

**Report of the Nineteenth Meeting of the Independent Expert Oversight Advisory
Committee (IEOAC) of the World Health Organization**

(Geneva, 27 – 29 July 2016)

- 1) Following the appointment of two new members, this was the first meeting of the newly constituted committee. The meeting was preceded by a one-day orientation sessions for the benefit of two new members of the IEOAC, though the other three members also participated in the same. The Committee received orientation briefings on the general overview of WHO, working of Internal Oversight Services, update on Compliance Risks and Ethics, Staff Health Insurance, Planning Coordination and Performance Monitoring, Treasury Overview and Financial Management.
- 2) The briefings were appreciated both by the new and the existing members. For the new members, it was a useful preparation to understand the WHO's structure and for the existing members it helped in providing further clarity regarding the working of WHO and their own role in its governance. Further, the presence of existing members eased the induction process for the new members as their interventions were found quite useful in understanding the 'real' role of the IEOAC.
- 3) For the future, the Committee is of the opinion that the orientation sessions may be further complemented by including briefings on – (a) the role and functioning of HRD, its structure, recruitment process, classification, key programme update such as Mobility; (b) overview of Global Service Centre; (c) brief overview on External Auditors – their appointment process; (d) general overview to include a slide on Delegation of Authorities; and (e) PRP presentation should indicate the process behind Programme Budget Approval.

Item 1 – Opening and administrative matters

- 4) This was the second of three IEOAC meetings planned for 2016, with the dates for the next meeting having been set for 18-20 October, 2016 and venue being SEARO, Delhi. The agenda for this meeting is attached as Annex 1 and List of Participants as Annex 2.
- 5) In attendance throughout: Bob Samels (Chair), Mukesh Arya, Steve Tinton, Jeya Wilson, and Leonardo Pereira.
- 6) The Chair confirmed a quorum with all members present and all declarations of interest or updates duly submitted (no conflicts of interest recorded). The agenda for the 19th meeting was adopted. DDG opened the meeting and took the opportunity to thank the committee for playing a key role in governance by proving valuable inputs on the critical issues while not micromanaging the functioning of the secretariat.

Item 2 – Video Conference with External Auditors

- 7) As per the practice, the Committee met with the external auditor (via video conference). The external auditor provided the Committee with the final report of the 2015 audit and shared their work plan for 2016. A briefing was also provided on the implementation of previous external audit recommendations.
- 8) The Committee reviewed the external audit scope, plan and approach for 2016 and found them to be reasonable and adequate. However, it expressed disappointment for not having been given an opportunity to review and discuss in detail the management letter for 2015 at the April meeting because of timing issues. It has therefore requested that the auditors and management ensure the Committee receives a summary of the significant audit recommendations for 2016, along with management responses, at the April 2017 meeting.
- 9) The Committee was informed that, in the last four years, approximately 1300 recommendations have been issued by the external auditors and most of these have been addressed by management. The discussion that followed was about the absence of any tool or reporting mechanism, to rank the recommendations based on significance to ensure that the critical and recurring recommendations are addressed in an efficient and structured manner. The IEOAC suggested that EA should consider developing a tracking tool such as the reporting dashboard used by IOS, to better monitor the implementation of recommendations based on relative importance and priority. It would also help in tracking the average age of recommendation before it is closed.
- 10) The IEOAC also held a private session with External Auditors.

Item 4 – Update on Internal Oversight Services (IOS)

- 11) The Director IOS provided an update of the work accomplished since the previous IEOAC meeting, including the issue of available and planned resources, status of 2016 internal audit plan, update on implementation of recommendations, analysis of reports of concern by type and location, briefing on investigations and results of PAHO audit for 2015 including the work plan and conclusion.
- 12) The IEOAC reviewed the scope and the audit work plan for 2016 and considered the same to be focused and well-conceived. In discussion with the Director IOS it also reviewed the adequacy of resources available to him to carry out his mandate independently and efficiently. With respect to pending work in the area of investigation, the committee recognized the additional volume of work to be completed and noted with satisfaction that there exists a plan to increase the capacity through outsourcing.
- 13) The Committee is satisfied to report the progress made in implementation of audit report recommendations and the closure of several audits since its last meeting. It was pleased to note the number of old outstanding open recommendations now stands at 2.2% compared to 3.6% in April 2016. As the positive trend continues the

Committee anticipates the positive impact of the implemented recommendations on the future audit reports.

