



The World Health Organisation (WHO) Accountability Assessment 2011/12 Results

Summary briefing

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Introduction

This summary brief captures headline findings of the 2011/12 assessment of the World Health Organisation’s (WHO) accountability capability using the *Pathways to Accountability II* framework¹. The assessment was carried out by the One World Trust as part of the One World Trust’s and London School of Hygiene’s joint ESRC funded project to research accountability of key global actors involved in global climate governance. Further detailed analysis will be released as part of the project’s research publications. For more information about the project see the last page of this briefing.

The *Pathways to Accountability II* framework measures organisations’ capability to be accountable to their stakeholders, including their ability to align their day to day practice with their commitments as expressed in organisational policy and strategy. It does so through assessing organisations’ global policies and management systems (those that are valid and applied across the organisation) with respect to the four dimensions of accountability which formed the core of the 2005 framework – Transparency, Participation, Evaluation, and Complaints and Response – and also reviews a fifth dimension, Accountability Strategy. This dimension was added to give greater weight to the importance of a conscious overarching approach to accountability. Further, the revised version of the framework contains a number of indicators that focus on quality assurance, effectively testing whether an organisation has mechanisms in place that allow it to keep track of its own performance in practice, and translate these findings into an organisational learning and improvement process.

Figure 1: The key dimensions of the revised *Pathways to Accountability II* Framework



The World Health Organisation (WHO)

The World Health Organization was founded in 1948 as a specialised agency within the United Nations. Its overall goal was defined as “the attainment by all peoples of the highest possible level of health” where health is defined broadly as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” As reflected in this definition, from its inception onward, WHO has adopted

a broad approach that takes into consideration the social contexts and determinants of health, rather than strictly focusing on health as a biomedical issue.

Box 1: Basic facts about the organisation

Organisational structure: Intergovernmental Organisation (IGO)

Members: 194 countries

Headquarters: Geneva, Switzerland

Country offices: More than 147 offices in member countries, as well as 6 regional offices

Number of employees: Approximately 8,500

Annual turnover of WHO Secretariat: GBP £872.76 million (FY 2010)

Annual turnover of entire organisation: GBP £2.078 billion (FY 2010)

Website: <http://www.who.int>

¹ Hammer, M.; Lloyd, R.; et al. (2011): *Pathways to Accountability II: The revised Global Accountability Framework*, London, One World Trust

There are several bodies at the WHO headquarters level which have responsibilities relevant to this assessment:

- Archives: The WHO Archives preserve WHO records of enduring value, and are charged with, among other responsibilities, “preserving the documents and making them available in accordance with the policy for external access to the WHO Archives”.
- Department of Partnerships: The mandate of the Department is to further WHO's partnering with multiple development stakeholders. The Department oversees relations with CSOs and Private Sector.
- Committee on Private Sector Collaboration: The Committee plays a role in overseeing the WHO’s collaboration with private sector actors.
- Office of Internal Oversight Services (IOS): The IOS is an independent body within the WHO with numerous responsibilities relevant to this assessment. The IOS also plays a role in overseeing the WHO’s interaction with private sector actors. It is responsible for investigating complaints from internal and external stakeholders and reporting the results of investigations into fraudulent activity to the Director-General.
- Director-General (DG): The Director-General is responsible for the implementation or oversight of several policies. For example, the DG makes decisions, in consultation with the Executive Board, about entering into new partnerships. The Director-General is also responsible for the oversight of the fraud prevention policy, and makes the final decision about whether a claim of retaliation by a whistle-blower has been proven and if so, what measures will be taken.

In addition, the assessment examines the policies of the World Health Assembly, the WHO’s highest decision-making body, and the Executive Board, the organisation’s executive body.

Summary of findings

Overall, the WHO meets some principles of good practice in relation to the internal and external participation, evaluation, and internal complaints dimensions. In other areas, such as accountability strategy, transparency, and external complaints handling, the WHO has a large scope for improvement. In general, the WHO’s policies have more elements of good practice than its management systems, and the WHO’s quality management systems are very poor.

Table 1 summarises the headline scores achieved by the WHO in the assessment conducted in 2011/12. The narrative findings are outlined below.

Table 1: The WHO’s aggregate scores in each dimension

| Ref. | Dimension | 2011/12 score (%) |
|--------------|-------------------------|-------------------|
| 1 | Accountability strategy | 11 |
| 2 | Transparency | 3 |
| 3 | Participation | 58 |
| 4a | Evaluation | 40 |
| 5 | Complaints and Response | 32 |
| Total | | 29 |

Accountability Strategy

Accountability strategy is a new dimension in the revised framework. Accountability strategies demonstrate organisations’ understanding of and commitment to their accountability relationships with their stakeholders and support their abilities to exercise leadership on accountability and related reforms.

The WHO does not meet best practice principles in terms of its accountability strategy. While the WHO identifies its stakeholders in key documents, it does not have an overarching accountability strategy in place. The WHO has not provided evidence of signing up to any external accountability commitments.

Transparency

Transparency is the provision of accessible and timely information to stakeholders and the opening up of organisational procedures, structures and processes to their assessment. An organisation that is transparent enables its stakeholders to monitor its activities and hold it to account for its commitments, decisions and actions. Being transparent helps organisations build trust among their stakeholders and avoid challenges of secrecy.

