	Oct '20: Launch of guidance for research priority setting for WHO staff. The prioritization document is now being used throughout HQ and EMRO and AFRO have been engaged to pilot its translation and adaptation for use in the regions.
	Innovation	The innovation process is currently being piloted on specific clusters of innovations (e.g. in women's and children's health, medical oxygen, nutrition and others).
	Strategic Policy Dialogue	The concept and steps for strategic policy dialogue were developed in close consultation with the Office of the Director-General, DDI, regional offices and WHO representatives (WRs). External partners were also consulted. The concept was field tested in five countries between October 2019 and February 2020. The process and approach are now being enhanced based on findings of these field tests.
	Technical Cooperation	Aug-Sep '19: A mechanism for 3-level consultation in developing of 2020-21 workplans was introduced. This enabled HQ and regional technical divisions to better understand country-level technical assistance needs, while also informing country teams of global proposals for specific countries.
	Data	Goals' week held in 2019 and 2020, focusing on alignment of individual objectives with GPW13 goals (see section 3.1).

		<p>As of Mar 2020, 180 participants had gone through the AFRO leadership programme, including a specific session on women in leadership (see section 3.7).</p> <p>Jun '20: Career Pathways Initiative launched to bring together career management, learning and development (linked to the WHO Academy), and performance management.</p>
<b>Business Processes</b>	Supply Chain	<p>Further facilitated discussions on responsibilities for an end-to-end supply chain process were planned for Q1 2020 but were put on hold due to Covid-19. Discussions will resume in Q1 2021.</p> <p>Recruitment of a new director for SUP is in process and anticipated to be completed by end 2020.</p>
	Recruitment	<p>Jan '19: A pilot of the new recruitment process was undertaken. Lessons learned are being documented to inform work planned for 2021, when HRT will explore the application of new tools and approaches to identified bottlenecks.</p>
	Performance Management	<p>Goals' week held in 2019 and 2020, focusing on alignment of individual objectives with GPW13 goals (see section 3.1).</p> <p>As of Mar '20, 180 participants had gone through the AFRO leadership programme, including a specific session on women in leadership (see section 3.7).</p> <p>Jun '20: Career Pathways Initiative launched to bring together career management, learning and development (linked to the WHO Academy), and performance management.</p>
<b>External Relations Processes</b>	External Communications	<p>Nov '19: 3-level planning meeting held; next one planned Dec '20.</p> <p>Dec '19: HQ communications functions centralized into DCO as part of the HQ structure alignment process</p> <p>New designated team producing digital material with enhanced country content and visuals.</p> <p>New collaborations to ensure WHO material and messaging appears on digital platforms worldwide</p> <p>Introduction of 120-day rolling communications plans with clear, measurable goals.</p> <p>New SharePoint CommsHub to facilitate joint planning and coordination among global communications staff.</p> <p>WHO-wide communications calendar: weekly plans shared through 7 major offices; weekly calls between the 7 offices; interoffice WhatsApp group.</p> <p>Brand guidance and platform in development to improve cohesion and effectiveness in communicating as One WHO.</p>
		<p>Workplace implementation as an internal platform for communications and exchange.</p> <p>Introduction of Slido for 2-way engagement during meetings.</p> <p>Frequent all-staff DG Town Halls and Staff Seminars on topics informed by staff needs.</p> <p>Introduction of 'Ask the Expert' sessions.</p> <p>Weekly global Newsletters to keep staff informed.</p> <p>Global 'internal' campaigns on shared initiatives and 'need to know' info, such as Goals Week, COVID-19 protection behaviors, IT platforms, etc.</p>
	Resource Mobilization	<p>3-level donor engagement teams were piloted in 2019, and lessons learned are being considered for broader application.</p> <p>A streamlined grant management model was introduced for some large grants (e.g. many of the COVID-19 grants) mainly managed by central resources with very close coordination and follow-up.</p> <p>A Resource Allocation Committee is being developed by senior management, with implementation anticipated shortly.</p> <p>Lighter process for small contributions, particularly pooled funding for smaller donations, have been piloted in 2020 with the SPRP.</p> <p>Enhanced donor reporting and increased visibility implemented (e.g. impact sheets for top donors and visibility messages for important donations were implemented).</p> <p>Internal Lending Facility fully implemented.</p>
		Dec '19: HQ, AFRO, EMRO, SEARO, WPRO structures have been realigned to reflect four pillars.

<b>A new, aligned, 3-level operating model</b>	Alignment of all major offices to our new 3-level operating model	Sep '20: Structural alignment of EURO with core priorities completed as part of the transition and agile transformation programme of its new Regional Director.
	New corporate service delivery models provide key enabling business services to all levels of the organization	Dec '19: New capacity established to support programmes (e.g. dedicated HR Business Partners) as part of the structural alignment exercise in HQ. Dec '19: Townhalls held to inform staff on the planned activities to improve service delivery and seek their input on the pain points and service areas that should be prioritized. ERP replacement project started and staff input being incorporated into future design and capability of replacement system.
	Fit-for-purpose WHO country operating model	Jan '18: GPG agreed a common aspiration for WHO's country presence. By Feb '20: Regional office led country reviews carried out in more than 80 countries in 4 WHO regions.
	<b>A New Approach to Partnerships</b>	Strengthening Global leadership high-level political in support of the support for Health MoUs signed with the African Union (Nov '19) and Union for the Mediterranean (Mar '20). High level engagement at the G20 Summit Japan, G20 Saudi Arabia, G20 Italy, G7 France.
		Global leadership in the support of the health-related Sustainable Development Goals Oct '18: Commitment to develop GAP at World Health Summit in Berlin, Germany. Sep '19: GAP jointly launched at the UN General Assembly (UNGA). Jun '20: Catalytic funds enhance WHO's capacity to partner and drive GAP implementation at regional and country levels. Jul '20: GAP partners established a regular Principals' meetings to strengthen GAP governance. Sep '20: 1st joint GAP progress report provides early evidence of achievements and challenges faced during first 8 months of implementation. Sep '20: Joint Evaluability assessment by the 12 independent evaluation offices provides recommendations toward 2023 independent evaluation.
<b>New results-focused,</b>	Enhanced WHO leadership and engagement within the UN system	Raised profile of global public health priorities in UN resolutions with explicit reference to 16 public health issues- through technical guidance and diplomatic direction to Member States. Supported global progress towards UHC-by steering of (1) UHC High Level Meeting with the President of the General Assembly and (2) intergovernmental negotiations of the UHC Political Declaration. Advancement of the Triple Billion target on Health Emergencies Protection through strategic guidance to UN Security Council members and UN partners; guiding work on a new UN resolution on an International Day of Epidemic Preparedness; and advancing WHO's interests in the UNGA Special Session on COVID-19. Elevated WHO leadership in key UN system mechanisms with Co-chairing of the UN Working Group on Bio Risks and SDG Task Team on Leaving No-One Behind; and steering of the UN Postal Administration issuance of UN stamps to commemorate the 40th anniversary of the eradication of smallpox.
	Deepen existing relationships and establish innovative partnerships to promote health and the work of WHO	Jan '18: WHO-Civil Society Task Team established. Oct '18: MoU established with International Parliamentary Union (IPU), influencing the adoption of an IPU resolution on UHC in Oct '19. MoUs signed with Google Fit (Aug '18), FIFA (Oct '19), and the International Olympics Committee (May '20) to promote healthy lifestyles through football, the Google Fit digital platform, and to move towards an integrated approach on sport and health. Regular dialogue established between WHO and the main international business associations (ICC, IOE, WEF, Global Compact, etc.). As of Oct '20: Establishment of new Memoranda of Understanding with 8 major implementing UN agencies and other partners
	Enhancing collaboration	As of Sep '20, the terms of reference for the SPCG and ODT networks were developed and agreed; in Oct '20, all 27 global ODTs met at least once.

<b>collaborative and agile culture</b>	within and across the three levels of WHO	Under the leadership of the DDG, multiple 3-level Steering Committees were set up to support the implementation of the Member States priorities to achieve the Triple Billion targets (e.g., universal health coverage partnership, NCD/WIN, polio transition).
	New tools and platforms to facilitate ways of working, enhance communication and increase staff engagement	Mar '20: A new WHO "e-workflow" platform was launched offering a faster, traceable, confidential and mobile path to approvals. To date, more than 30 000 transactions (in HQ and AFRO) have been approved using this system. Jun '20: The new WHO eSignature platform launched to accelerate the contracting process and securely create, route, and exchange signatures on legally binding contracts with external partners and vendors. By Oct 2020 , 138 contracts had already been signed using eSignature.
	New, agile ways of working	Oct-Nov '18: Past agile experiments undertaken in WHO reviewed to set ambition and scope for WHO to become an agile organization.
		Dec '18: All WHO Senior Managers oriented to agile concepts and methods.
		Dec '19: Organizational structures in WHO HQ departments flattened to reduce hierarchical layers and promote agility.
<b>Ensuring the predictable and sustainable financing of WHO</b>	The WHO Investment Case and Partners Forum	Sep '18: 1st WHO investment case launched. Investment case is refresh underway, due Q1 2021.
	A New WHO Resource Mobilization Strategy	Apr '19: Inaugural WHO Partners Forum convened in Stockholm, Sweden and follow up with ongoing "Quality Financing" Dialogue with donors.
		Feb '20: WHO Resource Mobilization Strategy supported by the Executive Board at their 146th meeting Activity moving forward under all pillars of strategy.
		Progress made on increasing flexible and thematic funding, and on agreement consolidation, more in pipeline.
		As at Oct '20: 15 new government donors were added via the SPRP.
	Establishing a WHO Foundation	May '20: The WHO Foundation and its Board of Directors established with key personalities from around the world.
		Fundraising to cover the Foundation's operating costs for the first four years is underway.
<b>Building a motivated and fit-for-purpose workforce</b>	WHO Career Pathways	Apr '19: 3-level Task Force on Career Pathways NS Capacity building established.
		Jun '20: Task Force report on key findings and recommendations shared with the Director-General. A core group, managed by HRT and reporting to the DG, was constituted to carry out the recommendations of the Task Force in 2020–2021.
		Oct '20: Development of a new learning strategy for WHO was initiated.
	New Measures to recognize experiences of National Professional Officers (NPOs)	Aug '19: New guidelines on standard minimum experience and educational requirements for international and national professional officers issued.
	New mechanism for Short-Term Development Assignments (STDAs)	In 2018, this mechanism allowed 31 intra-regional short-term developmental moves, 16 moves from country/ regional offices to HQ, four moves from HQ to country/regional offices, and six moves to another position within current duty stations..
		During 2019 and 2020, 47 STDAs took place in HQ, with staff members coming from all major offices
	Global Mentorship Programme	Nov '19: A train-the-trainer approach, introduced to qualify human resources professionals to deliver Career conversation trainings in their respective major offices.
		Dec '19: Global Mentoring Programme was launched.
		By Oct '20: 48 staff members were trained in mentoring skills, and 188 staff members were trained in career conversation skills.
		Global pool of 184 mentors is now in place, covering all major offices and duty stations and categories of staff, including retirees.

	Global Internship Programme	May '18: Accident and Medical insurance provisions were implemented for all interns across the Organization. Jan '20: A subsistence allowance was introduced into the Global Internship Programme.
	Global Geographic Mobility	Apr-Sep '19: The 3-level Task Force developed principles to guide implementation of WHO's Global Mobility Policy. Oct '20: A mobility simulation exercise launched with 124 staff members representing all regions participating. Their feedback will be used to inform the global mobility implementation plan.
	New Flexible Working Arrangements	Oct '20: A global WHO Task Force on Flexible Working arrangements was established to conceptualize a global framework and provide recommendations on for carrying this scope of work forward.
	New/enhanced Contracting Modalities	Initial scoping was conducted to define the problem statement and terms of reference. The Task Force is to be established in November 2020
	Global Leadership and Management Training	A total of 181 staff from the African Region and some from other WHO regions have completed the training. Thirty-five female staff members attended the Leadership, Women and the UN (LWUN) Programme organized by the United Nations System Staff College (UNSSC).
	Professionalizing Staff Development & Learning Through the Academy	Jun '19: A declaration of intent to establish the WHO Academy was signed by the Director-General and President Macron of France (leading to a 100M USD investment pledge by France in Feb '20). Jul '20: Collaboration was undertaken with UNESCO to apply its World Reference Level as a structure for the Academy's open-source digital credentials. Sep '20: The Academy's base systems were in place and production of the 1st set of 14 competency-based courses, two-thirds of which target the WHO workforce. Oct '20: Academy's open certification framework protocol was developed, and the WHO Academy Quality Committee and draft quality standards and framework were established.

## ANNEX IV. RESULTS CHAIN ANALYSIS

Drawing from official documents and inception consultations, DeftEdge conducted a results chain analysis in order to derive the theory of change (ToC) and associated evaluation matrix to help guide this evaluation. This section presents the findings from the results chain analysis, which culminates in the ToC presented in the next section. Note that the ToC represents the initial understanding of the evaluation team, and it will need to (a) be *validated by the Transformation team* and (b) continue to be updated as more information is collected on expected results from the Transformation.

The official Transformation plan document states that, “[t]he 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.”<sup>8</sup> It states that a successful Transformation means that:

- WHO is the authoritative voice on global health issues
- Country outcomes are at the center of WHO’s work and the primary measure by which its impact is measured
- High-performing country offices are working hand-in-hand with country stakeholders to drive impact
- WHO’s normative and technical strategy, work and investments are driven by country needs and optimized to achieve impact at that level
- A mobile, well-supported workforce, focused on impact
- A transformed approach to partnerships, communications and resource mobilization
- Targets, measurement, risk management and performance management are at the core of all WHO activities

The Transformation Plan<sup>9</sup> further states that, “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.”

In addition to “quick wins” that were expected to be finished by mid-2019, the Transformation plan<sup>10</sup> also specifies following “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

---

<sup>8</sup> WHO (2018). [WHO Transformation Plan & Architecture](#), 16 February 2018, pp.2-3.

<sup>9</sup> Ibid, p. 8.

<sup>10</sup> Ibid, p. 28.

The Transformation plan was adopted in 2018 and as a result is not reflected in the WHO programme budget for 2018-2019. It was first reflected in the programme budget in 2020-2021, which was negotiated over the 2018-2019 period. In the 2020-2021 budget<sup>11</sup>, a section on New Ways of Working, noted that WHO had undertaken the following steps to operationalize its Transformation:

- articulated a strategy that clarifies and prioritizes the role WHO plays in attaining the health-related Sustainable Development Goals, clearly defines the Organization's goals and targets, and drives the work of all staff members;
- redesigned the processes that underpin WHO's core technical, business and external relations functions, based on best practices and supporting the Organization's strategy and begun to harmonize across major offices;
- redesigned the planning process, including the development of the programme budget, to align the work of the three levels of the Organization for delivering impact in countries, including its technical support to countries, and for further strengthening its leadership and normative functions;
- aligned the WHO operating model across all three levels of the Organization for impact at country level and begun to introduce agile management practices that increase quality and responsiveness;
- initiated steps to ensure the culture and working environment enables effective internal and external collaboration, ensures that work is aligned with strategic priorities, brings out the best in WHO staff members as they fulfil the Organization's mission, and continues to attract and retain top talent; and
- taken a new approach to communications and resource mobilization and to bolstering partnerships, so that WHO is better positioned to shape global health decisions and generate appropriate and sustainable financing.

The full implications of the Transformation have been taken into account in the Proposed programme budget 2020–2021. These are being translated into workplans for the biennium 2020–2021 as part of operational planning. This will make explicit the work of the Organization in supporting countries and help it step up its leadership role and delivering global public health goods.

The WHO Results Report Programme Budget 2018-2019<sup>12</sup> notes that:

WHO has embarked on an ambitious Transformation process. During the biennium, the Transformation initiative focused on the *internal functioning of the Secretariat* (emphasis added) driven towards the delivery of the Triple Billion targets. The Transformation objectives consist of: (i) optimizing and harmonizing core WHO processes, (ii) developing and implementing a new WHO-wide operating model, (iii) establishing a new approach to partnerships, and (iv) promoting an impact-focused, collaborative and agile culture.

The WHO Results Report further noted the following Transformation highlights for 2018-2019:

- **GPW 13** – a new WHO strategy with a clear mission
- **Programme budget 2020–2021** - starts with country-driven country support plans, thereby gearing all of WHO to help countries achieve impact; prioritizes global public health goods; and pushes the Organization to adopt an integrated results framework.

---

<sup>11</sup>WHO (2019). [Proposed programme budget 2020-2021](#) (A72/4), 10 May 2019, p. 5.

<sup>12</sup> WHO (2020). [WHO Results Report Programme Budget 2018-2019](#) (A73/24 Rev 1), 10 November 2020, p. 158.



- **13 redesigned core processes** - harmonized across three levels, they cover (i) six technical functions (norms and standards, research, policy dialogue, data, innovation and technical cooperation); (ii) three external relations functions (resource mobilization, external communications and internal communications); and (iii) four business functions (planning and budget, supply chain, recruitment and performance management).
- **New WHO-wide operating model** - realizes the vision of working seamlessly to deliver GPW 13 and align all major offices to four common pillars (programmes, emergencies, business operations and external relations).
- **New structure aligned across the major offices** - 75 WHO country offices have had functional reviews in three regions (Africa, South-East Asia and Eastern Mediterranean).

