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Partnership for lasting influence

The impact of our achievements is reflected in the meaningful partnerships we have been able to build. Through collaboration with stakeholders, we have successfully pursued common objectives and set our sights on long-term goals. These partnerships not only multiply the impact of our shared efforts but also exemplify the strength that unity can bring.

Among our most fulfilling accomplishments is the trust and active engagement we have nurtured with our counterparts in the Member States. Their participation in our regional and global activities – including meetings of the governing bodies of WHO – serves as an example of a unified stance on global health governance.

Charting the path ahead

As we celebrate 75 years of improving public health, and look ahead to the next 25 years, WHO remains a steadfast foundation of global health leadership.

Armed with 75 years of wisdom, including insights gained from the COVID-19 pandemic, we are determined and prepared to face the challenges that await. By translating our insights into actionable strategies, we continuously strengthen our Organization and health systems globally, while prioritizing the well-being of nations and communities.

While my journey with WHO in the Region is drawing to a close, the Organization's own journey continues – and must remain characterized by the same unwavering commitment, innovation and collective action in pursuit of global health and well-being.

We recognize the great potential within the Region's institutions and emphasize the importance of engaging them much more in future policy development, research, training and capacity-building efforts. The role of communities as agents of health improvement remains a path yet to be explored; this approach could spark transformative changes within health systems and communities alike.



In line with Vision 2023 on transformation, WHO has:

- Established a working environment throughout the Region in which there is freedom to express opinions
- Nurtured teamwork and team spirit, enabling high performance
- Anchored professionalism and WHO values, enabling us all to work as one team
- Employed innovation to overcome challenges that we face
- Explored opportunities and made use of them in good time
- Created partnerships with stakeholders to meet common and long-term goals and aims
- Gained the trust and interest of our Member States and actively engaged them through the governing bodies.



Dr Ahmed Al-Mandhari delivers his message during his visit to Pakistan in December 2022, following the devastating floods in the country. Credits: WHO

Transformative shifts in the Region: a visionary journey



By Dr Ahmed Al-Mandhari,
WHO Regional Director for the Eastern Mediterranean

Within this past 5 years of my journey with WHO in the Eastern Mediterranean Region, I have taken immense pride in our collective achievements, while also acknowledging the persistent challenges that lie ahead. Together, we have engaged in initiatives and other endeavours that demonstrate our unwavering commitment to improve the health and well-being of the diverse populations we serve.

Fostering innovation through diverse perspectives

Central to our progress has been the cultivation of an environment that welcomes opportunities and encourages the open expression of opinions. This dynamic atmosphere facilitates the exchange of ideas, propelling us towards a healthier future.

A crucial lesson that we have learned is the power of teamwork. By leveraging the strengths of our diverse teams in the Region, we have successfully overcome challenges, thereby enhancing our ability to achieve meaningful results. Our commitment to WHO values enriches our interactions and bolsters our collaborative abilities.

SCAN TO VIEW WEBSITE



WHO TRANSFORMATION

2 Steady progress made in Implementing ARG's Action Plan

The work of the Action for Results Group (ARG) is progressing, with several transformative initiatives for the WHO regions and for countries and territories now in place. Nominated by the WHO Director-General following the [11th Global Management Meeting](#), ARG is facilitating the transformation process, while business owners and country offices take the lead in implementing the changes. All the actions are based on the final decisions of the Global Policy Group.

Many of the first 100 days targets have been achieved, and the transformation process continues to reach the longer-term targets. So far, the initial funding has been secured, the vacant positions for core predictable country presence (CPCP) have been confirmed, and the Global geographical mobility policy has been launched. Budget implications have been identified to ensure that gaps in the core predictable country presence are incorporated in the human resource plans of country offices for the next biennium. Furthermore, 5 of the 6 regional directors have signed the new [delegation of authority \(DoA\)](#) together with the Director-General.

Global discussions at senior management level are ongoing on the appropriate way to progress the

implementation of a core predictable country presence, particularly in terms of how to facilitate the filling of non-existent but critically needed and vacant positions.

Other ongoing efforts focus on developing a single, unified bottom-up planning process at the country level. Progress has also been achieved in the area of the WHO representatives' compact, including the development of key performance indicators for WHO representatives and country offices.

WHO's first regional Action for Results Task Force established

In June 2023, the Regional Director set up the Action for Results Task Force (ARTF), which specifically targets the need to fast-track implementation of action plans in our Region through a 3-level approach.