The WHO does not have a transparency policy that applies to all activities and functions, and this reduces the WHO's ability to be accountable to its stakeholders.

Participation

Participation is the active engagement by an organisation of both internal and external stakeholders in the decisions and activities that affect them. Best practice in this dimension means that stakeholders should have opportunities to influence decision making, and not just possibilities for approval or acceptance of a decision or activity. Participation strengthens ownership and buy-in for what organisations do by those they affect.

External Stakeholder participation

The WHO has policies that outline how it will engage with key external stakeholder groups. However, it does not make any commitments regarding consultation with external stakeholders. The strongest management system supporting the policy is that regarding dissemination, while systems to support and reward staff are absent.

Internal Member Control

Internal member control in the WHO meets most principles of best practice.

Evaluation

Evaluation is the process through which an organisation monitors and reviews its progress against goals and objectives, reports on results, and feeds learning from this into future planning and practice. Evaluation ensures that an organisation learns from and is accountable for its performance.

Evaluation policy in the WHO meets most principles of best practice, but there is no evidence of any quality management systems to support the policy. A new evaluation policy is currently passing through various stages of approval, but is not yet in force.

Complaints and Response

Complaint and response mechanisms are channels developed by an organisation that enable internal and external stakeholders to file complaints on issues of non-compliance with the organisation's own policy frameworks or against its substantive decisions and actions, and which ensure that such complaints are properly reviewed and acted upon. Complaint and response mechanisms are accountability processes of last resort, but are an important way for organisations to demonstrate that they are serious about being accountable and interested in learning from their mistakes.

External complaints handling

The WHO does not make a commitment to respond to complaints from external stakeholders, provide channels for external for external stakeholders to make complaints, or provide protections for external complainants. However, the Office of Internal Oversight Services, which is functionally independent, is responsible for handling and investigating complaints from external stakeholders. Management systems are almost entirely absent.

Internal complaints handling

The WHO has two policies pertaining to complaints from internal stakeholders. These policies offer some protections, but do not guarantee the anonymity of whistle-blowers. The independence of investigation is guaranteed and a basic description of the process for handling and investigating complaints from internal stakeholders is provided. Whilst the key quality management systems to support the policy are in place, there is scope to improve all of them.

Key policies and external standards the organisation commits to

The following table shows the key accountability policies and external standards that the WHO commits to. This list is not exhaustive.

Table 2: Key policies the WHO commits to

| Dimension | Policies |
|--------------------------|---|
| Accountability strategy | N/A |
| Transparency | External Access to WHO Archives |
| Participation | Guidelines on working with the private sector to achieve health outcomes Principles Governing Relations between the World Health Organization and Nongovernmental Organizations Policy on WHO Engagement with Global Health Partnerships and Hosting Arrangements WHO Country Cooperation Strategies: Guide 2010 |
| Evaluation | Evaluation Guidelines |
| Complaints and response | Fraud Prevention Policy & Fraud Awareness Guidelines WHO Whistleblower Protection Policy |
| External standards/codes | N/A |



About the project

On a planet in which all countries and sectors are increasingly interconnected, climate change affects people and societies around the world and at all levels. Responding to the long term and complex impacts of climate change has emerged not only as an economic and technical problem, but also as a governance challenge at global level. Without equitable and accountable structures and processes of policy and decision making it will neither be possible to shape the consensus around key principles required for a joint global response to climate change, but the world will also fail in developing a long term vision for ensuring the sustainability of development.

For the years 2010 to 2012 a research team from the London School of Hygiene and Tropical Medicine and the One World Trust have come together for an ESRC-DfID funded project: *“Challenging the Development Paradigm: assessing accountability and equity of global institutions in climate-change governance responses to the poor”*.

In this three year research programme the team explores how global and national organisations who play an important role in responding to climate change-induced threats to poverty-alleviation and public health, are preparing themselves institutionally to meet these challenges. Specifically, it asks how these actors remain responsive and accountable to their key stakeholders, especially those poorest and most vulnerable to the impact of climate change, and seek to develop a conceptual framework in which the role and dimensions of accountability can be understood in the context of the governance and provision of global public goods and sustainable development.

The programme studies and engages with several of the key institutions that shape global policy and influence national response to climate change-induced threats to poverty-alleviation and public health, and connects these findings with national level realities through a country reference study. The specific organisations the research focuses on include the World Bank (IBRD), the World Health Organisation (WHO), the World Trade Organisation (WTO), and the UK's Department for International Development (DfID) as a bilateral development agency with considerable global funding and policy reach. The project works in Ghana as the country case study.

Objectives

In broad terms the project works to the following objectives and phases:

1. Assessing accountability of global organisations
2. Exploring institutional preparedness and responsiveness
3. National responsiveness reference-study
4. Building concepts and theory for future research and policy

The partnership

This research brings together two specialist institutions: The **London School of Hygiene & Tropical Medicine**, with Dr Susannah Mayhew leading as Principal Investigator, contributes its expertise on policy analysis; poverty, vulnerability and climate change assessments; and methodological developments. The LSHTM has conducted climate change research for many years, and staff members sit on the IPCC. The **One World Trust**, led by its Executive Director Michael Hammer as chief collaborating partner, is one of the leading non-academic institutions working on accountability of global, state and non-state institutions, and accountability in policy oriented research and advocacy. Its work on measuring accountability provides the conceptual lynchpin for this research.