



**MOPAN
COMMON
APPROACH**

**World Health
Organization
(WHO) 2010**

January 2011

Preface

This report on the World Health Organization was prepared for the Multilateral Organisation Performance Assessment Network (MOPAN), a network of 16 donor countries with a common interest in assessing the organisational effectiveness of multilateral organisations.

For more information on MOPAN and the Common Approach, including the results of previous assessments, please visit the MOPAN website (www.mopanonline.org).

Acknowledgements

We thank all participants in the MOPAN 2010 Common Approach assessment of the World Health Organization. The World Health Organization's senior management and their staff made valuable contributions throughout the assessment and document review processes and provided lists of their direct partners in each country where the survey took place. Survey respondents, including WHO direct partners and MOPAN donors, contributed useful insights and time to respond to the survey. The MOPAN Institutional Leads liaised with the multilateral institutions throughout the assessment and reporting process. The MOPAN Country Leads in each country oversaw the process and ensured the success of the survey. Consultants in each country provided vital in-country support by following up with direct partners to ensure adequate survey response rates.

Institutional Leads and Country Leads – 2010

MOPAN Member Institutional Leads

Australia and United Kingdom

Canada and Denmark

Switzerland and Ireland

Canada and Switzerland

Multilateral organisation

Asian Development Bank (ADB)

International Fund for Agricultural Development (IFAD)

United Nations Population Fund (UNFPA)

World Health Organization (WHO)

MOPAN Member Country Leads

United Kingdom and Australia

France and Germany

Spain and France

Canada and Australia

Norway and Sweden

Spain and Austria

Netherlands and Sweden

Netherlands and France

Finland and Republic of Korea

Denmark and Ireland

Countries

Afghanistan

Benin

Colombia

Indonesia

Kenya

Nicaragua

Rwanda

Sri Lanka

Viet Nam

Zambia

Roles of Authors and the MOPAN Secretariat

The MOPAN Secretariat, led by Finland in 2010, worked in close cooperation with the MOPAN Technical Working Group to launch and manage the survey. MOPAN developed the key performance indicators (KPI) and micro-indicators (MI), designed the survey methodology, coordinated the development of lists of survey respondents, and approved the final survey questionnaire. MOPAN also directed the design of the approach to document review. MOPAN oversaw the design, structure, tone, and content of the reports.

Universalialia and Epinion developed the survey instrument and carried out the survey and analysis. Universalialia carried out the document review and wrote the reports.

Epinion is a leading consulting firm in Denmark that analyses and evaluates data to support decision making. It conducts specially designed studies for public and private organisations based on data collected among an organisation's employees, members, customers, partners, and other sources. Epinion has 75 employees and 200 interviewers. Website: www.epinion.dk

Universalialia Management Group is a Canadian consulting firm established in 1980 that specialises in evaluation and monitoring for international development. Universalialia has made significant contributions to identifying best practices and developing tools in the fields of organisational assessment; planning, monitoring, and evaluation; results-based management; and capacity building. Website: www.universalialia.com

Acronyms

AAA	Accra Agenda for Action
AFRO	WHO Regional Office in the African Region
AMRO	WHO Regional Office of the Americas (also see PAHO)
CAS	Country Assistance Strategy
CCS	Country Cooperation Strategy
COMPAS	Common Performance Assessment System
EMRO	WHO Regional Office in the Middle East
EURO	WHO Regional Office in Europe
GSM	Global Management System
ICSC	International Civil Service Commission
IDA	International Development Association
IEG	Independent Evaluation Group
IOS	Office of Internal Oversight Services
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MI	Micro-indicator
MOPAN	Multilateral Organisation Performance Assessment Network
MTSP	Medium-Term Strategic Plan 2008-2013
NGO	Non-governmental organisation
ODA	Official Development Assistance
OECD-DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
OSER	Office-Specific Expected Result
OWER	Organisation-Wide Expected Result
PAHO	WHO Regional Office of the Americas (also see AMRO)
PBA	Program-based approach
PBPA	Programme Budget Performance Assessment
PD	Paris Declaration
PIU	Project Implementation Unit
PMDS	Performance Management Development System
SEARO	WHO Regional Office in South-East Asia
WHO	World Health Organization
WPRO	WHO Regional Office in Western Pacific

Contents

Executive Summary	vii
1. Introduction	1
1.1 Background	1
1.2 Methodology – Common Approach 2010	2
2. Background on the World Health Organization (WHO)	6
3. Main Findings	8
3.1 Introduction	8
3.2 Overall Findings	8
3.3 WHO Performance in Strategic, Operational, Relationship, and Knowledge Management	13
3.3.1 Overview	13
3.3.2 Strategic Management	13
3.3.3 Operational Management	23
3.3.4 Relationship Management	34
3.3.5 Knowledge Management	40
3.4 Respondents' Views on WHO's Strengths and Areas for Improvement	45
4. Conclusion	47

Figures

Figure 1.1	Band Ranges and Descriptions	3
Figure 1.2	Number of Respondents and Quotas for the World Health Organization (WHO) by Country and Respondent Group	3
Figure 3.1	Overall Ratings of Effectiveness by Respondent Group	9
Figure 3.2	Overall Ratings on Key Performance Indicators (mean scores, all respondents and document review ratings)	10
Figure 3.3	Distribution of Ratings across all Micro-Indicators, by Respondent Group	11
Figure 3.4	Quadrant I: Strategic Management: Survey and Document Review Ratings	13
Figure 3.5	Quadrant I: Strategic Management, Mean Scores by Respondent Group	14
Figure 3.6	KPI I-1: Providing Direction for Results, Ratings of Micro-indicators	14
Figure 3.7	KPI I-2: Corporate Focus on Results, Ratings of Micro-indicators	15
Figure 3.8	KPI I-3: Focus on Thematic Priorities, Ratings of Micro-indicators	18
Figure 3.9	KPI I-4: Country Focus on Results, Ratings of Micro-indicators	21
Figure 3.10	Quadrant II: Operational Management: Survey and Document Review Ratings	23
Figure 3.11	Quadrant II: Operational Management, Mean Scores by Respondent Group	24
Figure 3.12	KPI II-1: Aid Allocation Decisions, Ratings of Micro-indicators	24
Figure 3.13	KPI II-2: Linking Aid Management to Performance, Ratings of Micro-indicators	26
Figure 3.14	KPI II-3: Financial Accountability, Ratings of Micro-indicators	27
Figure 3.15	KPI II-4: Using Performance Information, Ratings of Micro-indicators	29
Figure 3.16	KPI II-5: Managing Human Resources, Ratings of Micro-indicators	31
Figure 3.17	KPI II-6: Performance-oriented Programming, Ratings of Micro-indicators	33
Figure 3.18	KPI II-7: Delegating Decision Making, Ratings of Micro-Indicators	34
Figure 3.19	Quadrant III: Relationship Management: Survey and Document Review Ratings	35
Figure 3.20	Quadrant III: Relationship Management, Mean Scores by Respondent Group	35
Figure 3.21	KPI III-1: Supporting National Plans, Ratings of Micro-indicators	36
Figure 3.22	KPI III-2: Adjusting Procedures, Ratings of Micro-indicators	36
Figure 3.23	KPI III-3: Using Country Systems, Ratings of Micro-indicators	37
Figure 3.24	KPI III-4: Contributing to Policy Dialogue, Ratings of Micro-indicators	39
Figure 3.25	KPI III-5: Harmonising Procedures, Ratings of Micro-indicators	39
Figure 3.26	Quadrant IV: Knowledge Management, Survey and Document Review Ratings	40
Figure 3.27	Quadrant IV: Knowledge Management, Mean Scores by Respondent Group	41
Figure 3.28	KPI IV-1: Monitoring External Results, Ratings of Micro-indicators	41
Figure 3.29	KPI IV-2: Presenting Performance Information, Ratings of Micro-indicators	43
Figure 3.30	KPI IV-3: Disseminating Lessons Learned, Ratings of Micro-indicators	45

Executive Summary

Background

The MOPAN Common Approach 2010 assessed the organisational effectiveness of multilateral organisations based on the perceptions of MOPAN members and partners/clients of these organisations and on a review of documentation. The Common Approach examined the performance of organisations on key performance indicators in four areas (or quadrants) – strategic management, operational management, relationship management and knowledge management.

The World Health Organization (WHO) was assessed at an institutional level and across ten developing countries identified by MOPAN for the 2010 assessment: Afghanistan, Benin, Colombia, Indonesia, Kenya, Nicaragua, Rwanda, Sri Lanka, Viet Nam, and Zambia. The countries comprise only a small proportion of WHO country offices.

A survey was designed for three groups of respondents: MOPAN members in country offices and at headquarters, as well as direct partners. Responses were collected through an on-line survey and in face-to-face interviews. A total of 208 respondents participated in the survey on WHO.

A document review was carried out using corporate documents and country programming documents from five sampled countries: Afghanistan, Colombia, Indonesia, Kenya, and Viet Nam. The complete methodology for the Common Approach 2010 is presented in Volume II, Appendix I.

Main Findings

WHO has engaged in a series of management reforms in recent years. These have included, among others, the continuous strengthening of its results-based management framework; introduction of a Global Management System (a new enterprise resource planning system) that aims to facilitate technical and financial integration across the organisation; an enterprise risk management framework; and implementation of the International Public Sector Accounting Standards. The findings of the 2010 assessment reflect the organisation's progress in areas related to these reforms, while also noting that these are ongoing initiatives.

Strategic Management

WHO has reinforced results management approaches in its amended Medium-Term Strategic Plan 2008-2013 and was rated as adequate in most areas of strategic management. The assessment findings suggest WHO's senior management shows leadership on results management, although the results focus has not yet fully penetrated the institutional culture. In WHO's frameworks of Organisation-Wide Expected Results, there is room to improve the distinction between outputs and outcomes, which hampers the ability to identify a logical chain of results and develop clear, relevant and specific indicators.

At the country level, WHO was perceived by survey respondents in-country as strong in aligning its Country Cooperation Strategies with national development plans and integrating a results focus in its country programming documents. The review of country documents confirmed the results focus in WHO country strategies.

WHO also performs well in mainstreaming the cross-cutting thematic priorities identified by MOPAN. WHO's strong ratings on mainstreaming HIV/AIDS likely reflect that HIV/AIDS is a core area of work for WHO, rather than a cross-cutting theme per se. On WHO's integration of gender equality and human rights-based approaches, divergent ratings between the document review and survey suggest that while WHO has the policy frameworks and guidance required in its documents, it may not yet be applying these consistently in its programming work at all levels of the organisation. However, according to WHO, based on the lessons from mainstreaming HIV/AIDS, the organisation will strengthen its approach to mainstreaming in other cross-cutting thematic areas.

Operational Management

In the area of operational management, WHO was noted by survey respondents for its performance-oriented programming tools at the country level. It was also seen to perform consistently (by all respondent groups and the document review) in its practices for financial accountability, including audit, anti-corruption policies, risk management, and procurement. WHO was also considered to have an adequate framework for delegating authority and responsibility to the country level.

There were five areas that drew attention in terms of WHO's operational management.

The findings suggest that resource allocation criteria for WHO core budget resources (assessed and un-earmarked voluntary contributions) are not well known at the country level and are not sufficiently clear to donors at headquarters, who provided a rating of inadequate, even though WHO's *Guiding Principles for Strategic Resource Allocation* explains the approach taken by the organisation.

The document review rated WHO as very weak on the predictability of its aid, based on data provided about its progress as of 2008 on reaching the target for Paris Declaration Indicator 7 (aid released according to agreed schedules).

Although survey respondents rated WHO as adequate for its practices of results-based budgeting (linking aid management to performance), an analysis of its budgets and reports indicated that resources are not clearly allocated by expected results and that expenditures are not reported by results but by strategic objectives.¹

WHO received the lowest ratings from survey respondents on indicators related to human resource management. MOPAN members at headquarters rated WHO as inadequate on its performance assessment system and the transparency of its staff performance and recruitment system (merit-based selection was a particular concern). However, the document review found that WHO has the components of a performance-based human resource system, suggesting that there may be a gap between policy and practice.

In its use of performance information, WHO was rated by survey respondents as adequate or strong for the way it uses information on results to inform organisation-wide policy revisions and planning processes at the country level. Similarly, respondents at headquarters indicated that WHO is adequate in tracking the implementation of evaluation recommendations. The review of documents, however, found limited examples in the WHO reports reviewed of the use of organisational performance information to make policy adjustments at the organisational level. In addition, WHO has no formal mechanism for tracking the implementation of evaluation recommendations.

¹ It should be noted that while this was a criterion of the MOPAN Common Approach 2010 document review, WHO's Member States and Governing Bodies have not required it to report expenditures based on results.

Relationship Management

In the area of relationship management, WHO was seen to have clear strengths in its contributions to policy dialogue and its alignment with national development plans, and was rated as adequate or better on most indicators related to harmonisation, particularly with regard to the coordination of technical assistance in support of capacity development.

WHO was rated as weak for its participation in program-based approaches (PBA) based on data provided by WHO country offices for the 2008 Survey on Monitoring the Paris Declaration. It was also rated as weak by the document review on indicators related to its use of national systems and procedures and the extent to which ODA support is recorded in national budgets – in both of these areas WHO was far below the Paris Declaration targets. MOPAN members in-country rated WHO as inadequate on its use of country systems (such as procurement, financial reporting, auditing). The lower ratings on these indicators may be at least partially due to the applicability of these indicators to WHO, which has a limited role in providing project funding.

Knowledge Management

In monitoring and evaluation, the independence of the Office of Internal Oversight Services (IOS) was considered adequate by survey respondents and the review of documents. However, other assessment findings suggest that WHO's evaluation function should be strengthened: evaluation coverage is limited and difficult to ascertain because of the decentralised nature of evaluation; there is no repository of evaluations (although an inventory does exist) and evaluations are difficult to access through the WHO web site. The Office of Internal Oversight Services has conducted an internal review that is informing a new evaluation policy, which should help to ameliorate these areas. This could also expand learning opportunities in the organisation, an area rated as inadequate by MOPAN members at headquarters.

