

MOPAN 2017-18 ASSESSMENTS

Organisational Performance Brief

World Health Organization (WHO)

Published April 2019

WHO's performance at a glance

WHO has a clear long-term vision, aligned with global development goals, and informing its strategy and results framework.

The foundation of WHO's work is SDG 3: ensuring healthy lives and promoting well-being for all at all ages. The General Programme of Work (GPW) presents WHO's vision, including priorities and direction; it also outlines key reform initiatives. This high-level, strategic document gears WHO's operations. GPW12 (2014-19) and GPW13 (2019-23) build on lessons learned, member states' feedback and demands from previous strategic periods. GPW13 sets the new ambitious goal of the "triple billion" more people benefitting from healthier lives in line with SDG 3.

Among WHO's recognized strengths are its technical expertise and country level engagement. It also has an established role on global public goods. WHO's normative work is central to the SDG agenda. As a trusted partner of health ministries, WHO is well respected for its technical work and convening role and is able to draw in expertise through its many partnerships. Knowledge generation plays a central part of WHO's role in the global health system and has a strong reputation. Its expertise on policy, system and capacity building means that sustainability and long-term results are inherently a strong focus. On the other hand, some of the normative work of WHO often has much less visibility, as for example the influence of the work on the International Classification of Diseases. WHO aims to be bolder in taking reasonable credit for what it is achieving, although how to capture a "reasonable" level of contribution is yet to be defined.

WHO has delivered important results in a wide range of targeted areas that are relevant and inclusive. Its own comprehensive system of performance indicators shows satisfactory progress on most targeted objectives including tackling diseases, supporting health at key stages of the life cycle and addressing the determinants of ill health. The progress made since the Ebola crisis in health emergencies is clear in both the indicators and the independent assessment by the Independent Oversight and Advisory Committee. Cross-cutting work is also generally strong, particularly on gender. The results indicators are however harder to relate to the specific cross-cutting areas of human rights and environmental sustainability. It is also less clear how WHO monitors performance on speed of implementation beyond emergencies.

WHO KEY FACTS

MISSION AND MANDATE: WHO was created in 1948 as a specialised agency of the United Nations (UN). WHO is responsible for being the directing and co-ordinating authority on international health within the UN System. It also provides leadership on global health matters and engages in partnerships; promotes and develops the health research agenda; sets norms and standards; articulates evidence-based policy options; provides technical support to countries; and monitors and assesses health trends.

GOVERNANCE: The World Health Assembly (WHA) is the overarching decision-making body for WHO and is attended annually by all 194 member states. The WHA is supported by the Executive Board, comprised of representatives of 34 Member States for a term of 3 years. The Executive Board advises the WHA, facilitates its work, and gives effect to the WHA's decisions and policies.

STRUCTURE: The WHO is administered by the Director-General, who is elected by a vote of member states at the WHA for a five-year term. The WHO Secretariat is headquartered in Geneva, Switzerland, and is responsible for overall management and administration of the organisation. WHO is divided into six regions, each of which has a regional office. The regional offices are the link between headquarters and the country offices for all the policy-setting, planning, results and data-related functions. WHO currently employs approximately 7 000 people and has offices in 150 countries, territories and areas.

FINANCE: WHO is funded by voluntary contributions from both state and non-state actors, as well as through flexible funds provided by member states on a biennial basis. Under the approved Programme Budget 2016-17, the WHO's annual income from voluntary funds (USD 3 618 million) and flexible funds (USD 1 441 million) amounted to USD 5 059 million. The largest portion (74% or USD 3 354 million) of the Programme Budget is allocated to the base budget (core programmatic work), with the remaining portion (26% or USD 1 191 million) allocated to polio, disease outbreaks and crisis response, and special programmes.

WHO has shown strong commitment to building its approach to results-based management. There has been substantial evolution in the approach WHO has taken to track what it achieves. The implementation of a well-developed system created for GPW12 represents an important achievement that brings together WHO's many areas of work in an integrated, bottom-up approach to programme budgeting. WHO has made good progress in tracking outputs and some aspects of outcomes across the 37 programme areas. WHO is also shifting to a more results-orientated budgeting model, most recently applying a costing of results approach for the Programme Budget 2018-19. Human resources systems and policies are increasingly performance-based and geared to results. Finally, there has been good progress on WHO's evaluation work, and the latest step in this evolution is the recently agreed evaluation policy. It remains however unclear what requirement is in place in WHO to demonstrate how lessons have been taken into account when new interventions are being designed, or if this is being tracked.

