

The Impact of Changes in the World Health Organization Structure On its Internal Communication

**A case study of the Indonesian WHO office
from 2007-2011**

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PROLOGUE

“WHO is the designated lead of the health cluster, the role of which is to build global capacity for humanitarian health action by developing global guidance, standards, tools and resources to inform, enhance and facilitate the implementation of the Cluster Approach at the country level as well as to improve surge capacity, access to trained technical expertise and material stockpiles to improve response operations”. (World health organization, 2000)

“Good leadership and management are about providing direction to, and gaining commitment from, partners and staff; facilitating change; and achieving better health services through efficient, creative and responsible deployment of people and other resources”. (World health organization, n.d)

“Effective leadership and management are essential to scaling up the quantity and quality of health services and to improving population health”. (World health organization, n.d)

“Improved health care is perhaps humanity's greatest achievement of the last 100 years.” (WHO Director-General LEE Jong-wook, 2004)

Abstract

Changing organizational structure is considered undesirable for many organizations. They fear uncertain situations. As a result, many questions came to mind and many hopes as well. However, change becomes necessary particularly for nonprofit organization like the

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World Health Organization. The new leader, Dr. Chan, and the headquarters thought that structural change could open opportunities for development in WHO budget, health solutions, technology information system, and collaborative processes with other agencies and governmental and nongovernmental organizations. That influences the WHO internal communication system strategies, and increases the ability to achieve WHO main objectives. The WHO has the most complicated and decentralized structures that continued it is participation strategy in the decision-making process, and applied more delegation through its communication channels. Moreover, WHO applied changes in positions, individuals, and policies. WHO continued to trust that collaborative and team inspiration, and effective health technology system are the basic internal communication strategies to achieve WHO health goals. Dr. Chan, her team, and WHO headquarters including WHO membership agreed to choose the most experienced department heads and other leaders to energize the structures with qualified expertise. WHO governors emphasize the delegated strategy in order to balance its power between WHO leaders and WHO country offices for more ethical and appropriate decisions.

CHAPTER ONE

Introduction:

This paper investigates the World Health Organization structural changes in 2007 to 2011. In 2007, the WHO Assembly enacted a series of changes affecting the structure of the organization. These changes included individual changes affecting several positions, created new teams, and increased the level of volunteer participation. This paper focuses on the structural changes and effect on its internal human communication functions. WHO as the primary agency of the UN that promotes global public health had gone through many changes on the management side in terms of the structure, size, departments, and members. It also created new work teams to support facing the health issues globally. WHO membership numbers have been increasing since it was established. Moreover, the WHO reputation as a health support organization attracts a variety of membership countries. In the year 2007 WHO consisted of 193 countries as members. The changes in a large nonprofit organization with different kinds of cultures were not so

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smooth. The cultural differences were apparent in many ways among the individuals, the workers, the members, and the health services needs. WHO administration followed some strategies to design an appropriate formal and informal structure.

Research Question:

WHO is a global organization working in the area of health services. It has a functional structure that depends upon local offices to carry out its work. Structural changes were enacted by the General Director and Assembly to enhance the organization's capability. WHO Indonesia country offices are an example of WHO structure changes. The main question here is What indications in the literature are there that the structural changes in the Indonesia WHO country offices resulted in changes in the service capability of the organization?

Purpose of study:

Purpose of the study is to show the need and importance to include some changes in the organization structure, and deal with them in order to develop a positive internal communication system.

WHO background:

The World Health Organization is considered an international organization that began in 1945 as an initial proposal in United Nations Conference on International Organization by Brazil, and China. Then it came into existence at the International Health Organization in 1946 in New York and its constitution was signed. The final constitution ratification for WHO came on 7 April 1948 and is marked as World Health Day each year (Andresen, 2002, p.n 9). WHO is located in Geneva, Switzerland. The main goal for WHO as an institution is to achieve the highest levels of health support for people of different ages. The WHO concerns cover the health education practices, and physical care. According to Chaudhari, (2006) "Health" is defined in WHO's constitution as a state of physical, mental and social well being and not merely absence of disease or affirmity".

Other objectives for WHO focus on research and information areas. WHO supports national and local governments, and works

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through partners by building a network information system (Risk reduction and emergency preparedness, 2007). According to Viayan, (2007) “The WHO responsibilities lie in the following areas: Shaping the research agenda and simulating the generation, translation, and dissemination of valuable knowledge, and providing technical support, catalyzing change, and building sustainable institutional capacity and monitoring the health situation and assessing health trends”. WHO considers its leadership of world health as critical standards for health matters, ethics and norms (Viayan, 2007). It has two important health aspects educational and physical.

Since WHO was established, many members participated, and a couple of regional health organizations were brought in line with WHO. According to Jasper, (2012) “In addition to its mammoth Geneva headquarters, it also has six huge regional offices: Africa HQ (Brazzaville, Congo); the Americas HQ (Washington, D.C.); Europe HQ (Copenhagen, Denmark); Eastern Mediterranean HQ (Cairo, Egypt); Southeast Asia HQ (Delhi, India); and Western Pacific HQ (Manila, Philippines)”. The changes in the organization structure size increased dramatically in a short period. In 1948, the number of members who were in high authority in the WHO structure was only 26 members. However, in 1950, the number of the members was 74. Then the number of the membership continued to increase at a faster rate. In 1954, WHO members became 81 members, which were 19 more than the UN proper. In addition, in 1998 more countries joined to WHO by 191. By 2007, about 193 countries were members (Andresen, 2002, p.n 10). Moreover, in 2007, there were more than 8000 health experts including doctors, epidemiologists, scientists, managers, and administrators working within the organization. Furthermore, in the same year, there were 147 individual country offices besides the six regional offices (Vijayan, 2007). That is a huge number of different members and workers that increased over the years.

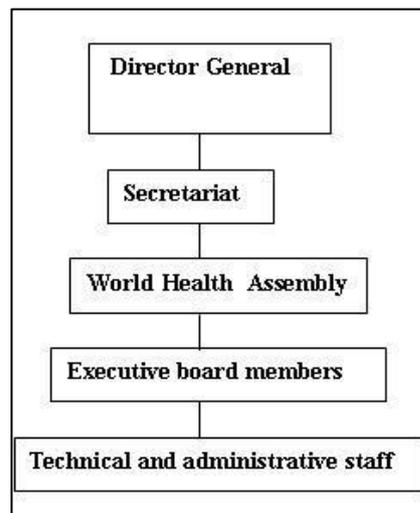
The WHO formal structure:

The WHO Organization Governors Structure:

WHO structure is provided as one of the largest, most complex structures in the UN organization. The WHO structure is described as a

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functional structure type, which is great for mechanistic and repetitive work. Moreover, WHO exists in 193 countries in 2007 with six regional offices (committees). According to WHO website, (2013)” More than 7000 people from more than 150 countries work for the Organization in 150 WHO offices in countries, territories and areas, six regional offices and at the headquarters in Geneva, Switzerland”. The WHO formal structure and non-formal teams consisted of an enormous number of management sites, leadership members, and huge team workers and administration staff. There are many members in all the organization communication levels. According to Encyclopedia of the nations website, (n.d),” The principal organs of WHO are the World Health Assembly, the Executive Board, and the secretariat, headed by a director-general”.