WHO reporting is an area that can also be improved. Its bi-annual performance assessment report provides a review of progress with respect to its Organisation-Wide Expected Results, but due to the mix of outputs and outcomes in these result statements it is difficult to identify WHO's contributions to outcomes. In addition, WHO does not currently report to the Executive Board on its progress in implementing its commitments to the Paris Declaration on Aid Effectiveness, although it is not clear that the Executive Board has requested it to do so.

Overall Ratings

The chart below provides an overview of WHO's ratings on the key performance indicators assessed by the Common Approach in 2010. In the survey, WHO received scores of adequate or strong on 18 of the 19 key performance indicators assessed, and an inadequate rating in only one indicator (management of human resources). The document review provided a range of results, ranging from strong to inadequate.

	Survey Respondents	Document Review
Quadrant I: STRATEGIC MANAGEMENT		
KPI I-1 Providing direction for results	4.17	4.00
KPI I-2 Corporate focus on results	3.84	4.00
KPI I-3 Focus on thematic priorities	4.27	5.00
KPI I-4 Country focus on results	4.48	5.00
Quadrant II: OPERATIONAL MANAGEMENT		
KPI II-1 Aid allocation decisions	3.88	3.00
KPI II-2 Linking aid management to performance	3.60	3.00
KPI II-3 Financial accountability	4.15	5.00
KPI II-4 Using performance information	4.02	3.00
KPI II-5 Managing human resources	3.48	5.00
KPI II-6 Performance oriented programming	4.59	4.00
KPI II-7 Delegating decision making	4.46	5.00
Quadrant III: RELATIONSHIP MANAGEMENT		
KPI III-1 Supporting national plans	4.58	NA
KPI III-2 Adjusting procedures	4.08	NA
KPI III-3 Using country systems	4.17	3.00
KPI III-4 Contributing to policy dialogue	4.63	NA
KPI III-5 Harmonising procedures	4.70	5.00
Quadrant IV: KNOWLEDGE MANAGEMENT		
KPI IV-1 Monitoring external results	3.92	4.00
KPI IV-2 Presenting performance information	3.65	4.00
KPI IV-3 Disseminating lessons learned	3.53	4.00

Legend	
Strong or above	4.50-6.00
Adequate	3.50-4.49
Inadequate or below	1.00-3.49
Not assessed in the document review	NA

Direct partners provided the most favourable assessments of WHO across the micro-indicators; MOPAN members, particularly those at headquarters, were more likely to rate some of WHO's practices and systems as inadequate. The less positive ratings, which were relatively rare, may be due to the fact that MOPAN donors at headquarters are closer to and perhaps better informed about some of the issues explored in the Common Approach assessment – for example, managing for results, financial accountability, human resource management, and resource allocation decisions (which are more likely discussed in the governing bodies that are more closely linked to the WHO Secretariat). The analysis of 'don't know' responses suggests that MOPAN members in-country may be less informed about these issues.

The findings of the Common Approach 2010 suggest that WHO has several key organisational systems and practices in place that favour its organisational effectiveness, namely:

- Country focus on results: Its Country Cooperation Strategies and country planning process, which are considered to be aligned with national development strategies, and its use of performance-oriented programming tools at the country level (such as setting targets to help monitor the progress of implementation);
- Focus on thematic priorities: Its mainstreaming of work on HIV/AIDS, which is framed as a cross-cutting thematic priority in the MOPAN Common Approach, but is defined by WHO as one of its strategic objectives;
- Financial accountability: Its external and internal audit practices, as well as its policy on anti-corruption;
- Delegating decision making: Its framework for delegating decision-making authority to allow project/program tasks to be managed at the country level;²
- Contributing to policy dialogue: Its mandate and role in technical cooperation, which make WHO a valuable contributor to policy dialogue at the country level;
- Harmonising procedures: Its participation in joint missions and provision of technical cooperation through coordinated programs to harmonise with other development partners.

² The decentralised structure, however, may also pose challenges when trying to ensure consistent application of organisation-wide systems.

The Common Approach findings also signalled some potential areas for improvement, in areas where WHO received ratings of less than adequate.

- Providing direction for results: Strengthening its institutional culture to support a focus on development results;
- Corporate focus on results: Improving its results frameworks at the corporate level, including the definition of outcomes and outputs and clearer, more specific indicators;
- Managing human resources: Improving the performance orientation and transparency of human resource management;
- Use of performance information: Strengthening the use of performance information to help inform policy and strategy adjustments;
- Linking aid management to performance: Improving results-focused budgeting and reporting on expenditures in relation to results achieved;³
- Presenting performance information: Improving reporting on results based on performance information and reporting on progress in relation to indicators of the Paris Declaration on Aid Effectiveness;⁴
- Monitoring external results: Strengthening the evaluation function (including mechanisms for follow-up on evaluation recommendations and better evaluation coverage).

In addition to the areas noted above, MOPAN members and WHO may wish to discuss expectations with regard to the indicators of the Paris Declaration and their implications for WHO. For example, the data from the 2008 Survey on Monitoring the Paris Declaration indicate that WHO performs poorly on several indicators (e.g., use of country systems, predictability of aid flows, and participation in program-based approaches). However, the extent to which such indicators are applicable to WHO may warrant discussion.

³ However, as noted earlier, the current requirement of Member States and Governing Bodies is that reporting links expenditures to strategic objectives, rather than results achieved or Organisation Wide Expected Results (OWER).

⁴ However, as noted above, it is not clear if the Executive Board has requested that WHO report on its Paris Declaration commitments.

1. Introduction

1.1 Background

The Multilateral Organisation Performance Assessment Network (MOPAN) is a network of 16 donor countries⁵ committed to improving development effectiveness and with a common interest in assessing the effectiveness of the multilateral organisations they fund.

Most multilateral and bilateral aid organisations are working diligently to develop frameworks and systems that will allow them to generate data on their contributions to the results achieved by developing countries. This is a complex undertaking and a single method or approach does not exist to help the international development community understand or assess organisational contributions to development effectiveness.

In this context, MOPAN developed the Common Approach to assess the organisational effectiveness of multilateral organisations. MOPAN defines organisational effectiveness as the extent to which a multilateral organisation is organised to contribute to development results in the countries where it operates.

The MOPAN Common Approach was first implemented in 2009 as the successor to the Annual MOPAN Survey, conducted since 2003. The Common Approach is broader and deeper than the previous surveys, which were based on the views of donors only. In 2009, the Common Approach incorporated the views of direct partners or clients of multilateral organisations in-country, and of MOPAN members at both headquarters and country level.⁶ In 2010, the Common Approach also incorporates a review of documents published by the organisations assessed or by external sources.⁷

The MOPAN Common Approach is intended to generate relevant and credible information to assist MOPAN members in meeting domestic accountability requirements and to support dialogue between MOPAN members, multilateral organisations, and their direct clients/partners that focuses on improving organisational learning and effectiveness over time. The Common Approach is derived from, and meant to replace, seven existing bilateral assessment tools. It also complements other ongoing assessment processes such as the bi-annual Survey on Monitoring the Paris Declaration and the annual reports of the Common Performance Assessment System (COMPAS) published by the multilateral development banks (MDBs).

⁵ MOPAN members in 2010: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, the Netherlands, Norway, Republic of Korea, Spain, Sweden, Switzerland, and the United Kingdom.

⁶ The terms “donors” and “MOPAN members” are used interchangeably in this document and refer only to the respondents in this assessment.

⁷ For more information on MOPAN and the Common Approach, please visit the MOPAN website (www.mopanonline.org)

1.2 Methodology – Common Approach 2010

Overview

In 2010, the MOPAN Common Approach assessed the organisational effectiveness of four multilateral organisations: the Asian Development Bank (ADB), the International Fund for Agricultural Development (IFAD), the United Nations Population Fund (UNFPA), and the World Health Organization (WHO). The assessment was carried out at an institutional level and across ten developing countries: Afghanistan, Benin, Colombia, Indonesia, Kenya, Nicaragua, Rwanda, Sri Lanka, Viet Nam, and Zambia.⁸

The full methodology for the Common Approach in 2010 is presented in Volume II, Appendix I. The following is a summary of the methodology. It is important to note that the methodology for the Common Approach changed significantly in 2010, primarily due to the introduction of the document review component. Consequently, comparisons of the results of the Common Approach 2010 with those from previous years should be done with caution.

Using a survey of stakeholder perceptions and a review of documents published by the organisations assessed and other sources, the MOPAN Common Approach examines organisational systems, practices, and behaviours that MOPAN believes are important for aid effectiveness and that are likely to contribute to results at the country level.⁹ It is structured around four areas (or quadrants) of performance – strategic management, operational management, relationship management, and knowledge management.

Key Performance Indicators and Micro-indicators – Within each performance area, organisational effectiveness is described using key performance indicators (KPIs) that are measured in a series of micro-indicators (MIs). In 2010, the Common Approach used 19 KPIs and between 68 and 70 MIs for each organisation.¹⁰ The full list of MIs assessed for WHO in 2010 is provided in Volume II, Appendix V (KPI and MI Data by Quadrant).

Survey

The MOPAN Common Approach 2010 gathered stakeholder perception data through a survey of MOPAN members and direct partners/clients of the multilateral organisations under review. MOPAN member respondents were identified by MOPAN member countries, whereas direct partners/clients were identified by the relevant multilateral organisation. The surveys were customised for each multilateral organisation and could be completed online or offline (paper, email, or interview). The survey for WHO is presented in Volume II, Appendix II.

Ratings

Survey respondents were presented with statements describing an organisational practice, system, or behaviour and asked to rate the performance of the organisation on a scale of 1 to 6 as shown below.

⁸ These countries were selected for the 2010 assessment based on a set of criteria, such as the presence of MOPAN members, which are described in Appendix I.

⁹ Whether or not a multilateral organisation contributes to the achievement of development results will also depend on how it is addressing development issues, the instruments it uses, and the scale of its interventions in the country contexts in which it operates.

¹⁰ Variations are due to the customisation of the survey for each multilateral organisation.

Figure 1.1 Band Ranges and Descriptions

Band	Range of the mean scores	Rating	Definitions
1	1 to 1.49	Very Weak	The multilateral organisation does not have this system in place and this is a source of concern
2	1.50 to 2.49	Weak	The multilateral organisation has this system but there are important deficiencies.
3	2.50 to 3.49	Inadequate	The multilateral organisation's system in this area has deficiencies that make it less than acceptable.
4	3.50 to 4.49	Adequate	The multilateral organisation's system is acceptable in this area.
5	4.50 to 5.49	Strong	The multilateral organisation's system is more than acceptable yet without being "best practice" in this area.
6	5.50 to 6.00	Very Strong	The multilateral organisation's system is "best practice" in this area.

Respondents

MOPAN set targets (quotas) for the percentage of respondents (out of all people asked to complete the survey) considered satisfactory: 50 percent response rate among direct clients/partners of multilateral organisations in each survey country, and 75 percent among MOPAN members in country offices and at headquarters. The basis for the quotas is explained in Volume II, Appendix I.

WHO survey results were based on the opinions of 208 respondents.

Figure 1.2 Number of Respondents and Quotas for the World Health Organization (WHO) by Country and Respondent Group

Country	Country-based Donor Respondents (quota)	Direct Partner Respondents (quota)	Headquarter-based Donor Respondents	Total Respondents (quota in brackets)
	Respondents	Respondents	Respondents	
Afghanistan	4 (8)	3 (7)	-	7 (15)
Benin	7 (10)	14 (8)	-	21 (18)
Colombia	2 (7)	9 (8)	-	11 (15)
Indonesia	6 (5)	8 (10)	-	14 (15)
Kenya	10 (11)	9 (10)	-	19 (21)
Nicaragua	9 (11)	9 (10)	-	18 (21)
Rwanda	6 (5)	6 (7)	-	12 (12)
Sri Lanka	6 (7)	7 (10)	-	13 (17)
Viet Nam	12 (14)	7 (10)	-	19 (24)
Zambia	6 (9)	13 (13)	-	19 (22)
Total	68 (87)	85 (93)	55 (59)	208 (239)

Data Analysis

Survey data analysis included calculations of standard deviation, frequency, differences across countries and respondent groups, 'don't know' responses, and content analysis of open-ended questions. A weighting scheme was applied to ensure that no single respondent group or survey country was over-represented in the analysis and that there was equal representation of MOPAN members and direct partners/clients in the country-level analysis of the multilateral organisation. Survey data analysis is described fully in Volume II, Appendix I.

Document Review

The document review considered three types of documents: multilateral organisation documents (including Executive Board documents); organisational reviews and assessments (external or internal); external assessments such as the OECD Survey on Monitoring the Paris Declaration, and previous MOPAN surveys. To ensure consistency and focus in the sampling process, the selection and collection of documents followed overall principles and specific criteria (described in Volume II, Appendix I). For most micro-indicators, five criteria were established which, taken together, were considered to represent the best practice in that topic area. The rating on any micro-indicator depends on the number of criteria that were considered to be met by the organisation.

The document review used the same list of micro-indicators as the survey, but not all micro-indicators were identified for document review and some questions were worded differently in the survey and the document review. In the charts presented in this report, document review ratings and survey ratings use the same rating scale but are shown separately on each chart to show convergence or divergence between the two sets of results.