- 14) The Committee was also informed about the visible improvements in the controls and compliance once the audit recommendations were implemented by the auditee, however the issue still remains that the same recommendations are not adopted by other budget centers having similar weaknesses in their systems. The IEOAC encourages the organization to create a formal mechanism or structure to institutionalize lessons learnt from audit findings across the whole organization.
- 15) The Committee also held a private session with the Director IOS.

Item 6 – Update on Compliance, Risk Management and Ethics (CRE)

- 16) Director CRE provided an update on the process of risks management, compliance tools and processes, ADsG accountability compact, DAFs compliance roadmap and progress in the area of ethics.
- 17) The Committee acknowledges and supports the critical role being played by CRE in the area of risk management. It was pleased to note that by October 2016, the first iterative process of escalation and identifying mitigation measures in the Risk Register would be completed. The Committee further observed the broad divergence in most significant risks as identified by regional offices. Following a rigorous bottom-up process of risks identification, mitigation measures and validation from the top management, there appears to be a sound risk architecture in place, a reasonable understanding of risk management by the budget centers and a strong buy-in from all stakeholders. It encouraged management to explore whether it was an appropriate time to evaluate what is required to take risk management system to the next level – from risk register to risk management using outside advice as needed. The Committee considers the organization to be at a critical juncture where it needs to take stock of future steps to ensure that risk management becomes effective and integral part of the management process, leading to ownership of risks and to ensure that risk management gets embedded in the organization culture.
- 18) The Committee notes that the Programme Budget is the main tool of accountability across the organization which connects the risks to the day to day functioning of every budget center. The risks are being captured through two parallel streams, first being a formal structured process led by CRE for documenting the risks as identified by each budget center and the other being led by PRP through Operational Planning where each budget center is required to establish its own work plan for the biennium while identifying the associated risks and mitigation measures. A process of reconciliation of risks recorded by CRE and PRP would facilitate the operationalization of the risk register in ‘real life’.
- 19) The risk management linked to specific projects was also discussed in two separate sessions related to Information Technology and Modernization of WHO HQ in Geneva, during the course of the meeting. In both the cases, the Committee was quite impressed with the level of details in the entire process of risk analysis - identification, evaluation, impact, costing, and putting in place the mitigation plan.

The Committee encourages the organization to use these two examples as benchmarks for rolling out the process of ‘operationalization of Risk Plans’ in the entire organization. (cross reference para 38)

- 20) The Self-Assessment Checklist, as one of key tools of Internal Control Framework, was rolled out in the regions in 2015 and was followed by HQ in 2016. The Committee was updated on the results of the consolidated report. The Committee notes that management recognizes the Self-Assessment checklist is good method of generating awareness about the control areas needing attention, but it should not be used to measure the effectiveness of controls due to subjectivity involved in the assessment. The tool needs to be seen as an indicator rather than a measurement of compliance. Going forward, the results of such consolidated reports should be used more effectively by the second line of defense as there needs to be an alignment between the weaknesses as identified in the self-assessment checklists, the risks identified in the Risk Register, and the audit findings by IOS. The Committee was pleased to note that the compliance role is being actively pursued by all the regional offices and reiterated its earlier observation about harmonization and consistent application of compliance at three levels of organization.
- 21) The Committee also took note of the progress made under the area of Ethics and establishment of Integrity Hotline as part of implementation of policy on whistleblowing and protection.
- 22) It looks forward to further updates on these important issues in the forthcoming meetings. The Committee would like to review and discuss in detail the Accountability Compact with KPI matrix, developed for ADsG in its next meeting. It also requested Director CRE to brief the Committee on the results of an Administrative and Programmatic Review carried out by his team.

