

Evaluation of WHO's Presence in Countries

Evaluation brief 2016

Context

The role of WHO at country level has been identified as a priority in different WHO reform programmes since 1989. One of the stated purposes of the WHO reform programme launched in 2011 is to strengthen support to all its Member States. The Twelfth General Programme of Work 2014-2019 (12th GPW) addresses the importance of all three levels of the Organization working together, with differentiated roles, and of improving the flexibility, mobility and quality of staff.

The context for the evaluation is the WHO reform programme to enable WHO to address adequately the challenges of public health in the 21st century and the 12th GPW.

Objectives and scope of the evaluation

The objective of the evaluation was therefore to provide evidence on progress towards the contribution of WHO to country-level goals and to the Organization-wide outcomes. The evaluation was framed by five overarching questions.

Key findings and conclusions

Question 1: What does WHO's presence in countries mean, and does it respond to Member States' and other relevant partners' expectations?

Country partners gave very clear primacy to WHO's roles in normative and technical assistance, to advocacy and to system leadership in the health sector. Fragile and lower Human Development Index (HDI) states are more likely to emphasise the importance of WHO in providing technical support, capacity building and implementation of programmes and coordinating emergency responses. Countries with a higher HDI value particularly the normative and knowledge brokering role of WHO, and its support to health system reforms. WHO's priorities are seen to be well aligned with priorities of ministries of health but less so with other government departments, indicating a need for stronger intersectoral work. The main WHO planning tools used in most regions for country work are not always used actively to ensure that WHO plans are clearly focused on current country needs and expectations. There is room for stronger alignment of planning tools with governments and UN agencies. There is a risk that earmarked programme funding and responding to health emergencies can divert WHO's activities away from strategic national priorities. The

evaluation found that the role of WHO was not consistently understood across all partners. There is room for WHO to become more visible and for more effective communication to make the role and purpose of WHO at the country level clear and activities known.

Question 2: What is the contribution of WHO presence in countries towards addressing global, regional, and individual countries' health priorities and needs?

WHO's activities at country level contribute to national goals and objectives and global and regional priorities, and are valued by partners. However, it is not possible to assess WHO's contribution objectively, since there are no measures for country-level outcomes. This limitation has been highlighted in previous evaluations of WHO but has not yet been addressed. The WHO planning tools, such as the Country Cooperation Strategies (CCS), do not identify specific indicators; although the Biennial Cooperation Agreements (BCA) used in the WHO Regional Office for Europe and the WHO global results framework offer a basis for their development. There is no theory of change for country presence to assess country-level contribution. There is scope to use the CCS/BCA process more actively to review progress on WHO country-level work with ministries of health and country partners to provide accountability and learning.

Question 3: What is WHO's added value at country level in the light of its level of investment?

WHO is seen to make a unique contribution as the global leader for public health, with a unique role in setting global norms drawing on its expertise and country presence. At country level, WHO is particularly valued for its close relationship with ministries of health and its strengths in giving policy advice, brokering and diplomacy as well as contextualising guidance and providing relevant support to the country's health needs.

Risks to WHO's capacity to add value stem from the internal Organizational culture, systems and governance at all three levels, and include its bureaucratic and hierarchical nature, being slow to respond, being risk averse and reactive, and not working as One WHO. WHO's governance structure and Organizational culture is seen to hamper effective inter-organizational response. There is also a risk to WHO's valued neutrality if its close relationships with Member States prevent it from acting impartially. To

preserve WHO's unique offer, the Organization will need to adapt proactively to the changes in the global health context, and define its future strategic offer among a range of global health actors.

Question 4: What are the modalities for strengthening or reducing WHO's presence in countries, based on the different health status and needs of individual countries?

There is no explicit methodology for matching resources to countries on the basis of need. Many country partners as well as WHO staff perceive WHO Country Offices as having less technical capacity and resources than those required to meet planned activities. Furthermore, a number of internal Organizational challenges affect WHO Country Office capacity and the extent to which it can adapt to changing country needs. These include delays in recruiting and appointing staff, challenges with the performance management system in WHO, lack of staff with the relevant expertise, and Organizational delays in deploying staff rapidly in response to emergencies. Some WHO regional and headquarters contributions to capacity were identified as being extremely effective in augmenting country office teams by bringing in expertise and capacity for specific issues, or to help a country develop capacity. However, there were also many instances where a slow response from regions and headquarters delayed the country response to a time-critical need.

Question 5: To what extent does WHO exert effective leadership and convening capacity at country level to mobilize different stakeholders?

The leadership capacity of the individual Head of a WHO Office (HWO) is widely seen as key to the effectiveness of WHO at country level. An effective HWO is also seen as one who maintains WHO's impartiality. National technical staff require similar leadership skills; leadership in WHO at country level extends beyond the HWO to the whole team.

Regional and headquarters support can be very effective, but there was evidence that the global and regional processes and systems can be barriers to country-level leadership. This includes weak communications between the three levels of the Organization and relatively low levels of delegated authority. Country office leadership capacity is seen to be varied in quality and effectiveness.

Partners see convening and brokering partnerships as a key role for WHO and feel that there is a need to increase and strengthen capacity in this role. Partnership relationships with ministries of health are seen as strongest; however, WHO's relationships with

other government ministries and parliament, civil society and nongovernmental organizations are not as strong, affecting its capacity for intersectoral working. WHO's partnership working with the private sector is seen as least developed, and there is also scope to improve collaboration with civil society and nongovernmental organizations.

Recommendations

Recommendation 1: WHO should review and clarify its role and purpose at country level to ensure a common understanding within WHO and externally.

Recommendation 2: WHO should develop and implement a methodology to assess performance at country level which is integrated with the CCS/BCA and WHO global results framework for purposes of learning and accountability.

Recommendation 3: WHO should review and map how the different levels of WHO add value to each other and to the Organization as a whole, to understand better what WHO invests in country level work, and tackle the risks to its capacity to add value.

Recommendation 4: WHO should ensure that the level of WHO country presence and capacity is appropriate to country needs, consistent with the WHO global strategy and WHO country purpose.

Recommendation 5: WHO should ensure that HWOs and country staff have the necessary leadership skills to be effective at country level, and that they are supported in this by the systems and processes of the wider Organization and should strengthen partnership engagement to support the delivery of country level health and development objectives.

Recommendation 6: WHO leadership should develop standard management processes to implement and follow up agreed recommendations from evaluations and identify organizational barriers to their implementation.

Contacts

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The evaluation report is available here:

https://www.who.int/docs/default-source/documents/evaluation/report-presence-in-countries.pdf?sfvrsn=7d838800_2