WHO has also brought decision making closer to country needs. WHO now has a more clearly prioritised operational planning process anchored to national health priorities. It uses these as the starting point to develop Country Cooperation Strategies (CCSs). Significant headway has been made in the approach to planning and prioritising activities based on country needs, with extensive stakeholder consultations actively undertaken early and throughout the CCS development process to strengthen relevance and effectiveness at country level. WHO's participation to the United Nations Development Assistance Framework (UNDAF) remains at the same time strong. Moreover, WHO's schemes of delegation across the levels of the organisation provide clarity on accountability and authority, and promote increased responsiveness to local conditions by placing decision-making with those closer to the work to be done. A limitation to the CCSs is however inconsistent capacity analysis of national partners.

In general, the successive reform and transformation agendas have contributed to improving the effectiveness of WHO. The complete redesign and reconfiguration of its emergency preparedness and response programme (WHO Health Emergencies Programme) present an illustrative case. These have resulted in greater levels of responsiveness and relevance and helped to rebuild WHO's credibility

following criticism of its response to the Ebola outbreak. More generally, independent evaluation findings highlighted that programmatic priority setting and managerial reforms have yielded significant progress. WHO has well-organised, robust systems for oversight, risk management and fraud detection. WHO has robust internal and external audit functions, with arrangements meeting international standards. Its comprehensive internal control mechanisms are strong, and comprise a set of operational and financial safeguards based on an organisation-wide common framework and harmonisation of risk management practices. Progress of audit work is routinely tracked and monitored. An innovative integrity hotline provides a safe and independent mechanism to report any concerns.

However, across the various areas, reforms are still on-going and it is too early to fully assess their effectiveness. WHO has a complex operating model that is globally distributed and has multiple points of strategic oversight, management and operational intricacy across the three levels of the organisation. One area of reform aimed at improving programmes and priorities, governance, and management. While the WHO Health Emergencies Programme (WHE) has significantly improved vertical co-ordination and communication among all three levels of the organisation, horizontal co-ordination and communication across the organisation present room for improvement. Also, while risk management is now firmly embedded into operational planning, managing resourcing risks related to redeploying staff towards different areas of work based on the evolution of the current polio programme and the realities of implementing the strategic transition action plan will constitute a test of this capacity.

Securing sufficient and sustainable financing remains problematic, with the proportion of earmarked funds increasing year on year compounding the challenge. Despite improvements in financial transparency and accountability, areas of reform conceived to address funding needs have not been effective, in part due to the management of the reform and change. WHO has not yet succeeded in significantly diversifying its donor base, with 76% of voluntary contributions paid by 20 contributors in 2016-17. Financing does not always match programme areas' priorities identified by the WHA with some

programme areas showing a funding gap such as non-communicable diseases, and emergency operations. In addition, the 3 000 donor agreements present a significant administrative and reporting burden on the organisation, besides placing constraints on addressing priority issues.

While improvements have been made, WHO's approach to partnerships still lacks consistency in engagement. WHO is engaging in a wide range of partnerships, with various partners, various levels of formalisation, and various levels of monitoring. The Framework of Engagement with Non-State Actors (FENSA) provides a clear framework and mechanism for defining and guiding WHO's engagement with non-state actors, providing basis for managing related reputational risks. but its implementation is recent and it is still not possible to fully assess its effectiveness. Evidence from interviews across layers of the organisation points to inconsistency in engagement with different partners. WHO is in the process of reviewing the effectiveness of its partnerships across its portfolio for establishing robust relationships with partners based on comparative advantage and a more routine monitoring of the partnership effectiveness. In particular, as part of its new external engagement strategy, WHO is in the process of resetting and repositioning its role within key global partnerships.

There are acknowledged variances in the capacity of country offices with staffing levels and capability not always adequate to meet needs and expectations.

Through ongoing functional reviews, WHO is already moving towards strengthening country offices using re-profiling exercises. Aligning the staffing levels of headquarters and regional and country offices and actively addressing the distribution and development of staff skills and expertise is key to support the ambitions of GPW13. The implementation of the next stage of the mobility policy presents opportunities, provided implementation builds on lessons from evaluation in particular. Evidence shows in particular that while policy level changes have been effectively implemented, embedding the necessary changes in working practices has been more difficult, with historic practice often remaining the predominant way of working.

