

## Multilateral Aid Review: Assessment of the World Health Organisation (WHO)

Summary	
Organisation: <b>World Health Organisation (WHO)</b>	Date: February 2011
Description of Organisation	
<p>WHO is the directing and coordinating authority for international health. It is a specialised health agency and its core role is not as a development agency or an implementing agent, although it does at times fulfil these roles. As a coordinating agency, WHO promotes technical cooperation among countries while facilitating policy development, capacity building, training, and other forms of technical assistance. WHO also assembles, analyses and disseminates country and global health data.</p> <p>WHO employs more than 8,000 people in 147 country offices, six regional offices and at the headquarters in Geneva, Switzerland. WHO produces health guidelines and standards and helps countries to address public health issues. WHO also supports and promotes health research and works with governments to tackle global health problems.</p> <p>WHO is governed by the World Health Assembly (WHA) with representatives from all 193 Member States. The main role of the WHA is to review and approve WHO's policies, programme initiatives and budgets. These are developed by WHO technical staff in consultation with national health ministries and specialised institutions (public and private) around the world.</p> <p>WHO's country presence provides a platform for engagement with countries in translating global norms and standards into policies, strategies and practices. It also enables WHO to bring country realities and perspectives to inform global policies and priorities. WHO spends just under \$2 billion per annum. The core voluntary contribution paid by DFID is 100% ODA (the assessed contribution by the Department of Health is 76% ODA).</p>	

Contribution to UK Development Objectives	Score (1-4)
<p><b>1a. Critical Role in Meeting International Objectives</b></p> <ul style="list-style-type: none"> <li>+ WHO provides global leadership and convening power on development and humanitarian health matters and is critical to the delivery of the MDGs, especially MDGs 4, 5 and 6. It is also critical to the operation of all other health actors working towards the MDGs.</li> <li>+ With increasing numbers of actors in the global health architecture WHO is taking steps to focus on its comparative advantage.</li> <li>= WHO, as the world's norms and standards setting agency on health, is critical for the delivery of the health MDGs.</li> </ul>	<p><b>Strong (4)</b></p>

<p><b>1b. Critical Role in Meeting UK Aid Objectives</b></p> <ul style="list-style-type: none"> <li>+ WHO is critical to the direct delivery of the MDGs, particularly in the priority areas of reproductive, maternal and new born health, and malaria.</li> <li>+ WHO has an important role in helping countries deal with the health impacts of climate change.</li> <li>+ WHO has a significant role meeting HMG objectives on global health, development and human security.</li> <li>= WHO is critical in delivering both DFID and wider HMG objectives on health.</li> </ul>	<p><b>Strong (4)</b></p>
<p><b>2. Attention to Cross-cutting Issues:</b></p>	
<p><b>2a. Fragile Contexts</b></p> <ul style="list-style-type: none"> <li>+ WHO has a wide range of guidance that includes work in fragile states. WHO's Health Cluster Guide requires a specific situation analysis including an assessment of staff numbers.</li> <li>- There is no specific policy, nor are data collected specifically, on work in fragile states.</li> <li>= There is insufficient WHO policy and guidance for working fragile contexts.</li> </ul>	<p><b>Weak (2)</b></p>
<p><b>2b. Gender Equality</b></p> <ul style="list-style-type: none"> <li>+ WHO is taking steps to improve its work on gender. WHO is launching work to generate sex-disaggregated data – it has not done so previously.</li> <li>+ WHO works in partnership through the Gender Women and Health Network to gather evidence to inform gender policies.</li> <li>- Progress is slow. There are inadequate incentives, resources and backing from WHO leadership. Key milestones would be producing sex disaggregated data, the effective use of this information in WHO's work and making the completion of gender indicators a mandatory process.</li> <li>= While WHO has improved its focus on gender recently, progress has been slow in putting the necessary systems in place.</li> </ul>	<p><b>Weak (2)</b></p>
<p><b>2c. Climate Change and Environmental Sustainability</b></p> <ul style="list-style-type: none"> <li>+ WHO has a climate change strategy. As the norms and standard setting agency for health, WHO provides environmental and climate health guidance for all of its member states.</li> <li>+ WHO has a specific objective to promote a healthier environment and address the causes of environmental threats to health. It also has policy on health and climate change and programmes on adaptation to the health effects of climate change.</li> </ul>	<p><b>Satisfactory (3)</b></p>