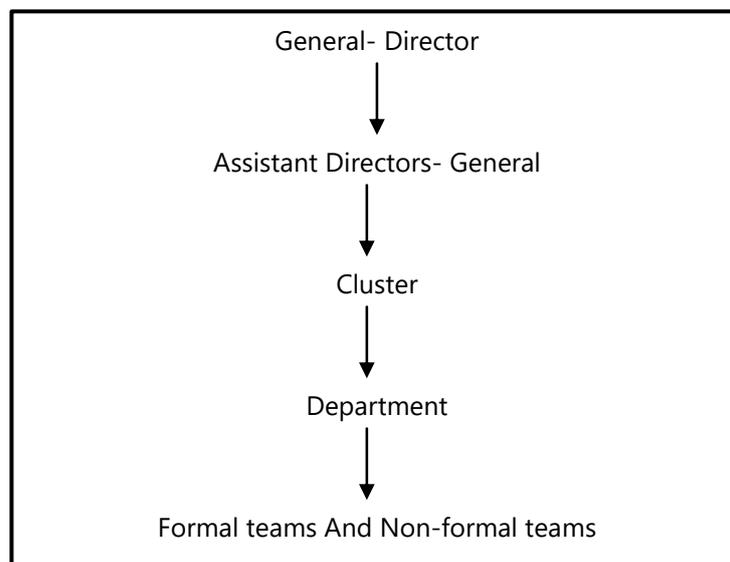
The WHO Governors structure created by Encyclopedia of the nations website

The General Director of WHO:

According to The Media Center in WHO website, (2006) “The Director-General is WHO's chief technical and administrative officer”. Dr. Chan was nominated as a General Director (GD) by the Executive Board of the World Health Organization on 8 November, 2006 after Dr. Lee who completed 23 years in his career in WHO died suddenly on 22

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May 2006 (Media Center in WHO website, 2006). The WHO Executive Board needed to agree on making an "accelerated process" for electing a Director-General. The whole process of selecting the GD started with the Member States who may propose candidates. Then the Executive Board confirmed the candidates for this position and interviewed them. They chose Dr. Chan as a General Director by secret ballot. The World Health Assembly made the final appointment and introduced the name of the chosen GD. The WHO Assembly appointed Dr. Chan for more five years starting in May 2012 to June 2017 (Direct-General, 2012)



General Director senior Team structure created by the researcher.

Dr. Chan the general director had a leadership career for nine years as a Director of Health in WHO. She had experience in leading the fight against disease like H5N1 avian influenza in 1997, and Severe Acute Respiratory Syndrome (SARS) in 2003. She rose to the position of Representative of the Director-General for Pandemic Influenza as well as Assistant Director-General for Communicable Diseases (Media Center in WHO website, 2006). Dr. Chan got her Medical Degree from the University of Western Ontario in Canada and a public health degree from the National University of Singapore.

The WHO Assembly:

WHO Assembly is considered the highest level of WHO governance and is responsible for the decision making process and for determining the organization policies. The Assembly appoints the direct manager for WHO, supervises the financial policies, and reviews and approves the proposed programme budget (WHO website, 2012). Furthermore, According to Encyclopedia of the nation's website, (n.d) "All WHO members are presented in the World Health Assembly". WHO Assembly members are from all the authority levels including the 193 countries membership headed by the General Director (WHO website, 2012).

The WHO Secretariat:

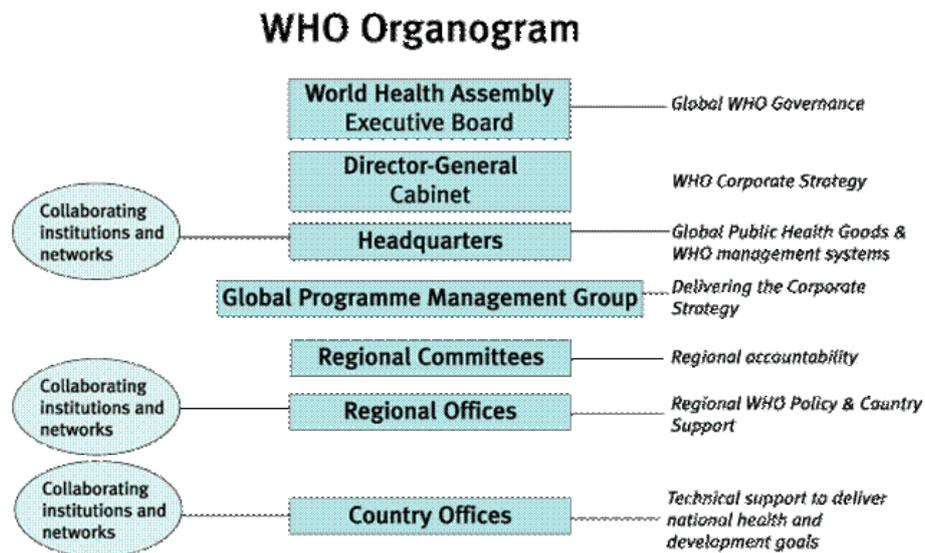
The Secretariat of WHO is staffed by 8000 health and other experts to support making or fixed-term appointments, working at headquarters in the six regional offices and in countries (WHO website, 2012).

The WHO Executive Board:

The 34 Executive members are qualified in the health field and designated by a member state elected to do so by the WHO Assembly. Their focus is to check what the Assembly agreed on and to make resolutions about health issues in order to give effect and advice to decision making and the policies of the health Assembly (WHO website, 2012).

In addition, WHO headquarters has a staff of 1800 who are divided into work Teams. These teams could consist of 3 members or 20 members depending on the programs or projects that they work on and funding. Moreover, these teams could make up a particular department and the departmental director is the head for the department functions. Furthermore, these departments are headed by clusters which are headed by Assistant Director- General (Vijayan, 2007). There are 35 departments working in 50 programs and headed by 10 clusters (Andresen,2002) Moreover, WHO office managers can create new formal teams including medical staff, and public to cooperate with WHO members if needed in order to achieve its goals.

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That shows how the WHO structure is designed as a complex and flexible structure at the same time to improve the internal communication system (The WHO constitution, 2006). The WHO Organogram below shows the whole WHO formal contributors and members through all internal communication levels.

WHO Organogram created by The Geneva foundation for medical educational and resources.

The non formal teams:

Moreover, the WHO also is involved in non-formal participations including individual volunteers or teams that provide helpful work depending upon emerging health issues. These teams work under the formal authority by linking them to any department depending on their major objectives. WHO responds immediately to any medical health need. Many programs were created to support many people around the world. According to An Introduction to the Health Organization, (2007) “The Health Actions in crisis time works with Member States and other partners to minimize suffering and death in all crisis situations- whether they are highly publicized, such as the Tsunami in South Asia or hidden and forgotten, such as the ongoing conflict in the Democratic Republic of Congo.

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Furthermore, WHO also accepts volunteers from the whole world not just the member states. Since WHO is for everyone, WHO gives training programs for anyone to make him or her a resources for their community. This side of informal participation was considered an essential and effective part of WHO structure. Moreover, there are different training programs for those who wanted to be a part of the WHO:

1. Student Internships at WHO:

Internships are available for students who are studying a course in particularly health or translation fields. (WHO website, 2006).

2. Internships with WHO's Human Genetics.

This training internship program exists especially for those who have experience in Human Genetics and want to volunteer at WHO in this field. This program focuses on three areas:

- medical genetics
- the ethical, legal and social issues (ELSI) in human genetics
- health systems, genetic service delivery, health development and economics

The program goals are to provide a learning opportunity about the substantive areas of WHO work and other international organization about this filed (WHO website, 2006).

The WHO Structural Changes and teams Developments in 2007:

Dr. Chan the General Director started to have a vision that helped develop WHO structure in 2007. She made some changes with the WHO Assembly and Exclusive Board agreement on the formal side of the WHO structure including department changes and individual changes in different ways. WHO changes took place in four periods in 2007 between 22 February, 9 October, and November 1- 21 , which included some functional strategies:

1. Change the individuals' members in all levels (Individual changes).

Dr. Chan made some changes in individual assignments that she felt better matched specific positions. These kinds of changes, while considered normal practice in many organizations, were new to WHO and represented a substantial change.