Limitations

MOPAN acknowledges that the Common Approach is being developed experientially. As a result, there are still limitations to the methodology. MOPAN improves the methodology based on the experience in each year of implementation. Please see Volume II, Appendix I for an overview of general strengths and limitations of the Common Approach. The following are key limitations in the assessment of WHO:

- The Common Approach is based on a perception survey and document review; it does not include interviews, focus groups, and other data collection methods that can help to analyse the current state of results-oriented behaviours, systems, and procedures in the organisation. It produces numerical scores or ratings that appear to have a high degree of precision, yet can only provide indications of how an organisation is doing and a basis for discussion among MOPAN members, the multilateral organisation, and the organisation's direct partners/clients.
- In the document review component, which also provides a rating for the organisation, low ratings may be due to the lack of appropriate documents available in relation to the assessment criteria. The criteria for the document review are presented in Volume II, Appendix VI.
- The sample of survey respondents was limited, particularly in some countries where MOPAN fell short of its quota/target response rate.
- The countries surveyed in the 2010 assessment, which were selected based on established MOPAN criteria,¹¹ comprise only a small proportion of WHO's programming. As a result of this sampling approach, no country from WHO Regional Office in Europe (EURO) was included among the ten countries.

¹¹ MOPAN criteria for country selection include: presence and availability of MOPAN members, no recent inclusion in the survey, and the need for geographical spread, with a bias toward countries in Asia given that the Asian Development Bank (ADB) was assessed in 2010.

- Similarly, the selection of countries also determined the universe of country programming documents reviewed. A sample of five countries, representing different geographic regions, was selected.¹² As the review of documents was based on the five-country sample, it may not reflect the approach used in all WHO country offices.
- Finally, while WHO has an important regional dimension to its work, the MOPAN Common Approach focuses on the country level and corporate level. Neither the survey nor the document review is sufficiently tailored to take into account regional structures.

¹² The countries selected for document review were: Afghanistan, Colombia, Indonesia, Kenya, and Viet Nam.

2. Background on the World Health Organization (WHO)

This section provides a brief overview of the World Health Organization (WHO) and its mandate and areas of work. In addition, it summarises the results of previous MOPAN surveys on WHO. This information is intended to provide background and context for the MOPAN Common Approach in 2010.

Information on WHO¹³

The World Health Organization, launched in 1948, is the leading multilateral health agency of the United Nations system.¹⁴ WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health.¹⁵ WHO is governed by a World Health Assembly (WHA) with representatives from almost 200 Member States. The main role of the WHA is to review and approve WHO's policies, program initiatives, and budgets, which are developed by WHO technical staff in consultation with staff of national health ministries and specialised institutions (public and private) around the world. WHO promotes technical cooperation among countries while facilitating policy development, training, and other forms of technical assistance. WHO also assembles health data from member countries; these are analysed in a standard manner and the resulting information is disseminated globally. Collaborative programs with member countries are performed by a Secretariat, supported by six regional offices with representatives in most countries.

Globally, WHO is most visibly associated with such policy and programmatic initiatives as the Framework Convention on Tobacco Control, international health regulations, the Global Burden of Disease Project, surveillance of infectious disease of global importance, and disease-specific eradication programs. Many of these functions are coordinated by WHO's six regional offices in a manner that can be considered decentralised: while conforming to a broad strategic framework for the organisation as a whole, each region enjoys sufficient autonomy as to be able to determine priorities based on regional situation analyses. Accordingly, structures, relationships, and terminology for organisational units and posts also vary across WHO regions, reflecting diversity in organisational subcultures and priorities. This model, however, also introduces greater complexity for WHO governance and for ensuring the consistent application of organisation-wide policies, systems, and reforms.

WHO operates according to an evolving model for planning, budgeting, monitoring and evaluation. While decentralised to six regions, all regions remain consistent with WHO's global goals and objectives. For example, for the current six-year period (2008-13), WHO set out a Medium-term Strategic Plan (MTSP) based on a General Programme of Work, input from various Country Cooperation Strategies, and resolutions of WHO Governing Bodies (WHA and equivalent regional bodies). Since the health situation and priorities of each WHO Region and member country vary, each Regional Office contributes to this plan in different ways.

¹³ WHO website [online], <http://www.who.int/about/en/>; WHO in Afghanistan: www.emro.who.int/afghanistan/; WHO in Colombia: www.col.ops-oms.org/; WHO in Indonesia: www.ino.searo.who.int/EN/Index.htm; WHO in Kenya: www.afro.who.int/index.php?option=com_content&view=article&id=1036&Itemid=1889; WHO in Viet Nam: www.wpro.who.int/vietnam.

¹⁴ Other UN agencies with health-related mandates include UNICEF, UNDP, UNAIDS, FAO, UNFPA, UNHCR, UNFAC.

¹⁵ The Constitution defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity; www.who.int/about/governance/en/index.html.

Arguably the most critical work of WHO is done on a day-to-day basis by WHO Country Offices. These offices work in close coordination with national ministries of health to help establish and maintain country-specific health priorities and develop operational plans to deal with them. From this joint effort emerges the Country Cooperation Strategy.

In general, the more capacity a country has to develop and deliver its health policies and programs, the less likely there will be a national role for WHO, and the more likely it will be seen mostly as a force for global health. This reflects the reality that countries with advanced health science capacities (e.g., USA, Canada, most European countries) have no WHO country offices and relate instead to the regional office and/or to Geneva Headquarters. By contrast, resource challenged nations often have large WHO country offices, some with capacities greater than that of their health ministry. Between these extremes WHO may focus on special areas of need in order to complement national capacities.

Previous MOPAN Survey of WHO

In 2007, the MOPAN Annual Survey assessed the perceptions of MOPAN member staff at embassies and country offices about WHO. (As noted above, the 2007 survey used a different methodology than the 2010 assessment and comparisons should be made with caution.) The 2007 survey was conducted in Bangladesh, Benin, Bolivia, Egypt, Ethiopia, Mali, Nicaragua, Senegal, Serbia, and Zambia (ten countries in which WHO has an office). It collected the perspectives of MOPAN members at the country level with regard to WHO capacity for partnership with national stakeholders and other international development agencies. The most common forms of WHO collaboration with its partners are through policy dialogue with governments and local coordination efforts.

With regard to **partnership behaviour towards national stakeholders**, the 2007 survey respondents considered that WHO was doing well in contributing to national policy dialogue, but perceived that its support to NGO involvement in policy dialogue was uneven. Country teams also felt that WHO was effectively engaged in capacity development and in promoting ownership, particularly at the central government level. The high quality of WHO technical advice was noted, and WHO was perceived to be visible and/or strong in advocacy. Overall, WHO was considered to be aligned with national priorities, strategies, procedures and modalities, although WHO country offices were not considered to be systematically granted decision-making authority.

With regard to **partnership behaviour towards other international development agencies**, the 2007 survey highlighted WHO's modest contributions to information sharing among development agencies. Inter-agency coordination at the project/program level was also criticised, despite WHO being actively involved in local donor coordination groups in the health sector. However, the local senior management contribution to inter-agency coordination was rated fairly positively. WHO was perceived to be uneven in terms of its contribution to harmonisation of local donor efforts and within the UN system.¹⁶

The findings in Section 3.3.4 on Relationship Management make references to the 2007 survey where appropriate.

¹⁶ MOPAN (2007). *The Annual MOPAN Survey 2007: Donor Perceptions of Multilateral Partnership Behaviour at Country Level – This Survey covers UNDP, WHO, AfDB – Synthesis Report*, MOPAN, 81 p.

3. Main Findings

3.1 Introduction

This chapter presents the findings of the 2010 MOPAN Common Approach assessment of the World Health Organization. Findings are based on respondent survey data and the document review.

- Section 3.2 presents overall findings on the performance of WHO;
- Section 3.3 provides findings on each of the four quadrants (strategic, operational, relationship, and knowledge management); and
- Section 3.4 summarises WHO's main strengths and areas for improvement, as identified by survey respondents in their answers to two open-ended questions.

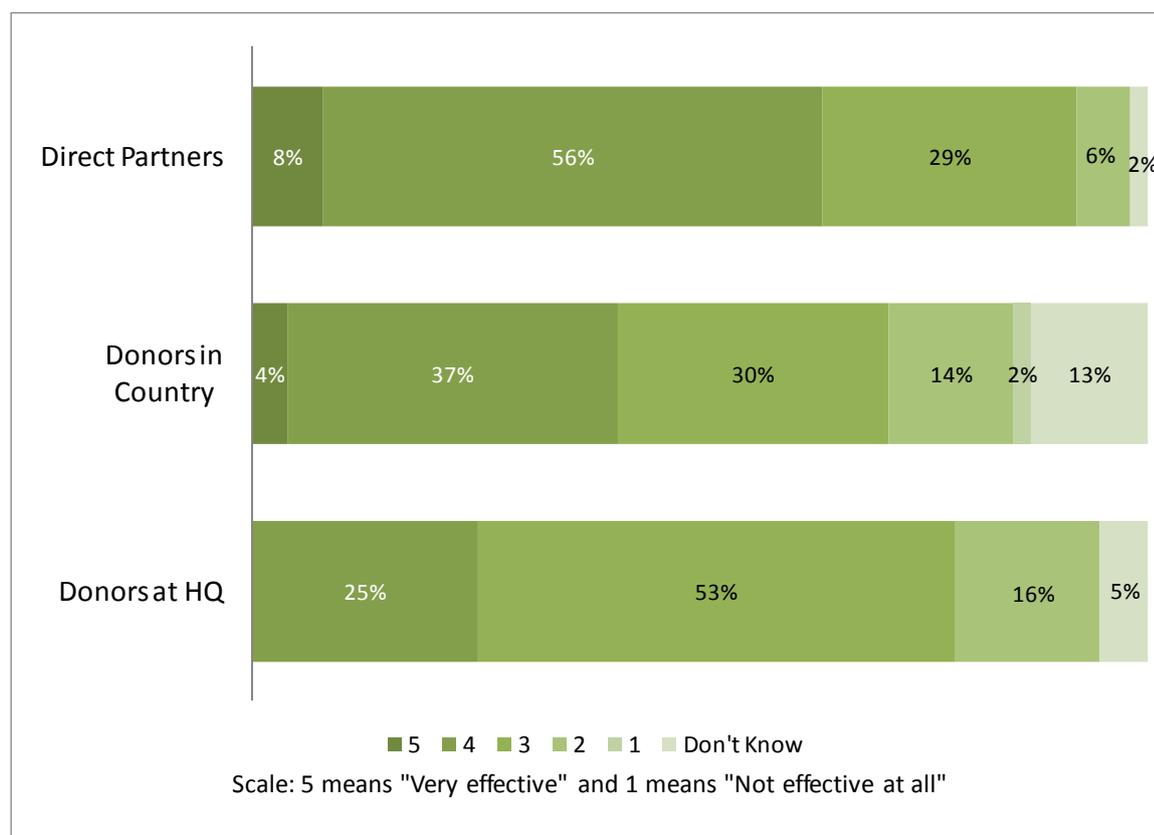
3.2 Overall Findings

This section provides survey ratings of WHO's overall internal effectiveness, survey and document review ratings for all key performance indicators, the distribution of survey ratings across respondent groups, and a discussion of differences in ratings in Delivering as One countries.

Overall, survey respondents considered WHO to be internally effective; direct partners were the most favourable in their assessment.

MOPAN has defined 'internal effectiveness' as the extent to which a multilateral organisation is organised to support partners to produce and deliver expected results. Survey respondents were asked to rate the overall internal effectiveness of the multilateral organisation. As shown in the figure below, respondents generally considered WHO to be organised to support its partners in contributing to expected results

Partner respondents were most positive about WHO's internal effectiveness, donors in-country gave it a mixed review, and donors at headquarters were more critical. This may indicate that respondents closer to the central level tend to have greater knowledge and awareness of the organisation's internal procedures and effectiveness.

Figure 3.1 Overall Ratings of Effectiveness by Respondent Group¹⁷

In the ratings from the survey and document review, WHO was rated as adequate or better on the majority of key performance indicators.

Figure 3.2 provides an overview of the ratings for WHO on each of the key performance indicators assessed in 2010. The diamond shapes indicate document review ratings, while the bars show the survey ratings based on mean scores.