Item 7 – Update on post-polio transition planning

- 23) The IEOAC received a short update in respect of steps being taken by the organization in respect of developing the post-polio transition plan. The Committee is reassured in noting the significant efforts being exerted by senior management to put in place steps aligned with the importance of global post-polio transition planning.
- 24) The secretariat is in the process of getting an update on the results of the study carried out by a consultant in 2013 indicating the liability towards terminal payments linked with polio eradication staff. The Committee would continue to monitor the progress made in this area in its future meetings. It looks forward to a substantive update in its October meeting in SEARO.

Item 8 – Briefing with Global Service Centre (GSC) through VC:

- 25) The IEOAC was impressed with the excellent presentation and a well-structured overview received from director GSC along with his senior staff. It appreciated the frank and open discussion about the key issues in the areas of finance, procurement and HR transactions processed by GSC. It noted the substantial volume of transactions and challenge of ensuring due diligence to compliance, handled by the staff of GSC.
- 26) The Committee was informed about the evolution of GSC from 2008 till now, the increase in service catalogue, the enhancement of services offered by GSC, the measures put in place to bring the rejection rates of transactions down, adoption of more efficient processes and the GSC's role in latest GSMT project including Business Intelligence for better monitoring and reporting tools.
- 27) The Committee observed that the governance of the GSC was established in 2014, under the leadership of ADG GMG and includes among others, the DAFs of all regional offices, except PAHO, as its members. It was reassured to note that the board has already met three times since 2014, to identify the critical issues, exploring ways to better assess the performance of the center, and to further identify spheres of improvement so that GSC can attain operational excellence, fast delivery of services with enhanced customer satisfaction.
- 28) Ensuing discussion was about the performance benchmarks for shared services centers, which is relatively a young industry. The Committee is encouraged by the way that GSC is making efforts to develop measurable Key Performance Indicators (KPIs), with related monitoring and accountability arrangements for its different streams of work.
- 29) Considering customer satisfaction to be one of important parameter of the performance assessment for shared services center, the Committee looks forward to reviewing the results of the first survey which will be completed next year.

Item 9 – Update on Information Technology (ITT)

- 30) Director ITT provided an update on IT strategy, other key initiatives under IMT including GSMT project and steps under way with respect to establishment of Global IT Fund and Governance.
- 31) The Committee was pleased to note that the key initiatives under IMT are on track and considerable progress has been made to address the concerns raised by it with respect to the absence of an appropriate global IT governance structure and how it may impact the efficiency of IT service delivery in the long run. The IEOAC was informed that the process of establishing Global Governance, IT Board and creating a global IT fund is under way and GPG is expected to endorse it by November this year.

- 32) The Committee looks forward to receiving a further update on the implementation of the IT Fund and corporate IT policy along with an update on the Project Management Centre for Excellence..
- 33) There was some discussion about GSM outage, the IT disaster recovery plan for mission critical operations, however the Committee reiterated its concerns about the absence of full scale Business Continuity Plan for the organization and would like to receive an overview from the senior management in on one of its future meeting.

Item 10 – Update on HR matters

- 34) The Director HRD provided an update to the IEOAC about the current status of various ongoing HR initiatives including implementation of Mobility Policy. She apprised the Committee about the functioning of HR around the three pillars – attracting talent, retaining talent and creating an enabling work environment, and how HR’s initiatives are intertwined with bringing in diversity, gender balance and collaboration. There was discussion around the skewed gender balance especially in grades P5 and above across the organization.
- 35) The IEOAC was pleased to note one of the KPIs in ADG’s compact is linked to achieving gender parity and bringing in diversity. It encourages the management to take steps to roll it down to all the levels of the organization.
- 36) The Committee once again emphasized the importance of HR to be the driving force to usher in the cultural change in the organization with respect to promoting diversity, improving gender balance and enhancing mobility. It encourages HR to play the role of ‘chief facilitator’ in change management across broad spectrum of initiatives under Reform.