The implementation of the **new integrated results framework and measurement system** helps strengthen information systems and data in countries to guide decisions, solve issues and better support WHO to deliver impacts in countries. The GPW 13 output scorecard is expected to enable WCOs to track their performance is intended to organize them around WHO's expected results. The output scorecard, along with general issues of measurement, were presented to the Executive Board in February 2020. The report stated:<sup>13</sup>

The new approach to output measurement adopts a scorecard approach (see Annex 5, document EB146/28 Rev.1). The new approach is an important step forward to strengthen how performance is measured in WHO. The aim is to introduce an output assessment system which is more:

- **meaningful**: by being focused more directly on strategic priorities and the work that the Secretariat is actually doing;
- **accountable**: by providing clear linkages to what is expected under each output and from each budget centre;
- **holistic**: by covering different aspects of performance rather than the current unidimensional approach using multiple indicators.

In the document, the Output scorecard is shown in Annex 5 and involves, for each output, six "dimensions," each with a set of indicators: Leadership; Global goods; Achievement of results; Technical Support; Gender, equity and human rights; and Value for money. As per programme budget 2020-21, the GPW13 results framework is as follows:

---

<sup>13</sup> WHO (2020). [Programme budget 2020–2021 – WHO results framework: an update](#) (EB146/28 Rev.1), p.4.



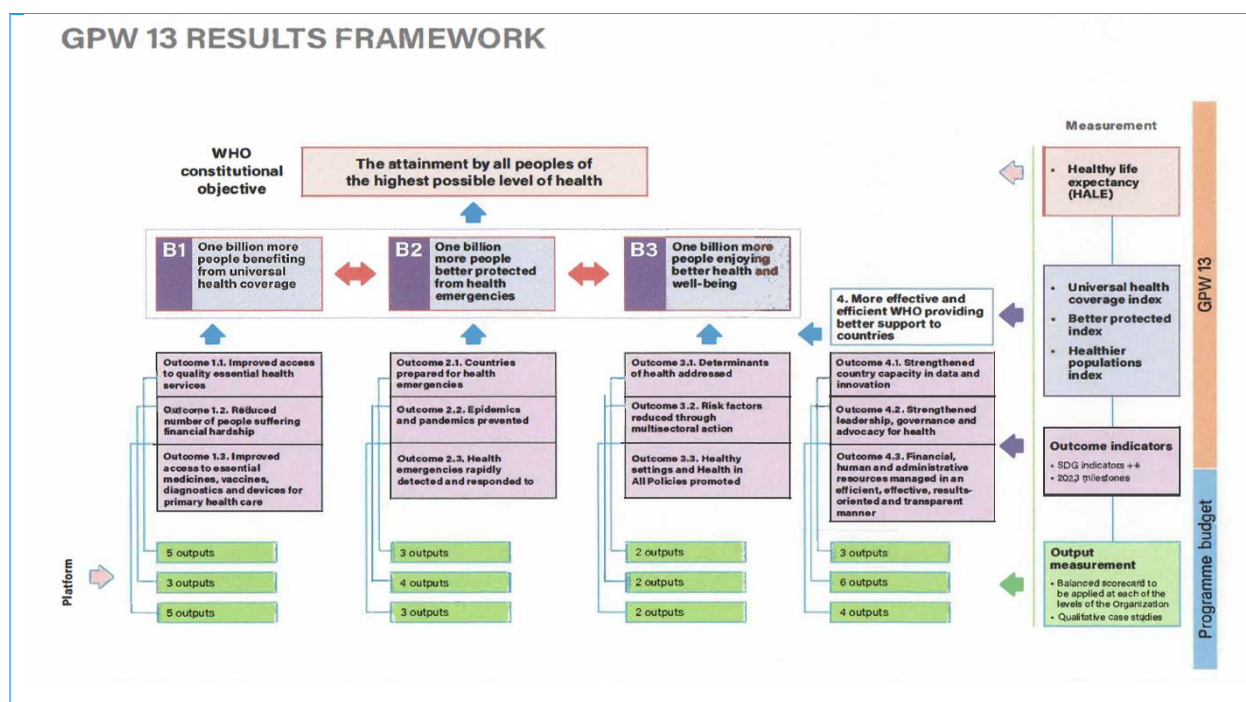


Figure 1. GPW13 Results framework for the WHO as a whole

There are different levels of results, consistent with UNEG and OECD/DAC principles, presented in this results framework. The highest overall objective is: “The attainment by all peoples of the highest possible levels of health.” They are then broken down into “pillars,” which are in essence specific objectives to be achieved by 2023. Pillar 4 (More Effective and Efficient WHO Providing Better Support to Countries) involves many of the core elements of the Transformation Agenda. However, Transformation seeks to effect change at WHO to make achievement of its Triple Billion goals more likely, so it is also interlinked with the other three pillars.

As an alternative, the four objectives that were shown in the review of the 2018-2019 programme budget could provide a basis for structuring results of the Transformation. These were:

- **optimizing and harmonizing core WHO processes,**
- **developing and implementing a new WHO-wide operating model,**
- **establishing a new approach to partnerships, and**
- **promoting an impact-focused, collaborative and agile culture.**

Another way of looking at it derives from the Director-General’s description of the process in his address to the WHO Executive Board in February 2020, wherein he noted that:<sup>14</sup>

“WHO Transformation involves 5 major areas of work: (1) A new strategy; (2) New processes; (3) A new operating model; (4) A new approach to partnerships; and (5) a new culture. In addition, there are two cross-cutting areas of work that enable the other five: sustainable financing and a fit-for-purpose workforce – capacity building.”

The most comprehensive description of the Transformation Plan’s objectives is found in *The WHO Transformation: An Overview at 29 January 2020* that was made available to the Executive Board in

<sup>14</sup> <https://www.who.int/dg/speeches/detail/report-of-the-director-general-146th-meeting-of-the-executive-board>

February. It starts with the goal enunciated by the Director-General to the January 2018 Meeting of the Executive Boards: “Our goal – a modern WHO working seamlessly to make a measurable difference in people’s health at country level.” It also notes that there were five major areas of work for the Transformation plus two cross-cutting areas. This suggests a framework based on seven specific objectives and related outcomes as in Table 1:

**Table 1. Transformation objectives as per January 2020 update**

<p><b>Objective 1:</b> to align the strategy and work of WHO with the Sustainable Development Agenda 2030 and, in turn, to link the work of all WHO staff members with the Organization’s new strategy</p>
<p><b>Objective 2:</b> to prioritize, optimize and harmonize across all 7 major offices – the key WHO processes that are essential to achieving GPW13’s strategic shifts.</p> <p>Outcome 1: Technical Process Redesign Norms &amp; Standards</p> <p>Outcome 2: Technical Process Redesign Research</p> <p>Outcome 3: Technical Process Redesign Innovation</p> <p>Outcome 4: Technical Process Redesign Technical Cooperation</p> <p>Outcome 5: Technical Process Redesign Data</p> <p>Outcome 6: Technical Process Redesign Strategic Policy Dialogue</p> <p>Outcome 7: External Relations Process Redesign Resource Mobilization</p> <p>Outcome 8: External Relations Process Redesign External Communications:</p> <p>Outcome 9: External Relations Process Redesign Internal Communications</p> <p>Outcome 10: Business Process Redesign Planning &amp; Budget</p> <p>Outcome 11: Business Process Redesign Recruitment</p> <p>Outcome 12: Business Process Redesign Performance Management</p> <p>Outcome 13: Business Process Redesign Supply Chain</p>
<p><b>Objective 3:</b> to optimize the ‘set-up’ of WHO, across its major offices and 3 levels, to be able to deliver GPW13 and run the new and redesigned processes summarized in subsection (3.2) above.</p> <p>Outcome 1: A Sharper Delineation of Roles</p> <p>Outcome 2: Structural Alignment</p> <p>Outcome 3: New Ways of Working</p>
<p><b>Objective 4:</b> to modernize WHO’s approach to external partnerships to more effectively leverage the full range of public and private resources available to deliver GPW13 and achieve the health-related SDGs in the context of UN Reform.</p> <p>Outcome 1: Strengthening High-Level Political Support for Health</p> <p>Outcome 2: Enhancing Support for Programme Implementation</p> <p>Outcome 3: Innovative Partnerships to Promote Health and the Work of WHO</p>
<p><b>Objective 5:</b> to promote a more impact focused, collaborative and agile culture across WHO, including in all major offices and across its 3 levels</p> <p>Outcome 1: Defining &amp; Promulgating Our Values</p> <p>Outcome 2: Enhancing Collaboration Within &amp; Across the 3-Levels</p> <p>Outcome 3: Developing an Agile Approach</p>
<p><b>Objective 6:</b> to establish more flexible, aligned and predictable financing of WHO to deliver on the strategic priorities of GPW13 and the health-related SDGs.</p> <p>Outcome 1: The 1st WHO Investment Case</p> <p>Outcome 2: The Inaugural WHO Partners Forum</p> <p>Outcome 3: A New WHO Resource Mobilization Strategy</p> <p>Outcome 4: Establishing a WHO Foundation</p> <p>Outcome 5: A new WHO Contributor Engagement Management (CEM) System</p>
<p><b>Objective 7:</b> to build a diverse, motivated and fit-for purpose workforce to deliver GPW13 in the context of the SDGs and UN Reform.</p> <p>Outcome 1: Transforming WHO into a Career Organization – the Rollout of New Opportunities</p> <p>Outcome 2: Establishing an Enabling Environment for Staff to Excel</p> <p>Outcome 3: Professionalizing Staff Development and Health Learning – The WHO Academy</p> <p>Outcome 4: Establishing a WHO Foundation</p> <p>Outcome 5: A new WHO Contributor Engagement Management (CEM) System</p>

## Synthesis of results chain analysis

While the objectives and outcomes as stated in table above are comprehensive, albeit somewhat duplicative, these need to be simplified to be evaluable. Based on documentary analysis and stakeholder consultations outlined above, it is observable that the Transformation seeks results in (1) an improved operational environment of WHO as a whole across all levels (2) increased country-level alignment and impact and (3) leveraged partnerships.

The first of these objectives is clear from three of the objectives outlined in the 2018-2019 programme budget (optimizing and harmonizing core processes, developing and implementing a new operating model and promoting an impact-focused, collaborative and agile culture) as well as objectives 2,3,5,6 and 7 in Table 1. It is also in line with three of the five priority areas outlined in the address of Director General to the Executive Board mentioned earlier. The three objectives outlined below succinctly and parsimoniously cover all of the seven Transformation objectives that fit as pieces of a jigsaw puzzle and provide a complete picture on the expected changes to the operational environment at WHO:

**Specific Objective 1:** Increased agility, innovativeness, results-orientation, optimization and harmonization of core WHO processes across all levels of the organization.

It is also clear from the evidence presented above that one of the core goals of the Transformation is to increase WHO's impact at the country level, where its success or failure will be decided. It is notable that the Transformation plan itself mentions that (1) country outcomes are at the center of WHO's work and the primary measure by which its impact will be measured, (2) high-performing country offices are working hand-in-hand with country stakeholders to drive impact, and (3) WHO's normative and technical strategy, work and investments will be driven by country needs and optimized to achieve impact at that level. Specific objectives 1 and 8 in Table 1 also related to this objective, but nowhere is this clearer than in the triple-billion goals set by WHO. However, as each office is somewhat unique with disparate context and Member State needs, DeftEdge proposes to evaluate the progress in this regard with reference to fit-for-purpose. Thus, the evaluation will seek to determine if the operating environment is helping the country offices be better organized towards making the impact outlined in GPW13. Hence,

**Specific Objective 2:** New WHO-wide operating model uses a whole-of-organization approach for and at increased country-level impact, including in countries without WHO country offices.

Lastly, while partnerships can be subsumed under either of the first two specific objectives, desk review shows that WHO recognizes their importance for leveraging external resources towards achieving its intended results. It is specifically mentioned in the Transformation plan, Programme budget, Director General's address, WHO updates, and other documents. While WHO recognizes its importance, forging partnerships goes beyond both operational environment at WHO and country office fit-for-purpose. Hence, it is proposed as a separate objective below:

**Specific Objective 3:** The new approach to partnerships leads to more effective engagement with external stakeholders and improved sustainability.

Overall, these three specific objectives summarize the results sought by the Transformation in a more evaluable fashion. The evaluation will seek to determine the extent to which these objectives have been achieved by the end of the first year of the biennium, and the third year of the transformation, while it is still in its Formative stage.

## ANNEX V. EVALUATION MATRIX

**Objective: Modern, seamless and impactful WHO for achieving the triple-billion goals as outlined in its 13th General Programme of Work (13GPW) and health-related SDGs as reflected in UN's 2030 Agenda for sustainable development.**

Impact indicators: (1) Progress towards 3B goals from GPW13, segregated by country and intervention-type (2) Improved ability of WHO to respond to global health-related crises and emergencies.

Outputs	Outcomes (Including Targets, if any)	Performance Indicator/s of Outcome	Data Sources	Data methods	collection
<b>Specific objective 1: Increased agility, innovativeness, result-orientation, optimization and harmonization of core WHO processes.</b>					
Strategies and plans to revamp organizational culture including: Cultural baseline with quantitative and qualitative elements Leadership workshops to set cultural aspirations across the organization Staff engagement and culture change plan Creation and training of a change network	1.1 WHO develops a more agile, results-oriented, innovative, adaptive and collaborative organizational culture.	The change in organizational culture (against baseline cultural survey from 2018).	Staff organizational culture survey, supplemented by interviews with staff and stakeholders	Survey, interviews	FGDs,
	1.2 Increased application by staff at all levels of results-based planning instruments, as well as information, evidence, data gained through monitoring & evaluation and other knowledge sources to inform key strategic decisions throughout the programme cycle.	The degree to which staff apply RBM in their daily work. Evidence on use of RBM in planning, management and M&E documents of critical significance.	Staff	Content analysis of sample documents, Surveys, interviews and FGDs	
	1.3 WHO is more agile in responding to strategic issues and challenges and global health emergencies.	Time taken to observe emerging crises and develop interventions/responses.  The extent of changes in non-emergency programmes (e.g. in the face of COVID19)	WHO, Member States and partner organizations	Documentary evidence, surveys, interviews and FGDs	

Content and knowledge management system Evaluations used to support learning Establishment of WHO Academy to build skills, competencies and capacities Work proposals and programmes reflect each other's priorities	1.4 Effective knowledge management system for organizational learning at HQ and field offices.	The extent to which knowledge (e.g., lessons learned) is shared across various levels within WHO.	HQ and field offices	Surveys, interviews and FGDs
Business process reengineering (BPR) efforts Guidelines and incentives	1.5 Increased, and more cost effective, collaboration among WHO staff members across all levels.	Evidence of less hierarchical and more cross-cutting work processes The extent of satisfaction expressed by programmatic/technical departments at HQ as well as RHs/ ROs.	HQ and field offices	Surveys, interviews, and FGDs,
Staff mobility policies and action plans	1.6 International and national field staff benefit from new recruitment, assignment and mobility policies.	Better organizational mobility Satisfaction of staff with implementation of revised mobility policy	Staff HRM	Mobility data Surveys, interviews and FGDs
Business process reengineering (BPR) efforts, streamlined administrative processes, reduced complexity in organizational structure	1.7 Reduction in time spent on administrative processes	Average time spent on important processes	HQ and field offices	Surveys, interviews and FGDs
Capacity building (technical assistance, collaborations, training), resource allocation, and performance management practices of Senior Management support mainstreaming of HRGE.	1.8 Gender, equity and human rights are mainstreamed in planning, implementation and business processes as well as in management practices, processes, promotions and staff structures at various levels (HQ/ROs/COs).	The extent to which gender, equity and human rights are integrated into country plans	HQ and field offices	Surveys, interviews and FGDs Content analysis
<b>Risks and Assumptions:</b> There is an assumption that resources will be available for the current and next biennia at the same level as the past. This also assumes that there are no major changes in support for the organization, such as a withdrawal by the United States. If the assumption does not hold, many of the expected results in terms of staffing and increased work will be difficult to achieve.				
<b>Specific objective 2: New WHO-wide operating model uses a whole-of-organization approach for and at increased country-level impact, including in countries without WHO country offices.</b>				

HQ and Regional Offices (ROs) provide necessary support to COs (Country Support Plans, relevant and timely technical assistance, training, guidance, incentives, mobility policy).	2.1 Improved operational environment for Country offices (COs).	Proportion of COs expressing increased satisfaction with support received.	COs	Surveys, interviews and FGDs
Procedures specifying differentiation of roles Changes in communication practices between HQ, ROs & COs		The extent of Improved communication between HQ and field offices.		
Providing COs with an enabling operational environment: culture change initiatives (Values Charter, etc), performance measurement systems facilitating increased cross-departmental and teamwork, implementation of transformation initiatives by Business Owners		Proportion of COs reporting improved operational environment for their work in terms of change in business processes.		
HQ, ROs, and COs develop strategies and structures for resource mobilization (i.e. Investment Case)	2.2 Increase in resources, mobilized for country-level impacts, at various levels where new strategies have been developed	Change in the amount of resources mobilized Change in the diversity of funding sources	HQ, Field offices	Surveys, interviews and content analysis Content analysis
Support and resources for COs; CO function reviews; application of standardized capacity model	2.3 COs are enabled to optimize their resources and capabilities according to the member-states' needs	Comparative project portfolio in relation to human and financial resources and capabilities	COs and national counterparts Desk review	Surveys, interviews and FGDs Data analysis
Provision of services and training on planning. Roll out of new procedures for prioritizing Global Public Health Goods and developing Programme Budget	2.4 Resource planning and allocations are made according to the strategic priorities outlined in GPW 13.	The extent to which resource planning and allocations are based in line with strategic priorities outlined in GPW 13.	HQ, Field offices	Document review, interviews
Systems development, training and advice for country capacity in data	2.5 Increase in evidence-based decision-making at the country-level.	The extent to which COs collect, analyze and use data for evidence-based decision-making on issues of critical importance to	Country offices and national counterparts	Surveys, interviews and FGDs Content analysis