The senior team also involved some individual changes:

These changes included Deputy Director-General, Assistant Director-General of a new cluster for Health Action in Crises (formerly a WHO programme), Assistant Director-General of a new cluster for Information, Evidence and Research, Assistant Director-General for Communicable Diseases and Representative of the Director-General for the Polio Eradication Initiative, Assistant Director-General for Noncommunicable Diseases and Mental Health Assistant Director-General, Assistant Director (interim), for Family and Community Health, Assistant Director-General for HIV/AIDS, Tuberculosis and Malaria, Assistant Director-General of a new cluster for Health Systems and Services, Assistant Director-General for General Management, Assistant Director-General for Sustainable Development and Healthy Environments, and Representative of the Director-General on European Union Affairs, Assistant Director-General for Health, Technology and Pharmaceuticals and Representative of the Director-General on Intellectual Property, Innovation and Public Health.

2. Merged departments together, added new departments and terminated others (Departments changes).

According to Portny, (n.d) "The functional organization structure brings together people who perform similar tasks or who use the same kinds of skills and knowledge in functional groups". Dr. Chan believes that uniting related majors under one department would allow be beneficial. Her strategy of merging closely- related departments together would allow understanding a matter from different perspectives. In addition, this intersection of information might develop future research in the field of medicine.

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First, the Communicable Diseases cluster took another name, which was Health Security and Environment and merged with the department of Epidemic and Pandemic Alert. Furthermore, it worked with the addition of the Cholera team and the team on Disease Control in Humanitarian Emergencies, the department of Protection of the Human Environment and the department of Food Safety, Zoonoses and Foodborne Diseases (WHO website, 2007).

Second, Malaria cluster changed its name to HIV/AIDS, TB, Malaria and Neglected Tropical Diseases cluster and included the department for Control of Neglected Tropical Diseases. Dr Hiroki Nakatani continued to lead this cluster (WHO website, 2007).

Third, the Information, Evidence and Research cluster now includes the Special Programme for Research, and Training in Tropical Diseases (TDR). It also included a new department on Ethics, Equity, Trade and Human Rights. Dr Tim Evans continued to lead this cluster (WHO website, 2007).

Fourth, the cluster of Sustainable Development and Healthy Environments terminated and component departments transferred to other clusters to bring closer alignment (WHO website, 2007).

Fifth, Dr. Chan saw that merging the Health Technology and Pharmaceuticals cluster into the Health Systems and Services cluster was a fundamental component of an effective health system. In addition, these two departments were supportive to each other. The access to safe, effective, and affordable medicines and other technologies is a part of an effective health system.

Sixth, Dr. Chan pointed out that the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property would be supported by WHO to complete it and worked in developing the global strategy and action plan for WHO. The team leader was changed (WHO website, 2007).

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Table (1):The Structural Changes			
Individual changes	Department Changes		
The senior team individual changes and other teams changes	Merged departments together	Added new departments	Terminated others
Deputy Director-General.	Communicable Diseases cluster took another name, which was Health Security and Environment and merged with the department of Epidemic and Pandemic Alert.	A new department on Ethics, Equity, Trade and Human Rights, created by merging two existing departments.	The cluster of Sustainable Development and Healthy Environments terminated and component departments transferred to other clusters to bring closer alignment
Assistant Director-General of a new cluster for Health Action in Crises.	The Cholera team and the team on Disease Control in Humanitarian Emergencies		
Assistant Director-General of a new cluster for Information,	The department of Protection of the Human Environment and the department of Food Safety,.		
Assistant Director-General for Communicable Diseases and Representative of the Director-General for the Polio Eradication Initiative.	Zoonoses and Foodborne Diseases.		
Assistant Director-General for Noncommunicable Diseases and Mental Health Assistant Director-General,	Malaria cluster changed its name to HIV/AIDS, TB, Malaria and Neglected Tropical Diseases cluster and included the department for Control of Neglected Tropical Diseases.		
Assistant Director-General, Assistant Director (interim), for Family and Community Health,	The Information, Evidence and Research cluster now includes the Special Programmer for Research, and Training in Tropical Diseases (TDR).		
Assistant Director-General for HIV/AIDS, Tuberculosis and Malaria,	Merging the Health Technology and Pharmaceuticals cluster into the Health Systems and Services cluster.		

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Assistant Director-General of a new cluster for Health Systems and Services.	The Intergovernmental Working Group on Public Health, Innovation and Intellectual Property		
Assistant Director-General for General Management			
Assistant Director-General for Sustainable Development and Healthy Environments, and Representative of the Director-General on European Union Affairs.			
Assistant Director-General for Health, Technology and Pharmaceuticals and Representative of the Director-General on Intellectual Property, Innovation and Public Health.			
The leader of Intergovernmental Working Group on Public Health, Innovation and Intellectual Property was changed.			

The non-formal teams developments:

Regarding non-formal aspects of WHO's structure, WHO consisted of many and varied volunteer contributors. Anyone or any organization could join in any health work teams as a member. There were 67% voluntary from the member states and 17% UN and intergovernmental organization. Moreover, 6% were foundations, and 4% were nongovernmental organizations. 4% were divided in a half for both supply services funds and interest income. Furthermore, 2% were also divided in to a half between local governments, cities and institution, and private sectors. That was in 2004, but it continued until 2007.

In 2007, as volunteer **participation declined**, there were 1.3-health workers for 1000 people in sub-Saharan Africa to achieve the millennium goals. However, WHO wanted to increase the workers to 2.5 per 1000 people in the future. However, the highest level of participations was in Europe by 10.2 for 1000 population. (An introduction to the health organization, 2007).

The internal communication system at WHO:

Actually, internal communication is a term that describes the flow of information from different work levels and that helps to achieve the health objectives. Moreover, it is a dialog process between the working staff and the authority members. The internal communication could be from up to down or from down up. In addition, it can be between the workers in the same level.

WHO has a huge internal communication system which is supported by printing papers to the technology information system. The internal communication system between the leaders, the advisors, and the staff had many mechanisms such as:

1. Meetings face to face daily then weekly with the staff to provide information and solicit feedback using a round-the-table approach to hear, briefly, from each person.
2. Instructions verbally between the staff and their advisors.
3. Writing memos, and reports about the staff performance.
4. Give copies of the organigramme, the WHO strategy note and action plan, and publications such as Health Cluster bulletins and press releases as soon as they are issued to the workers.

In addition, keeping an open-door policy in relation to individual concerns and complaints is essential. Moreover, planning and managing teleconferences carefully by sending the established agenda to all the attending members by email address not by phone which is meticulous and easy for the members to reread the conference and focus on the essential issues in the agenda (WHO website, 2012).

Information and technology system:

The WHO Assembly is empowered and responsible for gathering and collecting the health information and research studies to introduce uniform technical resolution. This resolution is focused on the following matters:

- Make sure that the sanitary and quarantine requirements take place to prevent international diseases.

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- Name the disease, causes of death, and public health practices.
- The standards about diagnostic procedures for international use, safety, purity, and potency of biological, pharmaceutical, and similar products in international commerce, advertising and labeling of biological, pharmaceutical, and similar products in international commerce (The Encyclopedia of the Nations, n.d).

In addition, WHO Assembly provides each year a conference on specific topic that are needed that year about worldwide health interests. In this health conference, variety of studies and discussion papers take place (The Encyclopedia of the Nations, n.d).

Professionally, WHO has also a network system called “The Health Metrics Network” that was set up in 2005 and continued to 2007. This network consisted of many kinds of health information to compile health information from across the world. This health information could be like who was born, who died, and reasons for death. The more accurate information, the more helpful in supporting decision-making process, identify health problems and gain better health for everyone. According to WHO website, (n.d) “Internal communication is not an optional activity but a critical element in planning and managing the WHO emergency response”. ThoseWho benefit from the network global information were WHO health officials, statistics experts, and policy planners (An introduction to the health organization, 2007). Other kinds of internal communication technology was the huge amount of reports about WHO programs, team works, health achievements, and WHO changes and news in its website.