Item 11 – Overview of WHO HQ modernization project:

- 37) For this session, several background documents such as update of governance structure for the modernization project, Geneva building renovation strategy, update from project board, detailed budget, and risk register of the project were shared with the Committee a few weeks before the meeting. The Committee was appreciative of the time given to review the all the background documents in detail. During the session, Director OSS provided an update to the Committee regarding the two proposed phases of the project - construction of the new building, followed by renovation of the existing building, the associated costs, decision making process, measures in place to remain within the scope and estimated costs, reasons behind the decision for outsourcing the project management, process undertaken for the risk analysis and the mitigation measures. The Committee was pleased to note that the organization appears to have a ‘firm handle’ on the operations of the modernization project.
- 38) The Committee noted with satisfaction the strong governance structure which has been put in place for the modernization project to ensure responsibility and accountability are paired well. The Committee welcomes the extensive risk analysis

carried out for the project in terms of identification of significant risks and their evaluation both in terms of probability and impact. It examined in detail the risk register including the mitigation measures and the potential costs for the same and was impressed with the in-depth analysis. The Committee consider this to be an good example of ‘operationalizing risks plan’ and encourages the organization to use this as a template for other budget centers to follow. (cross reference para 19).

- 39) The Committee noted that the construction of new building is being funded out of the interest free loan provided by Swiss Government. However it raised concerns that the organization as a whole does not have a formal mechanism for ensuring sustainable financing for such projects. It encouraged the organization to look at ways for the replenishment of assets in an organized manner over their useful life instead of the PB cycle of 2 years. The Committee looks forward to reviewing a comprehensive prioritized capital master plan, including financing, at a future meetings.
- 40) There was also discussion about the increase in staff and space requirement especially with the establishment of new emergency program in WHO, how that would ‘fit-in’ in the proposed space and scope of the project. It encourages management to take strong actions to bring the cultural change in the mind-set regarding ‘my space’ to have an optimal utilization of the space available while providing flexibility and efficiency.

Item 12 – Briefing on FENSA as per resolution WHA69.10:

- 41) The Sixty ninth World Health Assembly adopted the Framework of Engagement with Non State Actors (FENSA; WHA 69.10) and requested the DG to immediately start the implementation of the same. The resolution also requested the IEOAC to include a section on implementation in its report to PBAC of Executive Board at each January session.
- 42) In view of above, management made a short presentation to the Committee in respect of overall objectives of FENSA, proposed changes to current practices, development of the Register of non-state actors and key milestones of the implementation process.
- 43) The committee was pleased to note that WHA has finally adopted the Framework which took a significant amount of time, resources and required extensive dialogue among Member States and with the Secretariat. The Committee will monitor the progress of the FENSA implementation by providing oversight on the application of rules and procedures to assess if they are being applied in a uniform and effective manner across the three levels of the organization.
- 44) It opines that ‘benefits vs risks’ and ‘protection vs engagement’ should not be looked at only from an either/or perspective. It observes that being completely ‘risk averse’ in engaging with non-State actors can aggravate the funding issues for the organization whereas having an important risk appetite may expose the organization to serious reputational risks. Thus it’s imperative that from the beginning that systems are set up across all the offices of the organization in a uniform manner and the application of rules for risk identification and management be done in a consistent and harmonized manner.