HRGE approaches included in standard operating procedures and plans		WHO, including disaggregated data that aligns with a “leave no one behind” approach based on gender, equity and human rights mainstreaming.		
Systems development, training and advice for country capacity in innovation Establishment of Innovation Hub/s	2.6 Increase in reported innovations at the country-level for addressing health-related challenges in the country concerned.	# of reported innovations (e.g., new processes, products, interventions, strategies and approaches).	Country offices and national counterparts	Surveys, interviews and FGDs Content analysis
<b>Risks and Assumptions:</b> There is an assumption that resources will be available for the current and next biennia at the same level as the past. This also assumes that there are no major changes in support for the organization, such as a withdrawal by the United States. If the assumption does not hold, many of the expected results will be difficult to achieve.				
<b>Specific objective 3: The new approach to partnerships leads to more effective engagement with external stakeholders and improved sustainability.</b>				
<b>Field-office and stakeholder outcomes:</b>				
WRs and WCOs enter into and leverage partnerships in the context of SDGs Agenda with other UN agencies, funds and international organizations, donors, development finance institutions (DFIs), regional organizations (RECs) and multinational enterprises.	3.1 High level engagement with development partners on health-related SDG Agenda	Increased partnerships / MoUs with other UN agencies and local stakeholders The extent of cooperation with local actual and potential partners in various relevant initiatives at the national level. Number of new partnerships with donors The extent of deepening of partnerships with the existing partners (i.e., increased support)	UNDAFs/ UNSDFs, country teams	Content analysis, Surveys, interviews and FGDs
WCOs (and WRs in non-resident countries) participate in the formulation of UNDAFs/UNSDFs and national SDG strategies. Annual workplan in host countries and countries of coverage WRs and WCOs deliver technical assistance and support to member-states, international	3.2 Increased alignment between national priorities, health-related SDGs, UNSDFs/UNDAFs and WHO country plans	The extent of alignment in sampled countries	UNCTs National counterparts Field offices	Content analysis, Surveys, interviews, FGDs



organizations, donors and other development partners in line with GPW13/ 2030 SDGs Agenda				
Reporting to member-states and other stakeholders	3.3 Increased accountability towards member-states and other external stakeholders	The extent to which these stakeholders are kept informed on progress and challenges in terms of expected results	National counterparts Key stakeholders	Survey, FGDs, interviews Desk review
<b>HQ-level outcomes:</b>				
Technical assistance, draft norms & standards, reports, training, etc. Convening meetings to foster intersectoral collaboration at global and country levels Unified messaging through use of social media platforms and other communications strategies	3.4 WHO is a trusted “authoritative voice” on global health.	# of TA/TC requests received by COs Uptake of WHO’s projects and recommendations by host countries, international organizations and other partners Positivity/negativity in media coverage	National counterparts Key stakeholders	Document analysis Survey/ interviews  Sentiment analysis
Technical assistance to member-states on responsiveness to global health crises and emergencies	3.5 WHO can effectively respond and support member-states’ response to global health crises and emergencies.	The extent to which MS are satisfied with technical support provided on emergencies since the start of the reform	National counterparts Key stakeholders	Document analysis Survey/ interviews
<b>Risks and Assumptions:</b> There is an assumption that resources for both WHO and the UN system will be available for the current and next biennia at the same level as the past. This also assumes that there are no major changes in support for the system, such as a withdrawal by the United States. If the assumption does not hold, many of the expected results in terms of collaboration and increased work will be difficult to achieve.				



## ANNEX VI. STAKEHOLDER ANALYSIS

The inception phase included identification of the major stakeholder groups to be involved in the evaluation. This included those to be consulted as part of data collection processes and those with managerial functions. This table maps out stakeholders whose participation was sought at each level of the organization, their different interests and roles in the evaluation, as well as the intended sample for each group. It is recognized that involvement was dependent on willingness to participate and availability.

Stakeholder	Interest in Evaluation	Role in Evaluation	Potential Sample
<b>Country Level</b>			
WHO Representatives (WRs) and WHO Country Office (WCO) Staff	WRs and their staff are affected by changes engendered by the Transformation at global and regional levels. Positive results from the Transformation increase the likelihood that country-level impact targeted by the GPW and SDGs will be achieved; less-than-positive results from the Transformation decrease this likelihood. From an organizational learning perspective, these stakeholders will likely be interested in ensuring that the evaluation adequately captures the country-level perspective on a wide range of issues – e.g., on the challenges to change that they have encountered, on the transaction costs of engaging in the Transformation, and so on.	Participation in remote interviews and two on-line surveys.	12 countries (2 per region) to be selected for virtual stakeholder consultations. 2 individual interviews and 1 group interview with up to 5 staff members each will be undertaken in each of these countries. Thus, a total of 24 Individual and 12 group interviews with 60 staff members will be undertaken. The staff selected will include country representatives and other relevant staff as part of Virtual Stakeholder Consultations. In addition, two surveys with a random stratified sample of all WHO staff will be undertaken. The stratification will be done on the basis of geographic regions, income levels, role, functions, gender and staff levels within the organization. Lastly, two focus group discussion with up to 20 staff members on specific case studies to be undertaken across various country offices.
Ministries of Health	National governments are the primary duty bearers for the achievement of the SDGs, and MoHs are the main national interlocutors that work with WHO and receive its support in alignment with their need. They therefore stand to gain from the positive changes targeted by the Transformation, with ramifications for increased impact at country level; conversely, a lack of progress in achieving the goals of the Transformation lowers the likelihood that WHO will be optimally equipped to meet their needs. These stakeholders will likely be interested in ensuring that the evaluation captures any necessary areas for improvement that will enhance WHO's ability to engage with them to maximum effect.	Participation in remote interviews and one on-line survey.	24 individual or group interviews [one MoH and one other member-state representative (e.g., Foreign ministry) per each country selected for Virtual Stakeholder Consultations].  External stakeholder Survey with a random stratified sample will also include some MoH staff members. Sampling to be determined in consultation with the Transformation team.

Partners, including UN Country Team partners and development banks	Partnership constitutes a key area targeted for improvement through the Transformation – and a key strategic pillar of the GPW13 and the SDGs. Achieving impact at country level rests on WHO being optimally positioned to deliver on UNSDF commitments. Its UNCT partners therefore stand to gain from the cascading effect of WHO's drive for enhanced partnership; they will want to ensure that the evaluation captures any necessary areas for improvement that will enhance WHO's ability to partner as effectively as possible. In addition to which some of these stakeholders might also have a financial stake in WHO's success in improving its partnership approaches at country level (and the ramifications of such improvements for results) – e.g., by receiving assurances that their funds have been well spent, are being optimally leveraged, and are achieving maximum results, outcomes which various aspects of the Transformation aim to strengthen through improved ways of working within WHO.	Participation in remote interviews and one on-line survey	2 individual or small group interviews per country in chosen virtual field mission countries. A total of 24 stakeholders representing UNCT and development banks at the country level will be interviewed.  Survey with random stratified sample of countries (external stakeholder survey).
<b>Regional Level</b>			
WHO Regional Directors (RDs) and Regional Office Staff	Similar to WRs and WCOs, RDs and their staff are affected by changes engendered by the Transformation at global level. In addition, they are responsible for ensuring a coherent, linked-up approach with the global effort while also aligning their specific approach to the Transformation with the regional context – including the expectations of their respective Regional Committees. They are also responsible for ensuring the cascading of the Transformation to the country level. Ensuring that the evaluation captures the need for a balance within WHO between a whole-of-organization approach and an appropriately customized approach to the regional context might be salient for this group.	Participation in remote interviews and on-line survey	Interviews with all Regional Directors, RO staff who participated in the 3-level Working Groups. A total of 12 individual and 6 group interviews will be undertaken.  Surveys with a stratified random sample of all WHO staff.
Regional Committee members	Regional Committee members might have expectations of regional-level operationalization of the Transformation that might be consistent with or divergent from those expressed at global level. In addition to sharing the interests of the RD and RO staff, this group will likely wish to be apprised of progress made within their respective regions from the objective, impartial perspective	Participation in remote interviews	Interviews as part Stakeholder Consultations

	that an independent evaluation affords.		
<b>Global/Headquarters Level</b>			
Member States	As the “owners” of the Organization and the overseers of its overall strategic direction as articulated in the EB-approved GPW13, Member States want to ensure that WHO is optimally positioned to deliver on its mandate. They will therefore wish to see that the evaluation highlight progress to date and outstanding challenges in an independent, objective and impartial manner so that they can exercise their governance role as effectively as possible. In addition, many Member States are also countries in which WHO operates and/or which provide significant support to WHO; in general, therefore, some Member States have similar interests to those of MoHs, Regional Committees, and donors to varying degrees.	Executive Board member representatives	Group interviews with Executive Board members wishing to participate in the evaluation, organized by region.
WHO HQ Staff, including Transformation team	As those stakeholders most directly witnessing the changes that have occurred to date, WHO’s Headquarters-based staff will likely have the most direct and detailed knowledge of the initiative, what has been done to implement it, and what effects it has had on their day-to-day work. It is anticipated that they will be interested in knowing that their voices are heard and that the evaluation has yielded an inclusive, impartial analysis and useful recommendations that result in necessary course corrections (and, by extension, that the Transformation ultimately results in the targeted changes in meaningful way). As the stewards of the Transformation process on behalf of the DGO, responsibility for the overall management of the Transformation, as well as partial responsibility for its ultimate results, resides with the Transformation Secretariat ... Extent of achievement of Transformation Agenda and paths forward. Responsibility for the success of the Transformation and the GPW13 with which it is associated – as well as for their continued implementation beyond the evaluation’s completion – rests with the DG, under whose leadership the GPW13 and the Transformation have been developed and implemented. The success of the Transformation therefore has significant programmatic and reputational	Director-General’s Office, Transformation team,	40 individual and 4 group Interviews with 40 staff members will be undertaken. In addition, 20 staff members will participate in 2 focus group discussions on specific case studies.  HQ staff will also participate in the two surveys with stratified random samples of all WHO staff

	ramifications for the DGO. In addition, the DGO bears fiduciary responsibility for the resources allocated to the Transformation effort. The DGO will therefore wish to ensure that progress to date is sufficiently captured, and that any challenges and gaps are identified in a transparent and sensitive manner that constructively and concretely contributes to improvements in the Transformation for the remaining implementation period.		
IEOAC members	As per its terms of reference embodied in EB132.R12, the IEOAC is invested with oversight responsibility for a wide range of the Organization's functions and to advise the EB in the execution of its own oversight role on these matters. It therefore embodies similar interests to those of Member States.	Participation in remote interviews and in periodic updates by the evaluation team; review and validation of emerging findings	Interviews with all IEOAC members willing and available to participate in the evaluation
WHO Partners and collaborators - GAVI, Gates Foundation, Global Fund, bi-laterals, UN Global, World Bank, MSF, IFRC, research institutions (to be determined in consultation with IEO')	WHO being optimally positioned to deliver on SDGs.	Participation in remote interviews and on-line survey	Interviews with around 8 organizations

#### Notes:

**\* Sampling strategy for virtual stakeholder consultations:** There are 148 WCOs, as well as six WHO regional offices (ROs). In order to keep the interviews to a reasonable number, a purposive sample of country offices be drawn for field missions. By region, the number of countries is relatively the same, with South Asia being the smallest and Europe the largest. For sampling purposes, they can be considered similar enough in size that all regions will be given the same amount of attention.

**\*\* It was proposed that virtual field missions be undertaken to two country offices from each region, and that these be selected based on size, development level and special circumstances (such as emergency focus and multi-country coverage). Virtual field missions will be undertaken to all six ROs. In addition to KIIs with the Regional Director and Transformation focal points, one group interview per region office staff will be conducted with available staff members, including professional level, NPOs and G-level staff. Note that a wider swath of staff is covered in online surveys. Note also that one of these focus group discussions will be exclusively for NPOs and another exclusively for the G-staff. Participation in these FGDs will be determined in consultation with the WHO evaluation office. The virtual field mission to Headquarters would include KIIs and FGDs based on a purposive sample of key staff. The sample would include senior management, staff from each workstream, and past and current members of the Transformation Secretariat. A purposive sample will also be used for interviews with partners at the country, regional and global levels.**

**\*\*\* Member States as critical stakeholders were to be consulted through two key approaches: (i) an online survey in all six official languages to solicit inputs from all WHO MS; (ii) Focal group discussions with Regional Groupings of the Geneva based mission focal points. The team will be available for any additional individual KIIs with interested mission focal points in Geneva.**

## ANNEX VII. LIST OF STAKEHOLDERS CONSULTED

Summary	
# of individuals interviewed	121
Individual interviews	104
Group interviews	14
Focus Groups:	
Member states	4
HQ	3
WCO	10

No	Name	Gender	Position/ Title	Type/ Location	Inception Phase Interview	Data collection Phase Interview	FGD
1	Aba Ankrah-Ntambwe	F	Ombudsman	HQ	X	X*	
2	Agnes Wenu Midi	F	Change Management Officer	AFRO		X*	
3	Ahmed Al Mandhari	M	Regional Director	EMRO		X	
4	Ahmed Wasshar Hamani Djibo	M	Finance Officer	AFRO		X	
5	Amr Nagui El Tarek	M	Senior Budget Officer	EURO		X	
6	Amy Cawthorne†	F	Coordinator	WPRO	X		
7	Ana Paula Coutinho Rehse †	F	Technical Officer, Infection Hazard Management	EURO		X*	
8	Andreas Mlitzke	M	Director, Compliance and Risk Management and Ethics	HQ/ERG		X	
9	Andreas ReisΔ	M	Senior Ethics Officer	HQ	X	X	X
10	Angela Pratt	F	Director, Office of the Regional Director	WPRO		X*	
11	Anshu Banerjee	M	Director, Maternal, Newborn, Child & Adolescent Health & Ageing	HQ		X	
12	Anuruddhe Thushara Ranasinghe	M	Programme Management Officer	SEARO		X	
13	Arpit Aggarwal	M	Budget and Finance Officer	WPRO		X*	
14	Awa Mangie Achu Samba	F	M&E Officer	AFRO		X*	
15	Bettina Menne	F	Former WHO Representative	Albania CO		X	
16	Bruce Aylward†	M	Senior Advisor, Organizational Change	HQ	X		
17	Carey Kyer†	F	Communications Officer	HQ	X		
18	Carmen Buencamino†	F	Senior Assistant to Director	HQ	X		
19	Catherine Riedweg	F	HR Manager, HR Business Partners	HQ		X*	
20	Christina Schrade	F	Consultant SEEK	Consultant	X		
21	Christof Maetze	M	IEOAC Member	HQ	X	X	
22	Christopher Mihm	M	IEOAC Member	HQ		X	
23	David Allen†	M	Director, Business Operations	EURO		X	
24	David Webb	M	Director, Office of Internal Oversight Services	HQ	X	X*	
25	Dean ChamblissΔ	M	Director, Planning, Budget and Evaluation	AMRO	X*	X	
26	Derek Walton	M	Legal Counsel	HQ		X	
27	Diana Quintero	F	Budget Chief	AMRO		X*	

28	Egide Rwamatwara	M	Senior Human Resources Officer	AFRO		X	
29	Elena Sobre Flotats	F	Coordinator, Audit	HQ		X*	
30	Elil Renganathan	M	DG Rep. for Evaluation & Org. Learning	HQ/ERG	X		X
31	Felicity Harvey	F	IOAC Chair	IOAC		X*	
32	Francesca Racioppi	F	Head of Office	EURO/Bon n		X*	
33	Francis Chisaka Kasolo	M	Director, Office of Regional Director	AFRO		X	
34	Francisco Katayama	M	Coordinator, Planning Budgeting, Monitoring and Evaluation	AFRO		X*	
35	Francoise Nocquet	F	Director, Business Operations	HQ		X	
36	Gabrielle JacobΔ	F	Special Advisor, Transformation and Organization Development	EURO	X	X	
37	Gaudenz Silberschmidt	M	Director, Health and Multilateral Partnerships	HQ		X	
38	Gerald Anderson	M	Director of Administration	AMRO		X	
39	Graham Harrison †	M	Executive Officer, Country Support Unit and acting DPM	WPRO		X*	
40	Hanan Hassan O Balkhy	F	Assistant Director-General, Antimicrobial Resistance	HQ	X		
41	Hans Kluge	M	Regional Director	EURO		X	
42	Hatem Adel El Khodary	M	Director, Operational Support and Services	HQ		X	
43	Ian Clarke†	M	Senior Emergency Officer	HQ	X		
44	Imre Hollo	M	Director, Planning Resource Coordination and Per Monitoring	HQ		X	
45	Isabelle Walhin	F	Administrative Officer	Thailand CO		X	
46	Ivana MilovanovicΔ	F	Senior Policy Lead, Office of DG Envoy for Multilateral Affairs	HQ	X	X	
47	J.N. Hill	F	Consultant Deloitte	Consultant	X*		
48	Jaafar Jaffal	M	Regional Advisor	EMRO		X*	
49	Jane Ellison	F	Executive Director, External Relations and Governance	HQ		X	
50	Jane Stewart Pappas	F	Director, Accounts	HQ		X	
51	Jaouad Mahjour	M	Assistant Director-General, Emergency Preparedness	HQ		X	
52	Jarbas Barbosa da Silva Junior	M	Assistant Director	AMRO		X	
53	Jayantilal Karia	M	IEOAC Member	HQ	X		
54	Jeffery Kobza	M	Director, Administration and Finance	WPRO		X*	
55	Jennifer Volonnino†	F	Assistant to Director	HQ		X	X
56	Jennifer Linkins	F	Director, HRT	HQ		X*	
57	Johanna Benesty	F	Consultant BCG	Consultant	X		
58	Jos Vandelaer	M	Regional Emergency Director	SEARO		X	
59	Jose Martinez Aragon	M	Ombudsman	HQ		X*	
60	Juliet BataringayaΔ	F	Health Planning Advisor	Botswana CO/ERG	X	X	
61	Kidong ParkΔ	M	Head of WHO Office	Vietnam CO/ERG	X	X	X
62	Kizito Bishikwabo NsarhazaΔ †	M	Change Management Officer	AFRO/ERG	X	X	
63	Lieven van der Veken	M	Consultant McKinsey	Consultant	X		
64	Linda Veniga	F	Human Resources Officer	WPRO		X*	
65	Louise Agersnap†	F	Unit Head, Innovation Hub	HQ	X		
66	Lucia Dell Amura	F	Administrative Assistant (Programme Management)	EURO		X*	