ARTF is collaborating with WHO headquarters on various processes of the global Action for Results Group (ARG) and coordinating their implementation with regional business owners and country offices. ARTF has coordinated with the country offices on prioritizing human resources to ensure a core predictable country presence. Individual meetings have taken place with WHO representatives on the core predictable country presence lists to confirm the non-existent and vacant positions, to enable recruitment to be initiated as soon as possible. Countries facing health emergencies will be the top priority in our Region.

ARTF monitors progress and enhances openness, transparency and accountability. Dr Adham Rashad Ismail Abdel-Moneim, WHO Representative in Saudi Arabia, and Dr Jamela Al-Raiiby, WHO Representative in Jordan, are leading the group. This marks the first time that a regional task force has been jointly led by two WHO representatives. The main process owners are also represented in the task force; the team's views on transformation are on the following page.

View a full update on ARTF achievements in the [PowerBi Dashboard](#).



The Action for Results Group makes its first visit to the Eastern Mediterranean region. During the 5-day visit, ARG engaged with the Regional Office leadership and staff, as well as WHO representatives, to share ARG's work and its needs and suggestions.

Credits: WHO

3 Insights from the Region's Action for Results Task Force members

The Action for Results Task Force (ARTF) has a crucially important role in implementing the Action for Results Group's (ARG) action plan on country office empowerment and on transforming WHO's work at the country level. Together, the ARTF members are well-equipped with skills and knowledge to take the work forward. It has been very active, focusing in particular on core predictable country presence with priority countries. By now, we have a consolidated list of non-existent and vacant but unfunded positions, based on a solid country typology, to be filled soon through fast-track recruitment modalities using the US\$ 100 million top-up funds assigned globally this year by the Director-General. The funds will be carried forward to next year if not used in 2023. Compared with other WHO regions, the Eastern Mediterranean Region has made substantial progress, and ARG considers our way of working a model for others to follow. ARTF encourages WHO representatives to conduct orientation sessions in their offices on the opportunities for national and international staff.



Dr Adham Rashad Ismail Abdel-Moneim
WHO Representative in Saudi Arabia (Chair)

The main purpose of the ARG initiative is to empower WHO representatives and country offices at a moment when WHO is at a crossroads following the COVID-19 pandemic and when its effectiveness as the health leader of the world is more important than ever before. ARTF has worked on advancing the implementation of the new delegation of authority (DoA), including its risk mitigation measures, in collaboration with business owners, clarifying the rationale, and acknowledging the decentralized delegation to country offices. With this new DoA, when accompanied by accountability and strengthened country capacities, we can be more responsive to the demands of countries and strive to better promote and protect people's health.



Dr Jamela Al-Raiby
WHO Representative in Jordan (Co-Chair)

Delegation, when done with the proper controls, promotes a culture of accountability and shared responsibility, empowering individuals to make sound decisions and take effective actions. This ultimately drives improved performance at every level and enhances organizational performance. The new DoA is not a burden or threat to anyone, but an opportunity for growth, improved performance, and increased accountability for managing risks effectively.



Mr Amarnath Das
Regional Compliance and Risk Manager

The scope of the Action for Result Group transformative initiatives is truly country-focused and will have a significant impact on the turnaround times for critical processes such as recruitment of staff up to grade P5 and approvals for the procurement of goods and services below US\$ 300 000 to mention just a couple. On the whole, country offices will be in a position to be more effective and efficient in the allocation of resources, which has a direct impact on WHO's mandate at the country office level.



Mr Tijjani Ahamed Remawa
Technical Officer, Business Continuity and Improvement

WHO has bottom-up planning and prioritization that is focused on driving impact in every country to streamline and simplify the planning process for and by country offices. The ARG action plan and ARTF at the regional level will ensure the harmonization and boosting of the country cooperation strategy development process; integrate identified priorities of the country cooperation strategy at country level with the Programme Budget planning process, both for human resources and technical product planning; and position the WHO strategic framework to lead the health component of the Country Common Analysis and the United Nations Sustainable Development Cooperation Framework.



Ms Laleh Najafizadeh
Programme Officer, Country Cooperation and Collaboration Unit

In line with the increased assessed contributions and with the higher allocation to WHO regions practised by the Resource Allocation Committee, WHO country offices are expected to receive a higher level of sustainable, flexible and predictable financing for activities and salaries. WHO representatives are delegated responsibility by the new DoA to manage the allocation of the budget space across results within the base segment of the Programme Budget in their offices and to similarly manage the distribution of flexible resources, including for activities and salaries.