- 45) The Committee noted that FENSA defines four groups of non-State actors – NGOs, private sector entities, philanthropic foundations and academic institutions, which will be governed by separate policies and procedures. The Secretariat is setting up an organization wide process to register all non-State actors engaging with the WHO through an IT application that captures critical information on each non-State actor and the engagements. The register of non-state actors is expected to be rolled out in January 2017 as part of an IT tool called Global Engagement Management (GEM) . The Committee observes that the idea is similar to Programme Budget Web Portal which has created an important sense of trust among all stakeholders in terms of transparency, levels of confidence and assurance.
- 46) The Committee is of the firm opinion that if the organization decides to follow the usual three level process of clearance, matched to the structure of the Organization, it is setting itself a huge challenge. There is only one way to look at the risks in this case – low risk vs high risk and it would be a recipe for chaos if the organization added layers of due diligence to match the structure of the organization.
- 47) Taking into view the need for transparency and credibility for FENSA to work, the Committee further urged the management to ensure that decisions for the review process are taken at appropriate level. It was reassured to note that the organization put in place a system to share reports on due diligence and risk assessment in line with consistent implementation at all 3 levels through an electronic work flow. It further encouraged the management to review the different roles in relation to Risks and Ethics including the implementation of FENSA and to assess how it can bring synergies between the different functions including possible restructuring.
- 48) The Committee would continue to monitor the progress in this area and looks forward to reviewing the detailed implementation plan of FENSA including operational controls on the consistency of implementation of due diligence, risk assessment and decision making, in its next meeting in October 2016.

Item 13 – Update on Evaluation and Organization Learning

- 49) The DG Representative for Evaluation and Organizational Learning shared a concept note on leadership and management at WHO: “An evaluation of WHO reform, third stage” . During the session EXD/DGO gave a short update about the history of Reform, what triggered it, the financial crisis, how it has been a member state driven process rather than just the DG or Secretariat driven, what the Reform process encompassed and finally what has been achieved.
- 50) He walked the Committee through the Concept Note – explaining the rationale behind the first evaluation which was basically the evaluation of diagnosis, carried out by external auditors – the main focus was whether the WHO reform proposals had identified a sufficient range of issues that needed to be dealt with in the reform process. In other words, whether there was a correct understanding of the issues and weaknesses and what needed to change.
- 51) The objective of the stage 2 of evaluation was to assess the implementation strategy of the WHO reform and the organization’s preparedness to implement the reform

process. This was carried out by PwC and the results and presentation were well appreciated by member states especially the “Theory of Change” and matrix of indicators etc.

- 52) The stage 3 of Reform evaluation was approved by Executive Board as a priority evaluation in the 2016-17 biennial; evaluation workplan and the idea is to assess the effectiveness and impact of Reform since of its implementation and provide recommendations on way forward.
- 53) The Committee took note of the scope of the work to be performed, the proposed methodology, the characteristics of potential provider and the strategy for dissemination of results. It looks forward to be briefed regularly on the progress made in this area. The Committee also proposed that the Evaluation Office consider keeping the Chair of the executive Board briefed on progress.

Item 14 – Other matters

- 54) The Committee deliberated over its oversight role vis a vis PAHO because it came up during discussions in several sessions including Internal Oversight Services, Global IT management and security and FENSA. The Committee notes that PAHO has its own governance structure but is concerned that there might be issues within PAHO which could impact the reputation of WHO that should be considered in IEOAC reporting to member states. The Committee decided to explore the possibility of establishing a regular process of engagement with the Audit Committee of PAHO.
- 55) The IEOAC met with ExD/DGO and other senior members from the secretariat to discuss the significant issues, concerns and recommendations as set out in this meeting report.
- 56) The IEOAC worked with the Secretary of the Committee to draft the provisional agenda for the October meeting scheduled from 18th to 20th October in SEARO. It also outlined the rolling agenda for the 2017 and tentatively scheduled the meetings as below :

3rd to 5th April – Geneva

26th to 28th July – Geneva

9th to 11th October - Cairo

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World Health Organization

Independent Expert Oversight Advisory Committee 19th Meeting 27 – 29 July 2016

**Tuesday 26 July 2016 (Induction Briefing)
(Salle India)**

- 08:45-09:00 *Welcome Coffee, introductions*
1. 09:00- 10:00 Presentation on General Overview (EXD/DGO)
2. 10:00 – 11:15 Presentation on Internal Oversight Services (Director IOS)
- 11:15-11:30 *Coffee Break*
3. 11:30 - 12.30 Presentation on Compliance Risks and Ethics (Director CRE)
- 12:30 – 14:00 *Lunch*
4. 14.00 -15.00 Presentation on Staff Health Insurance (Coordinator, Insurance
and Pension Services; Chief TSY)
- 15:00- 15:30 *Coffee Break*
5. 15:30 – 17:00 Presentation on Combined Reporting – Financial and
Programmatic; Controls and Treasury Management Overview
(Chief Finance; Planning Officer; Chief TSY)