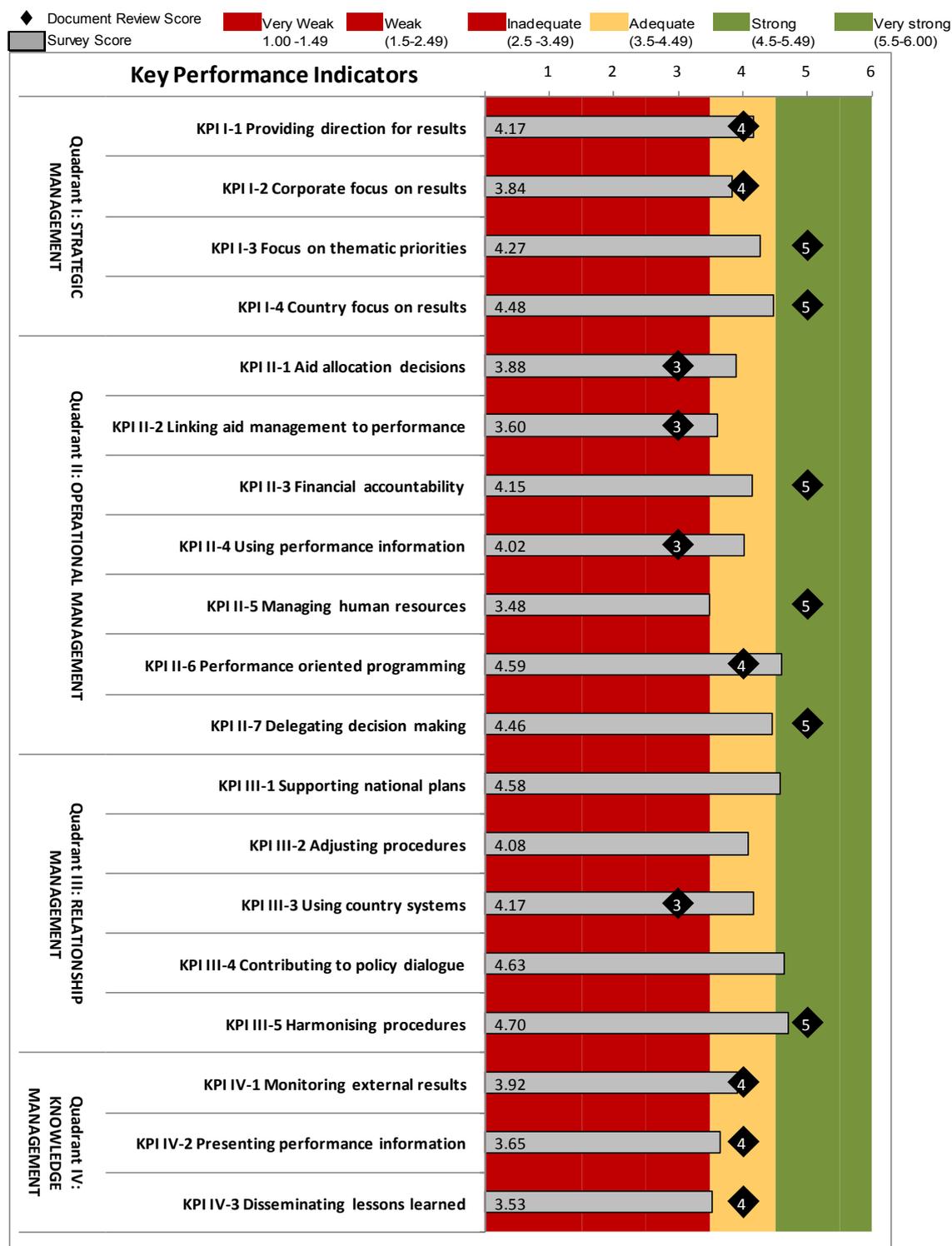
In the **survey**, WHO received scores of adequate or strong on 18 of the 19 key performance indicators (KPI) assessed in 2010, based on the mean scores of all respondents. The only KPI that received a rating of inadequate related to WHO's management of human resources.

The **document review** assessed 16 key performance indicators. WHO was rated adequate or strong on 12 KPIs and inadequate on four (aid allocation decisions, linking aid management to performance, using performance information, and use of country systems).

However, the document review also provided more ratings of strong than the ratings provided by survey respondents. This may indicate that WHO has the policies and strategies that meet the identified criteria, but that these are not yet seen be implemented at all levels of the organisation. The strong ratings may also be a reflection of the criteria used for rating the organisation based on documents, which are listed in Volume II, Appendix VI.

¹⁷ The question on "internal effectiveness" used a 5-point scale. All subsequent questions that required a rating used the 6-point scale described in Section 1.2.

Figure 3.2 Overall Ratings on Key Performance Indicators (mean scores, all respondents and document review ratings)¹⁸



Note: Survey respondents were asked to consider a series of statements that describe the practices, systems or behaviours of WHO and to rate these on a scale from 1 to 6 where 6 means "very strong", 5 means "strong", 4 means "adequate", 3 means "inadequate", 2 means "weak" and 1 means "very weak" (this scale was used for all statements).

¹⁸ No document review scores are provided for three key performance indicators in Quadrant III as the document review did not examine these indicators. For more information please see the methodology in Appendix I.

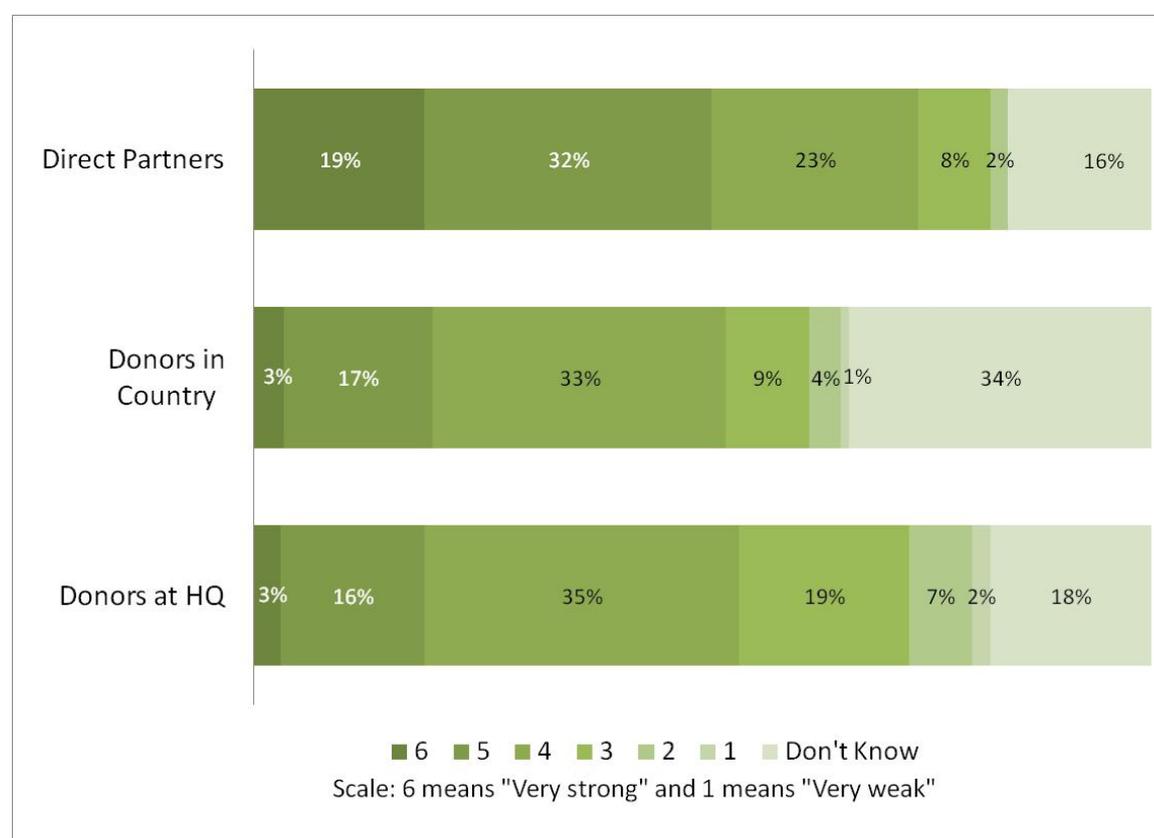
Direct partner respondents rated WHO's performance more favourably on most indicators and responded 'don't know' less frequently than MOPAN members in-country or at headquarters.

In the 2010 assessment of WHO, direct partner respondents included: government officials from line ministries (30 percent), representatives of NGOs and civil society organisations (27 percent), and academic institutions (19 percent). Other respondents included representatives of other government or parastatal agencies. About 85 percent of respondents indicated that they are senior level professionals. (See respondent profile in Volume II, Appendix III.)

As shown in Figure 3.3 below, direct partners tended to be more favourable than donors in their ratings of WHO performance across all micro-indicators. This was not unique to the assessment of WHO; it also emerged in the 2009 MOPAN assessment of multilateral organisations and in the survey data for the other organisations assessed in 2010.

Statistical tests were conducted¹⁹ to determine whether differences in ratings among survey respondent groups were statistically significant. For all but two micro-indicators,²⁰ these differences were found to be statistically significant and not a random variation.

Figure 3.3 Distribution of Ratings across all Micro-Indicators, by Respondent Group



¹⁹ For micro-indicators for which all three respondent groups gave answers, the Kruskal-Wallis test was conducted. For micro-indicators with two respondent groups, the Mann-Whitney U test was conducted. In both cases, tests were conducted on weighted data, $\alpha = 0.05$.

²⁰ Micro-indicators 2.7.B. "WHO can approve funding for new areas of cooperation locally, within a budget cap" and 3.2.C. "WHO adjusts overall portfolio in country quickly, to respond to changing circumstances".

The difference in ratings between donors in-country and those at headquarters may be explained by a variety of factors, including the fact that country respondent perceptions are based on their in-country experience while headquarters respondents may be more aware of WHO's internal operations due to the nature of their interactions with the organisation.

Don't Know Responses

Direct partner respondents and donors at headquarters had lower levels of 'don't know' responses than donors in-country, which may be related to their level of familiarity with WHO. As noted in the respondent profile (Volume II, Appendix III), direct partners and donors at headquarters reported the most frequent interactions with WHO (daily or weekly contact) and a greater degree of familiarity with the organisation.

Donors in-country had difficulty answering questions related to the KPI on aid allocation decisions (56 percent responded 'don't know'), financial accountability (53 percent), use of country systems for disbursements and operations (48 percent), use of performance information on results (46 percent), consideration of local conditions and capacities in procedures (37 percent), and delegation of decision-making authority (42 percent).

For direct partners, the level of 'don't know' responses was 38 percent on key performance indicators concerning aid allocation decisions and WHO's use of country systems for disbursements and operations.

Headquarters respondents had high 'don't know' rates only for questions on the monitoring and evaluation of delivery and external results (41 percent).

Volume II, Appendix IV provides the respondent base and level of 'don't know' responses for each question in the MOPAN 2010 assessment.

As noted in the methodology (Volume II, Appendix I), 'don't know' responses were not factored into the calculation of mean scores. However, where the proportion of respondents answering 'don't know' was approximately 40 percent or more for a question relating to an MI, this is indicated in the text of the report. This information will be important for MOPAN members and multilateral organisations as a basis for discussions about expectations of respondent familiarity with the organisation's systems, practices and behaviours. There were no measurable differences between WHO performance ratings in Delivering as One pilot countries and other countries.

The MOPAN Common Approach does not yet include specific indicators to analyse the extent to which organisations are engaging in the Delivering as One (DAO) initiative of the United Nations. In analysing the data from this assessment, however, there was an effort to see whether there were any differences in the performance ratings between countries that have been designated as DAO pilot countries and other countries.

MOPAN analysed differences in WHO survey responses between UN Delivering as One pilot countries (Rwanda and Viet Nam) and other countries. With the exception of two micro-indicators, the differences were not statistically significant.²¹

²¹ Mann-Whitney U tests of differences between DAO and non-DAO respondents on weighted data, $\alpha = 0.05$, found that differences were significant for two micro-indicators ("WHO has procurement and contract management processes for the provision of services or goods that are usually timely, efficient and effective" and "WHO actively manages less effective activities from the previous programming cycle"). Significance testing aims to analyse whether there are differences in the data that are unlikely to have occurred by chance. However, the explanatory value of such tests is limited and there are several possible reasons why no significant difference was found between the DAO pilot countries and non-DAO countries in the 2010 assessment. These include: (i) DAO does not affect the performance of the organisation's country team along the indicators measured, and therefore there are no differences, or (ii) there are differences, but they are due to other factors that have greater influence on the indicators measured.

3.3 WHO Performance in Strategic, Operational, Relationship, and Knowledge Management

3.3.1 Overview

This section presents the results of the 2010 Common Approach assessment of WHO in four performance areas (quadrants): Strategic, Operational, Relationship, and Knowledge Management.

The following sections (3.3.2 to 3.3.5) provide the overall survey and document review ratings for the KPIs in each quadrant, the mean scores by respondent group, and findings based on an analysis of survey and document review ratings.

The findings highlight areas where there were divergent perspectives among survey respondent groups or observed differences between the survey results and document review ratings.

The survey data for each KPI and MI by quadrant are presented in Volume II, Appendix V. The document review ratings are presented in Volume II, Appendix VI.

3.3.2 Strategic Management

In Quadrant I: Strategic Management, 18 MIs were rated in the survey and 15 in the document review. These are discussed below.

Figure 3.4 below shows the overall survey and document review ratings for the four KPIs in the strategic management quadrant. Figure 3.5 shows the mean scores for the four KPIs for all survey respondents, and by respondent groups.