Limitation:

The researcher recognizes that there are limitations to all studies and wishes to identify some of the limitations affecting this study:

- a) The research is centered on the World Health Organization Indonesian offices, but at the time of writing this thesis the researcher is not geographically based in Indonesia.
- b) The research is based upon an examination of secondary research sources and printed materials. As such, it is subject to the bias of the original writers in publishing the materials.

Definition of terms:

- **Nonprofit Organization:** A nonprofit organization is created to serves the public interest (The nonprofit organization and fundraising, n.d). Another definition presents the non-profit organization as a group organized for purposes other than generating profit and in which no part of the organization's income is distributed to its members, directors, or officers. (The Legal Information Institute, n.d)
- **Change organization:** “When the organization is going through a transformation, organization change occurs when business strategies or major sections of an organization are altered”. (the Business Dictionary, n.d)
- **Organizational structure:** “lines of authority, communications, rights and duties of an organization. Organizational structure determines how the roles, power and responsibilities are assigned, controlled, and coordinated, and how information flows between the different levels of management” (Business Dictionary.Com, n.d).
- **Organizational Chart:** “Visual representation of how a firm intends authority, responsibility, and information to flow within its formal organizational structure”(Business.Dictionary.Com, n.d).
- **Channel of Communication:** It is the flow modes of communication information and messages between different communications levels. That can be through face to face channels, writing channels, or mediated channels including the telephone and computer (Miller, 2012, p. 31).
- **Functional Structure:** It is a type of structure that divides the staff or workers to specific departments. “The organization is divided into segments based on the functions when managing”. (The tutorialspoint TP website, n.d).
- **Internal Organization Communication:** According to Hopkins, (2006) “Internal Communication is the dialogic process between employees and employer, and employees and employees”.
- **Health communication:** “Health communications is a key strategy to inform the public about health concerns and to maintain important

health issues on the public agenda”. In addition, in order to disseminate the health information, the health organization uses mass and multimedia, and other technological innovations to send what is necessary to the public, increase awareness of specific aspects of individual and collective health information that is important for health development the (Definition of wellness website, n.d)

- **Organizational Communication:** There are three main definitions for communication inside organizations. First, “Communication is the way of moving information from sources to receivers”. Second, “Communication also can be “process that produces and reproduces shared meaning”. Third, Communication could be a way to enhance the understanding of self and others (Miller, 2012, p. 12-13).
- **WHO:** It is a short symbol of the World Health Organization.
- **UN:** An abbreviation for United Nations.
- **WHO:** An abbreviation for World Health Organization.
- **GD:** An abbreviation for General Director.
- **MOH:** An abbreviation for Ministry of Health in Indonesia.
- **HIS:** Health Information System in Indonesia.
- **Team work:** Two or more people working to gather to achieve a common purpose. “Teams develop products that are result of the team’s collective offers involves synergy. Synergy is the property where the whole is greater than the sum of its parts” (Team Building WHO, 2007).
- **Crisis:** “A stage in a sequence of events at which the trend of all future events, especially for better or for worse, is determined; turning point” (Dictionary.com, n.d).
- **Health crisis:** “The point in the course of a serious disease at which a decisive change occurs, leading either to recovery or to death” (Dictionary.com, n.d).

Strategy: “A method or plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem” (Dictionary.com, n.d).

CHAPTER TWO

What are the relationships between organization structure, and internal organization communications? The organizational structure determines the communication channels and the work responsibilities between all the working levels including organization authority and its staff. The common way to visualize the relationships between the employees is through an organization chart (Hutton, 2010, p.p 151). Each organization has a structure that clarifies its internal organization communication direction to organize the working teams and leadership for positive organization performance result that achieve its aims. According to Hutton, (2010), “Charts are important to determine management responsibilities and who reports to whom especially in the large organizations” (p.p 151). Structure always affects the organization’s internal communication system, and its functions.

However, organizational structure is not only a chart. It is presented in a chart format. According to INC website, (n.d) "Organizational charts are detailed representations of organization structures". It may be functional, in which work units are divided based on what they do and named after those functions”. Therefore, organizations try to design an appropriate structure for more smooth and effective internal communication system. Furthermore, organizations add some changes if it is needed to their structure in order to develop the organization’s performance. However, do all the organizations have the same structure, and communication system? The answer is no. There is no best type of structure for all organizations.

In fact, there is no one specific type of structure that fulfils all the organization’s needs and goals. The organizational structure depends on many factors to format it into a meticulously appropriate picture that supports the organization’s achievement and productivity. According to Adubato, (2012) “There is no one organizational structure that works best in every situation. Organization’s size matters. The task matters. Lots of variables matter. However, communicating the right

information to the right people at the right time is your goal”. That is why there are many different types of organizational structures. The organization structure affects on the organizational communication particularly on the internal communication.

Indeed, the internal communications focuses on all the internal communication ways that information travels inside an organization. Internal communication system activities could be all the ways that could help in sending messages starting with printing materials to news and technology tools. According to Hopkins, (2006) “Internal Communication, in a business context, is the dialogic process between employees and employer, and employees and employees”. Internal communication is an important element in guide the organization to succeed. Hopkins, (2006) says:“communicating with employees’ is a useful and powerful way of engendering greater ‘engagement’ – the propensity of the employee to want to come to work and want to contribute to the success of the company”. Therefore, the smart organizations recognize that the communication between employees in the different communication levels is essential and helpful to create productive environmental (Hopkins, 2006). Organizations should do all what they can do to communicate with their employees to be close to their ideas and build strong trust.

However, the main question is what the organizations should focus on to guarantee good internal communications. Organizations need to assure that the internal messages between employees are clear to understand, and deliver in a timely manner and in a medium that the receiver is willing and happy to receive it in (Hopkins, 2006). In short, internal communication goal is to send the organization messages in appropriate and clear way to achieve specific objective.

The WHO structure is formed as a functional structure. Functional structure divides the organization departments or levels based on the organization functions (The Reference for business website, n.d). Each department specializes in specific tasks to enable specific functions to be achieved. On the one hand, this is considered an advantage in that every department has specialists that enhance the efficiencies of these functional groups or departments for high quality health achievements (The Tutorialspoint TP website, n.d). On the other

hand, it seems a disadvantage in that each department is rich in its information and knowledge, but poor in other areas. According to O'Farrell & Media ,(n. d) “It can be difficult to facilitate strong lines of communication between functional departments; if departments are in separate locations, actual communication can be difficult, as can understanding the needs of the other department”.

In this thesis, the goal of this chosen topic is to study the impact of changing the nonprofit's organization structure on the communication system functions. It is appropriate to study the World Health Organization structure as a nonprofit organization that has a health interest, and health services objectives. This study focuses on the changing strategies that enable the changing structure process with the effective results in the World Health Organization outcomes. The interest area will continue with trying to discover how these changing processes affect the internal communication system in WHO.

According to Vijayan, a fourth-year medical student, who worked with WHO (2007), “The World Health Organization can be considered the primary agency of the United Nations that promotes global public health”. Therefore, this multicultural major nonprofit health organization has offices in many countries. That requires us to shed light on the nonprofit organization culture, which includes its structure and communication system in order to understand WHO culture.

There are some essential questions come to mind when we think about nonprofit organizations. According to the Bridgespan Group website, (n.p), there are three main questions that determine the work style in nonprofit Organization. First, how do we make decisions? Consensus-driven? Authoritatively? Which means is the organization style formal or non-formal. Second, how do we get our work done? Collaboratively? Independently? A combination? Which means teamwork and volunteer members. Third, how do we communicate? Verbally or in written form? Directly or indirectly? Voicemail, email, or in person? These all relate to internal communication styles.