Finally, there are significant technical challenges to overcome around measuring and reporting on results related to the ambitious vision set out for GPW13. These include the fundamental difficulty of defining WHO's results in what is a shared endeavour with member states, but also taking more visible credit for the important work on global public goods, convening, and leadership around the health SDGs and health systems. The organisation has begun developing an impact framework linked to GPW13, but has not yet fully designed or implemented it. Involving an expert group is a useful and serious way of ensuring technical quality and credibility, but many challenges concerning definition, measurement and application remain to be addressed.

In conclusion, this assessment comes at a significant point of transition for WHO. The perennial presence of significant organisational change is pronounced. While it has been over 70 years since the founding of WHO, the pace and scale of reform and change over the past 15 years, and particularly since 2009, have accelerated significantly as WHO seeks to remain fit for purpose. While senior leaders and member states clearly demonstrate an appetite and dynamic drive for the next phase of organisational change, some staff expressed a need to "pause and take stock" and "let the recent reforms bed-in properly". Staff are highly committed to their work. However, they will need to find the balance between maintaining sufficiently constant systems, structures and processes to allow important work to get done, on one hand, and simultaneously nudging and in some instances making a step change in working behaviours. This will be a delicate change management task.

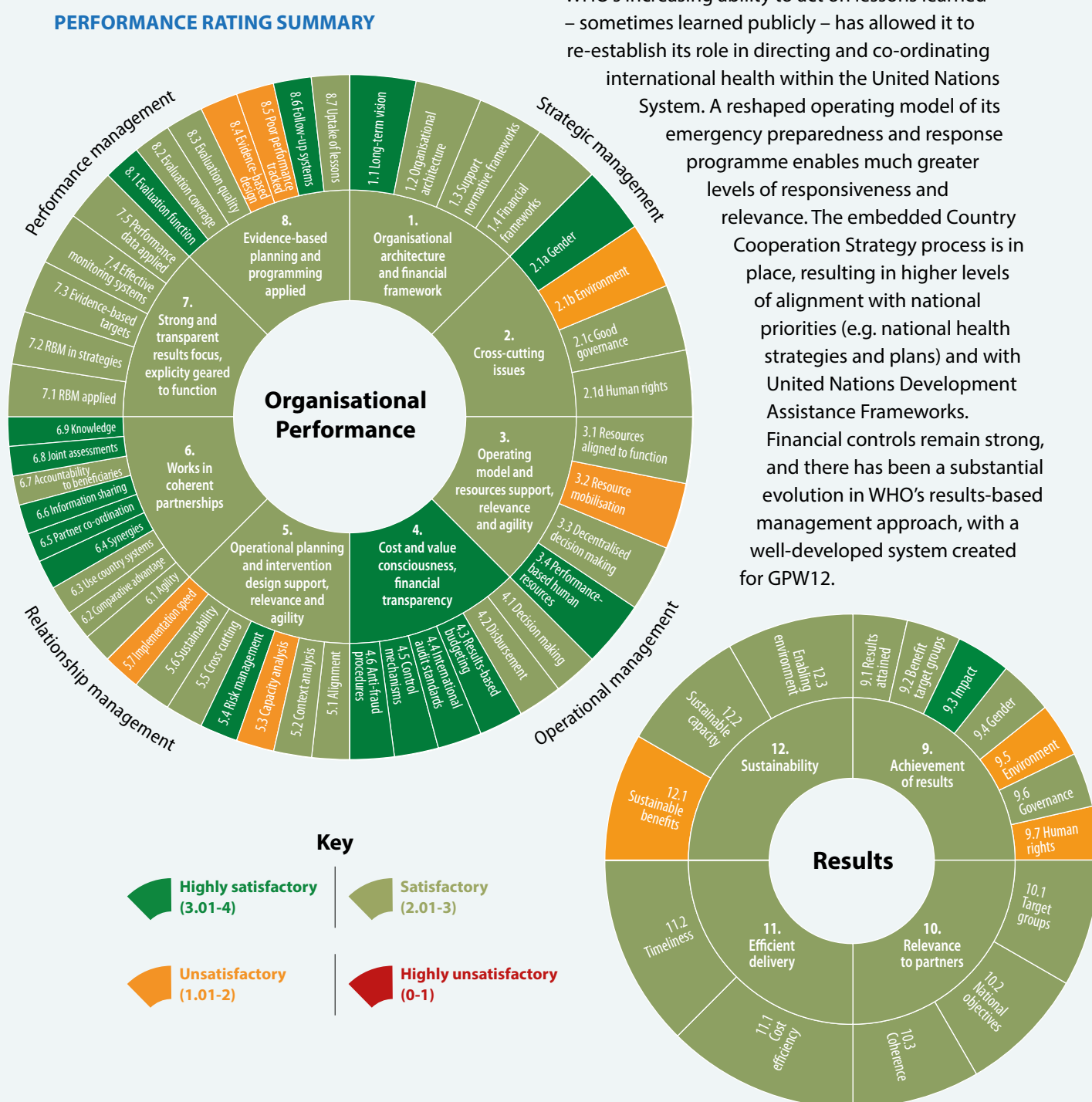
Key findings

WHO presents itself as an increasingly reflective organisation. It is mindful of its global role in a rapidly changing world, and aware of its organisational responsibility to meet evolving demands on its normative, technical and emergencies work. The foundation of WHO's work is Sustainable Development

Goal (SDG) 3: ensuring healthy lives and promoting well-being for all at all ages. Through its commitment to SDG 3, WHO has embarked on a transformative agenda aimed at supporting countries in reaching all health-related SDG targets.

WHO's increasing ability to act on lessons learned – sometimes learned publicly – has allowed it to re-establish its role in directing and co-ordinating international health within the United Nations System. A reshaped operating model of its emergency preparedness and response programme enables much greater levels of responsiveness and

relevance. The embedded Country Cooperation Strategy process is in place, resulting in higher levels of alignment with national priorities (e.g. national health strategies and plans) and with United Nations Development Assistance Frameworks. Financial controls remain strong, and there has been a substantial evolution in WHO's results-based management approach, with a well-developed system created for GPW12.



Good progress has been made in tracking outputs and some aspects of outcomes across WHO's 37 programme areas. Evaluation has likewise moved forward.

