Action plan to support the implementation of the actions agreed at the 7th Global Meeting of HWOs with DG and RDs

Summary: During the 7th Global Meeting of the Heads of WHO Offices in countries, territories and areas (HWOs) with the Director-General (DG) and Regional Directors (RDs) in November 2013, HWOs and senior staff from regional offices and HQ agreed that the Organization needs to move forward from talking about the reform to implementing it. The meeting laid out a number of concrete steps to be taken in the short-, medium- and long-term to bring about changes to the entire Organization.

Subsequent to the meeting, an action plan to implement the agreed-upon actions was produced. The plan details the key actions and the organizational units responsible for taking the lead and/or contributing to the implementation of those actions. This process will allow the monitoring of progress and a clearer understanding of the execution of the key action points.

7th **Global Meeting**
of Heads of WHO Offices in countries,
territories and areas with the Director-General
and Regional Directors

Geneva, 18-22 November 2013

World Health Organization

Progress on the implementation of the actions agreed at the 7th Global Meeting of HWOs with the DG and RDs

Key actions	Lead and contributing responsibilities
Post-2015 development agenda	

1. Work to:
    1.1 Position health firmly in the post-2015 agenda with at least one health goal; and
    1.2 Incorporate health indicators into the goals of other sectors.
	1.1, 1.2: **DGO**, in cooperation with **WUN** and other units, will coordinate the inputs of WHO into the post-2015 process, especially in connection with the open working group.

2. Facilitate outreach to other sectors of government in addition to health, as well as to non-State actors, throughout the roadmap leading to New York 2015. To this end:
    2.1 Country offices should actively work with Ministries of Health, Ministries of Foreign Affairs, Heads of State and Government and Civil Society;
    2.2 Regional offices, headquarters and the New York office should seize the opportunities to advocate and sensitize actors of all mechanisms and platforms that will contribute to the final definition of the post-2015 agenda.
	2: **DGO** to produce periodic state of the art reports of the evolution of the debates on post-2015 agenda to inform regional and country offices.
	2: **DGO** to consider hosting a WHA side event on health in the post-2015 agenda.
	2.1: **CSU Network** to keep all HWOs informed of the progress of deliberations of the open working group and on other related discussions (such as the Secretary General's synthesis report).
	2.2: **CCU** to facilitate and channel the gathering and circulation of intelligence on how the process is evolving, and connect to share information and facilitate linkages with regional processes (including intelligence gathering and providing information on global processes).

UHC	

3. Develop a strategy for advancing UHC with country-specific roadmaps and milestones. This requires:
    3.1 A clearer definition of what UHC means and an identification of its components;
    3.2 An improved way of packaging and communicating information on UHC, targeted at different stakeholders who play a role in its realization;
    3.3 Clear and feasible metrics to assess progress ;
    3.4 A commitment to make UHC part of the new generation of Country Cooperation Strategies (CCSs).
	3.1, 3.2, 3.3: **Category network of Health Systems** to provide a clearer definition of UHC and its operationalization at country level, and to work with **CCU** to ensure the inclusion of UHC in the CCSs through the new CCS framework.
	3.2, 3.4: **CSU Network** to provide inputs on how to translate global action plans and guidance into country level plans.
	3.4: **CCU** to analyze the CCSs and country presence to identify competencies in UHC needed for HWOs and country teams.

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Key actions	Lead and contributing responsibilities
4. Create an expert network and resource group from the three levels of the Organization that can provide country-specific support in the area of UHC.	4: **Category network of Health Systems** to define the ToR of an expert network and a resource group on UHC. 4: **CCU** and **CSU Network** to advocate for the establishment of an integrated database of WHO staff expertise in this category.
5. Strengthen HWOs and Country Teams in terms of knowledge, skills and financial resources in this area.	5: **HRD/CDL** to define an initiative for strengthening the knowledge and competencies on UHC by the Country Teams. 5: **CCU** to broker collaboration between technical units and HRD/CDL to develop a training programme to strengthen capacity and knowledge base in UHC. 5: **CCU** and **CSU Network** to provide inputs to technical departments on how the content of the training packages can be adapted to respond to country needs.
NCDs	
6. Develop tools to aid the surveillance framework and capacity development in national strategies and plans for NCDs and mental health. 6.1 Develop clear guidance and provide technical assistance to support countries to produce national policies, strategies and action plans (including legislative frameworks) on NCDs and mental health; 6.2 Establish a baseline and adopt at least a few country indicators to monitor and report on, which are consistent with the global action plans on NCDs and mental health; 6.3 Support the integration of NCD prevention and management into the UHC package 6.4 Tools to incentivize and encourage behavioral change	6.1, 6.2: **Category Network of NCDs** to provide clear guidance for supporting country action plans on NCDs and Mental Health. 6.3: **CCU** to broker collaboration between technical units and HRD/CDL to develop a training programme to strengthen capacity and knowledge base in NCDs. 6.3, 6.4: **CCU** and **CSU Network** to provide inputs to technical departments on how the content of the training packages can be adapted to respond to country needs.
7. Strengthen WHO capacity to support country teams in NCDs 7.1 Establish integrated cross-WHO teams to support WRs in providing upstream policy advice and technical assistance 7.2 Develop guidance on how to build a business case for NCDs 7.3 Map out the specific skills and competencies of country	7.1: **Category network of NCDs** to define the ToR of an expert network and a resource group on NCDs. 7.2: **CCU** to work with technical area(s) and HRD/CDL to build capacity of HWOs in NCDs and to make training on NCDs part of the Global Learning Programme. 7.3: **CCU** and **CSU** Network to analyze the CCSs and country presence to identify gaps in skills and competencies of HWOs and country teams, and suggest areas for HR capacity building in NCDs, in collaboration with technical areas and HRD/CDL.