67	Luz Marina Barillas	F	Director, Human Resources Management	AMRO		X	
68	Manjit Singh	M	Budget & Finance Officer	SEARO		X	
69	Maria Elena Zavala	F	Programme officer, Planning	AMRO	X*		
70	Maria Teresa Villen	F	Advisor, Planning and Performance Monitoring Assessment	AMRO		X	
71	Mariangela Simao	F	Assistant Director-General, Access to Medicines and Health Products	HQ		X	
72	Marie BombinΔ	F	Coordinator Compliance and Risk Management and Ethics	HQ		X	
73	Matshidiso Rebecca Moeti	F	Regional Director	AFRO		X	
74	Meg Doherty	F	Director, Global HIV, Hepatitis and STIs Programmes	HQ		X	
75	Melania Flores	F	Advisor, Programme Budget	AMRO		X	
76	Melita Vujnovic	F	WHO Representative	Russian Federation CO		X	
77	Michael Ryan	M	Executive Director, Health Emergencies Programme	HQ		X*	
78	Michaela Pfeiffer†Δ	F	Technical Officer, Transformation Implementation and Change	HQ	X	X	
79	Michèle Boccoz	F	Director-General's Envoy, Multilateral Affairs	HQ		X	
80	Miljana GrbicΔ	F	WHO Representative	Romania CO	X	X	
81	Minghui Ren	M	Assistant Director-General, Communicable and Non-Communicable Diseases	HQ		X	
82	Munjoo Park	F	IOAC Secretary	IOAC		X*	
83	Naoko Yamamoto	F	Assistant Director-General, Healthier Populations	HQ		X	
84	Nicole Kelm	F	Consultant, Office of the Regional Director	AFRO		X	
85	Oluwafunke Ilesanmi	F	National Professional Officer	Nigeria CO		X	X
86	Oomarmagaisen Sandrasagren	M	Coordinator Office of the Director HRT	HQ		X	
87	Pablo Barrera Cruz	M	Resource Mobilization Officer	SEARO		X	
88	Pascale Goreux	F	Senior Specialist, Organization Development and HR	EURO		X	
89	Pavel Ursu	M	Director, Division of Data, Analytics and Delivery for Impact	HQ	X*		
90	PaydenΔ	F	Deputy Head of WHO Country Office	India CO/ERG	X		
91	Pem Namgyal	M	Director, Programme Management	SEARO		X	
92	Peter Singer	M	Special Advisor, Office of the Chef de Cabinet	HQ	X	X	
93	Poonam Khetrpal Singh	F	Regional Director	SEARO		X	
94	Rafe Slattery†	M	Programme Manager	HQ	X		
95	Rajesh Mehta	M	Regional Advisor	SEARO		X	
96	Rana Hajjeh	F	Director, Programme Management	EMRO		X	
97	Raniero Guerra	M	Senior Advisor, Office of the Chef de Cabinet	HQ		X	
98	Raul Thomas	M	Assistant Director-General, Business Operations	HQ		X	
99	Ritesh Kumar Singh	M	IT Officer	SEARO		X	

100	Robert Chelminski †	M	Director, Administration and Finance	SEARO		X	
101	Roberto Balsamo	M	Management Officer	HQ		X	
102	Roderico Ofrin †	M	WHO Representative	India CO		X	
103	Rony MazaΔ	M	Chief, Planning	AMRO/ERG	X	X	
104	Samir El Hemsy	M	Technical Officer, Planning, Budget, Monitoring and Evaluation	EMRO		X*	
105	Samira Asma	F	Assistant Director-General, Data, Analytics and Delivery for Impact	HQ	X*	X	
106	Sandra Stewart	F	Regional Budget and Finance Officer	EMRO		X	
107	Sara Canna	F	HR Specialist, Talent Acquisition and Management	HQ		X*	
108	Scott Pendergast	M	Director, Strategic Planning and Partnership	HQ		X*	
109	Shahin Huseynov	M	Technical Officer, Vaccine-Preventable Diseases and Immunization	EURO		X	
110	Shambu Acharya	M	Director, Country Strategy and Support	HQ		X	X
111	Soumya Swaminathan	F	Executive Director, Office of the Chief Scientist	HQ		X	
112	Stewart Simonson	M	Assistant Director-General, Office at the United Nations	HQ		X	
113	Susan Ahrenst	F	Administrative Officer	EURO		X*	
114	Syed Jaffar HussainΔ	M	Former Chef de Cabinet	EMRO		X	
115	Tamas Landes	M	Director Admin and Finance IARC	IARC		X	
116	Timothy Armstrong	M	Director, Governing Bodies	HQ		X	
117	Travis High	M	Specialist, Planning and Performance Monitoring and Assessment	AMRO		X	
118	Usman Abdulmumini	M	Coordinator, Country Focus and Coordination	AFRO		X	
119	Vincent Chiochia	M	Consultant, Deloitte	Consultant	X*		
120	Xavier Chaude	M	Director, Financial Resources Management	AMRO		X*	
121	Zsuzsanna Jakab	F	Deputy Director-General	HQ		X	
<b>*Multi-person</b>					<b>6</b>	<b>27</b>	
<b>Individual</b>					<b>27</b>	<b>76</b>	
<b>Total</b>					<b>33</b>	<b>103</b>	

† Individuals participating in the Transformation Team

Δ Individuals participating in the Evaluation Reference Group

Group Interviews				
1	Aba Ankrah-Ntambwe	F	Ombudsman	HQ/GVA
	Jose Martinez Aragon	M	Director of Ombudsman	HQ/GVA
2	David Webb	M	Director, Office of Internal Oversight Services	HQ/GVA
	Elena Sobre Flotats	F	Coordinator, Audit	HQ/GVA
3	Jennifer Linkins	F	Director, HRT	HQ/GVA
	Catherine Riedweg	F	HR Manager, HR Business Partners	HQ/GVA
	Sara Canna	F	HR Specialist, Talent Acquisition and Management	HQ/GVA



4	Michael Ryan	M	Executive Director, Health Emergencies Programme	HQ/GVA
	Scott Pendergast	M	Director, Strategic Planning and Partnership	HQ/GVA
5	Francisco Katayama	M	Coordinator, Planning Budgeting, Monitoring and Evaluation	AFRO
	Awa Mangie Achu Samba	F	M&E Officer	AFRO
	Agnes Wenu Midi	F	Change Management Officer	AFRO
6	Lucia Dell Amura	F	Administrative Assistant (Programme Management)	EURO
	Ana Paula Coutinho Rehse	F	Technical Officer, Infection Hazard Management	EURO
	Francesca Racioppi	F	Head of Office, WHO European Centre for Health and Environment	EURO
	Susan Ahrenst	F	Administrative Officer	EURO
7	Diana Quintero	F	Budget Chief	AMRO
	Xavier Chaudé	M	Director, Financial Resources Management	AMRO
8	Jeffery Kobza	M	Director, Administration and Finance	WOPRO
	Arpit Aggarwal	M	Budget and Finance Officer	WPRO
	Linda Veniga	F	Human Resources Officer	WPRO
9	Angela Pratt	F	Director, Office of the Regional Director	WPRO
	Graham Harrison	M	EXO/CSU and acting DPM	WPRO
10	Jaafar Jaffal	M	Regional Advisor	EMRO
	Samir El Hemsy	M	Technical Officer, Planning, Budget, Monitoring and Evaluation	EMRO
11	Felicity Harvey	F	IOAC Chair	IOAC
	Munjoo Park	F	IOAC Secretary	IOAC
12	J.N. Hill	M	Consultant, Deloitte	Deloitte
	Vincent Chiochia	M	Consultant, Deloitte	Deloitte
13	Samira Asma	F	Assistant Director-General, Data, Analytics and Delivery for Impact	HQ
	Pavel Ursu	M	Director, Division of Data, Analytics and Delivery for Impact	HQ
14	Dean Chambliss	M	Director, Planning, Budget and Evaluation	AMRO
	Maria Elena Zavala	F	Programme officer, Planning	AMRO

Focus Group Discussions				
1	EURO FGD	21	Member States	Albania, Monaco, Bulgaria, Denmark, Andorra, Finland, Croatia, Ukraine, United Kingdom, Iceland, Slovakia, Sweden, France, Lithuania, Norway, Turkey, Germany, Greece, Italy, Romania, Switzerland
2	AMRO FGD	10		Argentina, Jamaica, Canada, USA, Guatemala, Brazil, Cuba, Peru, Guyana, Dominican Republic
3	SEARO/WPRO FGD	15		Japan, Indonesia, India, Sri Lanka, China, Marshall Islands, New Zealand, Australia, Thailand, Republic of Korea, Tuvalu, Bangladesh, Lao People's Democratic Republic, Pakistan, Philippines

4	United Kingdom FGD	6		UK
5	Transparency and Fairness Committee FGD (HQ)	4	HQ	Andreas Reis, Elil Renganathan, Jennifer Volonnino, Shambu Acharya
6	G-Force FGD (HQ)	7		Heidi Divecha, Innocent Mugabe, Jennifer Volonnino, Anna-Karin Heedha, Jacqueline Lashley, Jean Angela Holland, Elsa Fre Kidane Mekonenn
7	Staff Association FGD (HQ)	4		Catherine Kirorei Corsini, Laurent Constantin, Lianne Marie Gonsalves, Khondkar Rifat Hossain
8	China FGD	3	WCO	Gaulen Galea, Paige Anne Snider, Jianrong Qiao
9	Bolivia FGD	4		Alma Morales, Julio Pedroza, Alfonso Tenorio, Gilberto Barros
10	Ethiopia FGD	6		Boureima Sambo, Alieu Wadda, Indrajit Hazarika, Betty Lanyero, Nino Dal Dayanghirang, Martins Livinus
11	Indonesia FGD	4		Navaratnasamy Paranietharan, Shalala Ahmadova, Piotr Jakubiec, Inga Williams
12	Timor Leste FGD	3		Luis Dos Reis, Arvind Mathur, Vinay Bothra
13	Nigeria FGD	8		Jane Osarosemwen D'Silva, Olubowale Ekundare Famiyesin, Oluwafunke Ilesanmi, Walter Kazadi Mulombo, Geoffrey Namara, David Osayi Oviaesu, Lynda Ozor, Francis Nwachukwu Ukwuije
14	Yemen FGD	5		Ibrahim Abou Khalil, Mikiko Senga, Nuha Mahmoud, Naseeb Qirbi, Elena Vuolo
15	Vietnam FGD	4		Kidong Park, Annie Chu, Moreblessing Moyo, Tran Thi Tuyet Chinh
16	Bulgaria FGD	2		Syla Skender, Michail Okoliyski
17	Pakistan FGD	1		Palitha Mahipala

## ANNEX VIII. KEY DOCUMENTS REVIEWED

- Deloitte insights (2020). Global Health Care Outlook – laying a foundation for the future.
- Fauci, A (2021). Remarks at WHO Executive Board Meeting, January 2021.
- Garrett, L (2015). Ebola’s Lessons: How the WHO Mishandled the Crisis.
- Independent Expert Oversight Advisory Committee – report of the 31st Meeting, 30 June-1 July 2020.
- Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, Interim report on WHO’s response to COVID-19, January-April 2020.
- MOPAN (2017). Institutional Assessment Report - AfDB Final.
- MOPAN (2019). MOPAN 2017-18 Assessments, World Health Organization (WHO), April 2019.
- MOPAN (2019). MOPAN 2017-2018 WHO Reports: Organization Performance Brief.
- New York Times (2020). Trump gave WHO a list of demands, hours later he walked away.
- Stewart. M.P (2020). Leaving the WHO is no way to deal with a pandemic.
- Think Global Health (2020). The World Health Organization and Pandemic Politics.
- Transformation for Impact- DG-RD Vision, 6 March 2019.
- WHO Culture Change Update, A briefing on 21 December 2018 (PowerPoint provided by the Transformation team).
- World Health Organization (2005). International Health Regulations (2005), Third Edition.
- WHO (2015). The Transformation Agenda Issue 1.
- WHO (2015). The Transformation Agenda Issue 2.
- WHO News (2017). “Generation 2.0” of UN-SWAP previewed at WHO Headquarters in Geneva, November 2017.
- WHO (2018). 2017-2018 Report of Ombudsman: Through uncharted waters: moving forward together.
- WHO (2018). Culture Change Update.
- WHO (2018). WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform, Report by the Director-General (EB144/31), 28 December 2018.
- WHO (2019). Proposed HQ Department Statements of Purpose & Functions (working version as at 21 June 2019).
- WHO (2019). Proposed programme budget 2020-2021 (A72/4), 10 May 2019.
- WHO (2019). Report of the Ombudsman (EB146/INF./2), 9 December 2019.
- WHO (2019). The global action plan for healthy lives and well-being for all: strengthening collaboration among multilateral organizations to accelerate country progress on the health-related sustainable development goals (WHO/DGO/GAP/19.1).
- WHO (2019). The WHO Values Charter: Briefing by Louise Agersnap, Lead, Culture Change, WHO Global Transformation Team.
- WHO (2019). UN-SWAP 2.0 performance report.
- WHO (2019) WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform – The WHO transformation agenda (A72/48), 7 May 2019.
- WHO (2019). WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: WHO presence in countries, territories and areas (A72/INF./4), 1 May 2019.
- WHO (2019). WHO Transformation Implementation Plan – Consultation Version, 26 June 2019.

- WHO (2020). Becoming the World's Healthiest Organization: Senior Project Team Meeting with Dr. Tedros, 13 January 2020 - Overview of functions.
- WHO (2020). DG Speech Transforming for Impact, 13 August 2020.
- WHO (2020). Draft Proposed programme budget 2022-2023 – Building forward better, Executive Board version (23 December 2020) (EB148/25).
- WHO (2020). Flexible Working Arrangements (FWA) PowerPoint Presentation.
- WHO (2020). Independent Oversight and Advisory Committee for the WHO Health Emergencies. Programme – Looking back to move forward (Document A73/10), 4 November 2020.
- WHO (2020). Programme budget 2020-2021 – WHO results framework: an update (EB146/28 Rev.1), 23 January 2020.
- WHO (2020). Responding to the COVID-19 Pandemic: WHO's actions in countries, territories and areas.
- WHO (2020). The WHO Transformation: 2020 progress report.
- WHO (2020). The WHO Transformation – an overview at 29 January 2020.
- WHO (2020). WHO Academy: <https://www.who.int/about/who-academy>.
- WHO (2020). WHO Results Report - Programme Budget 2018-2019 Driving impact in every country (A73/24 Rev.1), 10 November 2020.
- WHO (2020). WHO Task Force on Flexible Working Arrangements Terms of Reference.
- WHO (2020). WHO Townhall Meetings November 2020.
- WHO (2020). WHO Transformation Agenda: An Update for the IEOAC, 30 June 2020.
- WHO (2021). ACT-Accelerator Prioritized Strategy & Budget for 2021.
- WHO (2021). DG Remarks at the Joint Rotary International/WHO virtual event on the theme "Together for mothers' and children's health", 25 February 2021.
- WHO (2021). Report of the Independent Expert Oversight Advisory Committee (EBPBAC33/2), 4 January 2021.
- WHO (2021). Second report on progress by The Independent Panel for Pandemic Preparedness & Response (EB148/INF./4), 15 January 2021.
- WHO (2021). WHO transformation – Transforming for enhanced country impact (EB148/32), 4 January 2021.
- WHO Regional Committee for Africa (2020). Fifth progress report on the implementation of the transformation agenda of the World Health Organization Secretariat in the African Region: 2015–2020 (AF/RC70/4), 25 August 2020.
- WHO Regional Committee for South-East Asia (2020). WHO Transformation Agenda (SEA/RC73/11), 30 July 2020.

### **Evaluation Reports**

- PwC (2013). WHO Reform Stage 2 Evaluation Final Report and Appendices.
- Report of the External Auditor (2012). Evaluation Report of Stage 1 of Reform Proposals of WHO, 27 February to 30 March 2012.
- WHO (2016). Evaluation of WHO's Presence in Countries, 2016.
- WHO (2017). Leadership and management at WHO: Evaluation of WHO Reform (2011-2017), third stage, April 2017.
- WHO (2017). WHO Evaluation Office, Report of the mid-term evaluation of the Transformation of the WHO Secretariat in the African Region, May 2017.
- WHO (2017). Evaluation of WHO's Normative Function, July 2017.
- WHO (2018). Country Office Evaluation: Rwanda, August 2018.

- WHO (2018). Country Office Evaluation: Romania, December 2018.
- WHO (2018) Summative evaluation of the WHO Rapid Access Expansion Initiative, May 2018 (and Management Response).
- Hera (2019). External evaluation of the UNDP-UNFPA-UNICEF-WHO-World Bank Special programme of Research, Development and Research Training in Human Reproduction (HRP9 2013-2017, March 2019).
- WHO (2019). Initial evaluation of the Framework of Engagement with Non-State Actors, December 2019.
- WHO (2020) Evaluation of WHO's work with Collaborating Centres, May 2020.