To answer the first question, we need to describe the WHO structure again in order to provide its deep structure form. It is evident

that the World Health Organization structure used a functional type that depends on specialists and majored departments that helps to support emergency cases, and provide health services. The Governance in WHO used to and still follows the functional style. That means each of WHO's units focuses on its specialist areas and functions and follows specific guidelines. The WHO Assembly members' tasks are setting the organization policy, approving the budget, and appointing the director-General every five years. Moreover, the job of Exclusive Board members who are technically qualified in the field of health is to agree with the Assembly decision or resolution that the Assembly adopted. However, the six regional committees focus on the health matters of the regional nature (An introduction to the health organization, 2007). They all share the decision making process. All the WHO members help in making these decisions in many ways. According to Huang, (2010) "WHO's role as a specialized agency is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends".

However, in the 2007 report on the international consultation on strengthening leadership in low-income countries, the main issue was how the WHO could communicate and work with the leaders in other countries and how they were going to participate in WHO's achievements of objectives. That was a big challenge for the organization to face. WHO leaders in both the headquarters and in the different countries have enormous responsibilities that are used in conjunction, and carefully applied. Jennifer Ruger who is a professor in Yale School Of Public Health Provider and was a guest in the Council on Foreign Relations interview to discuss the role of WHO in global health governance. , mentioned that the important thing in the moral side is important in the global communication between countries in WHO. (Huang,2010).

For the second question, WHO has many teams formal or non-formal, and many volunteer members who help in achieving its health goals. The country team is one example of the important formal teams that focus on helping those who suffer from HIV/AIDS. These teams

exist in 85 countries and work with many players such as other UN agencies, nongovernmental, and affected communities. Its goals were to help the plans, implement, and monitor health programmes. WHO tried to increase the number of volunteers in 2006-2007. Increasing these kinds of helpful individuals would be necessary to achieve victory in the health field (An introduction to the health organization, 2007).

According to An Introduction to the Health Organization, 2007 “Regional_HIV/AIDS teams in each of WHO’s six regional offices are the first point of contact for country offices that need extra technical or financial help”.

As we have seen, WHO’s working style depends on working groups which are essential for nonprofit health organization. There were various types of formal and non-formal teams. The WHO functional structure believes in cooperation and participation in order to provide good health services to help the global patients.

Internal communication at WHO is a broad topic. WHO used a wide variety of tools that are mentioned in chapter one. However, the most important tool is the information technology system that provides information to all its members and workers to help achieve its objectives. According to WHO website, (n.d): “Internal communication is not an optional activity but a critical element in planning and managing the WHO emergency response.”

The question here is why is it good sometimes to change the organizational structure to get more effective internal communication system. The answer depends on how the internal communications lead to effective results. According to WHO website, (n.d) “Effective internal communication is vital to ensuring a common understanding at all levels of the Organization of the situation and what the Organization is and should be doing. This shared understanding, together with a clarity on the roles and responsibilities of staff at different levels, are crucial to the success (or failure) of the WHO response”. In other words, is the communication system strong or weak? Weak internal communication could for sure affect badly on the work performance and reduce achieving the organization goals (Zaphyr, n.d). According to Vijavyan, a fourth year medical student, working with WHO

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website, (2007), said: "WHO's structure has also been stated as one of the most decentralized organizations with the UN agencies. The need for effective communication between headquarters and the regional and country offices is therefore imperative".

Dr. Chan in her Keeping Promises report, 2012 mentioned that WHO country offices improved the quality and effectiveness of WHO technical support to member states by direct dialogue with countries. According to the General direct, (2012)" The practice of bringing the heads of country offices to Geneva every two years to jointly look for ways to improve direct support to countries. These meetings have resulted in a number of policy changes, including policies for the recruitment of appropriately qualified staff, and refinements in the expectations for WHO collaboration with countries". As a result, WHO organization used the change process as a basic element to develop its internal communication system by using specific strategies. According to Bridgespan Group website, (n.p) "Nonprofit health organization needs to work hard, change individuals, and create jobs to balance between achieving its goals and any other challenges". Therefore, nonprofit organizations believe in choosing the highest level of individuals' experience, and believed in sharing and corporation strategies for more developing in the internal communication functions. According to the Bridgespan Group website, (n.p) "An individual's work style and approach to communications can significantly influence how a job is executed".

Furthermore, according to Alfred P.Sloan, Jr, (1963) "We learned from experience that work of higher quality could be obtained by utilizing, corporation-wide, the highly developed talents of the functional specialists". As Dr. Chan said about the changes: "These changes would "bring a closer alignment around our work on health security and the environment, endemic communicable diseases, research and UN reform."

WHO faces constant change in its attention to different kinds of diseases. Each period new diseases can appear which depend on the chemical materials, environmental pollution, and unhealthy food. Worldwide health faces challenges like influenza prevention in an environment where two billion passengers travel annually to different

countries. Moreover, the emergency health cases in the countries that suffer from natural disasters or wars, could be hard for WHO teams who need to enter or use technical aids, technology system or even the normal communication methods like mobiles. Furthermore, all these diseases could interrupt the exchange of the essential information with WHO headquarters or governors immediately. That would be a complex situation to help in developing the treatment drugs or provide health services equally. Consequently, that is so difficult and they create huge barriers in providing help fast and excellent health services (The world health report, 2007).

Likewise, there was a lack of fundamental information in 85 countries which represent 65% of the world population that does not have the statistics including the real cause of death. This is because it may be unknown or not recorded.

As a result, WHO established a global health observatory to improve access to health data statistics, and analyses. The observatory is an organization with wide resources and strong links to countries and regional offices. WHO is allowed access more than 50 datasets on WHO priority statistics. Furthermore, the world health statistics reports presented a lot of helpful information (The keeping promises, 2012).

CHAPTER THREE

Research Methodology

This study is a case study based on a review of the literature surrounding changes enacted within the Indonesian office of WHO. In this study, I used multiple forms of methods writing documents, books, electronic documents. However, the potential were the writing documents that included five different WHO reports, books and many electronic documents specifically WHO website, which added a lot of clarification to the research topic. As such, the data may be biased since it represents the viewpoints of other authors that has been collected. Synthesized, and analyzed rather than original research conducted by the author through primary source material.

Case Study:

Case study is a research methodology that focuses on studying in depth specific individuals, events, programs, or firms (Leedy, 2010. p.). In this research, the case study is a single case and focused on the WHO changes strategies in Indonesia that impacts its internal communication system. This case study investigates deeper into how WHO implements its strategies about changes and development agenda over the year 2007 to the year 2011 in the Indonesian country offices. According to The WHO Country offices for Indonesia website, (2010) “WHO’s Director-General places a major focus of work for the organization at country level. Regional offices and headquarters have been directed to emphasize support for country work and implement these priorities in member countries, especially involving people in greatest need” Those changes are included in the communication areas and employee developments, which are parts of its administration structure. This thesis will identify using published materials as its source:

- a) Change in methods of communication
- b) Change in flows of communication
- c) Changes in content of communication
- d) Change in the reception given to communication
- e) Change in actions taken with respect to staff interactions as a result of communication

Case Study design:

Indonesia became part of WHO members in 1950 with country offices (The WHO Country offices for Indonesia website, 2010). In 2000, WHO made the first “cooperation country strategies development” with Indonesia covering the period 2001-2005. However, the last development strategies that included many changes in variety to areas have been submitted in the period 2007-2011(WHO country Cooperation Strategy document, 2007-2011). The main objectives for WHO cooperation country are supporting health development and, effective response in the time of crisis, providing technical leadership in collaboration with the government, shaping research, and disseminating knowledge (The WHO Country offices for

Indonesia website, 2010). These strategies depend on many development programs that WHO and Indonesia collaborated on.