At the same time, change is on-going and careful management is key for ensuring effectiveness. Embedding policy level reforms into ways of working, including by realigning staff capacity across the levels of

the organisation, and overcoming technical challenges around measuring and reporting on high level results are among remaining areas of concern. Increasing flexible funding remains a key strategic issue for WHO. Together with on-going dialogue and transformed approaches to engagement and resource mobilisation, demonstrating the continued effectiveness of reforms is part of the solution.

About this assessment

The Multilateral Organisation Performance Assessment Network (MOPAN) is a network of 18 countries¹ who share a common interest in assessing the effectiveness of the major multilateral organisations they fund, including UN agencies, international financial institutions and global funds. The Network generates, collects, analyses and presents relevant and credible information on the organisational and development effectiveness of the organisations it assesses. This knowledge base is intended to contribute to organisational learning within and among the organisations, their direct clients and partners, and other stakeholders. Network members use the reports for their own accountability needs and as a source of input for strategic decision-making.

The World Health Organization (WHO) is one of the 14 organisations assessed by MOPAN in 2017-18. This was the third MOPAN assessment of WHO; the first and second assessments were conducted respectively in 2010 and 2013. Luxembourg and the United States championed the assessment of WHO on behalf of the Network.

This brief accompanies the full assessment published in early 2019, which can be found on MOPAN's website at www.mopanonline.org. WHO's management response will be made available on that website as well.

The assessment of performance covers WHO's headquarters and regional and country field presence. It addresses organisational systems, practices and behaviours, as well as results achieved during the period 2016 to mid-2018. It relies on three lines of evidence: a document review, interviews with staff and small groups, and an online partner survey.²

MOPAN's evidence lines for WHO

- Review of 181 documents
- 75 staff interviews
- 264 partners surveyed in 13 countries

The MOPAN 3.0 methodology entails a framework of 12 key performance indicators and associated micro-indicators. It comprises standards that characterise an effective multilateral organisation. More detail is provided in MOPAN's methodology manual.³

Organisations assessed by MOPAN in 2017-18:

- | | | | | | | |
|-------|-------|--------|------------|----------|---------|-------|
| ● ADB | ● GEF | ● IFAD | ● OHCHR | ● UNESCO | ● UNHCR | ● WFP |
| ● FAO | ● GPE | ● IOM | ● UN Women | ● UNFPA | ● UNRWA | ● WHO |

1: Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Korea, Luxembourg, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom and the United States – and two observers, New Zealand and the United Arab Emirates.

2: The online survey was conducted among partners of WHO in Bangladesh, Bolivia, the Democratic Republic of the Congo, Ethiopia, Guinea, Jordan, Lebanon, Mexico, Myanmar, Pakistan, Papua New Guinea, Tunisia and Turkey.

3: Available at www.mopanonline.org