#### **Survey results**

- 20180206 AFR Culture Survey Findings- town hall
- 20180205 EMR Culture Survey Findings- town hall
- 20180115 Culture Survey Results EURO
- 20180103 Organisation Culture Survey HQ Report
- SEARO WHO Culture Survey Results -SHORT
- 20180115 Culture Survey Results WPRO
- 20190306 Global WHO Results
- PwC (2013). WHO Evaluation Reform Staff Survey Analysis.

#### **DG Decisions**

- Accountability Functions DG Decisions, 8 November 2019
- AMR DG Decisions, 11 October 2019
- CCS DG Decision, 8 November 2019
- DCO DG Decisions, 24 October 2019
- DDI Depts DG Decisions, 31 October 2019
- DG Envoy Office DG Decisions, 28 October 2019
- ECH DG Decisions, 30 October 2019
- Emergency Preparedness DIV DG Decisions, 4 November 2019
- Emergency Response Division DG Decisions, 7 November 2019
- FNM DG Decisions, 13 November 2019
- GBS DG Decisions, 4 November 2019
- GER DG Decisions, 13 November 2019
- HGF DG Decisions, 1 November 2019
- HIV Hep & STIs DG Decisions, 1 November 2019
- HMP DG Decisions, 7 November 2019
- HPR DG Decisions, 31 October 2019
- HRT DG Decisions, 25 October 2019
- HWF DG Decisions, 25 October 2019
- IHS DG Decisions, 28 October 2019
- IMT DG Decisions, 5 November 2019
- IVB SRHR DG Decisions, 11 October 2019
- Malaria DG Decisions, 21 October 2019
- MCA DG Decisions, 28 October 2019
- MHP DG Decisions, 21 October 2019

- MSD DG Decisions, 25 October 2019
- NFS DG Decisions, 30 October 2019
- NSF DG Decisions, 30 October 2019
- NTD DG Decisions, 30 October 2019
- OSS DG Decisions, 4 November 2019
- POL DG Decisions, 8 November 2019
- PRP DG Decisions, 5 November 2019
- RMB DG Decisions, 1 November 2019
- SCIENCE DEPTS DG Decisions, 25 October 2019
- SDH DG Decisions, 11 October 2019
- SUP DG Decisions, 13 November 2019
- TB NCDs DG Decisions, 9 October 2019

## ANNEX IX. INTERVIEW GUIDES

Interview Details	
Name, organization and position	
Gender	
Stakeholder type	
Location of interviewee	
Date and time	
Interviewer(s)	
Mode of interview	

The following interview protocol for in-person or telephonic interviews is comprehensive. Interviewers should customize and adapt questions for each interview based on interviewee's role, time constraints, response, and level of knowledge/ familiarity with topics revealed during interviews. (Note that all interviews should start with informed consent.

*Stakeholder type (S= staff, M=Member-states' representatives, P=Private sector/civil society, U=UNCTs, D=Donors, O=others)*

### Introductions:

- This is a formative evaluation with a forward-looking focus. We understand that the Transformation will be an on-going process, so the overarching purpose is to help the Organization learn from its experience to date so that it can ensure that the work you all have done to date is as impactful and enduring as possible.
- Be assured that this is a completely confidential conversation. Only the evaluation team will have access to the interview notes, and we will never mention you by name (or title) in the evaluation report.

Criteria	Interview Questions
	a. What is your role in relation to WHO? How long have you been in this role?
	b. How does your role connect with WHO's Transformation Agenda?
	c. In what ways have you participated in the Transformation process?
	d. From the perspective of your office or organization, what major outcomes is the Transformation expected to achieve? How would you know if these outcomes are being achieved?
To what extent has WHO's Transformation Agenda helped increase its 'fit-for-purpose', i.e., increased its relevance at the country, regional and global levels?	a. What was the basis for the Transformation? Was there a needs-assessment to guide the Transformation Agenda?
	b. How have the needs of WHO and Member States regarding the Transformation Agenda and Architecture been identified and integrated? Have other comparable agencies been consulted/benchmarked to identify lessons learned?
	c. Were there adequate opportunities to participate in the Transformation process? If not, in what ways could it have been improved?
	d. Has the need for Transformation been clearly, constantly and carefully articulated?
	e. Has the Transformation Agenda helped WHO better align its strategy, structure, culture and operations?
	f. How has the Transformation Agenda influenced WHO's relevance at the country, regional and global levels in the context of policies and priorities, normative frameworks and stakeholder needs?

Criteria	Interview Questions
	<p>g. Has the Transformation Agenda helped COs achieve greater alignment with national development priorities, thus contributing to WHO's potential increased relevance?</p> <p>h. How is your office responding to UN Reform, UNSDF formulation and SDGs/Agenda 2030? What role do you visualize for WHO in this environment?</p> <p>i. How and to what extent do reform initiatives incorporate human rights, gender and equity dimensions? How satisfied are you with HRGE related efforts? What could be done differently or significantly improved? Have reform initiatives affected the extent to which HRGE principles are incorporated into WHO programmes?</p> <p>j. Does the current organizational culture make WHO more relevant in today's socio-political institutional environment?</p> <p>k. To what extent are risks and mitigation strategies adequately developed and deployed? What assumptions and risks have been considered in the development and implementation of the Transformation Agenda and Architecture?</p>
To what extent has the Transformation Agenda helped WHO achieve outcomes outlined in various Transformation documents including GPW13 and Transformation architecture, and summarized in the evaluation matrix?	<p>a. How effectively has the Transformation Agenda been rolled out? What have been the key achievements to date? To what extent have quick wins helped to propel the Agenda forward?</p> <p>b. To what extent has the Transformation Agenda successfully served to: (1) organize COs as 'fit-for-purpose' as a result of the new WHO-wide operating model; (2) increase the agility, innovativeness, results-orientation, optimization and harmonization of core WHO processes; (3) increase effectiveness of engagement with external stakeholders and improve sustainability? What examples can you cite in which Transformation has been particularly successful in doing? Particularly unsuccessful in doing?</p> <p>c. What do you consider to be the main strengths and weaknesses of the Agenda's design and implementation? Has it brought together various internal and external stakeholders and better motivated them to contribute to WHO's success?</p> <p>d. Has there been a shift in its organizational culture towards making WHO a more results-oriented, agile, innovative and responsive organization? If so, to what extent?</p> <p>1) Has the Transformation Agenda increased the use of RBM in the entire programming cycle from planning and management to implementation and monitoring &amp; evaluation at various levels in the organization?</p> <p>2) Has WHO become more agile in its strategy and operations as a result of its Transformation Agenda or its focus on adaptive management? Are adaptive management and agility at WHO contributing to its increased effectiveness?</p> <p>3) To what extent are the coordination, communication, execution and reporting mechanisms between the three levels (HQ, ROs and COs) effective?</p> <p>4) Do mechanisms for programming operational activities at the country-level ensure consistency with the WHO Transformation Agenda? Do these mechanisms assist in responding to health-related SDGs?</p>



Criteria	Interview Questions
	<p>e. What type of support (strategic, operational, programmatic, results reporting, inter alia) do you receive from HQ/COs/ROs? (Modify according to interviewee) How could this be improved?</p> <p>f. How do country offices add value to WHO's corporate image? To what extent do all WHO COs exhibit the same core values and consistent approach for promoting health across the board?</p> <p>g. How has the Transformation Agenda shaped organizational learning and knowledge management? What knowledge management systems and practices have been put in place to manage organizational learning across various units of COs and HQ? And, to what extent is the country level know-how of the COs and ROs being systematically reported and utilized to inform WHO-wide strategy, policy making and resource planning?</p> <p>h. How is the Transformation Agenda shaping the ways in which WHO's strategies and programs address the special needs of vulnerable populations, including minorities, people with disabilities, and women? Has WHO become more HRGE-responsive, and what additional steps could be taken?</p> <p>i. To what extent is the Agenda helping to ensure that human rights and gender equity are mainstreamed and prioritized within the organization?</p> <p>j. What steps could WHO take to become more HRGE responsive?</p> <p>k. To what extent has the mobility policy been implemented and with what effect?</p> <p>l. Have you adopted any new ways of working that were inspired by / learned from the Transformation process?</p> <p>m. In what ways is the organizational culture different?</p> <p>n. What other changes are observable so far in the way WHO operates since the Transformation was implemented? How much of this was due to Transformation and how much due to other change initiatives and/or other internal/external influences?</p> <p>o. Which factors have helped or hindered Transformation effectiveness?</p> <p>p. What are the internal and external factors that need to be in place for the successful implementation of the Transformation? To what extent are they currently in place?</p>
How adeptly has WHO made use of its human, financial and technical resources to maximize the efficiency and effectiveness of the Transformation Agenda rollout?	<p>a. What is the status of implementation of the 13 re-designed business processes?</p> <p>b. Are these re-designed processes likely to contribute to the increased cost-effectiveness with which WHO operates, including to an increased efficiency in use of financial, human and technological resources? Is greater focus on results-orientation contributing to increased efficiency?</p> <p>c. To what extent has the WHO Transformation Architecture and roll-out, including planning, design, managerial support and coordination mechanisms, effectively supported the implementation of work streams and achievement of results?</p> <p>d. What trainings and guidance have been made available for the roll out of the Transformation? Have these been adequate?</p> <p>e. Has the Transformation process improved WHO's ability to respond to country-level health priorities and SDGs? Has it changed services provided by WHO, and are they more efficient?</p> <p>f. How has the budget for implementation of the Transformation been developed and tracked? Have clear resources been made available for implementation? What are the opportunity and transaction costs of the Transformation Agenda?</p>

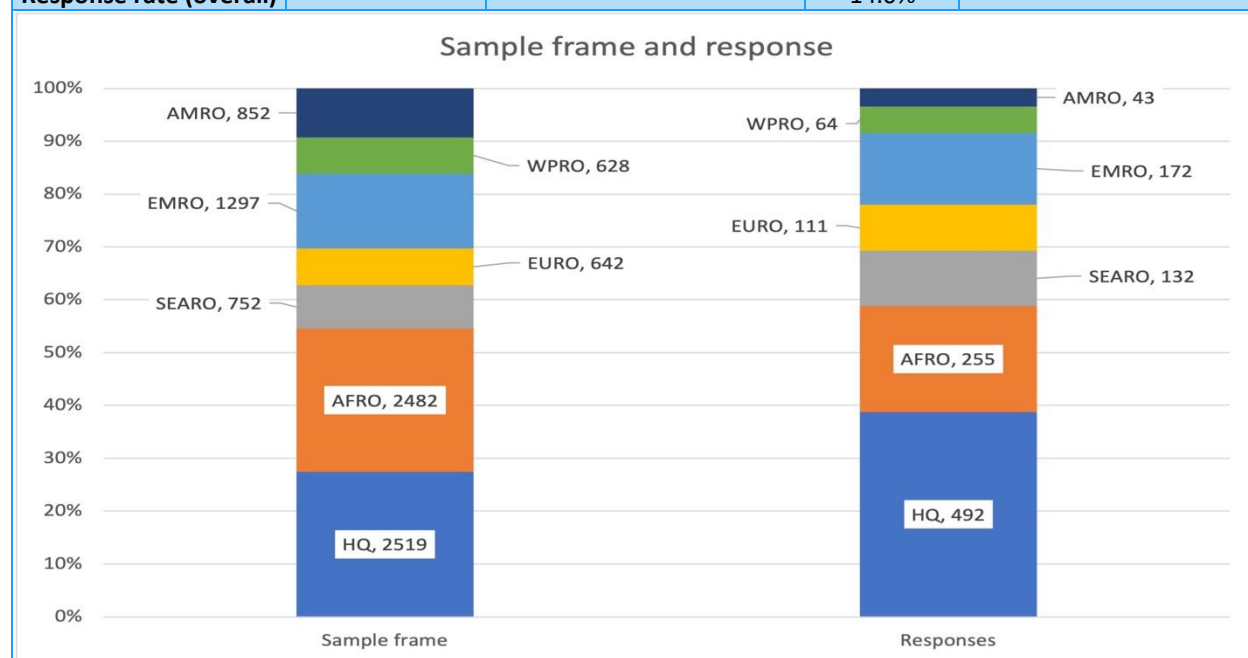
Criteria	Interview Questions
	g. Do WHO's component offices (HQ/ROs/COs) have adequate capacities to carry out their stated functions?
	h. The investments in the Transformation have included staff expertise and time from across all levels of the organization (including those dedicated to the Transformation Team) and external expertise from four management consultant firms (McKinsey, Boston Consulting Group, Seek and Deloitte). To what extent have these investments been efficient for undertaking the scope of change laid out in the Agenda?
<b>Coherence</b>	
How has the Transformation Agenda affected the internal and external coherence of the WHO's various component units (HQ/ROs/COs), especially in view of ongoing UN reforms?	a. How has the Transformation Agenda affected the internal coherence of WHO's component units (HQ/ROs/COs)? Are these units and sub-units more likely to adopt a more coherent, "whole of organization" approach now than in 2017?
	b. To what extent are the roles and responsibilities of various offices within WHO defined, communicated, understood and in place? Are the roles and responsibilities of ROs clearly defined in relation to HQ and country offices? To what extent have roles and responsibilities among WHO's organizational units for the implementation of the Transformation been clear?
	c. Has Transformation aligned and integrated with previous and other reform streams across levels? To what extent has the implementation of the Transformation been coherent with these?
	d. Has Transformation Agenda helped strategic and policy coherence cascade through a decentralized organization?
	e. What are the challenges and opportunities within the context of the ongoing UN reforms, including that of the UN Resident Coordinator system, which calls for increased coherence at the country-level, clear alignment with national development priorities and enhanced policy-level engagement? What is WHO's contribution to the cohesive functioning of the UN development system in the field?
	f. Describe the cooperation between WHO and partner organizations and other TA providers in the COs? Which lessons learned could be drawn from this cooperation? (Are there any difficulties in working with them?)
	g. Describe your organization's cooperation with WHO offices. What lessons can be drawn from this cooperation?
How has the Transformation Agenda affected WHO's ability to achieve its Triple Billion goals outlined in the GPW13? What are the successes and challenges to date that have increased or decreased the likelihood that WHO will achieve its objectives as per the GPW13?	a. How has the Transformation Agenda transformed necessary conditions (e.g., resource mobilization, partnerships, etc.) for achieving Triple Billion goals
	b. Has this Agenda enabled conditions and removed constraints that are necessary and sufficient to help WHO move towards these goals?
	c. How have concerns about sustainability been integrated into the Transformation Architecture?
	d. How impact-orientated are the WHO's activities at HQ, RO and CO-level? What success stories and challenges can be identified at this stage?
	e. What new opportunities and threats are emerging that WHO should be aware of in shaping its future Agenda?
	f. Is WHO in a better position to respond to global public health crises than before as a result of the Transformation Agenda?

Criteria	Interview Questions
	g. To what extent is the current set-up (or, the envisioned Transformation Architecture) of WHO sustainable in the long-term? How can this be improved considering the expected development results alluded to in the GPW13?

## ANNEX X. SUPPLEMENTAL DATA AND CHARTS

### A1. Sample frame (population) and response: Staff survey

Category	Sample frame	Population proportion	Responses	Response proportion
Headquarters	2519	27.4%	492	38.23%
Africa	2482	27.0%	255	19.81%
South-East Asia	752	8.2%	132	10.26%
Europe	642	7.0%	111	8.62%
Eastern Mediterranean	1297	14.1%	172	13.36%
Western Pacific	628	6.8%	64	4.97%
Americas*	852	9.3%	43	3.34%
Special programmes	23			
Other/ not specified		0.0%	18	1.40%
<b>Total</b>	<b>9195</b>	<b>100%</b>	<b>1287</b>	<b>100%</b>
<b>Response rate (overall)</b>			<b>14.0%</b>	



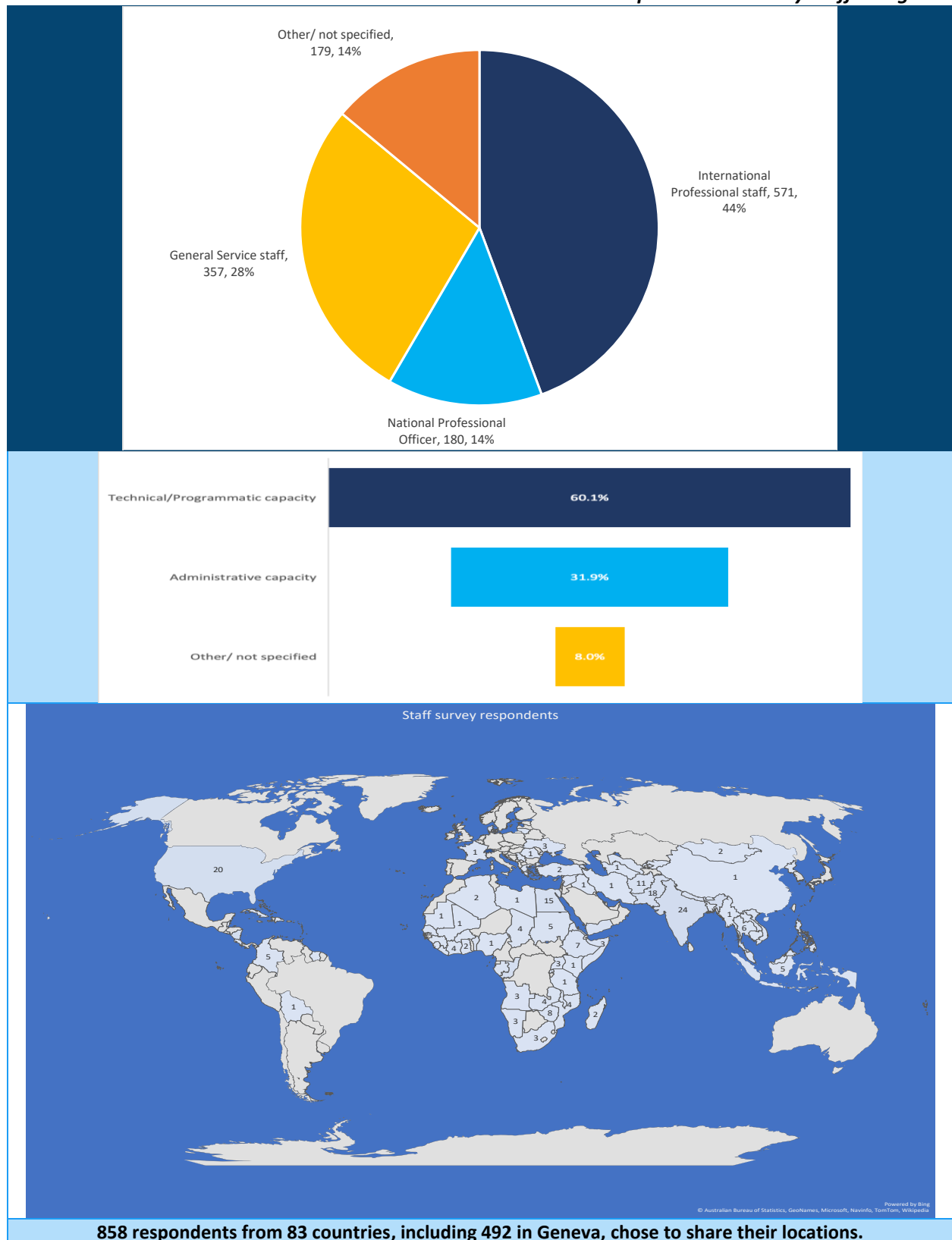
Notes: 1. Staff numbers for the Americas are not included in the WHO Human Resource Tables. The data above were extracted from the 2018 [report](#) to 12th session of the subcommittee on program, budget, and administration of the executive committee.