For the research purposes, the chosen topic will focus on Indonesia offices cooperation, Information Technology system, and Global Regional policy framework. These examine the research idea which is change in the functional structure is inevitable, and affects the internal communication system. It also answers the research questions in the areas of showing strategies of change and their effectiveness in this specific culture.

RQ: What indications in the literature are there that the structural changes in the Indonesia WHO country offices resulted in changes in the service capability of the organization?

CHAPTER FOUR

Analysis Elements

Introduction:

This study focuses on showing the changes in WHO organizational structure that were instituted in 2007 applied in 2007-2011. These changes included different areas such as individuals and department organization. Dr. Chan tried to reorganize the departments and make some changes in many different individual positions in all the organization communication levels. The study for WHO organizational structure changes in 2007 goals is to provide more professional health services to all who need it. That is what Dr. Chan dreamed to achieve. In this chapter, the focus will be on WHO Indonesia country office which provided a fixable structure cooperation strategy. Indonesia is a huge country that needed many cooperation processes with other expert agents to achieve its goals. The nonprofit structure is generally divided into three functional areas—governance, programs and administration—and then further subdivided within each area, depending on the purpose and goals of the nonprofit (Magloff, n.d). Therefore, the three main elements will be reviewed to determine the effectiveness of the WHO structural changes. These three elements are WHO collective programs, Technical support system, and the WHO health decision making mechanism.

1. WHO collective programs

Cooperation with other organizations and agencies was reflected in the communication between WHO members in Indonesia country office and other organizations and agencies in the period from 2007 to 2011. WHO is the United Nations country team that its objectives would not be achieved without the cooperation of all the different aspects. WHO needed to cooperate with other UN agencies and nongovernment organization to provide high quality health services. These cooperation strategies focus on economical status and exchange experience in the health medical field (programming). There are 25 UN agencies in Indonesia. According to The WHO country Cooperation Strategy document, (2007-2011) "WHO is currently the lead agency for a number of UNDAF outputs related to improve health and nutrition. In order to achieve these outputs, WHO will help coordinate activities closely with other UN agencies working in health areas, in particular with United Nations Children's Funds (UNICEF), United Nations Population Funds (UNDAF), International Labour Organization (ILO) and Food and Agriculture Found (FAO)".

These different cooperation experiences would support WHO to raise its health knowledge in a variety of areas and strengthen its internal service abilities. WHO has some weakness in providing health services for children and women (WHO country Cooperation Strategy document, 2007-2011). In addition, the health partnership between WHO and other organizations like UNICEF, and FAO established some helpful health programs. WHO with FAO focused on food issues that help in solving many health problems? However, the WHO cooperation process with UNICEF focused on many activities such as providing health information and a variety of services for children health (WHO country Cooperation Strategy document, 2007-2011).

Moreover, WHO had worked with Ministry of Health in intersectional collaboration in areas like tobacco and health, HIV-AIDS, health insurance or adolescent health? That was a challenging cooperation process because the involvement of other influential ministries (WHO country Cooperation Strategy document, 2007-2011).

The cooperative process between NGOs and the country offices of Indonesia is shown by the NGO's during emergency times such as when tsunami and earthquakes hit the area.

A large number involved in these disasters which affect areas of the country. They contribute in health activities which was challenging for the authorities. However, a lot of them have already finished their helping programs, and some of them were still presented for a long term to provide support in reconstruction and rehabilitation in the province of Nanggroe Aceh Darussalam (WHO country Cooperation Strategy document, 2007-2011).

Dr. Chan had to follow what the previous General Director has done. She continued to collaborate with other organizations to achieve high medical services to the huge population in Indonesia. That was considered a challenging strategy, but was essential to empower the internal communication abilities. She led staff to become involved in a cooperative health strategy.

In 2007, There were different kind of economic contributions by 40. 685 M\$ as voluntary contributions. About 30% of this contributions are allocated to WHO Indonesia country office (WHO country Cooperation Strategy document, 2007-2011).

2. Technical Support System

Generally, WHO is responsible to give information about health issues and diseases, and that was the first goal that was achieved in the Technical Support in Indonesia country offices. WHO used this information for research usage, preparation, and finding a solution for any health problem? Furthermore, WHO advocacy provides technical support for emergency priorities in health in the country offices in Indonesia by giving information about communicable and non-communicable diseases. This element is an important in showing how the information system or (IT) flows. That is a basic factor that is needed for information connection especially when new changes take place. (WHO country Cooperation Strategy document, 2007-2011).

The Health Information Systems in WHO country office provides the basic evidence and information to support decision-making. The HIS in WHO country office is divided into

two parts: routine and non-routine. The routine information means the personal health file for health and diseases record such as Malaria, Tuberculosis, and Tobacco control. Routine information also includes health centre and hospital records, specific health services, and administrative record. However, non-routine information includes related surveys and studies, and assessments. The negative aspect in HIS is that provincial or district health offices often developed their own specific HIS. This means there were not any coordination with the Centre for Data and Information (CDI) in Ministry of Health (MOH). That could cause disconnection in the information flows, which slow the main researches and studies objectives.

In 2007, some weaknesses were determined from The Health Metrics Network (HMN) that focuses on the health information organization, connection, and evaluation factors. These factors were:

1. For collection data system: made the data collection system available for all various programmes usage and harmonized it between all Health places to reduce duplication. Moreover, monitoring and evaluation of HIS performance was an objective.
2. Evaluate data quality: setting data standards, data validation process and use of standard Nomenclature (like ICD 10) for diseases diagnostic and classification system.
3. Strengthen policy development, regulation and registration particular development of an HIS strategic plan to coordinate HIS development in MOH and with other stakeholders
4. Establishment of ICT support and organized unit responsibility for HIS at provincial and district levels.

WHO country offices that were working on developing working in developing the HIS since 2007 continue to 2008-2009 under Dr. Chan leadership and the new structure that she made in 2007. In 2011, WHO country office collaborate with Indonesian Ministry of Health (MOH) to provided:

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1. Technical support in collaboration with the Health Metrics Network to finalize the MOH Health Information Strategic Plan, and in the preparation of GF Round 8 for HIS.
2. Trainings for medical certification of causes of death. These courses use verbal autopsy interviewing skills, and burden of diseases study, and statistical analysis. For more high quality and facilitate the presentation of the National Basic Health Survey results.
3. Improvement in health information and guidance, WHO developed Technical support on the use of information & communication technologies (ICT) to effective practices, policies and standards in e-Health.
4. In Balikpapan, Integrating Health Information Database Management.

In 2010, the achievement of Health Indonesia brought forth better data with better data management, data bank and health profiles, networking on health information and methods for the use of data and information for action.

In order to assess health status, fairness in financing and responsiveness, WHO used the survey method. One of the most important surveys was the National Health Surveys which is carried out every three years. In addition, there were other health surveys such as Demography and Health Surveys; include 2010 MDG surveys (Riskesdas, 2010). However, the uses of these surveys were not optimal in determine the quality of health information. Therefore, the general orientation within the setting of decentralization has become essential.

Some constraints were identified regarding the development for different programme, lack of regional capacity, limited use of information for management purposes, minimum use of information by community. MOH is taking initiatives to develop integrated health information system using the on line health information system. Indonesia country office needed to work on gaining financial support for the implementation and maintenance of HIS facility and equipment should be considered as the priority in the budgetary line items.

Provision of an adequate and qualified HIS personnel is not evident in most units either at the point of services or health management level giving more burden to the constraints of health information system (WHO Indonesia, 2010).

In fact, WHO faced many technology information challenges that focused on lack of providing concise health information, lack in providing the information between health agencies, few of using the technology information tools to register, and manage the health information. Moreover, there was a lack of measures to assure the quality of submitted health information. It seemed that Indonesia in general was suffering from health information issues. Dr. Chan tried to develop the health information system and tools. That impacted on WHO health performance. According to Petrauskas, (2006) “Information technologies have great influence on the performance of organization. They are related with the changes in organization activities and structure of organization”.