Figure 3.4 Quadrant I: Strategic Management: Survey and Document Review Ratings

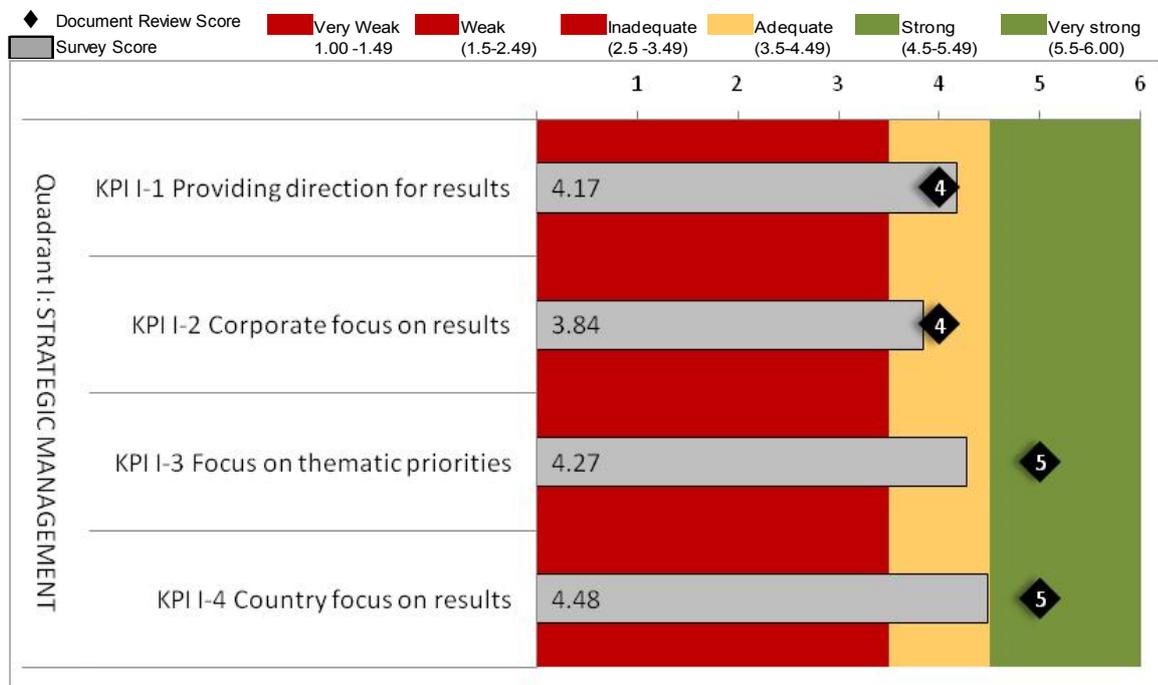
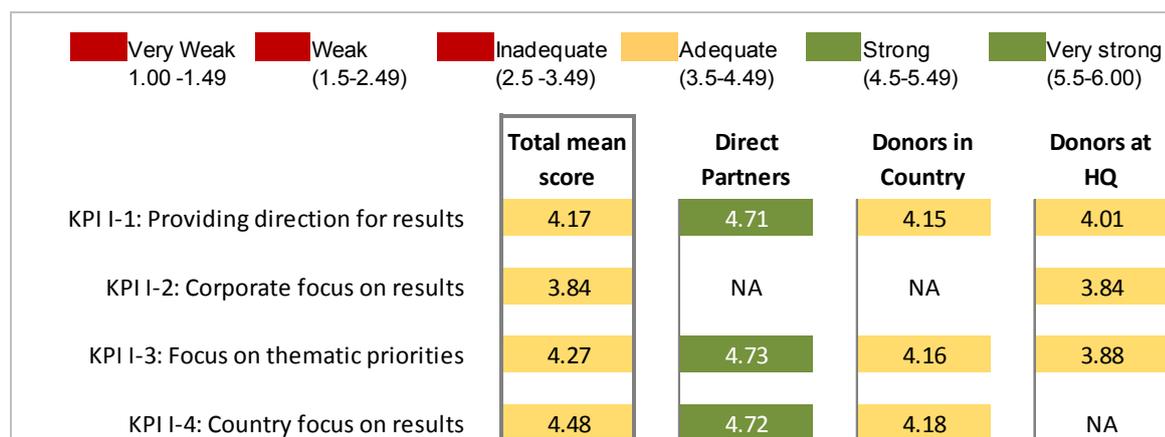


Figure 3.5 Quadrant I: Strategic Management, Mean Scores by Respondent Group



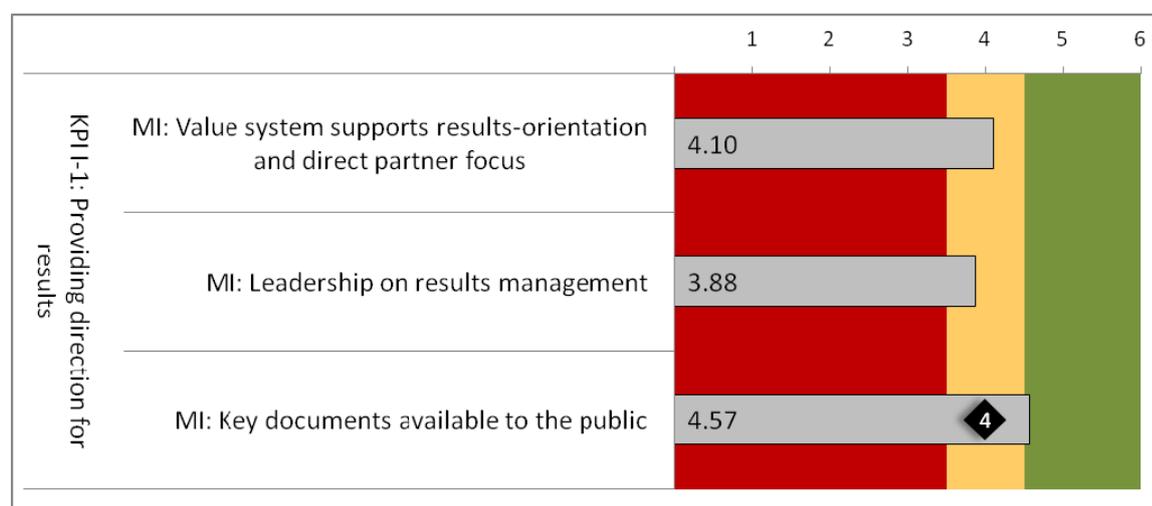
KPI I-1: Providing Direction for Results

Finding 1: WHO was seen to provide adequate direction for the achievement of external/beneficiary focused results based on the survey results and the review of documents.

Overall, 73 percent of survey respondents rated WHO as adequate or better on the three MIs in this KPI. The document review, which rated only the MI on availability of documents, gave WHO an adequate score.

The survey data from MOPAN members at headquarters suggests that while there is adequate leadership on results management, the results focus has not yet penetrated the institutional culture. At the country level, however, respondents were less critical of WHO’s management for results.

Figure 3.6 KPI I-1: Providing Direction for Results, Ratings of Micro-indicators²²



²² No document review scores are provided for the MI “value system supports results-orientation and direct partner focus” or for the MI “leadership on results management” as the document review did not examine these indicators. For more information please see the methodology in Volume II, Appendix I.

MI: Value system supports results-orientation and direct partner focus

This MI was represented by two questions in the survey, one asking if the culture reinforces a focus on results, and the other whether the institutional culture is direct-partner focused. In their assessment of the extent to which the institutional culture reinforces a focus on results, 55 percent of headquarters respondents rated WHO as inadequate or worse, while the other two respondent groups were more favourable. All respondent groups rated WHO as adequate or better on its direct-partner focus.

MI: Leadership on results management

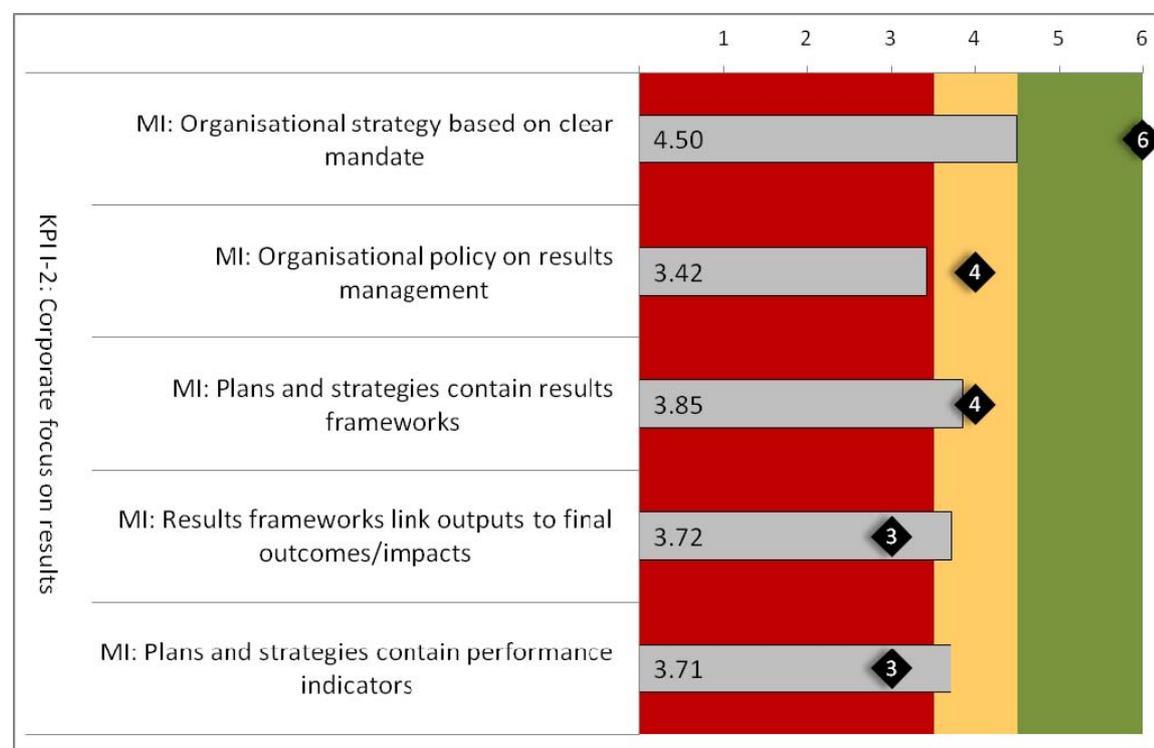
Despite their negative assessment of the institutional culture, 60 percent of MOPAN members at headquarters (the only respondent group asked), agreed that WHO's senior management shows leadership on results management.

MI: Key documents available to the public

This MI was rated as strong overall by survey respondents (81 percent rated WHO as adequate or better). The document review rated WHO's efforts as adequate. Many documents are available on WHO's website, and often in multiple languages.²³ However, WHO does not have a disclosure/access to information policy, nor a central repository for evaluations.

KPI I-2: Corporate Focus on Results**Finding 2: WHO's corporate focus on results was considered adequate overall by MOPAN members at headquarters and the document review.**

Survey respondents rated WHO as adequate overall on the five MIs in this KPI. The document review gave WHO a wide range of scores on these MIs, from inadequate to strong.

Figure 3.7 KPI I-2: Corporate Focus on Results, Ratings of Micro-indicators

²³ WHO official languages are Arabic, Chinese, English, French, Russian and Spanish.

MI: Organisational strategy based on a clear mandate

According to survey respondents and the document review, WHO has a strong organisation-wide strategy based on a clear mandate. In the survey, this MI was asked in two questions: Does WHO have a clear mandate? And, is WHO's organisation-wide strategy aligned with the mandate? Among MOPAN members at headquarters (the only group asked), 89 percent rated WHO as adequate or better on the first question and 78 percent on the second question.

The document review found that WHO's organisational goals, focus priorities, and core functions outlined in their strategic planning document were linked to its Eleventh General Programme of Work 2006-2015 and to its mandate.

WHO's Mandate

WHO's mandate is defined by Articles 1 and 2 of their Constitution. Article 1 states the overarching objective of WHO as "the attainment by all peoples of the highest possible level of health", while Article 2 describes twenty-two functions of the organisation. Amongst several of these functions is a standard-setting role.²⁴ The mandate has been reviewed and updated as required by the WHA.

MI: Organisational policy on results management

More than half (55 percent) of headquarters respondents (the only group asked) provided a rating of inadequate or lower on this MI. The document review rated WHO's performance as adequate on this MI.

WHO does not have a policy per se on results management, but it does have a results-based management framework (RBMF) in its Medium-Term Strategic Plan (MTSP) 2008-2013 and provides further detail on how to operationalise the planning and reporting process to support results in its *Programme Management in WHO*. However, the RBMF provides a limited explanation of the organisation's definition of and approach to managing for results including: the definition of key concepts (outputs and outcomes), what the organisation is accountable for, and how contributions are to be made to a country's development results.

MI: Plans and strategies contain results frameworks

Both the document review and the survey data indicate that WHO has adequate organisation-wide plans and strategies containing frameworks of expected management and development results. WHO's MTSP 2008-2013 contains 13 strategic objectives which provide their strategic framework. Objectives 1-11 provide a development results framework, and Objectives 12 and 13 provide a management results framework. The MTSP contains organisation-wide expected results (OWERS) statements for each objective, but results statements do not consistently or correctly differentiate between outputs and outcomes. Most of the OWERS are outputs as per the OECD-DAC definition adopted by MOPAN for its assessments. For example, OWER 1.5 "New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases developed and validated, with scientists from developing countries increasingly taking the lead in this research" is an output, but is not labelled as such. Yet some OWERS also reflect actions on the part of Member States, thus representing an outcome to which WHO may contribute, such as OWER 1.9 "Effective operations and response by Member States and the international community to declared emergencies situations due to epidemic and pandemic prone diseases."

The need for improvement in the quality of these frameworks is noted in the following MIs.

²⁴ For WHO, these include clauses such as: (o) "to promote improved standards of teaching and training in the health, medical and related professions"; (s) "to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices"; (t) "to standardise diagnostic procedures as necessary"; (u) "to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products".

MI: Results frameworks link outputs to final outcomes/impacts

The survey found WHO to have adequate results frameworks with causal links from outputs through to impacts/final outcomes. This MI received a positive response from 61 percent of survey respondents. The document review, which rated this MI as inadequate, found that it is quite difficult to establish a clear results chain. The results chain for each strategic objective is vague or unclear in the MTSP and Programme Budget (2008-2009 and 2010-2011), especially in regard to specific WHO outputs and activities. If we consider outputs to be primarily the products and services provided by WHO (e.g., guidelines, technical assistance) and outcomes to be the short-term or medium-term effects of the outputs, then we find that these are mixed together at various levels in WHO's strategic documents, and some of them could be considered as country outputs and outcomes. Although products and services are specified in operational plans or workplans, the fact that outputs are not explicit in the organisational results frameworks limits the ability to understand the program logic and identify plausible links from outputs to outcomes/impacts within any one Strategic Objective.

MI: Plans and strategies contain standard performance indicators

In the survey, WHO received an overall score of adequate on this MI (63 percent of survey respondents rated WHO as adequate or better). The document review, however, rated WHO as inadequate in including standard performance indicators in organisation-wide plans and strategies at a delivery (output) and development results level.

WHO's MTSP contains indicators, baseline information, and targets to be reached (by 2011 and 2013) for each strategic objective. The amended MTSP includes refinements of indicators and targets, based on the results of an external review of WHO's indicators.²⁵

As mentioned above, some of the OWEs and their indicators reflect both outputs and outcomes. For example, the OWE 5.4 (Coordinated technical support provided to Member States for communicable disease control in natural disaster and conflict situations) reflects an output of technical support provided by WHO. However, the indicator 5.4.1 (Proportion of acute natural disasters or conflicts where communicable disease-control interventions have been implemented, including activation of early-warning systems and disease-surveillance for emergencies) seems to measure an outcome to which WHO may contribute since implementation and activation refer to actions taken by member countries, not by WHO. In addition, some indicators continue to lack specificity. For example, in the case of indicator 2.5.1, "Number of Member States with *functional coordination mechanisms* for HIV/AIDS, tuberculosis and malaria control," there would need to be a protocol defining *functional coordination mechanism* in order to make it specific.