2. The survey to AMRO could only be sent out in the final week of data collection, which naturally depressed its response rate.

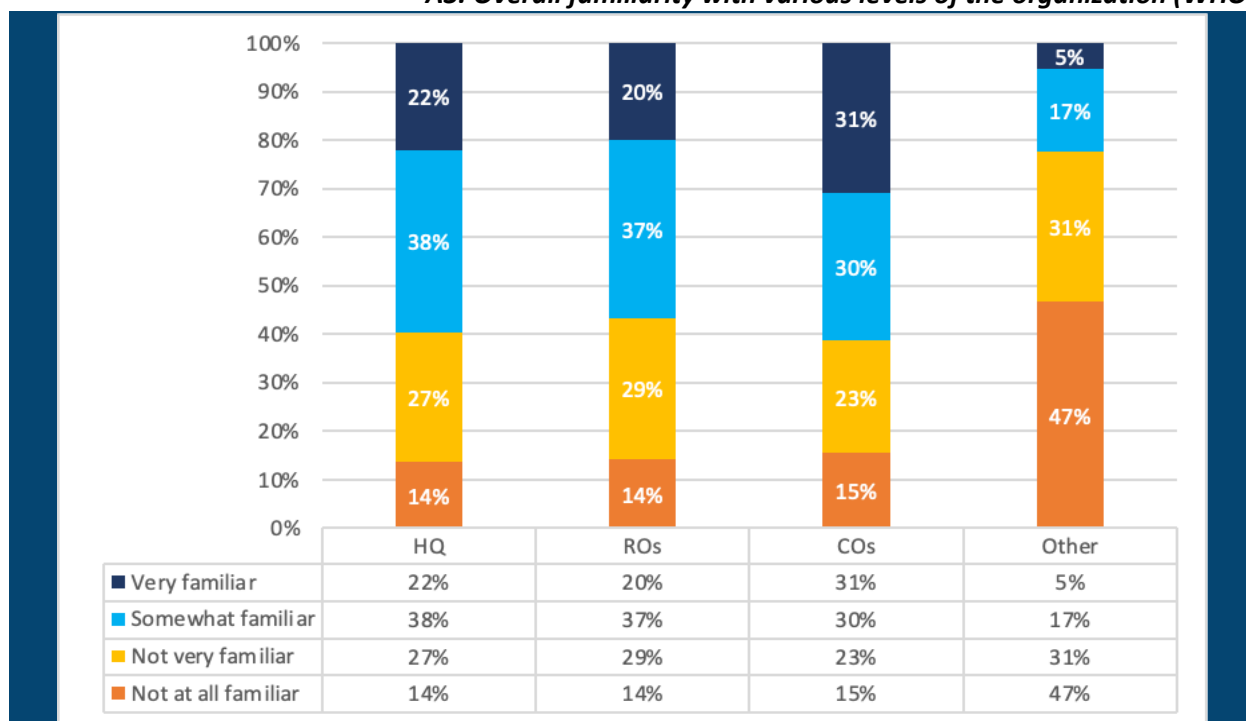
4. Though tests of sample representativeness (Pearson  $\chi^2=148.17^{***}$ , likelihood-ratio  $\chi^2=158.86^{***}$ ) confirmed that data is slightly over-representative of HQ staff and under-representative of staff in Africa and the Americas, in consultation with WHO Evaluation Office, it was decided not to use sample weights as difference was not large enough to make a difference to final analysis. Additionally, HQ staff were reportedly more familiar with the Transformation.

3. The online staff survey instruments used to collect this data are available at: [English](#), [Spanish](#), and [French](#) translations.

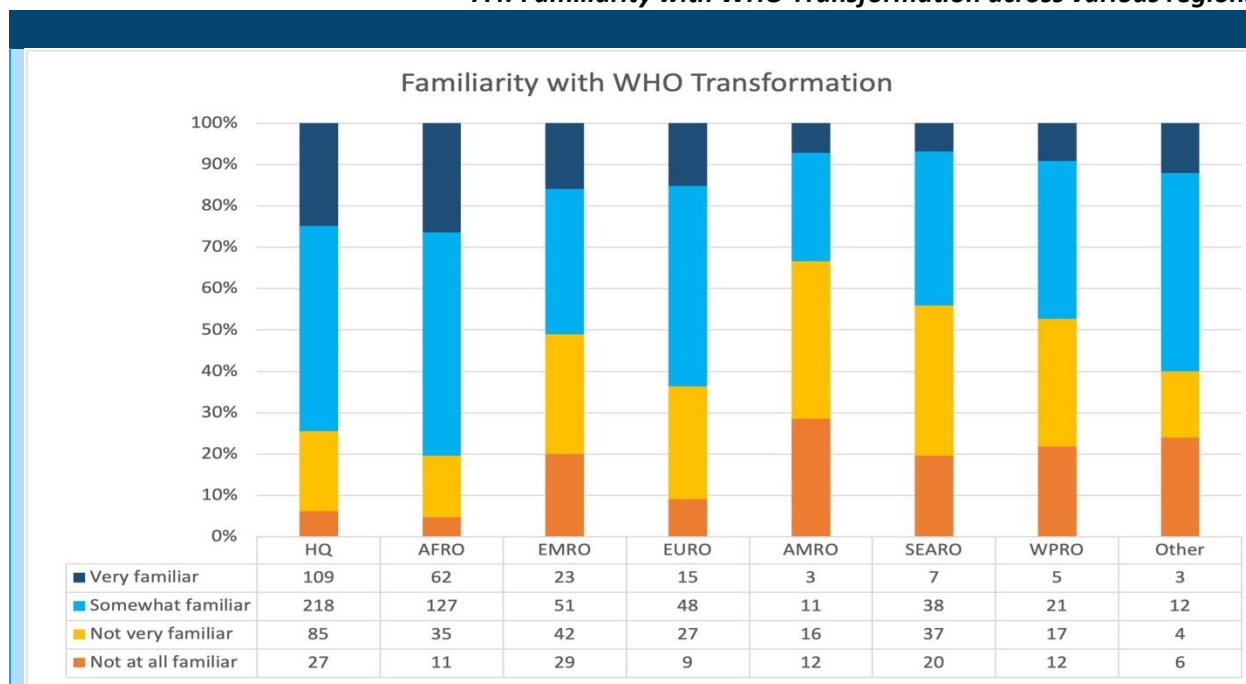
## A2. Sample distribution by staff categories



### A3. Overall familiarity with various levels of the organization (WHO)

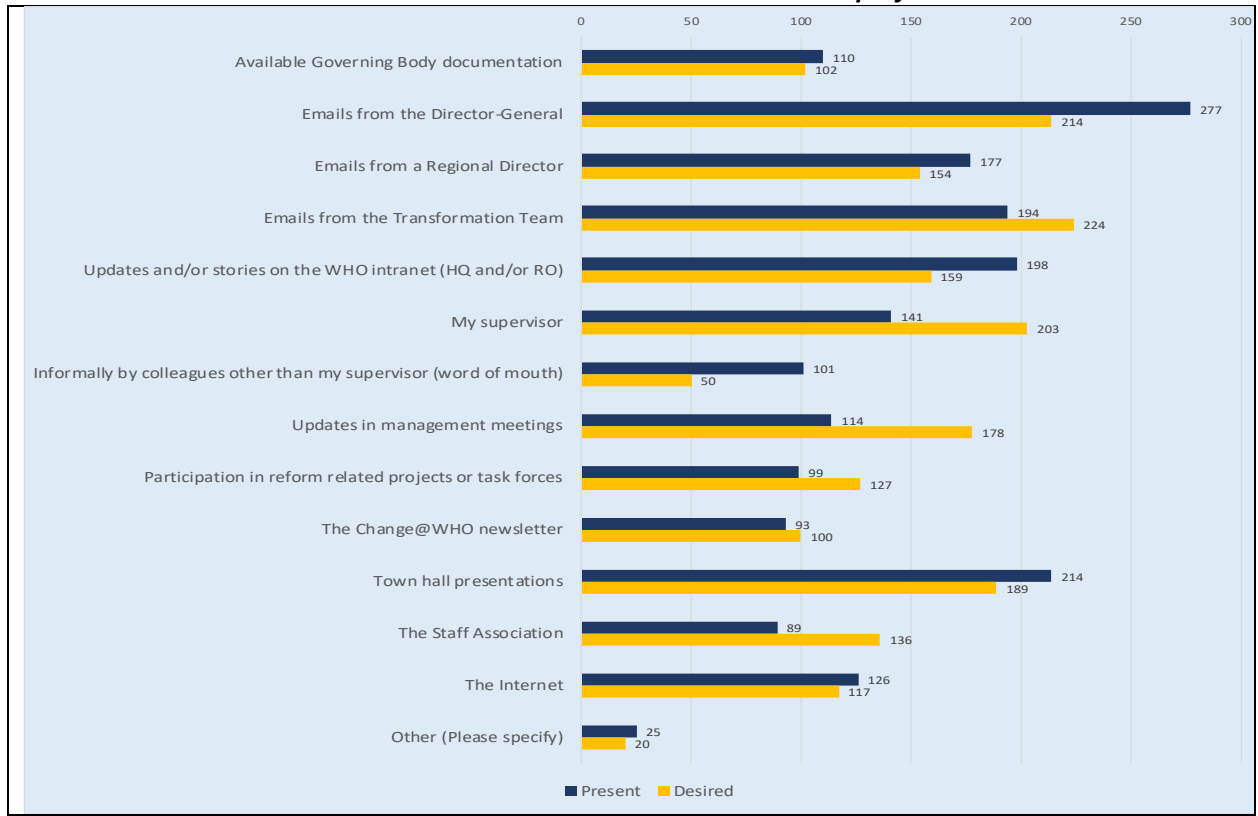


### A4. Familiarity with WHO Transformation across various regions

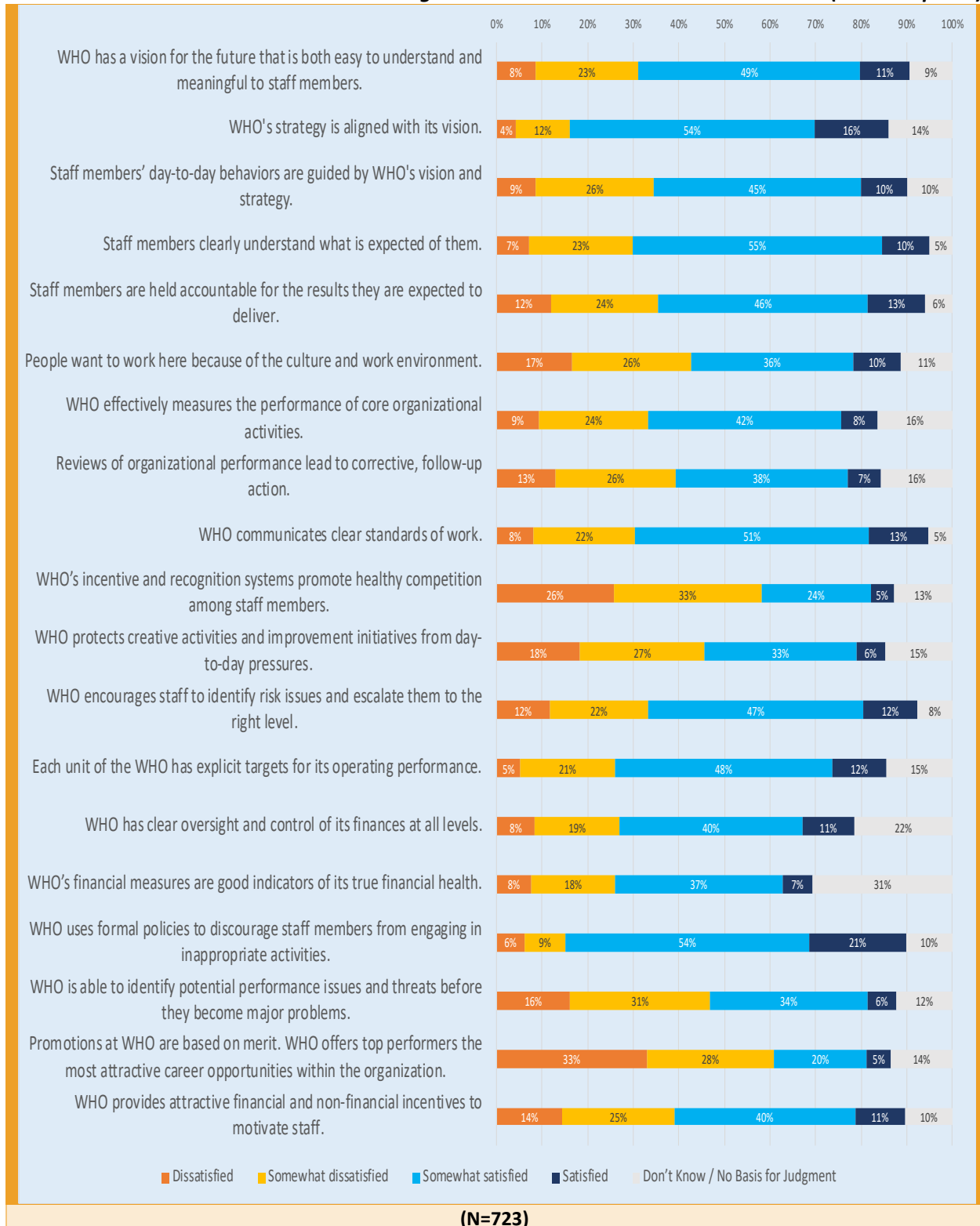


N=1142. Note: The chart shows that staff are (statistically) significantly more likely to be familiar with T in AFRO & HQ than, say in SEARO or AMRO (Pearson  $\chi^2 = 126.59^{***}$ , Likelihood-ratio  $\chi^2 = 125.91^{***}$ ).

