

World Health Organisation Development Effectiveness Summary*

Context

Mandate: The World Health Organisation is the United Nations specialised agency responsible for matters relating to health. Its objective is the attainment by all peoples of the highest possible level of health. Normative work: promoting research, generating new knowledge and formulating of policies, strategies, guidelines and standards, is WHO's core work. WHO has a key development role and is committed to attaining the health targets identified in the MDGs. WHO currently pursues 35 areas of work under five basic headings: Improving Health Outcomes; Responding to Outbreaks and Emergencies; Tackling Health Determinants; Strengthening Health Systems; Focusing on Results Based Management (RBM). From 2008, WHO's work will be organised around 13 Strategic Objectives.

Size: With headquarters in Geneva, WHO have 145 country and 6 regional offices. Expenditure in the biennium 2004-2005 was US\$ 2944.4m with 37.5% spent at HQ level, 27.0% at regional level and 35.5% at country level.

Key Issues: Interpreting WHO's role, as a specialised agency, within the wider UN reform agenda will be a challenge for the organisation - this includes clarifying WHO's respective roles and functions of Headquarters, Regional and Country Offices. This will be informed and modified by how they participate in the One UN country pilots. Improving Financial Resources management is a priority area. There is an unhelpful resource ratio of 26%:74% between assessed contributions and voluntary contributions – funding which is largely earmarked for specific activities - which severely hampers WHO's ability to carry out its core work. WHO intend to redress the imbalance of earmarked funding, and the restrictions this places on activities by 2013.¹⁰ However the latest proposed programme budget for biennium 2008/09 shows even greater imbalance of 22.7%:77.3%.¹⁰ In terms of the key issue of health systems strengthening, WHO needs to define and play its role vis-à-vis the roles of other agencies such as the World Bank. With the effects of climate change becoming more apparent WHO will have a key role to play in the response to global health security resulting from it. WHO has appointed a new Director General, Margaret Chan. She has confirmed her commitment to ensuring participation in the UN reform process. We hope to see a positive response at regional and country level. WHO needs to continue to demonstrate leadership in helping to simplify the current complex health architecture and proliferation of global health partnerships. WHO has seen many successes at the global level and some success at the regional and country levels, however lack of information makes it difficult to counter the perception of variable country level performance.

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Is WHO *BUILDING FOR THE FUTURE?*

Summary WHO have made significant strides over the last few years in institutional reform. Some areas such as the Results Based Management Framework have been significantly improved. There are other areas, such as staff development, which will take longer to see significant changes. WHO has taken an active part in the UN reform process as a member of the UN Development Group (UNDG). Papers to the January and May 2007 Executive Boards outlines WHO's views on UN reform, and their engagement, including in the pilots, to date. These demonstrate movement and a change of position over the previous months. The new Director General, Margaret Chan, has confirmed her commitment to UN Reform and we expect to see more focus on contributing to the One UN Pilots. However it is early days and we need to wait to see what the strongly independent regional offices will do to support the DG. The country support network have agreed a strategy for building capacity of country teams and addressing the harmonisation and alignment agenda. One important challenge is posed by the interdependence between some of the reform elements across the organisation resulting in delay in fully implementing reform policy.

Commitment to Continual Improvement

To what degree is WHO committed to UN reform?

⇔ WHO share the views of the international development community of the need to improve effectiveness and impact, and the need for the UN system to demonstrate more effective actions relevant to the needs of the 21st century. WHO is committed to investing in collective UN action and reform. WHO believe that diversity of the UN system is a source of strength, and that the outcome of the current UN reform debate should be a better articulated division of labour.⁹

Does the Board require management to act on performance results?

⇔ Results are measured against indicators set in the programme budget. But reports are not published before the next budget is published. Performance Assessment Reports include lessons learnt against each area of work along with details of how they will be applied in the next biennium. The new Medium Term Strategic Plan¹⁰ sets out a clear framework for results based management providing indicators, targets and resources required for their achievement. The importance attributed to RBM is reflected in the location of the Evaluation Unit within the DG's office.²

Building Knowledge and Lesson Learning

Does WHO have adequate mechanisms for learning and spreading lesson learning?