KPI I-3: Focus on Thematic Priorities

Finding 3: WHO was rated as adequate in having a strategic focus on most cross-cutting thematic priorities by survey respondents, and as adequate to strong by the document review.

MOPAN identified five cross-cutting themes (gender equality, environment, HIV/AIDS, good governance, and human rights-based approaches). With the exception of good governance, WHO strategic documents include references to these priorities²⁶ and they are integrated in different ways into its Strategic Plan. Overall, 66 percent of survey respondents rated WHO as

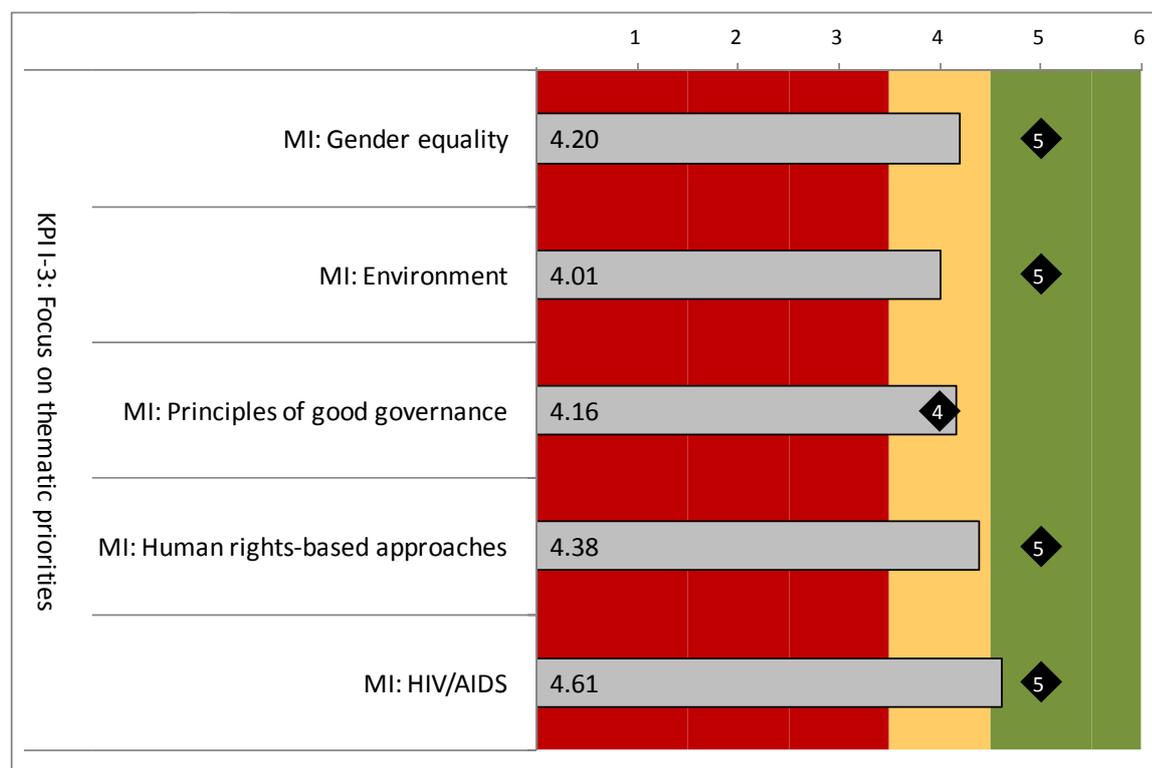
²⁵ In addition, WHO reports that over the past year it has begun to use a series of Key Office Performance Indicators to track managerial performance.

²⁶ WHO's Eleventh General Programme of Work notes that "in its relations with the United Nations, WHO will place particular emphasis on emerging issues in global public health and security, as well as on cross-cutting issues such as environment, human rights, and gender" (p 26). The Medium-term Strategic Plan 2008-2013 mentions a 'cross-cutting theme' in reference to gender inequalities that fuel the epidemic(s) of HIV/AIDS, tuberculosis, and malaria (p 26)

adequate or better on the five MIs in this KPI, giving their highest rating for WHO’s strategic focus on HIV/AIDS. The document review gave WHO higher scores, ranging from adequate to strong. The differences in these ratings suggest that cross-cutting themes may not be as well integrated in practice as they are on paper, and may also reflect the fact that the thematic priorities identified by MOPAN are not necessarily the same as those identified by WHO.

Progress on these cross-cutting themes has been reported in WHO’s Programme Budget Performance Assessment (PBPA) Report. While WHO is making progress towards its expected results for cross-cutting priorities, the last PBPA report 2008-2009 noted challenges for WHO in meeting its targets in all regions. No specific plans to monitor or evaluate these cross-cutting themes were identified, except in the case of the integration of gender equality (see below). The MOPAN ratings on thematic priorities are shown in the chart and discussed below.

Figure 3.8 KPI I-3: Focus on Thematic Priorities, Ratings of Micro-indicators



MI: Gender Equality

Gender equality emerges as a strong programming theme in WHO corporate documents and received a rating of strong in the document review. It received an overall rating of adequate from survey respondents (67 percent responded positively to this question, ranging from a low of 56 percent from MOPAN country office representatives to a high of 84 percent from direct partners).

In 2007, the WHA adopted Resolution 60.25 on the integration of gender analysis and actions into the work at WHO at all levels. In the programmatic work of WHO, Strategic Objective 7 most closely addresses the integration of gender equality. This objective focuses on the underlying social and economic determinants of health, one of which is gender. As described in the Medium-Term Strategic Plan, the WHO Secretariat will focus on “ensuring that gender equality, a pro-poor focus, ethics, and human rights are incorporated in the work of the organisation at all levels, including by devising common terminology, tools and advocacy materials, enlarging the knowledge base and implementation capacity; and ensuring coherent strategies.” Strategic Objective 4 concerns health issues of pregnancy, childbirth, and sexual and reproductive health, among others. Some indicators in the WHO Strategy relate to gender equality, and some results statements refer to gender-sensitive policies and programs. The survey asked respondents only

whether WHO sufficiently mainstreams gender equality in its programmatic work (they were not asked to comment on their perception of gender equality in WHO's workforce). The document review, however, also investigated whether the organisation is committed to gender mainstreaming in its operational management.²⁷ Internally, in the implementation of the 11th General Programme of Work, WHO has been striving to reach gender balance in its senior management and advisory bodies. A December 2009 report from the Director General to WHO governing bodies stated that the representation of women in the professional and higher categories had increased by nearly 10 percent during the past 11 years, suggesting that further work remains to be done. As at 31 December 2009, 60.5 percent of WHO staff members in professional and higher categories on long-term appointments were men and 39.5 percent were women.

Despite some advances, WHO's work on gender, women and health was still facing a funding shortfall of US\$2.0 million (or 30 percent) for the 2010-2011 biennium.²⁸ The results of a baseline assessment of WHO's Gender Strategy will be available by the end of 2010 and will contribute to a better understanding of the integration of gender equality into the work and functioning of WHO. The Director General is expected to report on the mid-term results at the 64th World Health Assembly.

MI: Environment

WHO's attempts to mainstream environment in its programmatic work were seen as adequate by survey respondents and strong by the document review. Overall, 54 percent of survey respondents rated WHO as adequate or better on this MI, but there were notable differences between respondent groups (35 percent of donors in-country, 53 percent of headquarters respondents, and 74 percent of direct partners). Environmental issues are addressed by WHO in relation to its health mandate through a focus on the inter-linkages between health and the environment.. This appears in the Medium-Term Strategic Plan as Objective 8: "To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health." WHO's Public Health and Environment Global Strategy Overview describes WHO's support for identifying and preventing public health problems resulting from climate change. WHO is currently developing a process for environmental due diligence for its programs and activities and has a policy on 'green' procurement.

MI: Principles of good governance

In the WHO context, the promotion of good governance can be seen to relate to the governance of health systems within WHO's partner countries, and the document review used this approach to rating this MI on good governance. It is not clear whether survey respondents shared this interpretation, as they were asked whether WHO "sufficiently promotes the principles of good governance in its work". In any case, survey respondents and the document review gave WHO an overall rating of adequate for this theme. There were quite different views among survey respondent groups. While 60 percent of survey respondents overall rated this MI as adequate or better, this included only 44 percent of headquarters respondents but 84 percent of direct partners.

As noted above, good governance has not been identified by WHO as an organisational cross-cutting theme as such. Yet the review of documents found that WHO describes health systems strengthening as one of their priorities, born out of the observation that "failing or inadequate health systems are one of the main obstacles to scaling-up interventions to make achievement of internationally agreed goals such as the MDGs a realistic prospect." Health system strengthening includes the leadership and governance of health systems, which pertains to the role of the government in health and its relation to other actors whose activities impact on health. This has a

²⁷ This refers to organisational efforts to improve staffing, systems, policies, and other areas in such a way that allows it to better address gender equality.

²⁸ See WHO web site: <http://www.who.int/gender/funding/en/>

direct impact on health care issues, such as developing basic primary health care, health human resource development, and health care financing, among other issues.

MI: Human rights-based approaches

Survey respondents found WHO to be adequate in applying human rights-based approaches to development in its programmatic work, with 72 percent giving a rating of adequate or better. The document review rated WHO as strong on this MI.

WHO's human rights-based approach (HRBA) to programming is based on the *UN Common Understanding of a Human Rights-based Approach*. WHO has integrated HRBA in its strategies and programming through Strategic Objectives 4 and 7 of the Medium-term Strategic Plan 2008-2013.²⁹ WHO regional offices for Africa (AFRO) and the Americas (PAHO) have particular units that support human rights – the Ethics, Equity, Trade and Human Rights Branch at AFRO, and the Gender, Diversity, and Human Rights office at PAHO. Although the integration of HRBA into programming is clear, WHO has not clarified its support for human rights-based approaches in its operational management activities.

MI: HIV/AIDS

HIV/AIDS has a long history within WHO, representing one of the global health concerns that falls within WHO's mandate. It has continued to be part of WHO programming alongside the initiatives of the Joint United Nations Program on HIV and AIDS (UNAIDS) established in 1994. Thus, for WHO, HIV/AIDS is a key programming area rather than a cross-cutting theme.

Both survey respondents and the document review gave WHO a rating of strong for its approach to mainstreaming HIV/AIDS in its programmatic work. This theme received the highest mean score from survey respondents overall, with 78 percent giving a rating of adequate or better.

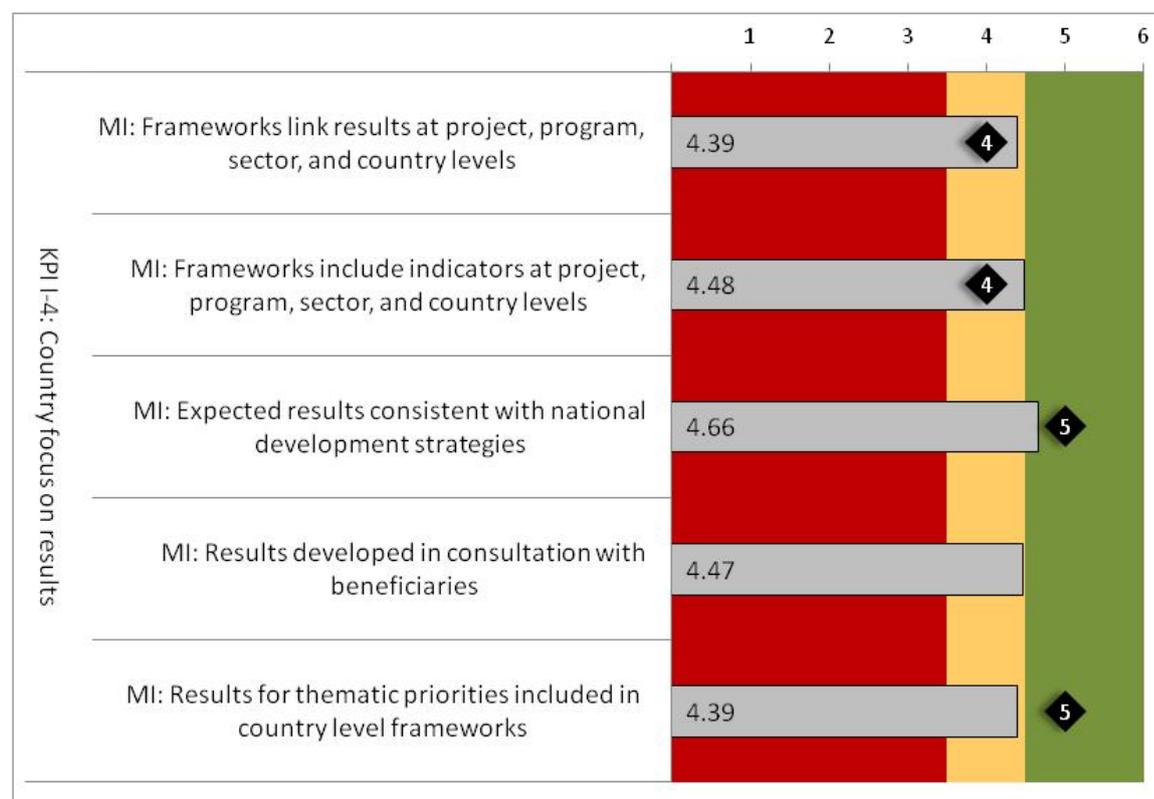
WHO is committed to the UNAIDS Outcome Framework 2009-2011, has included combating HIV/AIDS in the Medium-term Strategic Plan 2008-2013 under Strategic Objective 2 (along with tuberculosis and malaria), and is currently developing an HIV strategic framework to guide its work for 2011–2015. WHO also considers HIV/AIDS in its operational management activities through a program on HIV and AIDS in the WHO workplace (WHO LIVES). The value of WHO's approach to mainstreaming HIV/AIDS has also been recognised inside the organisation. According to WHO, the Director General has instructed organisational clusters to mainstream work in other areas (such as human rights and gender equality) based on the lessons learned from its work in mainstreaming HIV/AIDS and to develop indicators to monitor progress.