### A5. Communication preferences: Present and desired

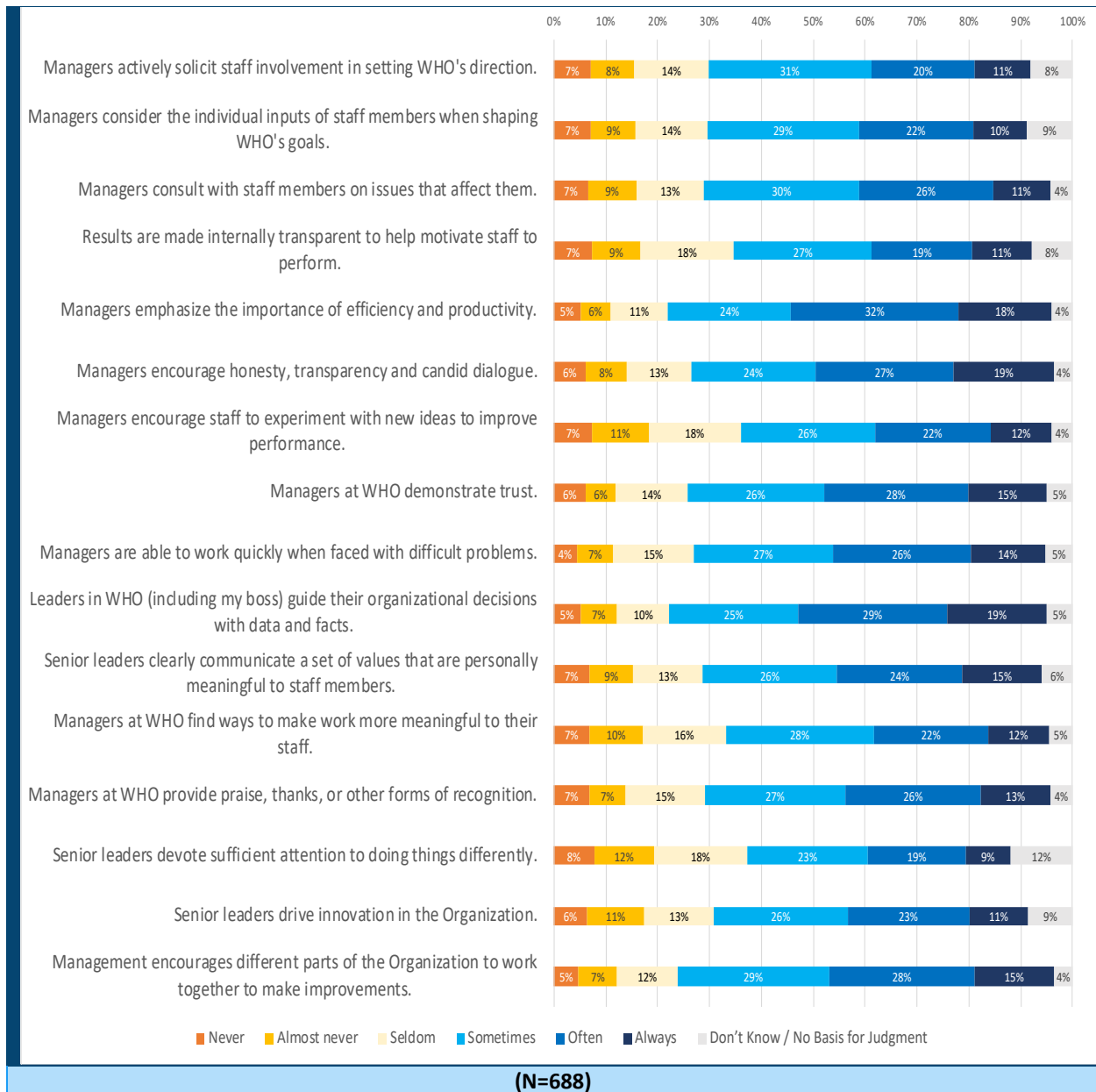


## A6. Organizational culture: WHO across all levels (2020 snapshot)

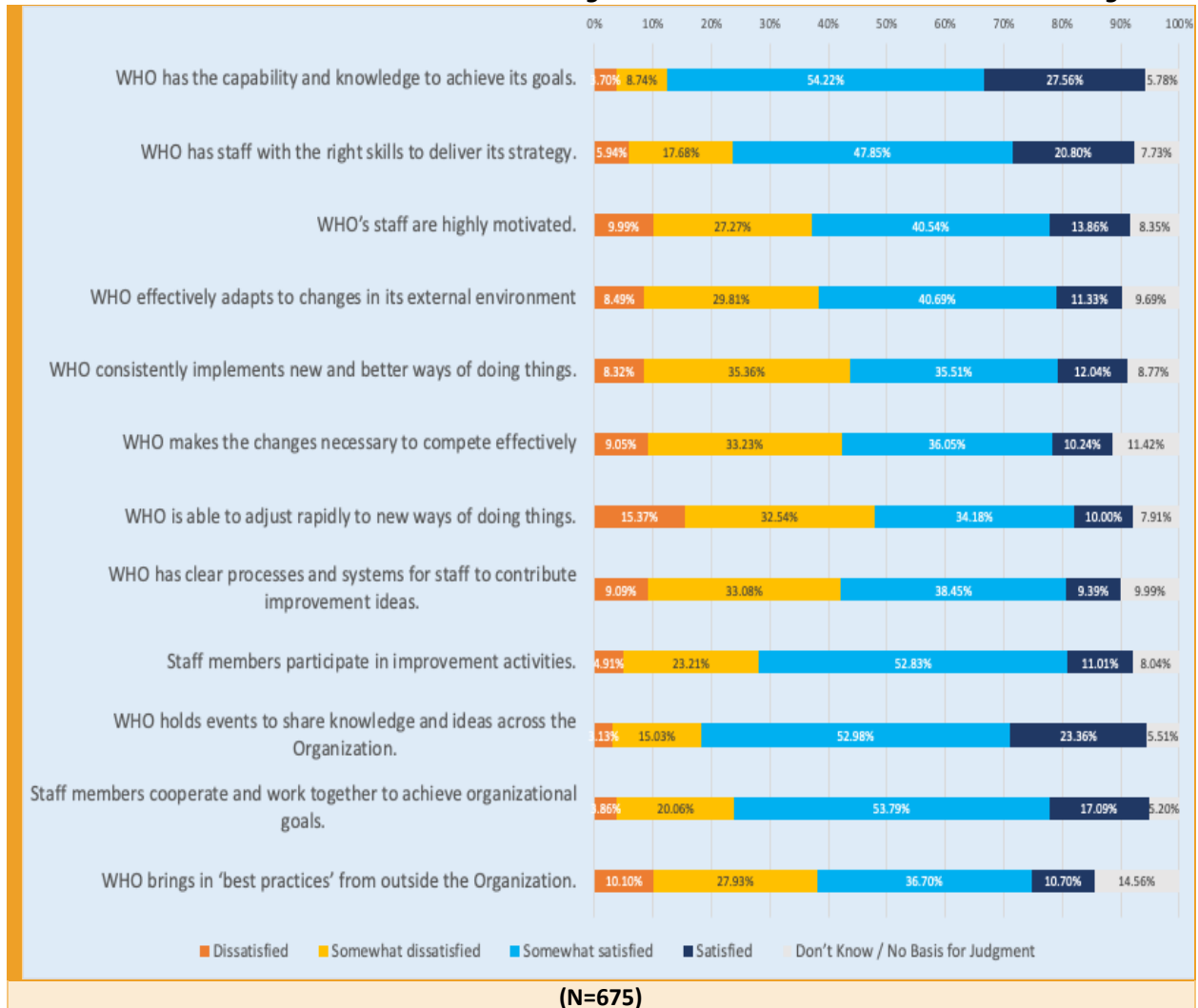




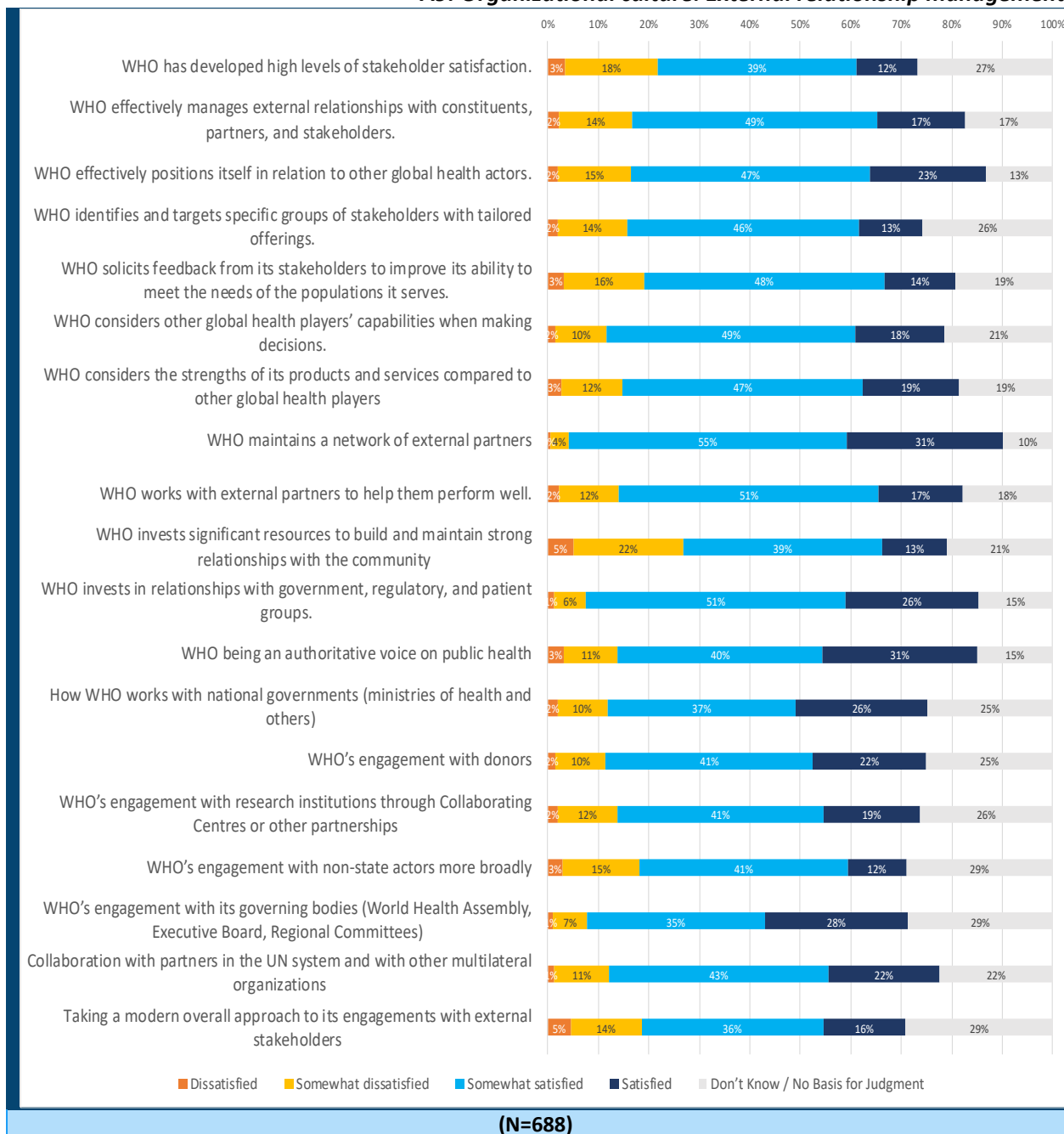
## A7. Organization culture: Managers and leadership



#### A8. Organizational culture: Human resources management



## A9. Organizational culture: External relationship management



### A10. Key element of organizational culture: A comparison over time

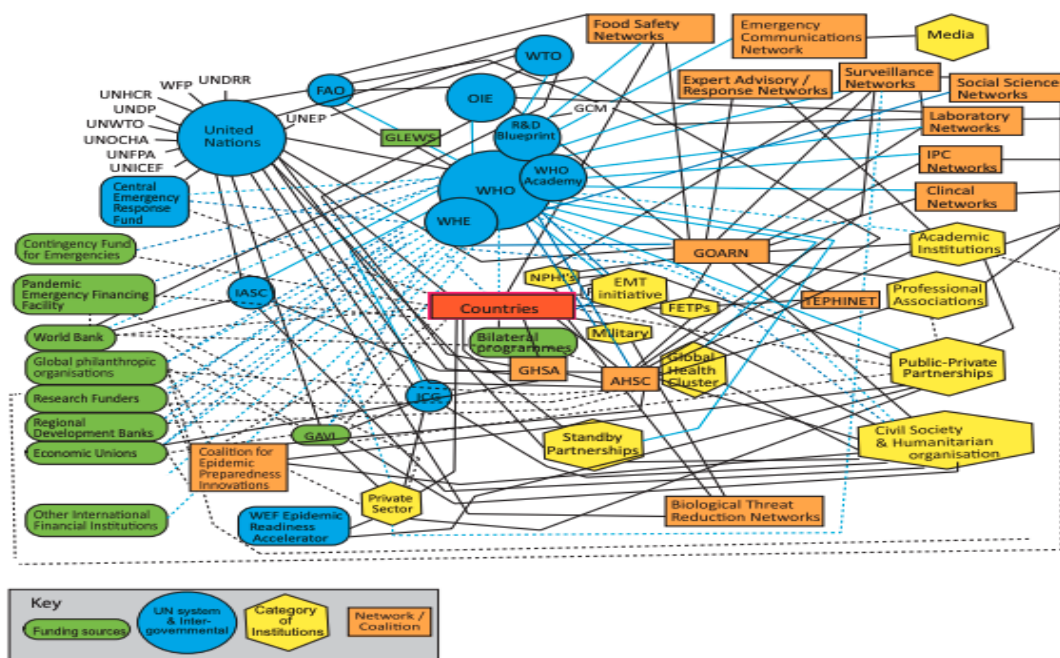


**A11. Human resources by region, category and appointment type**

Type	Duration	Year	HQ	L	AFRO	SEARO	EURO	EMRO	WPRO	Total	HQ/Total (%)
Professional and higher	Long-term appointments	2017	1088	26	375	137	204	170	167	2167	50.2%
Professional and higher	Temporary appointments	2017	359	14	210	32	37	126	9	787	45.6%
Professional and higher	Long-term appointments	2018	1082	26	377	131	222	175	172	2185	49.5%
Professional and higher	Temporary appointments	2018	375	16	159	35	32	146	8	771	48.6%
Professional and higher	Long-term appointments	2019	1089	25	399	135	241	191	184	2264	48.1%
Professional and higher	Temporary appointments	2019	408	18	171	47	39	136	10	829	49.2%
Professional and higher	Long-term appointments	2020	1130	14	421	139	252	202	188	2346	48.2%
Professional and higher	Temporary appointments	2020	475	3	157	44	39	128	5	851	55.8%
National professionals	Long-term appointments	2017	67	0	603	69	56	95	84	974	6.9%
National professionals	Temporary appointments	2017	3	0	64	69	28	81	2	247	1.2%
National professionals	Long-term appointments	2018	64	0	572	79	65	99	88	967	6.6%
National professionals	Temporary appointments	2018	2	0	81	66	31	89	3	272	0.7%
National professionals	Long-term appointments	2019	65	0	565	93	66	125	84	998	6.5%
National professionals	Temporary appointments	2019	1	0	95	73	25	117	5	316	0.3%
National professionals	Long-term appointments	2020	65	0	554	103	69	125	85	1001	6.5%
National professionals	Temporary appointments	2020	2	0	108	73	25	139	2	349	0.6%
General service	Long-term appointments	2017	687	9	1127	328	179	489	343	3162	21.7%
General service	Temporary appointments	2017	147	3	222	64	43	192	19	690	21.3%
General service	Long-term appointments	2018	683	8	1097	328	191	481	336	3124	21.9%
General service	Temporary appointments	2018	139	5	157	54	45	213	26	639	21.8%
General service	Long-term appointments	2019	681	9	1108	343	199	498	340	3178	21.4%
General service	Temporary appointments	2019	176	1	158	38	48	209	18	648	27.2%
General service	Long-term appointments	2020	688	6	1093	354	210	498	333	3182	21.6%
General service	Temporary appointments	2020	159	0	149	39	47	205	15	614	25.9%
Source: WHO Human Resources											

## A12. Emergency response: Global architecture and predicted losses from pandemics

**FIGURE 13** Global architecture of health emergency preparedness and response before COVID-19



The architecture of global preparedness before COVID-19 was extremely complex and challenging to navigate.  
Source: Adapted from University of Oxford.<sup>71</sup>

Source: [https://apps.who.int/gpmb/assets/annual\\_report/GPMB\\_AR\\_2020\\_EN.pdf](https://apps.who.int/gpmb/assets/annual_report/GPMB_AR_2020_EN.pdf)

**FIGURE 3** Predicted country vulnerability to pandemic economic loss, 2018 (% GDP loss)



IBRD: International Bank for Reconstruction and Development.  
Source: Resolve to Save Lives ([www.resolvetosavelives.org](http://www.resolvetosavelives.org)).