Mr Amr El Tarek
Regional Adviser, Programme Planning, Budget, Monitoring and Evaluation

ARG is a truly transformative initiative. The action plan is fully embedded in the regional transformation roadmap, to finally bring the transformation process to the countries. For example, the new DoA advances the action point on enabling services, and the core predictable country presence strengthens the country operations action point. This initiative is also bringing our Region to the forefront of transformation, as we are progressing at a rapid pace. The WHO representatives are in the driving seat of this change, and with the comprehensive change plan in place, we are all change agents.



Ms Tarja Turtia
Team Lead, Transformation

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New global delegation of authority is ready for implementation

Then and now: how the WHO representative's authority compares across agreements

Previous DoA	New DoA
Grant letter of agreement (G-LoA)	
<ul style="list-style-type: none"> For up to US\$ 50 000/US\$ 200 000 (emergency), use the standard agreement following Framework of Engagement with Non-State Actors (FENSA) due diligence and risk assessment. Standard agreements require regional office Grant Review Committee clearance. Non-standard agreements require Business Operations Services (BOS) clearance. 	<ul style="list-style-type: none"> For up to US\$ 300 000 use the standard agreement following due diligence clearance from Compliance and Risk Management (CRM)/ Compliance, Risk Management and Ethics (CRE). All amounts above US\$ 300 000 require the approval of the relevant regional director.
Direct Implementation (DI)	
<ul style="list-style-type: none"> DI above US\$200 000 routed to Budget and Finance Services (BFS)/BOS for approval 	<ul style="list-style-type: none"> Approving DI Requisitions up to a maximum value of US\$ 300,000 subject to DI policy (capacity assessments, checklists, overdue reports, assurance, etc.). Above US\$ 300 000 requires BOS pre-approval
Non-catalogue goods procurement	
<ul style="list-style-type: none"> Local procurement up to US\$ 100 000 per transaction In emergency situations up to US\$200 000 per transaction <i>(Except procurement of medicines, medical devices & vaccines which require Regional Office approval)</i> 	<ul style="list-style-type: none"> Up to US\$ 300 000 except motorcycles, vehicles, boats/IT, procurement of medicines and vaccines which require approval of relevant RO authority Above US\$ 300 000 requires Regional Contract Review Committee (RCRC) approval
Services procurement	
<ul style="list-style-type: none"> Procuring of Services Agreement for Performance of Work (APW) not with individuals/Technical Service Agreement (TSA)/General External Services (GES)/Non-GLoAs up to US\$ 50 000 per transaction using standard agreement and following required provisions in the procurement policy and procedures. Above US\$ 50 000 requires Regional Personal Officer (RPO) approval Above US\$200 000 (Emergency) requires BOS/Regional Contract Review Committee (RCRC) approval 	<ul style="list-style-type: none"> Procuring of Services APW (not with individuals) /TSA/GES/Non-GLoAs up to US\$ 300 000 (competitive process) per transaction using standard agreement and following required provisions in the procurement policy and procedures. All above USD 300 000 require RCRC approval
Duty travel	
<ul style="list-style-type: none"> In-country travel for staff: WHO country office can exercise blanket approval from BOS. International travel for staff: WHO representative's approval is required. WHO representative's travel, both in-country and international, is approved by the Regional Director. 	<ul style="list-style-type: none"> Travel beyond the region to be approved by the relevant Director at the regional level. WHO representative's in-country travel does not need regional office approval. Periodic blanket travel authorizations to be approved by the regional director for administrative cover, including insurance. WHO representative's international travel to be authorized by the regional director. WHO representative approves travel within the country and region for all WHO country office personnel, regardless of contract type.
Resource mobilization and donor agreements	
<p>Sign donor agreements up to US\$ 1 million when the standard agreement is used, subject to ensuring that WHO resource mobilization policies and the financial regulations are respected.</p>	<p>Sign donor agreements up to US\$ 2 million when the standard agreement is used, subject to ensuring that WHO resource mobilization policies and the financial regulations are respected.</p>
Re-delegation	
<p>Re-delegate any of the authorities to qualified staff members as appropriate (except for staffing actions) and re-delegate service requisitions of either US\$ 5000 or US\$ 10 000.</p>	<p>Re-delegate any of the authorities as appropriate (except for human resources management) and re-delegate service requisitions of up to US\$ 30 000.</p>
Human resources	
<ul style="list-style-type: none"> Approve selection/recruitment of emergency consultants on contracts of up to 6 months. Initiate WHO 171 and submit extension action through Human Resources Action Plan in Global Management System (GSM) (country office). Follow up with staff to provide documents needed and to initiate separation action in GSM (country office). Ensure completion of documents and approve separation action in GSM (HR and Talent Management/regional office). 	<ul style="list-style-type: none"> Approve selection/recruitment of consultants on contracts of up to 12 months. Extend the appointment of locally recruited staff members. Recommending confirmation or termination of appointment for a staff member on probation, or the extension of the staff member's probationary period and the authority to separate a locally recruited staff member (Fixed or Temp) for completion of appointment in accordance with staff rules. Approving the appointment of international and national staff up to and including grade P5 (IP, NO, GS) Authority to reassign a locally or internationally recruited staff member to a position of equal grade within the Country Office in the interest of the Organization in accordance with WHO Staff Rules and relevant e-Manual provisions