**World Health
Organization**

**Independent Expert Oversight Advisory Committee
19th Meeting 27 – 29 July 2016**

**Wednesday 27 July 2016
Day 1 (Salle India)**

1. 09:00-09:15 **Opening and Administrative Matters:** Confirmation of quorum; updates on declarations of interest; adoption of the agenda; (Director IOS; Director CRE; Chief Finance; Secretary IEOAC)
2. 09:15-10:15 **Status of External Audit (through VC):** Review of Management Letters and Operational Reviews 2015; Update on the 2016 Audit Plans and Operational Reviews; Feedback on the implementation of management action plan in connection with 2014 management letters finding; (Director of External Audit, Commission on Audit Republic of the Philippines – through VC); Director IOS; Director CRE; Chief Finance ; Secretary IEOAC)
3. 10:15-10:30 **Private session with External Auditors**
10:30-10:45 *Coffee Break and wrap up of External Audit Session*
4. 10:45-12:00 **Update on Internal Oversight Services Matters:** Progress on the annual plans; Status of implementation of recommendations made by IOS; Update on Investigations, Dashboard (Heat map) (Director IOS; Director CRE; Chief Finance; Secretary IEOAC).
5. 12:00-12:30 **Private Session with Director Internal Oversight Services:** Director IOS
12:30-14:00 *Lunch (IEOAC Members; EXD/DGO; Chief Finance; Director IOS; Director CRE; Secretary IEOAC)*
14:00-14:30 *Group Picture of the Committee and Wrap up of IOS session*
6. 14:30-16:00 **Compliance Risk and Ethics Update:** Update on overall CRE work plan, review of risk register; ICF; whistle-blower policy (EXD/DGO; Director CRE, Director IOS, Chief Finance; Secretary IEOAC)
15.30 *Coffee*
16.00 – 16.30 *Wrap up of CRE session*
7. 16:30- 17.00 **Short update on post-polio transition planning -** (Director Polio; COO,

Polio; Director IOS; Director CRE; Chief Finance; Secretary IEOAC)

17:00 – 17:30 *Daily wrap up session*

Thursday 28 July 2016
Day 2 (Salle India)

8. 09:00-10:30 **Briefing with GSC (through VC):** Overview of service center, role in internal controls and compliance; implementation of audit recommendation (Director GSC; Coordinator GFI; Coordinator GPL; Coordinator GHR; Director IOS; Director CRE; Director HRD; Chief Finance; Chief Procurement Policy and Strategic Directions; Secretary IEOAC)

10:30-11:00 *Coffee Break and wrap up of session with GSC*

9. 11:00 – 12:30 **Update on IMT initiatives:** Issues related to governance, global IT fund, IT strategy; GSM Transformation and Business Intelligence project; (Director IMT; Project Management Officer; Manager EAS; Senior Project Manager, CMS; Manager, CMS; Manager, Service Delivery and Contract Management; Director IOS; Director CRE; Chief Finance; Secretary IEOAC)

12:30-13:00 *Wrap up of IMT Session*

13:00-14:00 *Lunch*

10. 14:00-15:15 **Update on HR Reform:** Update on initiatives under HR reform ; latest HR initiatives GSMT, Taleo; status of external audit recommendations; HRD's role in Polio Eradication transition planning (Director HRD; Planning Officer, HRD; Chief Finance; Director IOS; Director CRE; Secretary IEOAC)

15:15-15:30 *Coffee break and wrap up of HRD session*

11. 15:30-16:30 **Update on HQ renovation project and governance structure, including budget** (Director OSS, Director IOS; Director CRE; Chief Finance; Secretary IEOAC)

16:30-17:30 *daily wrap up session*

Friday 29 July 2016
Day 3 (Salle India)