✓ WHO is a knowledge-based organisation. The exchange and dissemination of information about health conditions and the maintenance of health has been a central activity of the Organisation since its founding.¹³ Internet and published materials are widely disseminated. WHO have made some progress in sharing knowledge and good practice with member states through its Knowledge management and information cluster. A new partnership is hosted by WHO -The Health Metrics Network. It seeks to increase the availability and use of timely, reliable health information by catalysing the funding and development of core health information systems in developing countries.² National offices in priority countries need to improve their communication strategy and proactively disseminate regular updates that inform key stakeholders in simple terms of the interpretation of the WHO mandate in emergencies in the local context.

Results Based Management

✓ WHO is committed to results based management and has a well defined framework starting with the General Programme of Work providing the long term strategic direction to set priorities that will be outlined in the Medium Term Strategic Plan. Performance is assessed biennially with additional thematic, programmatic and country evaluations to critically assess outcomes.²

Staff Development

What is the level of staff satisfaction?

Not reported in the public domain.

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How well is WHO *MANAGING* its *RESOURCES*?

Summary WHO's ability to prioritise and fund its work is significantly restricted by the high level of earmarking by donors against voluntary contributions. These contributions account for 74% of funding to WHO in comparison to 26% assessed contributions. This results in an imbalance of attention and resources going to issues important to member states while other pertinent areas are neglected. WHO recognises that it needs to improve the predictability of its financing if it is to more effectively manage its resources as set out in the MTSP.¹⁰ The role of WHO as a normative and standards setting agency points to less not more decentralisation. However WHO is moving towards greater decentralisation at regional and country levels. The regional layer has an important technical support and performance monitoring role but in the case of WHO, the regions have a unique semi-autonomous status, making any reform-minded changes to the regional level very difficult. WHO take the opposite view to this.

Corporate Governance and Strategy

Is WHO's corporate strategy based on a clear definition of mandate and comparative advantage?

✓ WHO has identified its strengths as its neutral status and nearly universal membership, its impartiality and its strong convening power. WHO has a large repertoire of global normative work and many countries rely on WHO standards and assurances in medicine. Based on evidence of where WHO could make the biggest difference to health outcomes, 35 areas of work were identified within four strategic priorities directly linked to the mandate. From 2008-2013, WHO's work is clearly described through 13 Strategic Objectives of the Medium Term Strategic Plan.

Resource Management

What proportion of the budget is spent against the period to which it was allocated?

✓ The latest financial report states that there was an average under-spend of 3.6% across work areas; therefore 96.4% was spent.⁶

What percentage of total expenditure is spent on administration?

✗ This is not clear from financial report, but appears to be 18.2% calculated from figures in the 2004-2005 Financial Performance report. Direct Costs are recovered directly from the projects, Programme Support Costs are set at 13% and are recovered from extra budgetary projects and finally Fixed Indirect Costs are financed from regular/core income.⁶

Is the agency committed to robust efficiency targets?

✗ WHO have not published any efficiency targets but have identified areas where savings could be achieved through implementation of the Global Management System beginning 2008 and through the natural decline of some programmes e.g. Polio.¹⁰

How well is WHO's resource allocation criteria aligned with its corporate strategy and comparative advantage?

✓ The latest report shows a much tighter distribution of budget variance illustrated by the small under-spend. More areas of work were closer to their budget targets.⁴

Staff Management

To what extent is staff recruitment, postings and promotions meritocratic and transparent?

✗ WHO have started to implement contract reform to provide an easier, transparent recruitment and postings process. They have implemented a global competency framework which has been integrated into major human resource functions.²

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Is there an agreed human resources strategy in support of WHO's strategic plan?