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First mobility exercise is well under way

WHO has begun to implement its first global geographical mobility policy, which was issued in June 2023. By promoting adaptability and knowledge-sharing, the policy aims to cultivate a workforce capable of addressing complex health issues in a changing environment.

As WHO embarks on implementing this policy, it is expected to transform into a more agile, effective and globally impactful entity. Implementation of the policy started with a voluntary phase, which is currently ongoing. This phase includes 18 positions in the Eastern Mediterranean Region. Our colleagues share their experiences of mobility and their views on this landmark policy initiative.

Mobile colleagues act as WHO changemakers

“ I have become more flexible and adaptable, a better team player and, at the same time, more independent and self-confident.”

With these words, Dr Hammam El Sakka, Team Lead, WHO Health Emergencies, who has over 20 years of experience in health emergencies across nine countries in the Region, explained the benefits of mobility. His list of duty stations is impressive, including hardship stations such as Pakistan, Somalia and Syrian Arab Republic.

“ Staying in one place, with the same terms of reference, in the same working environment, for a long period of time can reduce motivation, innovation and enthusiasm,”

he added, advising colleagues to enhance their knowledge, experience and skills and widen their network by becoming mobile.

By embracing change and immersing himself in the culture of new countries and their languages, Dr El Sakka tackles the challenges of adapting to new work environments with a positive attitude. Being proactive helps to support smooth transitions. As Dr El Sakka emphasized:

“ A clear, fair and well-implemented staff mobility policy can indeed be greatly beneficial for WHO’s transformation.”



Dr Hammam El Sakka
Team Lead, WHO Health Emergencies

Credits: WHO/Asmaa Elalfy

Balancing work and family life

“ In the beginning of my career, I was looking for new challenges through mobility. However, becoming mobile has somehow impacted my family. I left my kids at a very young age,”

said Ms Dalila Khireddine, WHO Operations Officer in Sudan, who has gained experience in financing and operations in Iraq, Sudan and Yemen.

Despite these challenges, Ms Khireddine felt supported by the Rest and recuperation policy.

It allows staff members working in non-family duty stations under hazardous, stressful and difficult conditions to spend time with their family and friends.

For employees moving to a family duty station, Ms Khireddine suggests allowing families to join the staff member from the outset and taking into consideration family needs, such as finding schools and starting in the new location at the beginning of the academic year.



Ms Dalila Khireddine
WHO Operations Officer,
Sudan

Credits: WHO/Dalila Khireddine

Increasing mutual understanding

Both Dr Hammam El Sakka and Ms Dalila Khireddine offer unique perspectives on the global geographical mobility policy. They see it as an opportunity for WHO staff to gain hands-on country experience and bridge the gap between headquarters/regional offices and country offices. They show that the policy fosters mutual understanding, enabling individuals from headquarters and regional offices to comprehend the challenges faced in the field. This has deepened their understanding of decision-making and resource allocation in general.

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Join the Transformation Change Network: be a change agent!

EMR Change Network

Be a change agent

Join the network now



The Eastern Mediterranean Region's Transformation Change Network is now active on MyWorkplace.

The group is open to all colleagues who are interested in being part of change. The aim is to provide a dynamic space in which to empower and connect all interested colleagues, facilitate the exchange of ideas, and share work methodologies and transformative initiatives or anything else that relates to improving our work environment.