Source: [https://apps.who.int/gpmb/assets/annual\\_report/GPMB\\_annualreport\\_2019.pdf](https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf)

## ANNEX XI. SUMMARY OF MEMBER STATE FEEDBACK

(Source: Written questionnaire, interviews and focus group discussions)

	Question posed to Member States	Member State feedback in questionnaire and/or focus groups
PROCESS	<b>Ways in which Member States were engaged</b> during each phase of the Transformation / Ways in which Member States have been <b>kept informed</b>	<ul style="list-style-type: none"> <li>• There is very little report of direct engagement during the <b>design phase</b>.</li> <li>• Most engagement reported has been during <b>implementation</b>, and specifically in the form of on-going progress reports through governing bodies (EB and RCs) and briefings and information sessions on sidelines of these.</li> <li>• Ways in which Member States have been <b>kept informed</b> closely mirror feedback on how they have been engaged: mainly through formal and official means such as governing body briefings and information sessions, as well as official publications.</li> </ul>
	<b>How adequately Member States were engaged</b> during each phase of the Transformation / <b>How adequately Member States have been kept informed</b> during each phase of the Transformation	<ul style="list-style-type: none"> <li>• Overwhelming feedback is that <b>engagement has been inadequate</b>; only a small handful of comments lean positive. Feedback on how well Member States have <b>been kept informed is only slightly more positive</b> (and focuses primarily on a general sense of appreciation for the reports on the Transformation). Some point to a specific lack of engagement with smaller Member States.</li> <li>• The overwhelmingly negative sentiment surrounding engagement is evenly split between a <b>generalized sense of dissatisfaction</b> with the degree to which Member States have been consulted overall throughout the process, and a <b>specific perception that the Secretariat has not been clear or transparent</b> in how it has engaged with Member States on the Transformation on numerous fronts.</li> <li>• These <b>precise points of dissatisfaction with engagement</b> range from how the concept was explained to what activities are and are not considered Transformation, how success/milestones will be measured, what is expected of Member States, and other aspects of the Transformation as a concept, as a plan, and as a process at this early stage.</li> </ul>



	Question posed to Member States	Member State feedback in questionnaire and/or focus groups
		<ul style="list-style-type: none"> <li>• <b>Points of dissatisfaction with how Member States have been kept informed</b> closely mirror those associated with engagement, but (naturally) focus on issues that have cropped over the course of the Transformation's implementation. In addition to underscoring the <i>continued</i> lack of conceptual clarity, the lack of milestones, and other issues that were raised around the Transformation design and early rollout, Member States express their displeasure with how they have been kept updated on progress (and in how timely a manner), the patchy nature of reporting on activities rather than the "big picture," the lack of adequate consultation as important initiatives have been developed and rolled out (e.g., WHO Foundation, WHO Academy, new positions), the delay in finalizing and sharing the revised WHO organigramme, a lack of coordination in communications between headquarters and the regional offices, a lack of transparency around which other Member States were being consulting and in what fora, and other specific areas. Some Member States further express unhappiness with the fact that the Secretariat is asking them to pay the bill for the Transformation without any clear sense of what the specific plan is and without being kept adequately informed.</li> </ul>
<b>RESULTS</b>	<b>Main achievements and tangible results</b> of the Transformation / Its <b>success as a change management tool</b> (including organizational culture change)	<ul style="list-style-type: none"> <li>• Perhaps unsurprisingly in light of the feedback provided above, very few of the positive comments focus on how the Secretariat has engaged with or informed Member States or on outcome- or impact-level results.</li> <li>• The vast majority of positive comments focus on the <b>ways in which the Transformation has changed the Organization's approaches to the various aspects of RBM.</b> (NB: <i>None of the comments mentions RBM per se, but the content of their comments clearly pertain to these various aspects: planning and budgeting for results, managing for results, measuring results and learning from this.</i>)</li> <li>• Among these RBM-related comments, roughly half focus on <b>strategic planning and budgeting.</b> Most of these comments explicitly mention the GPW13 itself as a positive strategic vision and plan for the</li> </ul>



	Question posed to Member States	Member State feedback in questionnaire and/or focus groups
		<p>Organization. Others focus on improvements to the Programme Budget and the sharpened focus on country-level impact as a means of organizing and prioritizing the work of the Organization.</p> <ul style="list-style-type: none"> <li>• Most of the other half of these RBM-related comments focus on how the Organization has changed the ways in which it <b>manages for results</b>. These include, first and foremost, a <i>stronger “One WHO” orientation</i> whereby the three levels of the Organization are beginning to work better together, and, secondly, <i>various structural changes</i> (e.g., creation of the Science Division, a better-aligned overall organizational structure) and improvements to <i>WHO’s partnerships</i> (e.g., engagement with the private sector and CSOs). Only a small handful focus on improvements to <i>how WHO measures results and uses M&amp;E knowledge for learning or accountability</i>.</li> <li>• A distant second area of comments, beyond RBM, is the <b>Organization’s work during Covid</b> – and despite, i.e., from a business continuity standpoint.</li> <li>• Very few comments are made about the <b>success of the Transformation as a change management tool</b> (and specifically in shifting the organizational culture), and the handful that are made are generic. Most comments reiterate Member States lack of information on this area for the reasons provided above and below. However, appreciation is expressed by some Member States for specific aspects resulting from the change management process – e.g., the creation of the Chief Scientist role, work on gender and equity, and improvements to WHE.</li> </ul>
	Main shortfalls, shortcoming and results not achieved in the Transformation	<ul style="list-style-type: none"> <li>• Some of the feedback directly echoes the grievances indicated above surrounding the inadequacy of the process of engaging with and informing Member States – and builds on these grievances in greater detail by <b>reiterating and expounding on perceived flaws in the Transformation design and rollout process</b> (e.g., lack of clear objectives, measures, distinctions between Transformation-related and non-Transformation initiatives, and a lack of clear</li> </ul>

	Question posed to Member States	Member State feedback in questionnaire and/or focus groups
		<p>process and associated timelines that could be tracked and assessed).</p> <ul style="list-style-type: none"> <li>• <b>The vast proportion of negative commentary, however, focuses on two main areas in approximately equal measure:</b> (1) more detailed commentary on the <i>inadequacy of communications surrounding the Transformation</i>; and (2) a <i>perceived lack of clear progress on the various aspects of RBM targeted by the Transformation</i> (notwithstanding the positive progress in these areas noted above).</li> <li>• <b>Dissatisfaction with communication</b> entails a long list of specific complaints, most of which have to do with the <i>objective lack of information being provided</i> – i.e., the lack of a clear plan and roadmap against which Member States can gauge WHO’s progress, including elements of cultural change and including at country level. A separate set of comments case suspicion on the <i>transparency of the Secretariat in its communications</i> – e.g., whether specific information on initiatives and posts has been deliberately withheld, whether progress reports are as candid about failures as they are about successes, a general lack of (adequate) responses to Member State questions in EB and RC meetings, and so on. A handful of comments explicitly state that these communications might have sown mistrust of the Secretariat among Member States.</li> <li>• <b>Dissatisfaction over progress on various aspects of RBM</b> cites aspects of <i>planning and budgeting for results</i> (with numerous comments focusing on a lack of progress on resource mobilization to ensure that resources are commensurate with the ambition of the Transformation and the GPW13, that finances are more predictable and sustainable than previously, and especially at WCO level). Comments on how WHO <i>managing toward results</i> range from aspects of human resources management (i.e. not only having sufficient resources in quantitative terms such as overall staff numbers in certain areas and a lack of progress in reducing recruitment times, but also in qualitative terms such as insufficient capacity, an on-going lack of mobility, a lack of progress on the harassment policy, a continued hierarchical</li> </ul>

	Question posed to Member States	Member State feedback in questionnaire and/or focus groups
		<p>approach to management, and even the lack of sufficient diversity in expert panels) to how WHO coordinates and collaborates internally (including between RDs and the DG,) to how it partners externally. Finally, aspects of <i>measuring and evaluating for results</i> constitute a (relatively distant) third area of RBM where a lack of progress has been observed – especially in sufficiently monitoring progress (not least of all at country level) and providing a candid assessment of progress.</p> <ul style="list-style-type: none"> <li>• Relatively little dissatisfaction is expressed over the <b>lack of progress at the outcome or impact level</b> (presumably because, as noted elsewhere, Member State simply do not have enough information on these areas).</li> </ul>
	Progress to date	<ul style="list-style-type: none"> <li>• <b>Comments break roughly evenly</b> between (1) those who have something to say about positive progress and (2) those who say they either do not know enough to be able to say something meaningful or that they need more information, or who reiterate that more progress is needed.</li> <li>• Most of the <b>positive comments on progress to date</b> focus on progress at the regional level, and specifically in the forward movement in aligning regional plans and programme budgets to the GPW13. A much smaller number point to progress at country level, although most of these comments are general and do provide specific examples of what they mean; one points to specific efforts made in their country as a result of the Transformation (i.e., a sharpened focus on UHC) and another mentions a variety of new posts created in the WCO in their country as a result of the Transformation.</li> </ul>
	Reasons/Factors that account for achievements/shortfalls	<ul style="list-style-type: none"> <li>• The <b>relatively small number of enabling factors</b> cited as underpinning positive achievements reflects the relative dearth of positive feedback on results achieved. These include a small number of one-off factors within WHO (e.g., the strategic anchor that the GPW13 provided as the basis for the Transformation, the RD's work, and so on), as well as the external factor of Covid, which some say has been a positive catalyst for much-needed changes.</li> </ul>

	Question posed to Member States	Member State feedback in questionnaire and/or focus groups
		<ul style="list-style-type: none"> <li>The <b>much larger number of disabling factors</b> cited as hampering success largely comprise external factors – and specifically the effects of Covid, on-going resource constraints (i.e., funding gaps as well as the lack of sustainable financing) and, secondarily, the inherent ambition and complexity of the Transformation Agenda, the uniquely complex structure and governance of the Organization. A combined internal/external factor cited is that of less-than-adequate governance by Member States (the external facet), owing in large part to the suspicion, impatience and slow development of familiarity with the issues resulting from the poor communication and transparency of the Secretariat described above (the internal facet). Also mentioned is a lack of coordination/communication within a given Member State between its EB and RC representatives, and the lack of an on-the-ground presence of WHO in specific countries, which might limit their knowledge and awareness of the Transformation.</li> </ul>
FUTURE	What remains to be done to fully realize the changes targeted by the Transformation	<ul style="list-style-type: none"> <li>In keeping with the feedback above, a large majority of the comments on the way forward focus on <b>establishing greater clarity on the Transformation and communicating this clearly and transparency to Member States</b> (and, secondarily, the general public) surrounding Transformation: what it is, what is being targeted, how we are measuring it, what we have achieved (on time, on budget, on target) and what we have not, and why.</li> <li>A second set of comments focuses on the need to <b>continue strengthening the rollout of the Transformation</b>, both generically (e.g., “continue to make progress is aligning internally around a shared vision”) and specifically (e.g., by continuing to modernize and innovate through continued strengthening of the role of science and the increased digitization of work).</li> <li><b>Increased focus on organizational learning</b> is emphasized in a handful of comments – in specific relation to Covid, but also and this evaluation as well as the Transformation-relevant recommendations of the IPPR.</li> </ul>

## ANNEX XII. PREVIOUS EVALUATION: RECOMMENDATIONS AND ACTIONS

The evaluation of Leadership and management at WHO: Evaluation of WHO Reform, third stage (2011-2017) included the following **Lessons and Recommendations**.

In respect to lessons, the report suggests that deliberate efforts be made to:

- Put people at the centre of change. This will involve a bottom-up approach to change, for instance as part of the transition phase of the new Director General, improving change management skills across the organization, and building up organizational development capacity; [Addressed in Transformation]
- Ensure that the operationalization of changes results in simplified processes as opposed to increased workload; [Addressed in Transformation but yet to be realized]
- Communicate and make achievements visible along the way; [Addressed in Transformation]
- Strike a balance between the necessary support and oversight by Member States of change programmes, and the simplification of reporting requirements to governing bodies;
- Ensure that Member States meet their commitment to improve the financing, focus and governance of the Organisation. [A desired outcome of the Transformation]

The specific recommendations from the evaluation included:

Priorities and recommendations	Extent addressed in Transformation
<b>Priority 1. Define a clear business model for WHO's work</b>	
<b>1.1 Set a clear direction for the future of WHO and its Secretariat as part of the definition of the 13th GPW</b>	Fully addressed
1. Perform an evidence-based review of the state of global health	
2. Identify the critical differentiating capabilities and comparative advantage of the Secretariat to address health needs and risks	
3. Assess the potential coherent and relevant strategic positioning the Secretariat could take to contribute optimally to the achievement of better health outcomes	
<b>1.2 Link financing to value delivery</b>	
4. Professionalize the organization's approach to resource mobilization	Partially addressed
5. Identify financing avenues that <i>by design</i> would not be earmarked	Included as mandate of WHO Foundation
6. Improve alignment between financing and value delivered	Included as part of WHO Investment Case
<b>Priority 2: Align WHO's operating model</b>	
<b>2.1 Review governance architecture</b>	
7. Create a time-limited ad hoc group of experts in management and global health to propose improvements in effectiveness of current governance mechanisms	Not addressed in Transformation
8. Decide whether governing body meetings should place priority on consultations and consensus-building or on strategic decision-making	Not addressed in Transformation
9. Consider relieving the EB from activities or debates that fall outside its Executive role	Not addressed in Transformation
<b>2.2 Align and optimize geographical footprint</b>	
10. Consider extending outposting and offshoring of technical functions outside Geneva	Addressed (i.e., some centralized administration functions moved to Kuala Lumpur and Budapest)

11. Reconsider the delivery model for country support	Addressed
12. Align the distribution of staff across the three levels of the organization	Partially addressed
<b>2.3 Strengthen vertical programmatic integration</b>	
13. Ensure further institutionalization of the Global Policy Group	Fully addressed
14. Further strengthen and institutionalize the Category and Programme Area Networks	Fully addressed
<b>Priority 3: Implement Requisites for Success</b>	
<b>3.1 Unlock the potential of FENSA</b>	
15. Develop a robust change management approach specific to FENSA	Addressed
16. Develop an explicit approach to strategic partnerships	Fully addressed
<b>3.2 Address internal fractures and divisions</b>	
17. Engage with staff in clarifying the identity, values and purpose of the organization	Fully addressed
18. Develop a strategic and purposeful approach to internal communications	Addressed
<b>3.3 Further strengthen leadership and management skills of key positions</b>	
19. Further improve procedures and criteria for the selection of WRs	Partially addressed
20. Reduce the number of directly appointed positions at HQ to the minimum, and ensure a competitive process is undertaken when selecting ADG positions.	Partially addressed
21. Continue to harmonize and make transparent procedures and criteria for the election of the DG and RDs	Implemented
22. Strengthen the level of engagement, joint ownership, alignment and empowerment among DG, GPG, ADGs, WRs and Directors	Addressed
<b>3.4 Implement the mandatory mobility policy</b>	
23. Implement the mandatory mobility policy by 2019 with no delays	Not implemented yet
24. Support the implementation with forward-looking workforce planning mechanisms	Not implemented yet
<b>3.5 Strengthen organizational development capacity</b>	
25. Harmonize and streamline oversight activities	Partially addressed
26. Develop a systematic approach for the implementation of the recommendations identified during audits, evaluations and reviews	No information
27. Develop and apply a consistent change management framework	Not implemented

## ANNEX XIII. EVALUATION TEAM

**Punit Arora** (PhD, Syracuse University), CEO of DeftEdge, and team leader for this evaluation, is an expert on strategic management. He has led a significant number of strategic and institutional evaluations for international organizations such as the United Nations Office of Drugs and Crime (UNODC), United Nations Conference on Trade and Development (UNCTAD), United Nations Industrial Development Organization (UNIDO), United Nations Development Group (UNDG), United Nations Research Institute for Social Development (UNRISD), International Labor Organization (ILO) and the European Union. Dr. Arora authors cutting-edge research on strategic management and governance issues, shape public policy, coordinate programs between local, state and federal authorities, and address a wide variety of audiences from ministers and senior officers to constituents, media and academia around the world.

**John Mathiason** (PhD, MIT) has over 50 years of experience in improving the workings of the international public sector. Drawing on a 30-year career with the United Nations, including as Deputy Director of the Division for the Advancement of Women, he has worked extensively on organizational reform and in program planning and evaluation both within international organizations and through technical assistance. He has led teams that have provided evaluation services for the FAO, ILO, Sida, UNDG, UNFPA, UNCCD, WMO, UNODC, the IAEA and UNOIOS. Dr. Mathiason currently teaches strategic planning and evaluation at the graduate level as an adjunct professor at the Cornell Institute for Public Affairs of Cornell University.

**Ann Sutherland** (M.E.S., York University) has been a Principal Associate and gender specialist with DeftEdge since 2008. She was a core team member on the institutional assessments of ILO and UNDG, and on the UNECA evaluation of its Support to Boosting Intra-African Trade programme. In addition to working on global evaluations within the UN system, she manages the firm's evaluation quality assessment contracts and has headed multiple evaluations for the international NGO sector including in Myanmar, Zambia, and Haiti. Ms. Sutherland has led strategic planning processes and facilitated training in results-based management for a range of academic and research-based organizations in Europe and Africa. Much of this work has included review and reconstruction of programme theories and results frameworks. She has also worked as a programme manager for peacebuilding, livelihoods, gender and health initiatives in Southern Africa, the Middle East, and the Sahel, including in Darfur and Palestine.

**Ashley Hollister** (M.P.A., M.S.W., Cornell University & University of Michigan – Ann Arbor) has extensive experience building the internal evaluation capacity of non-governmental organizations and UN system organizations. As Chief Operating Officer and head of the Rwanda regional office, Ms. Hollister has overseen the implementation of research, monitoring, and evaluation for a UNHCR-sponsored business accelerator, Kate Spade's 'decent work' corporate social responsibility initiative, amongst other actors focused on gender, education, health and livelihoods. In these roles, Ashley designed and implemented gender-sensitive data collection systems powered by smart-phone technology, which increased response rates and ensured evaluations and programming aligned with international agreements and best practices for safeguarding rights-holders. Furthermore, she has led evaluations for WFP, FAO, Handicap International, and ActionAid in Ghana, Rwanda, Pakistan, Bangladesh and Thailand. As a trained clinical social worker, she also brings in-depth experience in public health settings, including through the facilitation of youth offender and alcohol and drug dependence rehabilitation programs, cognitive behavioral therapy with survivors of gender violence, and advocating for youth and women's rights and safety in courts. She speaks English, Spanish and Swahili and holds a Master of Public Administration in

International Development from Cornell University and a Master of Social Work in Mental Health from University of Michigan.

**Ahmed Magan** (M.D., M.P.H. Johns Hopkins University) is a public health specialist who spent most of his career in senior health advisory positions and then as Country Representative with UNICEF. As such, he is well versed in working at the policy level and in multi-sectoral programme delivery within an international health-focused organization, including one that requires maintaining effective partnerships with governments, bi-laterals, civil society and private institutions. With UNICEF, Dr. Magan oversaw complex evaluations, including of the agency's institutional partnerships. Subsequently, as an independent consultant, he has led and participated as a team member in evaluations for the EU, DFID and Oxfam, among others. He speaks English, Italian, Arabic and Somali, and has his M.P.H. from the School of Public Health at Johns Hopkins University.

**Sarang Mangi** (M.P.A., Cornell University), Senior Associate, is DE Regional Representative for South and East Asia. He is an RBM expert with significant experience in programming related to human rights, gender, disability, countering violent extremism, and fragile states. Sarang is a Fulbright scholar and holds a Master of Public Administration (MPA) from Cornell University. He speaks English, Urdu, and Sindhi.

**Xiomara Chavez** (M.P.A., Cornell University), Senior Associate, is an experienced strategic development specialist with a demonstrated history of working in the research and international development sector. She is skilled in result-based management, resource mobilization strategies, public-private partnerships and strategic planning.

**Isaac Hokonya** and **Elena Bingham** supported the team with their able research assistance.

**DeftEdge (DE) is a cutting-edge development management solution provider, headquartered in Syracuse, New York. The firm specializes in results-based planning, management, training and evaluation services.**