<ul style="list-style-type: none"> <li>- There is room for improvement on WHO's global carbon footprint.</li> <li>= WHO has made a good, but not transformative, policy response to climate change.</li> </ul>	
<p><b>3. Focus on Poor Countries</b></p> <ul style="list-style-type: none"> <li>- Scores for the UN specialised agencies (UNIDO, UNESCO, WHO and ILO) with the exception of FAO are obtained by using a breakdown by country for all specialised agency expenditure. As a group they spend 43% of their resources in the countries in the top quartile of an index that scores developing countries based on their poverty need and effectiveness (the strength of the country's institutions). This is low compared with most of the other multilaterals assessed by this index.</li> <li>- In addition they spend significant resources in middle income countries with low absolute poverty numbers including upper middle income countries.</li> </ul>	<b>Weak (2)</b>
<p><b>4. Contribution to Results</b></p> <ul style="list-style-type: none"> <li>+ WHO demonstrates delivery against its objectives at a global level. Its objectives are challenging, in part because it does not have total control of their implementation.</li> <li>+ On the whole WHO's leadership of the Humanitarian Health Cluster has been strong.</li> <li>- In some humanitarian contexts WHO has been slow to recognise where health humanitarian coordinators are weak and when it needs to share leadership with others.</li> <li>- WHO's ability to deliver strategic results at a country level, as assessed by both itself and through the country visits, is variable. We could find no evidence that WHO benchmarks against similar organisations.</li> <li>= While WHO can demonstrate delivery against its organisational objectives, delivery is not consistent at country level.</li> </ul>	<b>Weak (2)</b>
<b>Organisational Strengths</b>	
<p><b>5. Strategic and Performance Management</b></p> <ul style="list-style-type: none"> <li>+ WHO has a clear mandate with a clear line of sight to its strategy and implementation plans. WHO's governing bodies have mechanisms in place to hold management to account.</li> <li>+ The current DG provides WHO with strong leadership.</li> <li>+ WHO has a results framework covering the entire organisation.</li> <li>- Despite an overarching results framework WHO does not have a clear results chain and confuses processes with outputs.</li> </ul>	<b>Weak (2)</b>

<ul style="list-style-type: none"> <li>- It does not have a formal system to follow up on evaluation recommendations.</li> <li>- While WHO does have an HR Strategy, improvements are needed in implementation.</li> <li>= While WHO does have a clear mandate which links to strategic plans, its results based framework still needs improvement and its HR strategy needs to be implemented more effectively.</li> </ul>	
<p><b>6. Financial Resources Management</b></p> <ul style="list-style-type: none"> <li>+ WHO has good policies and processes for financial accountability. It showed flexibility in response to the H1N1 pandemic.</li> <li>- WHO does not have a clear and transparent system to allocate aid.</li> <li>- WHO is weak in releasing funding according to planned budgets.</li> <li>- We could find no evidence that it has systems in place to identify and manage poorly performing projects.</li> <li>= While WHO's financial accountability is strong, its aid allocation is not transparent and we could find no evidence of it curtailing poorly performing projects.</li> </ul>	<b>Weak (2)</b>
<p><b>7. Cost and Value Consciousness</b></p> <ul style="list-style-type: none"> <li>+ At a technical level WHO supports partners – its member states – to improve cost effectiveness. Its approach to procurement is driven by VfM.</li> <li>+ WHO has systems, including reporting to the governing body, to review the organisation's effectiveness.</li> <li>- The mainly health profile of governance discussions limits scrutiny of cost control, although the new Independent Oversight Advisory Committee is starting to improve this.</li> <li>- WHO has targets for savings against administrative costs, but these are limited in ambition.</li> <li>- The numbers of staff in WHO continued to grow during 2010. There is evidence that WHO fails to pay sufficient attention to cost control in some country offices.</li> <li>= While WHO does have systems to report on cost control, there are worrying trends on staff numbers and some evidence of poor cost control at the country level.</li> </ul>	<b>Weak (2)</b>
<p><b>8. Partnership Behaviour</b></p> <ul style="list-style-type: none"> <li>+ WHO works well with governments at country level.</li> <li>+ WHO mostly scores well on Paris/Accra and country-led approaches and engages in a large number of relationships and partnerships.</li> <li>+ WHO is developing a formal partnership policy.</li> <li>- WHO is not strong on participatory approaches with</li> </ul>	<b>Satisfactory (3)</b>

<p>direct beneficiaries in humanitarian situations and on harmonisation within the UN system.</p> <p>= Partnership is central to the way WHO works globally and with governments at country level but WHO is not strong in its behaviour with all partners.</p>	
<p><b>9. Transparency and Accountability</b></p> <ul style="list-style-type: none"> <li>+ Partners are well represented through seats and votes in the governance mechanisms, through which stakeholders have a right of redress.</li> <li>+ The policies and guidance that WHO produces are accessible through its global website.</li> <li>- WHO does not have a formal disclosure policy.</li> <li>- It does not publish sufficient detail about its projects and programmes.</li> </ul> <p>= WHO provides good representation through its governance mechanism and publishes its guidance and policies, but does not have a formal disclosure policy or accessible information on country projects and programmes.</p>	<p><b>Weak (2)</b></p>
<p><b>Likelihood of Positive Change</b> <span style="float: right;"><b>Score (1-4)</b></span></p>	
<p><b>10. Likelihood of Positive Change</b></p> <ul style="list-style-type: none"> <li>+ There is good evidence that WHO's leadership is willing to introduce and drive forward reforms, and progress has been made.</li> <li>+ The UK, as the third largest donor to WHO, is an influential member state.</li> <li>+ The present Director General is reform-minded.</li> <li>- WHO's governance structure is cumbersome and slow-moving on reform.</li> <li>- WHO's leadership has limited influence on the 6 semi-autonomous regional bodies. WHO's governance structure is also highly political.</li> <li>- WHO's current funding from members states is 80% voluntary, the majority of which is earmarked for specific purposes. This limits WHO's flexibility to prioritise and implement reforms.</li> </ul> <p>= At the top management level WHO has the will to reform and has implemented reforms within its control. However progress is slow and needs to be fully supported by WHO's regional offices and governance to be successful.</p>	<p><b>Uncertain (2)</b></p>