Anyone can be a member of the group and become an active change agent. The platform thrives on the active participation of individuals who add their unique insights, updates and success stories. Colleagues are invited to share their experiences and to actively participate in discussions.

The group facilitators are also seeking Change Agents of the Month, who will be recognized on MyWorkplace and the intranet.

Why join the Transformation Change Network?

- Open to all: if you want to be a change agent, you're in!
- Promotes staff engagement and open communication.
- Helps shape a healthier, more respectful workplace.
- Let's learn, grow and thrive together.

Be the change you want to see.

#TogetherWeTransform

7

Country Cooperation Strategy Peer Support Group is driving impact across the Region

WHO has established a Country Cooperation Strategy Peer Support Group (CCS-PSG) in the Eastern Mediterranean Region under the management of the Country Cooperation and Collaboration Unit (CCU). This is the first such regional initiative within WHO.

The purpose of the CCS-PSG is to institutionalize the country cooperation strategy (CCS) development process, leverage skills and expertise from country offices, and build their capacities through the sharing of knowledge and experiences. This is important, bearing in mind that only a few country offices in the Region currently have a valid CCS, even though it is the main instrument guiding WHO support for health development in a country. A CCS harmonizes WHO's cooperation and support in alignment with that of other United Nations agencies and development partners.

The CCS-PSG also addresses the need to use and empower the already existing capacity within the Region to produce quality CCS in each country.

Defining strategic direction through collaboration

CCS-PSG is a network of country office experts who are deeply engaged in regional strategy development and planning. Led by the Manager of CCU in the Regional Office, and overseen by the Chef de Cabinet, CCS-PSG plays a vital role. It offers technical and strategic support, ranging from situation analysis to drafting and evaluation.

This collaboration empowers country offices and reinforces CCU's role in aligning regional strategic development with current health and development contexts, regional strategies, and resources. This joint effort enhances the coherence and consistency of CCS and enables continuous quality improvement throughout the development process.



Status of the Country Cooperation Strategies in the Region.



The Morocco–WHO cooperation strategy 2023–2027 is launched in Rabat, Morocco, on 7 April 2023, World Health Day and the 75th anniversary of WHO.

The CCS was signed by Dr Maryam Bigdeli, WHO Representative in Morocco, and Dr Khalid Ait Taleb, Morocco's Minister of Health and Social Protection. At least seven new CCS are currently under development in the Region.

Credits: WHO

Elevating young people’s voices for better health



Omnia El Omrani
Youth Envoy President, COP27

Dr Omnia El Omrani, Youth Envoy to the President of COP27

Credits: WHO/Omnia El Omrani

A youth panel is to be held during the 70th session of the WHO Regional Committee for the Eastern Mediterranean (also known as RC70). This will bring together representatives of various organizations to tackle pressing youth health issues in the Region, including mental health, high-risk behaviours and the specific health needs of young people in humanitarian settings.

The panel aims to prioritize strategies for meaningfully engaging adolescents and young people on youth health issues within the Region and for fostering collaborative and constructive partnerships between adults and young people. The panel will also showcase regional examples that highlight the active involvement of young people in health-related programmes.

Dr Omnia El Omrani, Youth Envoy to the President of the 27th United Nations Climate Change Conference (COP27), will address delegates as a high-level guest speaker at the opening ceremony of RC70. She will share valuable insights on involving young people and advancing policies that prioritize their well-being. Speaking before the event, Dr El Omrani emphasized the importance of attentively listening to young people and collaborating with youth-led organizations to address young people’s needs.

“ The first step to engage with youth is to listen to their voices and understand their proposed solutions and aspirations concerning health and well-being,

said Dr El Omrani.

Prioritizing youth well-being

To encourage Members of the Regional Committee to prioritize young people’s health, Dr El Omrani suggested implementing policies that have been enriched by youthful perspectives. She also recommended equipping health ministries with the skills to integrate young people’s viewpoints and to foster youth advisory groups.


“ By involving youth as equal partners from the initial stages of programme design to evaluation, and fostering genuine relationships, WHO can ensure meaningful integration,

she said, stressing the need to harness young people’s energy for a more agile WHO.

Regional Transformation Roadmap


1 
Upholding WHO values

2 
Legal issues

3 
Enabling services

4 
Transformation Change Network

5 
Monitoring & Impact

6 
Emergency situations

7 
Country operations

8 
Communication & Partnerships

9 
Health Leadership in the UN

10 
Leadership capacities