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Key actions	Lead and contributing responsibilities
teams on which WHO plans to work	

8. Improve WHO's capacity to work with multiple actors
  8.1 Effectively engage the UN interagency group to act on NCDs at country, regional and HQ level
  8.2 Define more accurately the division of labour and accountability mechanisms within the UN system at all levels
  8.3 Develop a strategic approach to interact with industry
	8.1: **CSU Network** to contribute to guidelines for, and coaching HWOs in, the insertion of NCDs into the UNDAF and working with the rest of the UNCT in interagency actions for NCDs.
	8.2: **CCU** to broker collaboration and cooperation among technical and other units for developing guidelines for cooperation with non-State actors.
	8.3: **Category Network on NCDs** and **DGO** to define clear guidance on the NCDs coordination mechanisms and on the country expression of the NCDs interagency task force on NCDs.

9. Gear relevant actors into political advocacy on the country and global level
  9.1 Improve the quality of documentation and sharing of best practices across countries and advocate for their implementation;
  9.2 Develop advocacy packages and standard key messages to be addressed to all relevant stakeholders.
	9.1: **Category Network on NCDs** to provide specific guidance on the modalities that will be put in place to share best practices in countries.
	9.2: **Category Network on NCDs** to collaborate with **CSU Network** and **CCU** to develop guidelines on how to integrate NCDs into UNDAFs.
	9.2: **CSU Network** and **CCU** to coordinate with the NCD entity to provide guidance to country teams to find strategic entry points to ensure country offices(COs) insert NCDs into national sectoral plans, and liaise with communications team and with WRs for messages to help WRs promote NCDs in two/three key messages.

WHO reform	

10. Strengthen WHO's convening and facilitating role at country level
  10.1   Define minimum country presence including core country staff for different groups of country offices and ensure skills on policy analysis, M&E and communication.
  10.2   Appoint Deputy/Assistant HWOs taking into consideration the size, disease burden and complexity of WHO operations in a given country or regional context.
	10.1: **HRD**, with support from **CCU** and **CSU Network**, to define criteria for minimum country presence.
	10.1: **CSU Network** and **CCU** to conduct an assessment of HWOs' perspectives on a minimum country presence.
	10.2: **HRD**, in conjunction with **CCU**, to define criteria for establishing positions of Deputy HWO.

11. Align planning and resource allocation with country priorities 11.1 Move towards a country-focused organization of financial and human resources that are aligned with country priorities and the Twelfth General Programme of Work (GPW);	11.1: **PRP** and **Planning Network** to liaise with **CSU Network** and **CCU** to obtain inputs and support for the prioritization exercise for the PB 2016-2017 exercise 11.2: **CSU Network** to ensure that HWOs take the lead role in country consultations for PB 2016-17, following the CCS, and have the opportunity to update CCS priorities so that the two processes are fully integrated. 11.2: **CCU** to provide guidance to, and work closely with, the planning network on the process of consulting country offices for PB 2016-2017, including in countries where the duration of the CCS will expire before 2016.

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Key actions	Lead and contributing responsibilities
11.2 Initiate a process that involves country offices in the development of the Programme Budget 2016-17, using bottom-up approach that is clear, systematic and consistent; 11.3 Develop an easier and faster process for revising budget ceilings and provide financial flexibility that enhances responsiveness. 11.4 Make the CCS a strategic management tool that reflects country priorities (with respect to the national health policy, strategy and/or plan), and that is in line with the GPW.	11.4: **CCU** to lead the development of a new CCS corporate framework (see Action 2) that makes the CCS a strategic management tool.
12. Address country level human resources challenges 12.1 Fast-track compulsory mobility and rotation in order to facilitate re-profiling at country level; 12.2 Ensure that HR profiles (minimum core capacities) match country needs and priorities; 12.3 Align staff development and training efforts with emerging needs at country level; 12.4 Organize a training package on compliance and audits;	12.1, 12.2: **HRD**, with inputs from **CCU** and **CSU Network** (especially to define minimum core capacities), to conduct a base line analysis of rotation and mobility and to subsequently fast track compulsory mobility and rotation for re-profiling. 12.3, 12.5: **CCU** and **CSU Network** to analyze needs and gaps for CCS implementation, CO re-profiling, and country team capacities, in collaboration with HRD/HRM. 12.4: **HRD** and **IOS** to organize a training package on compliance and audits. 12.6: **HRD** to harmonize grades and duration of assignment for HWOs with those of other agencies.

platform to be put into place to link HWOs.

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...ariat in order to finalize the draft updated WHO