KPI I-4: Country Focus on Results

Finding 4: WHO's focus on results at the country level was considered adequate by country level respondents surveyed. Its Country Cooperation Strategies and associated workplans were considered to have a strong results focus by the document review.

Overall, survey respondents rated WHO as adequate or better on the five MIs in this KPI. The document review, which assessed four MIs, also rated WHO as adequate or better. It considered WHO strong in the alignment of the CCS with national development plans and the way that it integrates cross-cutting issues. The other aspects of WHO results frameworks were rated as adequate.

²⁹ Result 1 under Objective 4 requires WHO to promote “national policies and laws that conform to international human rights norms and standards and that will help to remove inequities”, and Objective 7 is “to address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.”

Figure 3.9 KPI 1-4: Country Focus on Results, Ratings of Micro-indicators³⁰

At the country level, WHO defines Office-specific Expected Results (OSERs) and develops Country Cooperation Strategies (CCS) to outline a strategic agenda for working with each country. The CCS states the priorities jointly agreed upon for WHO cooperation in and with the country and clarifies the role WHO will play in which areas for a four to six-year period.

The document review sampled the CCSs and associated workplans for five countries (Afghanistan, Viet Nam, Colombia, Indonesia, and Kenya) that were generated between 2006 and 2008. One of these, the 2008 Kenya CCS, reflects a new CCS format that is stronger than previous formats in terms of stakeholder analysis, focus on aid effectiveness principles such as harmonisation and alignment, analysis of health and development challenges, the fit between the CCS and UNDAF processes, and better review of implementation. It is anticipated that future CCSs that follow this new format.³¹

³⁰ No document review score is provided for the MI “results developed in consultation with beneficiaries” as the document review did not examine this indicator. For more information please see the methodology in Volume II, Appendix I.

³¹ WHO reports that, as of June 2010, there were nine CCSs that follow the format of the new CCS Guide: Kenya (2008-2010), Guyana (2010-2015), Paraguay (2010-2013), Morocco (2008-2013), Jordan (2008-2013), North Korea (2009-2013), Timor Leste (2009-2013), Mongolia (2010-2015), and Papua New Guinea (2010-2015).

MI: Frameworks link results at project, program, sector, and country levels

Both survey respondents (71 percent) and the document review found WHO to have adequate results frameworks that link results at project, program, sector, and country levels. All of the CCSs and workplans examined in the document review had results statements that could be considered outputs (products or services provided by WHO) and outcomes (the effects of the outputs). However, outputs and outcomes were not differentiated – some Office-Specific Expected Results could be considered outputs and others outcomes. All of the country workplans (and in the case of Kenya, the CCS itself) made clear links between activities at country level, Office-Specific Expected Results, and the organisation-wide results to which they were contributing.

MI: Frameworks include indicators at project, program, sector, and country levels

Document review and survey respondents (73 percent) found WHO to have adequate results frameworks that include indicators at all levels (country, sector, and program). The Kenya and Colombia CCSs have indicators for each of their focus areas, and the indicators for most other countries were found in the workplans (Viet Nam did not have indicators in either document). Indicators in the CCS or workplans were found to be relevant, and in most cases specific enough to be measurable. However, indicators were sometimes at an inappropriately high level – measuring, for example, a health outcome rather than the actual output. As WHO generally provides Technical Cooperation to country governments, the use of such indicators might better reflect health outcomes created by many parties working together – WHO as well as the national government and other donors or actors in the country. None of the CCSs or workplans described any means of verification (e.g., data sources or data collection methods). However, three of the five workplans reviewed provided targets and associated dates for the indicators.

MI: Expected results consistent with national development strategies

Both survey respondents and the document review rated WHO as strong in having statements of expected results consistent with those in the country's national development strategies, and 79 percent of respondents rated this MI as adequate or better. In all cases except one (Viet Nam), the CCS made reference to national development strategies such as the UNDAF, national health plans, or national plans for reduction of poverty such as the PRSP. The link between WHO's expected results and those identified in the national development strategies varied by CCS, usually being implicit. An exception to this was the Kenya CCS, which makes the links explicit through a table showing how the four country priorities of the CCS contribute to key health development strategies of UNDAF and Kenya's national health strategy.

MI: Results developed in consultation with beneficiaries

Overall, 71 percent of survey respondents (country office representatives and direct partners) found WHO's efforts to be adequate in consulting with beneficiaries to develop its expected results. However, there were differences between respondent groups: 58 percent of donors in-country and 83 percent of direct partner respondents rated this MI as adequate or better. This MI was not rated by the document review, but the CCSs reviewed often referred to collaboration between WHO and country governments for development of strategies. The extent of collaboration appeared to vary by country.

MI: Results for thematic priorities included in country level frameworks

The document review rated WHO as strong in including results for cross-cutting thematic priorities in country level results frameworks. Survey respondents found WHO adequate on this MI, with 71 percent giving a rating of adequate or better. There was a difference between the ratings of donors in-country (60 percent adequate or better) and those of direct partners (83 percent). The document review of five Country Cooperation Strategies and their associated workplans found that at least two cross-cutting themes occurred in all CCSs (particularly gender and the environment), although these varied considerably in depth and clarity. Workplans provided considerably more detail. Some of the CCSs and workplans included a commitment to monitor and evaluate progress in thematic areas. All except one CCS (Colombia) described at

least some strategies and approaches to address the themes, and all contained at least one result that related to at least one of the thematic priorities.

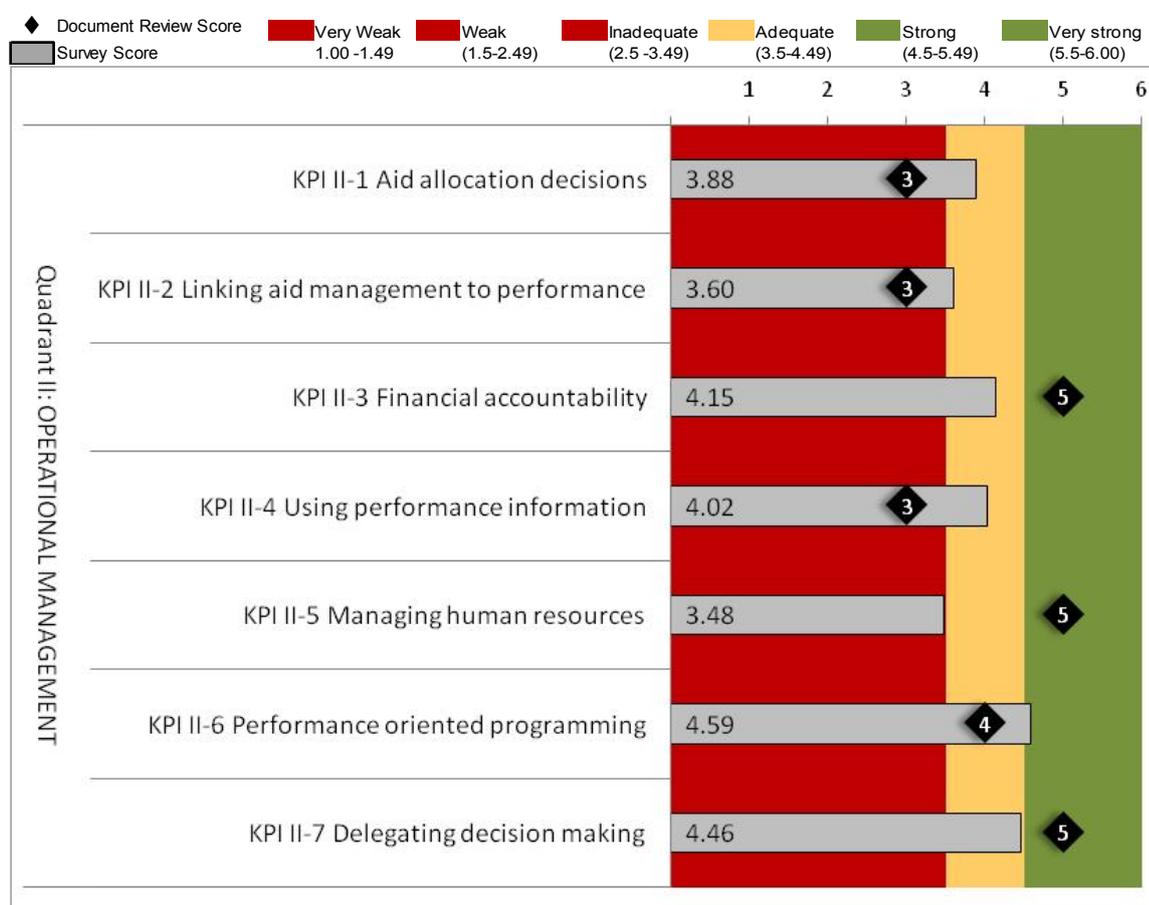
3.3.3 Operational Management

In Quadrant II: Operational Management, 22 MIs were rated in the survey and 18 in the document review. These are discussed below.

Figure 3.10 below shows the overall survey and document review ratings for the seven KPIs in the area of operational management. Figure 3.11 shows the mean scores for the seven KPIs for all survey respondents, and by respondent groups

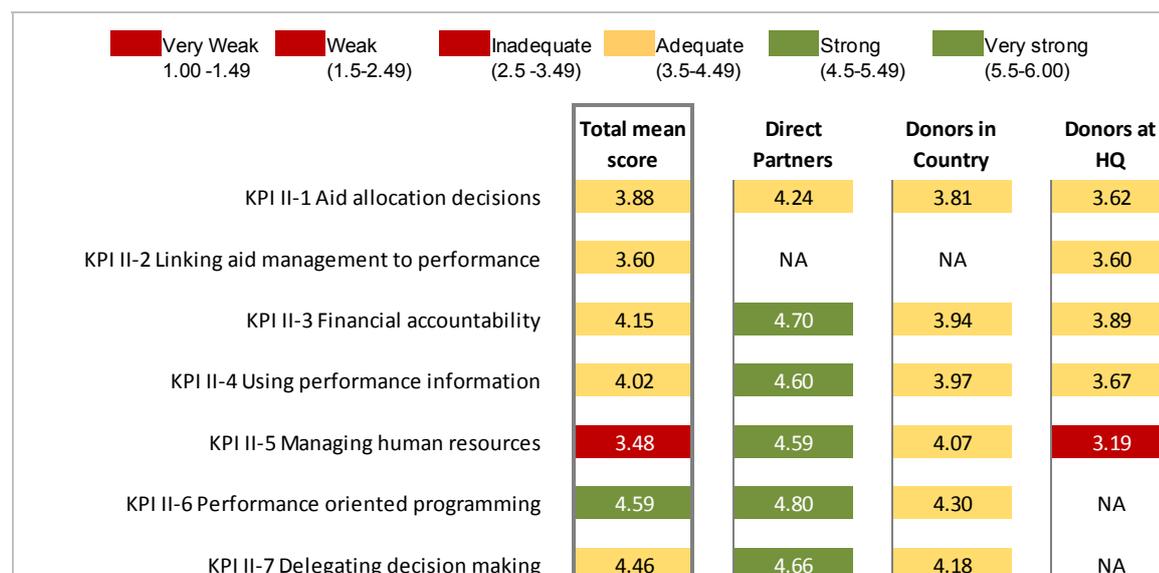
Survey respondents rated WHO as adequate on six KPIs in operational management, and inadequate only on management of human resources. However, there was a high rate of ‘don’t know’ responses (up to 43 percent in one case) for several survey questions in the area of operational management. Where relevant, this is highlighted in the findings below.³² The document review provided a wide range of ratings.

Figure 3.10 Quadrant II: Operational Management: Survey and Document Review Ratings



³² Although this reduces the respondent base, the results can still be taken to be indicative of perceptions of those who provided an answer and are presented as a basis for discussion between MOPAN and the MO.

Figure 3.11 Quadrant II: Operational Management, Mean Scores by Respondent Group

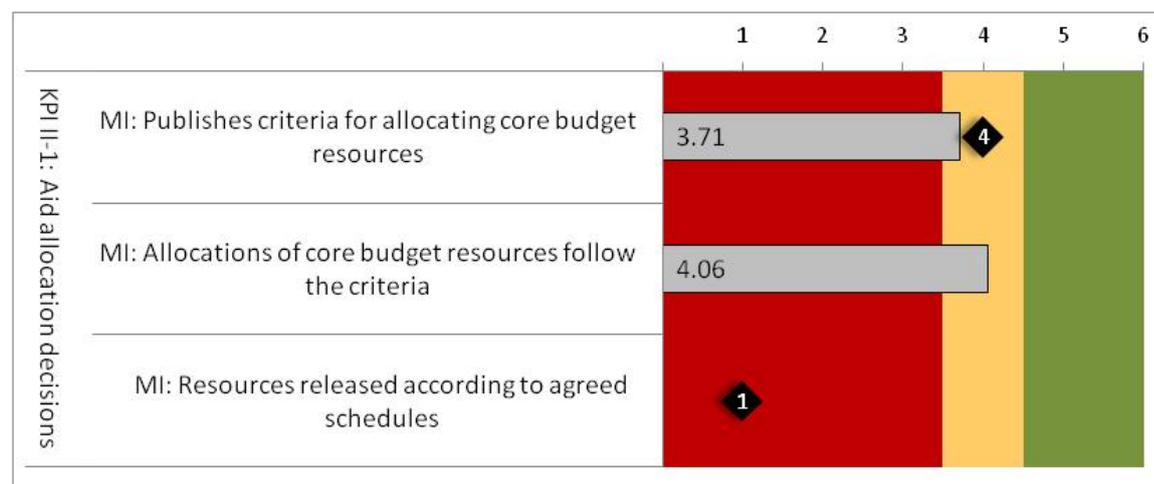


KPI II-1: Aid Allocation Decisions

Finding 5: WHO received an adequate rating from survey respondents for making transparent decisions about the allocation of its core budget resources. The review of documents suggests that it adequately publishes its criteria for allocating core resources, but rated WHO as very weak in terms of the predictability of its aid commitments.