3. The WHO Health Decision Making Mechanism

Generally, the mechanism of WHO organization structure in decision-making is related to three main factors collaborative, decentralization, and delegation. These factors gathered to support achieving high level of health services or at least the basics services to who need them. Delegated strategy for the health activities is essential to achieve health goals because it enables making decisions immediately.

The delegated strategy applies to different levels and variety of tasks. WHO South East Asian Region is the office which is responsible for Indonesia and ten other countries such as Thailand, and Malaysia. This office is one of the WHO’s six offices that include the second highest population and has the greatest burden of disease. This office is the main place for WHO to start communicating with the 11 countries that face many emergency cases.

The changes in many areas in its policy framework will affect the internal communication system between the WHO Governors and the office members. These changes include strategies dealing with health problems that have to do with low economic coverage, which is

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the main issue for the poor countries. The Global Regional policy is an essential element for the WHO country office to achieve its goals through the internal communication system in Indonesia office. The global policy framework that WHO created focused on giving highlights in priority to supporting work which maximizes health benefits nationally and globally. Moreover, the Regional director for SEA Regional increased the delegation of authority to country offices to help facilitate implementation. The Regional and country office was focused on decentralized health system between them to share the accountability for their work (WHO Country Cooperation Strategy document, 2007-2011). Delegation strategy is helpful in making decision-making process faster and more concise.

Second, the country office and the ministry of health in Indonesia made together a nurse program, which has all the health services, and activities that could help patients in Indonesian community. That presented in both learning lessons, and medical services. They work inside health facilities and outside. When they work outside they were still under the authority of the program, but they make their decisions depending on the health situation without asking for authority agreement. That might be a simple kind of delegation, but it is effective in achieving WHO objectives (The Country Office in Indonesia, 2010).

Other kinds of collaboration occur in high level decision-making cases. It is WHO's government mechanism in decision making. The World Health Assembly meets annually with all countries delegates to determine the program of work and to approve the budget. Each member state sends a delegation of three delegates who are most technically qualified in health, and representing the national health administration. WHO support the principle of "one state, one vote" in order to collaborate to achieve health objectives. The decisions are reached by consensus in advance of the WHA. The majority of actions resulting from resolutions are then carried out by the WHO Secretariat. According to Rachel, (2010) "WHA resolutions are soft laws. They are usually binding on the Secretariat, and prescribe the work it must carry out, but typically "urge" member states to do something, and are not binding on the member states".

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As an example, Indonesia showed a collaborative action when it agreed to send virus H5N1 "bird flu" samples to high income countries because they are ready economically to make health researches more than Indonesia. One pharmaceutical company in Australia used the samples without Indonesia agreement. After knowing that the pharmaceutical company used these samples, Indonesia complained and refused to continue sharing the health benefits. WHO was not supportive with Indonesia decision for a period. However, in 2007, WHO changed the policy and agreed with some other members that Indonesia has the right to make the appropriate decision about the unethical action that happened. According to Rachel, (2010) "This resolution, when used in conjunction with the IHR, supports the interpretation that sharing biological samples is part of a country's requirement to provide accurate and detailed public health information under the IHR. However, WHA Resolutions are non-binding on member states, and can only "urge" them to act". That shows the decentralization process and flexibility in create ethical decisions.

Moreover, the decentralization process is not an easy thing for all countries members to be familiar with it. It needs time and experience to determine which parts are able to be decentralized. The decision-making process is a sensitive one and is accountable to everyone internally and externally authorities. Under the decentralization, many problems occurred such as the hardest for civil servants to be redeployed and moved across different levels of government. Moreover, low quality of the workforce is partly attributable to the lack of strong accreditation and licensing procedures. This in turn affects the quality, efficiency and equity of health care provision. Therefore, the Ministry of Health reorganized its human resource functions and coordinates all centers to develop the workforce and an integrated information system (WHO Country Cooperation Strategy document, 2007-2011). That would help the cooperation process between the country office in Indonesia and the MOH by creating an understanding and easy environment. The high educated government would be a strong believer in health role and collaborative with other health organizations like WHO. According to WHO Representative to Indonesia, Khanchit Limpakarnjanarat, (n.d) "The

Government of Indonesia started to play a bigger role in health diplomacy in 2011 when the country was chair of ASEAN”, he says. “Health is a precondition for countries and global development, therefore, as the world goes global and countries are more connected than ever, health diplomacy imperatively continues.”

CHAPTER FIVE

Summary and recommendations

The organizational structure for WHO actually consists of several types of substructure. However, the main type of the WHO organizational structure is functional, as many websites and research studies describe. However, after analyzing the wealth of information and views, it appears that WHO’s structure depends on the objectives that WHO wants to achieve and the missions that they believe in. Identification of the structure is comprised of three main structures: functional, divisional, and matrix.

Summary and recommendations for WHO structure type:

WHO’s structure gathers the closest departments together into one department, which makes them work effectively by supporting each other informatively. Through WHO departments, the closest departments in major interests and objectives work together in one department for more effective health research and results. According to Magloff, n.d “The functional structure is the most formal of the basic organizational structures. It is mechanistic and based on a strong vertical management hierarchy, making for many rules and tightly defined roles. The matrix begins with this organization, grouping people by job functions”. Moreover, the functional structure could lead to conflicts and poor internal communications. This structure is appropriate for organizations that do not change (Magloff, n.d). Therefore, it is not recommended for non-profit organizations that undergo great change like WHO.

WHO also has a geographic divisional structure. This structure means that the organization has many offices around the world. WHO has an enormous number of memberships in 193 countries. Each office has its own work style, plans, and internal communication strategies.

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The organization offices follow their cultures not the main culture of WHO. Therefore, the WHO strategy was to collaborate with different offices' cultures in order to find appropriate internal communication (Magloff, n.d). This is just the second part of the WHO structure; it does not represent the whole picture of the WHO organizational approach

Moreover, WHO has an informal structure that operates also. Many informal teams created to help in achieving health goals economically and humanely. This structure is a team structure. Team members gather to achieve specific objectives. They could be from different from different areas: health specializations or even businesses.

In fact, the WHO dynamic in decision-making relates to decentralization and specialization. The basic dynamic to support develop and creative ideas and views for high quality health plans and services is working collaboratively. Most of the WHO highest ranking personal are health specialists. Various specialists help achieve health objectives: according to Nesbitt (2009), "More than 8,000 public health experts - including doctors, epidemiologists, scientists, managers, administrators and other professionals from all over the world". The decisions must be flexible, ethical, and satisfying for all membership countries.

The WHO delegated strategy was effective in training many individuals to be experts and involving workers in decision-making processes, which became faster and more appropriate to the situations. The closer to the issues, the more appropriate and concise decisions would appear. WHO authorized Indonesian offices to make any urgent decisions faster without permission from the WHO governors. In addition, the delegated strategy could be for small programs like nursing program that allows nurses to make decisions that support patients without permission from the country office of Indonesia. According to Thompson, (2004)"Nurses are increasingly regarded as key decision makers within the healthcare team. They are also expected to use the best available evidence in their judgments and decisions. The prescriptive model of evidence-based decision-making—and the search-appraise-implement process that accompanies it is an active process".

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It appears that WHO structure is complex to define and describe. However, the main technique that WHO structure focuses on when designing structures is a team format and spirit. All the governors team works, the formal and non formal structure, and the collaborative teams have the same work dynamic and aim which to achieve high quality health services through normal or emergency situations.