⇔ WHO recognize that good planning of human resources based on actual and projected needs is essential to effective programme implementation at country level and have improved staff mobility and rotation to address this issue.² Inductions and ongoing training for WHO staff in interpreting and delivering the HAC (Health Action in Crisis) emergency mandate need to be enhanced and delivered at the national level whenever possible and additional focus and resources need to be identified to support these activities. Training packages for staff at national level need to be further developed and delivered to improve capacity to create quality proposals to donors.¹¹

Operational Management

Is WHO sufficiently decentralised to enable it to respond flexibly to country demand?

⇔ WHO is already significantly decentralised with 6 regional and 147 country offices. Emergency response activities require standard operating procedures to be finalised that are tailored to maximising speed and efficiency of internal resource flow and minimise bureaucracy and unnecessary delay. Training programmes in the understanding of standard operating procedures should be further developed and finalised and implemented as widely as possible at National, Regional and HQ levels of WHO. A system for monitoring the implementation of and compliance with standard operating procedures needs to be put in place at all levels of the organisation.¹¹

Does WHO's Management Information System provide accurate, useful and timely information for programmatic decision-making?

⇔ WHO have developed a draft information and communication technology strategy. 85 locations have access to WHO intranet but the use of IT across country offices is patchy.² WHO plan to update their MIS system to an Oracle based system in mid 2007, which will link resources more closely to programme outcomes.

How clear and effective are WHO's financial management procedures?

⇔ The Programme, Budget and Administration Committee (PBAC) are responsible for monitoring WHO's financial management procedures. They are in the process of implementing new policies on a range of financial management issues to clarify and improve procedures.¹⁴

How well is WHO managing its *PARTNERSHIPS*?

Summary There is a perception that WHO is being stretched in too many directions by the growing number of Global Health Partnerships (GHPs). A positive development is a report on Partnerships to be presented to the January 2008 executive board, which will look at this whole area. With the introduction of a Health Systems Cluster and greater clarity on strategies of GHPs we should encourage WHO towards greater harmonisation. Although the Country Cooperation Strategy (CCS) encourages dialogue beyond the Ministries of Health there is sometimes a tendency to restrict partnerships to health ministries and exclude wider constituencies at country level. This close relationship with health ministries can, on occasion make WHO representatives reluctant to challenge government policy on difficult issues. The MOPAN survey will review donor perceptions of WHO in 2007. Country governments turn to WHO for assistance in preparing proposals and monitoring reports and WHO cooperate well in this. However lack of resources and lack of the right people on the ground mean that they are not always able to respond in a timely manner.

Voice

What mechanisms exist for developing countries to influence the strategy of WHO?

✓ WHO has global membership: developing countries are on the Executive Board and they participate in the World Health Assembly.⁵

How actively is WHO promoting the participation of civil society?

✓ WHO operate a Civil Society initiative which enables informal and official relations with NGOs at the HQ level. There is no evidence that WHO is unresponsive and it seeks to engage with civil society where possible particularly at global level and within key partnerships such as stop TB or Roll Back Malaria.¹ NGOs in official relations can attend governance body meetings and make statements although they cannot participate in debates.⁵

Partnership Behaviour

What mechanisms are in place to seek feedback from partners and what do the results show?

⇔ No global partners survey. Outside of World Health Assembly, not known if any formal and regularised mechanisms exist and are active.

How willing is WHO to challenge and assist governments on difficult/controversial issues?

⇔ WHO engage with governments on difficult and controversial issues that have a high profile at the regional and global level. Recent examples include implementing travel restrictions during the SARS outbreak and introduction of the new International Health Regulations. There is less evidence of challenging at the country level.

Alignment

To what extent does this organisation foster government ownership through the project/programme cycle?

✓ The WHO Country Cooperation Strategy represents a balance between country priorities and WHO priorities. It is a vehicle for WHO alignment with national health and development plans and strategies such as PRSPs and SWAPs.⁴

What % aid flows to government sector is reported on national partner budgets?

Information not available in the public domain.