12. 09:00-10:00 **Briefing on FENSA as per resolution WHA69.10** (Director PNA, EXD/DGO; Director IOS; Director CRE; Chief Finance; Secretary IEOAC)
- 10:00-10:15 *Wrap up of FENSA Session*
13. 10:15 -11:00 **Briefing on Evaluation of WHO Reform- third stage :** (EXD/DGO; Director IOS; Director CRE; Chief Finance; Secretary IEOAC)
- 11:00-11:30 *Coffee Break and wrap up of EVL Session*
14. 11:30 -12.30 **Briefing session with Executive Management** – high level overview of DG election process, status of Governance Reform ; discuss/review main issues and to address feedback from the PBAC meeting. (EXD/DGO; Director IOS; Director CRE; Chief Finance; Secretary IEOAC)
- 12:30-14:00 *Lunch*
15. 14:00-14:45 **Review of IEOAC's TORs and mandate; Consideration of Self-Evaluation Checklist** (members and Secretary IEOAC)
16. 14:45-till end **Preparation of October Meeting Agenda and finalization of meeting report** – members and Secretary IEOAC (*Coffee break at 15.30*)

**Independent Expert Oversight Advisory Committee
19th meeting, 27 to 29 July 2016
Geneva**

List of participants

EXPERT COMMITTEE MEMBERS

Mr Robert SAMELS (Chair)
Mr Mukesh ARYA
Mr Stephen TINTON
Ms Jeya Wilson
Mr Leonardo P Gomes Pereira

SECRETARIAT

From HQ:

Executive Director, DGO/ODG	Dr Ian M. Smith
Director, Internal Oversight Services, DGO/IOS	Mr David J. Webb
Director, Compliance and Risk Management and Ethics, DGO/CRE	Mr Andreas H. Mlitzke
Finance Officer, Office of Comptroller, GMG/FNM	Mrs Simmi Sharma
Chief Finance, GMG/FNM	Mrs Jane Stewart Pappas
Chief Treasury and Risk Management, GMG/FNM	Mr Francis G Stewart
Planning Officer, GMG/PRP	Mrs Georgia Galazoula
Coordinator, Insurance and Pension Service, GMG/FNM Rossier	Mrs Claude M C Hennetier
Director, External Audit, Commission on Audit Republic of the Philippines	Mr Lito Martin
Chief, Procurement Policy and Strategic Direction, GMG/OSS	Ms Ann Janssens
Chief Information Officer, GMG/IMT	Mr Marc Touitou

Project Management Officer, GMG/IMT	Mrs Lorraine Pablo-Ugale
Service Delivery and Contract Management, GMG/IMT	Mrs Yolanda De Saint Giles
Manager, Solution Centre and Enterprise Architecture, GMG/IMT	Mr Flavio Aggio
Senior Project Manager, Transformation, GMG/IMT	Ms Celine Hazbun
Manager, Business Intelligence Competency Centre, GMG/IMT	Mr Leon Van Gulp
Director HRD, GMG/HRD	Ms Francoise Nocquet
Planning Officer, GMG/HRD	Ms Elise Pacquetet
Director Operational Support and Services, GMG/OSS	Mr Richard Preston
Director Partnerships and Non State Actors, DGO/PNA	Dr Gaudenz U Silberschmidt
Director Polio, DGO/POL	Dr Michel J Zaffran
Chief Operations Officer, DGO/POL	Dr Paul Rutter
Senior Technical Officer	Mr Raman Minhas
Change Management Officer, DGO/ODG	Mrs Nicole Krueger
Management Officer, GMG/ADGO	Mr Roberto Balsamo
<i>(Through VC from GSC)</i>	
Director, Global Service Centre, HQ/GSC	Mr Francisco E.V.Cardenas
Coordinator, Global Financial services, HQ/GSC	Mrs Nonhlanhla Mafabune
Coordinator, Global Procurement & Logistics, HQ/GSC	Mr Motohiro Ogita
Coordinator, Global Human Resources, HQ/GSC	Ms Mouna Laroussi