The recommended choice for WHO structure is the functional structure mixed with the matrix structure, which compounds the important factors: team spirit dynamic, change process, and a strict line of authority. Matrix structure has employees gather in teams, work to achieve goals, and change what needs changing. However, according to Magloff, (n.d) “This structure increases employee skills and involvement but can lead to employee confusion and frustration because lines of reporting are unclear”. The main structure of WHO consists of the major individual positions and specialists who are supportive of WHO’s strategic environmental work and health planning needs. The 193 membership countries and the two associate members meet every year to discuss and set policies, budget, and health plans (An introduction to the WHO, 2007). Other WHO teams around the world working to reduce health problems and create solutions for health issues have team dynamics and formats. However, when ethical issues arose between two members like Indonesia and Australia case, decisions came from the WHO headquarters via the General Director. WHO members who were in the same level of authority could not take this step, but they agreed with Indonesia. Thus, WHO needs a line of authority to solve potential conflicts and to evaluate teams work.

Since some organizations have two or more kinds of structures, it will be better for these kinds of organizations to create and named their own type of structure. I agree with Huang that the recommended name for WHO structure is the global collaborative structure (Huang,2010), and add other points below.

Summary and recommendations for change-process strategies of WHO structure

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When General Director Dr. Chan and the WHO headquarters agreed to make some changes, they adopted strategies that they thought would make the process more effective.

First, changing some aspects of the organization does not change everything. Dr. Chan and her team continued to use some strategies like collaboration with other agencies and organizations. She also opened opportunities to different contributors in money, power, or handwork to help provide health services to those who need them.

Second, change in positions requires specialists and high performance individuals. The strategy of promoting member specialists and doctors depends on their majors and experiences in leading careers. Most of those promoted were in high leadership positions in WHO. Therefore, they had experience in WHO work style, work strategies and leading. It recommends that leaders come from inside the organization and should be in a good health and in age that enable them to handle leader position responsibilities. Dr.Chan changed the direct assistances leaders. She had the right to develop her senior team with new internal team members' experts. Furthermore, some assistances direct retired, and some of them left their positions to look for other work opportunities. That makes them more aware of the culture of the agency than external experts. Dr.Chan need to evaluate her new team to decide if she needs future changes in her team.

Third, changes involving two departments in one to reduce the budget and produce more effective research. Dr. Chan and the WHO headquarters combine the closest departments in areas for better health work results. Merging with other departments is an excellent way to improve efficiency, increase business and save money (Envision it, n.d). For example, Communicable Diseases cluster merged with the department of Epidemic and Pandemic Alert in the Health Security and Environment department. Both departments focus on diseases and health issues (WHO website, 2007).

Furthermore, Dr. Chan merged strategies involved merge not only the closest department in majors, but also merged between departments that can be supportive to each other to achieve health goals. For example, Health Technology and Pharmaceuticals cluster merged

into the Health Systems and Services cluster to create a safe health system (WHO website, 2007). This kind of merged department support that the WHO structure is not a functional structure because the departments are not closes in majors. That means some departments are involved different specialists. Functional structure required that groping jobs have the same knowledge and skills (References for Business, n.d).

Other strategy was merging and add new department that WHO need to others. For example, the Information, Evidence and Research cluster now includes the Special Programme for Research, and Training in Tropical Diseases (TDR). It also included a new department on Ethics, Equity, Trade and Human Rights. The Ethics and Human rights department is essential to emphasis the ethics role through internal communications between all WHO headquarters, governors, and staff and through health career generally. That was a good change idea especially when Australia as a member in WHO used blood test of Indonesians' patients to develop some medicines without the Indonesian membership leaders permeation. Many members agreed that Indonesia has the right to disagree about what happened. Thus, creating a new department to empower the importance of ethics and human rights become necessary for more effective communications between WHO members leaders. According to American College of Healthcare Executive, (n.d) "Healthcare organizations must be led and managed with integrity and consistent adherence to professional and ethical standards".

The main challenging factor of the merging departments' strategy especially the non-closest departments is how they communicate with each other effectively and reduce the conflicts. Also, are the merge departments have abilities to understand each other specializations areas, and can cooperate with them to achieve WHO objectives. The main element that could bring all departments leaders and workers together is the goals of WHO and how they would achieve them.

Fifth, changing the General Director for WHO is a slow process. The previous GD, Dr. Lee, held the position for 23 years. Dr. Chan has been appointed for more five years. That means she will have been in GD for twelve years by the end of her appointment (2006-2017). WHO

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membership and governors affirm that a good leader is essential and collaborative one is the best. They found that Dr. Chan showed loyalty to WHO work strategies like the participation process in formal and non-formal structures. Dr. Chan Chinese culture affected on her way of leadership style. Chinese culture based on the idea of a collective, and teamwork dynamic. According to Jiang, (2011) “In most Chinese companies, employees from the CEO down to the lowest-paid factory worker believe that harmony and loyalty should be maintained and confrontation avoided”. Therefore, Dr. Chan culture helps her to understand and communicate through working with the huge global collaborative structure that included many different teams. According to Pinola (2013), “As long as you're advancing your skills, can show you are great at adapting to new situations, and keep building a solid professional network, there isn't a "too long" limit.” There is no specific time for employees or leadership to be effective. In fact, according to Pinola, (2013) “staying for ten years or more on a job can also be a positive thing, if you've gained seniority and leadership opportunities and have more say in the company”. WHO needs to evaluate Dr. Chan’s work and decisions for the whole period of her leadership position. However, the main element to evaluate the leadership is the achievements of the organization goals that must be ethical. Some organizations find the ethical element to be challenging in the field of health.

In 2007, Indonesian structure experienced changes that indicate a variety of health achievements. The organizational structure did not focus on the authority power that determines organization control on decision-making. The organizational structure was open and changeable depending on the health need situation and the Indonesian culture. Many health programs were created as was the technology information system developed to implement health. The technology information system is the major internal communication support of WHO in Indonesia to organize and find out the health problems causes and submit them for more research. In addition, that helps to organize what to include in the WHO country office in Indonesia website to inform people what to do in specific health cases. Moreover, people need to know that it is important to cooperate with the WHO country office and to provide correct and concise information. WHO needs all

collaborative expertise to evaluate the health information that given by people and set data to connect all health centers. The WHO office and the Ministry of Health in Indonesia need to work hard to provide a trustful health database.

Indonesia is almost considered as a continent with its enormous number of citizens. Therefore, working in health organizations to meet basic health service needs, manage a large high budget, and provide a huge health work staff and specialists is a daunting challenge. WHO could not achieve its objectives in Indonesia without collaborative strategy with organizations, the Ministry of Health, and a variety of experts, even public officials? The work with Indonesia specifically was challenging in communicating with authorities, people from different level of educations, and economics, and meeting the budgetary and health information needs. The budget for WHO collaborative programs in Indonesia was approximately \$10,127 million. However, the volunteer participation was almost \$12 million. Some effective mobile programs like nursing services contacting poor people who were unable to visit health centers, unable to enter the WHO country office website, or have educational opportunity. This program focused on teaching the basic health knowledge and the emergency health needs that could be practiced in their homes.

The main aim of this research was to examine the impact of WHO structure changes on its internal communication strategies. Further aims were to measure how these changes could support the WHO goals achievements, or to make it meet more of its challenges. In this research, the changes showed effectiveness and supportiveness to WHO internal communication strategies in many areas. Change strategy is considered essential to provide the nonprofit organizations with more opportunities to develop their own internal communication strategies and tools. WHO structure is a collaborative geographic changeable that has team dynamics in its decision making process and in apply them.

The study covers the period of 2007-2011, which was under Dr. Chan leadership. In future research, it will be need to cover the whole Dr. Chan term and observe her internal communication strategies between all communication levels. In addition, see how she can manage

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any changes through the enormous number of multicultural governors, teams and UN partnerships that support the World Health Organization structure achievements. Finally, the researchers need to continue observe the development in the technology information system and database that Dr. Chan believe in as a basic element to achieve the health goals and support the global health leader organization career.

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