What % of TC flows are provided through coordinated programmes consistent with partners' national strategies?

Information not available in the public domain.

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Does WHO use countries' own public financial management and procurement systems?

× No. WHO has set up its own electronic procurement system, operating on the basis of reducing costs by bulk buying, etc.³

Is the number of Project Implementation Units decreasing or non-existent?

Information not available in the public domain.

In what ways has WHO been aligning its strategy/programme/projects with national strategies?

✓ WHO has a Country Cooperation Strategy framework which clearly identifies consultation with all stakeholders as being essential to developing country plans.⁴ 90% of country offices use these to deliver WHO core functions.

Harmonisation

To what extent does WHO participate in local donor coordination activities such as sector working groups/thematic groups?

✓ WHO participates extensively in sector working and thematic groups although the quality of participation can be personality dependant and relies on the relative strengths of both the WHO representative and the UN Resident Coordinator.¹ WHO will build more effective alliances within the UN and broader development community, to harmonise the health architecture at country level, and engage in reform process towards an effective country team under a common UN lead.⁵

To what extent does WHO share information with other donors?

✓ WHO publishes and disseminates information widely and readily answers queries.⁵

What evidence is there of harmonising procurement and consulting services procedures, disbursement policies and evaluation practices?

No evidence available in public domain

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What do we know about WHO's COUNTRY/GLOBAL RESULTS?

Summary As a global norms and standard setting agency, WHO have played a key role in significant achievements in health outcomes such as tobacco control, eradication of infectious diseases (such as Smallpox), and preparations for global health security issues such as Avian Flu, and SARS. WHO now has a stronger planning and results focus at the country level, though it is difficult to assess how effective WHO are at this level based on publicly available information. WHO need to demonstrate their effectiveness at the country level through greater transparency and reporting of country level performance. WHO still work in vertical health initiatives and until recently have not sufficiently contributed to building countries' sustainable health systems. WHO need to build on the leadership they are now demonstrating at the global level on strengthening health systems, by leading and coordinating at the country level with the World Bank, GFATM and other UN agencies. As a norms and standard setting agency their role at the country level should be more about providing strategic health policy advice to governments, than project implementation.

Country/Global Results

What information is available on the WHO's performance at country level?

⇔ No country-level performance information in public domain. Regional offices publish information on WHO performance based on results based management.² WHO aggregate initially at the regional level and then again at the global level to provide aggregate performance against global targets.

What evidence is there of the independence, credibility and utility of WHO's own evaluations?

⇔ External evaluators are part of the team which carried out pilot, country evaluations to assess the development of country specific cooperation strategies.¹²

What result is WHO having at country level?

⇔ WHO's performance assessment is focused on thematic areas rather than countries, for example, in their 'making pregnancy safer' area of work, 29 more countries received technical and policy support for maternal and newborn health, 37 more countries received support to adapt and introduce standards, guidelines and tools recommended by WHO.²

What results is WHO having at the global level?

✓ There have been significant successes, for example: small pox has been eradicated; polio has almost been fully eradicated; and the "3 by 5 Initiative" has helped 1.3 million HIV positive people to access anti-retroviral medicines. WHO also helped to monitor and contain a global epidemic of SARS and contributed significantly to the eradication of Small pox.²

Portfolio Quality

What is the % of projects/programmes which met their targets?

⇔ No aggregated assessment of portfolio performance in public domain. Performance Assessment Report outlines progress on myriad of individual targets.²

How does this vary across sectors, regions and countries?

⇔ Because there is no aggregated assessment of portfolio performance it is difficult to make comparisons across sectors, regions and countries. This is a presentational issue rather than data not being available.

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Background This fact sheet is designed to summarise information available on the effectiveness of WHO. It collates the latest published information in four key areas from a variety of sources including the Multilateral Effectiveness Framework (MEFF) ¹ as well as a range of WHO's own Annual Reporting ²⁻¹⁰ and assesses areas of strength (✓) and weakness (✗) and where progress is mixed (↔).

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