

Evaluation of the utilisation of National Professional Officers (NPOs)

Evaluation brief - 2019

Context of the evaluation

National professional officers (NPOs) are nationals of the country in which they are to serve, are recruited locally and are not subject to assignment to any official station outside the home country. They perform functions of a professional nature requiring local knowledge, expertise and experience of a national as opposed to an international dimension. The NPO role was introduced in WHO in 1995, and currently WHO employs over 1300 NPOs.

Objectives and scope of the evaluation

The purpose of the evaluation was to assess the role played by NPOs in WHO offices in terms of the effective delivery of WHO's mandate at country level in support of Member States to achieve their national health targets. The evaluation documented successes, challenges and best practices and provided lessons learned and recommendations for future use by management to inform policy and decision-making.

Key findings and conclusions

Question 1: How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level?

NPOs represent 15% of WHO's workforce, which is slightly above the UN average. Some 90% of WHO NPOs operate at country level (representing 27% of WHO country level staff), 5% at regional office level and the remaining 5% essentially in the Global Service Centre in Kuala Lumpur.

The NPO age distribution is similar to that across WHO and their tenure at WHO is not markedly different to that of international professionals. NPOs typically have high academic achievements and previous work experience, often in their home country's Ministry of Health.

NPOs work across a wide range of categories, most notably communicable diseases (28%) and polio eradication (19%). The programmatic focus varies greatly from one Country Office to the next, however.

At country level NPOs play a key role in facilitating policy implementation, capacity-building and monitoring activities, whereas they fulfil enabling services and corporate functions at the other levels.

WHO practice in using NPOs has evolved since the creation of the role. In many respects, current practice constitutes a departure from the eligibility criteria set

by the International Civil Service Commission (ICSC). Although similar inconsistencies with the ICSC eligibility criteria exist in other UN agencies, this departure questions whether the role as defined by the ICSC is fit for purpose to meet WHO's objectives.

The evaluation noted that there is lower female representation amongst NPOs than there is among international professionals (37% vs 45%), and the NPO gender parity varies across regions and programmes.

Question 2: What are the specific contributions and added value of NPOs in countries in relation to achieving results at country level?

The unique contributions of NPOs can be classified into seven key attributes: language; cultural fit; geographical knowledge and access; institutional knowledge of the country's health system; network within the ministry of health government and society at large; continuity of presence in a country; and social proximity to national health outcomes, translated into a specific commitment and dedication to the role. These attributes provide a potential value-add in terms of service orientation towards the ministry of health, access to key national health forums, access to affected populations and areas, situational awareness and relevance, and an overall ability to tailor WHO's response to the country context. Overall, this contributes to improving WHO's overall effectiveness and impact at country level.

NPOs perform tasks that are beyond those defined in the ICSC Master Standard for the classification of Professionals, at a cost that was consistently found to be significantly less than the equivalent international professional role. However, NPO salaries are significantly higher than local salaries for comparable jobs, which can create inadequate incentives for NPOs to return to their previous employers or pursue mobility outside of WHO.

Other considerations for and restrictions on the utilisation of the NPO role include: the need for clear boundaries between the ministry of health and WHO; the perceived credibility of NPOs in the eyes of the ministry of health; the importance of bringing fresh thinking to WHO and the ministry of health, which a long tenure and lack of international exposure might not provide; the importance for WHO to maintain its global, multilateral nature; the duty of care for staff in security compromised settings; and the potential

attrition of talent (“brain drain”), although this issue is not specific to the NPO role.

Question 3: What are the main overlaps and complementarities between the roles of NPOs and international professionals in countries?

The arbitration of these roles should be guided by a clear framework based on WHO’s operational resource needs. However, in the absence of such guidance, the choice is typically based on judgement and on budgetary considerations, representing a considerable risk, given the constraints on NPO utilisation and the lost opportunities to optimise the resource solution for WHO’s needs. There are notable complementarities between these roles in countries, which highlight the benefits of a mixed-resource model and collaborative working between staff groups.

There is more permeability *between staff roles* (general service staff and those on Special Service Agreements, NPO and international professionals) than originally anticipated by ICSC, despite WHO policies thus far being relatively restrictive of such transitions as well as the absence of systematic WHO-wide facilitation of such moves.

Question 4: As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?

An analysis of WHO policy instruments identified five relevant factors that should shape the nature and ways of working in WHO country offices: 1) country offices are pivotal in demonstrating results orientation and accountability; 2) WHO’s role and country presence should be tailored to specific country needs and priorities; 3) some crosscutting needs can be identified to strengthen the WHO’s response in areas of priority; 4) in a context of reform and transformation, country offices need more capabilities in the areas of external and internal collaboration, coordination and integration; and 5) country offices are essential in promoting principles-based approaches.

These five drivers, which affect the future of country offices, have implications for the NPO roles, skills and competencies. The changing job profile requirements were corroborated by NPOs, NPO supervisors and heads of WHO country offices, although there were differences in the perspectives of the NPOs and NPO supervisors regarding the relative importance of improvements in specific areas of skills. NPOs have the potential to contribute significantly to the changing context of the WCOs, e.g. in tailoring WHO’s response to country-specific needs, but some adaptation is

required if the NPO role’s strengths are to remain relevant and role limitations are to be mitigated.

People management and HR practices present both barriers and opportunities for the optimisation of the NPO workforce. Recruitment can be improved to ensure the right mix of competencies and candidates. Whilst positive practices exist in promoting diversity and inclusion, a continued focus is needed in this area. Performance management is a key challenge for WHO and professional development could hold the key to addressing it. There are opportunities to review and strengthen career progression and mobility practices specifically for this part of the workforce. There are mixed views about the best training and development approaches; however, the growing practice of short-term assignments outside the home country seems particularly beneficial. Performance management is not well utilised currently; it is not leveraged to build on high performance or used to address low performance. Finally, there were contrasting results concerning the extent to which WHO provides an “enabling environment” for NPOs, with some potential to review the experience of “fairness” and equal opportunities.

Recommendations

Recommendation 1: Define a WHO-wide policy framework and guidelines for the utilisation of NPOs.

Recommendation 2: Renew and coordinate advocacy efforts with other UN agencies on ICSC updates to NPO role definition and compensation.

Recommendation 3: Ensure NPOs are considered as part of Strategic Workforce Planning.

Recommendation 4: Improve performance management including Learning and Development of NPOs through the elaboration of a learning and development strategy for NPOs and improvements in the performance management of NPOs, most notably in the coaching provided to NPOs.

Recommendation 5: Promote a culture of independence, inclusion, fairness and collaboration in Country Offices, based on the WHO Values Charter and reinforced by managers and staff at all levels to optimise the working environment.

Contacts

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The evaluation report is available here: https://www.who.int/docs/default-source/documents/about-us/evaluation/npo-evaluation-report.pdf?sfvrsn=cee21859_0.