Overall, survey respondents rated WHO as adequate on this KPI. The document review, which assessed two MIs, rated WHO as inadequate overall. The inadequate rating was largely driven by the assessment of the MI on predictability of aid commitments, which is one of the indicators of the Paris Declaration on Aid Effectiveness.

Figure 3.12 KPI II-1: Aid Allocation Decisions, Ratings of Micro-indicators³³



³³ No document review score is provided for the MI “allocations of core budget resources follow the criteria” as the document review did not examine this indicator. Similarly, no survey score is provided for the MI “resources released according to agreed schedules” as this was not examined in the survey. For more information please see the methodology in Volume II, Appendix I.

MI: Publishes criteria for allocating core budget resources

Although this MI was rated as adequate overall by survey respondents, donors at headquarters rated it as inadequate. In addition, 51 percent of country office respondents and 33 percent of direct partners answered 'don't know' on this MI. WHO publishes its guidelines and methodology for its core budget resources allocation in its *Guiding Principles for Strategic Resource Allocation* (2006) which includes a validation mechanism that informs and validates the results-based resource requirements as part of the development of the Medium Term Strategic Plan. Although the document is an acceptable explanation of how WHO allocates its resources, there is room to improve the clarity with which the information is presented and the accessibility of the document via the WHO web site.³⁴

MI: Allocations of core budget resources follow the criteria

The majority of survey respondents felt that WHO adequately follows published criteria when allocating core budget resources. This MI was not assessed by the document review.

MI: Resources released according to agreed schedules

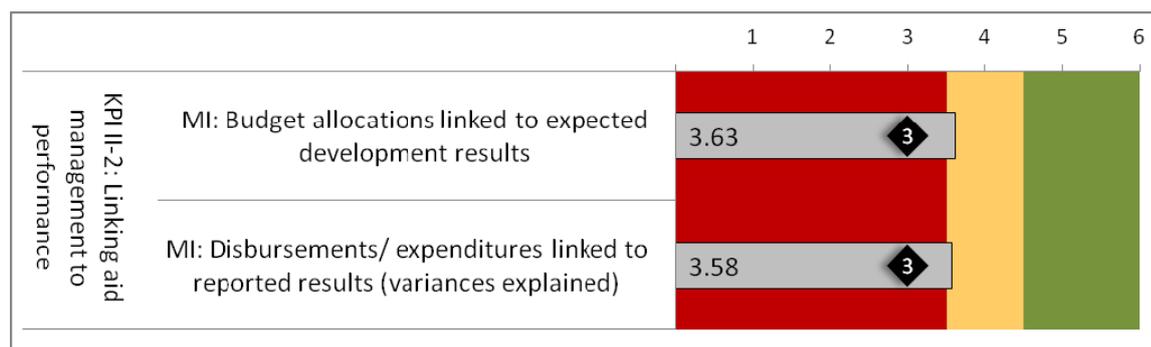
This MI was rated as very weak in the document review. It draws on Indicator 7 of the Paris Declaration on Aid Effectiveness and was assessed through a review of two PowerPoint presentations prepared by WHO in 2009. WHO is far behind the Paris Declaration target with regard to the provision of reliable indicative commitments of aid over a multi-year framework, and disbursing aid in a timely and predictable fashion according to an agreed schedule. WHO estimated that only 14 percent of its aid was predictable in 2008, compared to 46 percent for all organisations surveyed by the Survey on Monitoring the Paris Declaration (71 percent is the 2010 target). This is one of the Paris Declaration indicators where WHO is furthest from the target and it may be worth exploring reasons for this – which may be due in part to the fact that WHO's current funding formula, which relies on voluntary contributions, also faces challenges in terms of timeliness and predictability. WHO is engaged in ongoing consultations with Member States regarding how its own financing can be improved so that the lack of predictability can be addressed.³⁵ As it is rolled out, the Global Management System is expected to help make information readily available on the resources available and when they will be disbursed.

KPI II-2: Linking Aid Management to Performance

Finding 6: WHO was perceived by donors at headquarters to be adequate in linking aid management to performance. The document review noted that while WHO has made progress in linking financial resources to results, its practice is still less than adequate.

³⁴ The Guiding Principles are found in a section of the web site that contains Executive Board documents, which direct partners and donors in-country may not visit as frequently.

³⁵ The results of the consultations to date are reported in WHO, "The future of financing for WHO", 2010, http://www.who.int/dg/future_financing/who_dgo_2010_1/en/index.html

Figure 3.13 KPI II-2: Linking Aid Management to Performance, Ratings of Micro-indicators**MI: Budget allocations linked to expected development results**

The survey and document review differed on this MI: 51 percent of headquarters respondents found WHO adequate, while the document review considered WHO's practices to be inadequate.

The WHO Programme Budget (financed by both assessed and voluntary contributions) is divided by OWER, but not by indicator; therefore it is not possible to determine the budget to generate each output or outcome at the organisational level. Although this information may be found at the office level (in workplans for country, office, or region-specific expected results), this sort of information should also be found in the organisation-wide budget for the OWER. Also, the budget for each OWER is provided by region and Headquarters, but the indicator targets are not similarly disaggregated, so from this document it is not possible to relate regional budgets to regional achievements as measured by indicators.

MI: Disbursements/expenditures linked to reported results (variances explained)

MOPAN members at headquarters rated WHO as adequate on this MI, but the document review found that WHO does not report its expenditures in terms of its individual OWERs in its Programme Budget Performance Assessment (PBPA) reports, but rather by strategic objectives.³⁶ Lower than expected implementation rates are explained in narrative reports. However, some of the same limitations noted above also apply to the reports on expenditures.

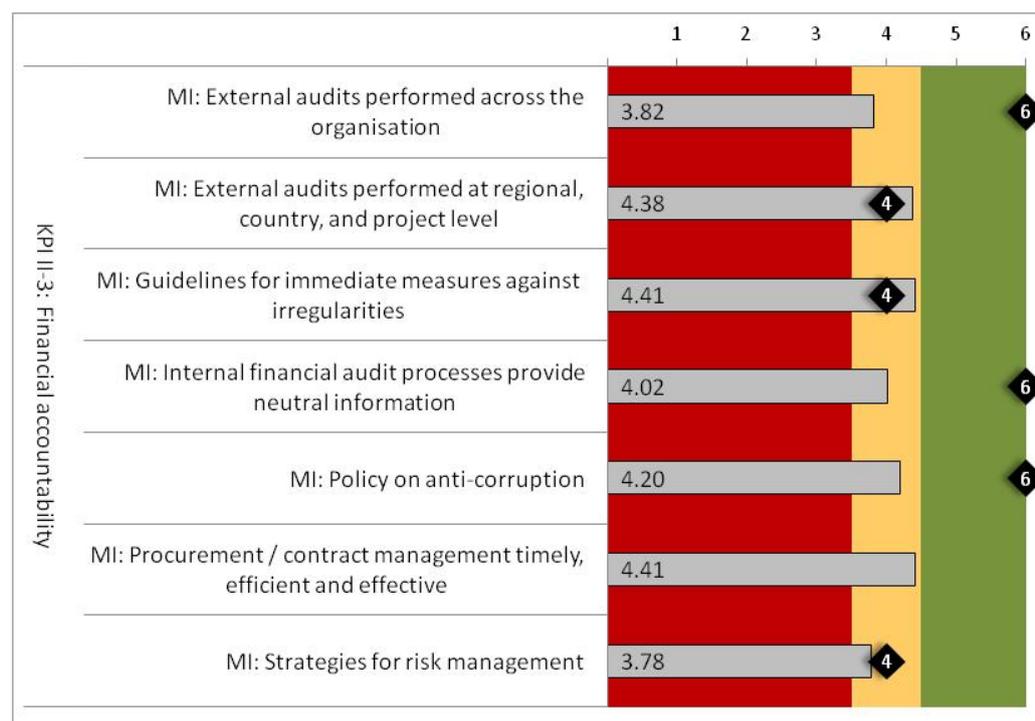
KPI II-3: Financial Accountability

Finding 7: WHO was recognised for its internal and external audit, anti-corruption policies, and implementation of risk-management strategies. Its practices in financial accountability were rated adequate by survey respondents and strong overall by the document review.

Overall, survey respondents rated WHO as adequate on the seven MIs in this KPI. The document review, which assessed six MIs, rated WHO as adequate to very strong.

Along with other UN organisations, WHO is currently in the process of adopting IPSAS, the International Public Sector Accounting Standards which are replacing the United Nations System Accounting Standards. IPSAS is intended to bring WHO in line with recognised best practices in public sector financial accounting and reporting, and to reinforce the results-based management framework by providing more complete and transparent information about the financial situation of the organisation. IPSAS standards also have content explicitly pertaining to audit.

³⁶ WHO has noted that the PBPA reports on expenditures at the Strategic Objective level in response to the requirement of the Member States and the Government Bodies, but that expenditures at the level of individual OWERs is also available. The MOPAN Common Approach 2010 criteria focus on the extent to which such information is formally reported to governing bodies.

Figure 3.14 KPI II-3: Financial Accountability, Ratings of Micro-indicators³⁷

MI: External audits performed across the organisation

The survey results indicate that WHO is adequate in undertaking external audits that meet the needs of donors: 64 percent of survey respondents (donors at headquarters only) rated WHO as adequate or better on this MI. The document review focused on whether external audits were performed across the organisation and rated WHO as very strong. The Comptroller and Auditor-General of India is the current external auditor of WHO until May 31, 2012 (Panel of External Auditors of the United Nations³⁸). External financial audits are undertaken annually and in adherence to international standards, as specified in WHO financial reports.

MI: External audits performed at regional, country, and project level

Survey respondents (donors in-country and direct partners only) found WHO to have appropriate audits performed at the country level. However, 50 percent of donors in-country and 28 percent of direct partner respondents answered 'don't know' on this question. The document review rated WHO as adequate for its external audits at the regional/country level (project level does not apply in the case of WHO). WHO financial reports of the External Auditor to the Health Assembly that were consulted (bienniums 2004-2005 and 2006-2007) mention that "During the financial period [assessed], audits were performed at all regional offices of the organisation, in addition to selected country offices" (para. 2). The regional financial reporting (and member country financial reporting to a certain extent) is included in the organisation-wide financial statements made by the External Auditor. Separate reports are not available for regional or country audits.

³⁷ No document review score is provided for MI "procurement / contract management timely, efficient and effective", as the document review did not examine this indicator. For more information please see the methodology in Volume II, Appendix I.

³⁸ Panel of External Auditors of the UN: <http://www.un.org/auditors/panel/mandate.shtml#panel>

MI: Guidelines for immediate measures against irregularities

Overall, the survey respondents (donors in-country and direct partners only) and document review rated WHO as adequate for having guidelines or policies in place to follow up on financial irregularities and corruption. However, over 57 percent of donors in-country and 28 percent of direct partners indicated 'don't know' on this survey question. The document review found that no corporately approved guidelines exist describing a procedure for responses to irregularities during external financial audits at any level of the organisation. The only guidelines that exist concern internal rather than external audits (see *External and internal audit recommendations: tracking of implementation*, 2009). Yet, there is evidence of follow up on irregularities through the regular reporting on progress in implementing external audit recommendations that is provided by WHO. Further improvement can be expected in this area with the Independent Expert Oversight Advisory Committee recently established by the Executive Board. One of this committee's functions is "to [independently] monitor the timely, effective and appropriate implementation of all audit findings and recommendations."³⁹

MI: Internal financial audit processes provide neutral information

The document review and headquarters respondents assessed WHO performance with regard to its use of internal financial audit processes to provide its Executive Board with objective information. This MI received a high percentage (69 percent) of ratings of adequate or better from headquarters respondents.

The document review found WHO to be performing very strongly in the area of internal audit. Regulation XII of WHO Financial Rules mentions that the Director-General shall "maintain an internal audit function which is responsible for the review, evaluation and monitoring of the adequacy and effectiveness of the Organisation's overall systems of internal control" (para. 12.1, p.93). The Office of Internal Oversight Services (IOS) "performs an independent and objective assurance and advisory activity"⁴⁰ and submits its yearly reports of the Internal Auditor to the Director General. We found no documentary evidence that suggested that the objectivity of the internal audit function had been compromised.

MI: Policy on anti-corruption

WHO was seen by survey respondents to be performing adequately on anti-corruption. All respondent groups felt that WHO was following up on policies/guidelines on financial management and anti-corruption. However, a significant number of respondents did not know about WHO efforts in this area (62 percent of donors in-country and 33 percent of direct partners).

The document review found that WHO has a very strong policy on anti-corruption that is supported by the *Fraud Prevention Policy & Fraud Awareness Guidelines* (2005), the *WHO Whistleblower Protection Policy* (2006), and the *WHO Accountability Framework* (2006).

MI: Procurement/ contract management timely, efficient and effective

Country office and direct partners respondents rated WHO as adequate for the timing, efficiency, and effectiveness of its procurement and contract management processes for the provision of services or goods. However, 41 percent of donors in-country responded 'don't know' on this question. This MI was not assessed by the document review.

³⁹ para.2, p.2, *Independent Expert Oversight Advisory Committee Terms of Reference*, 2009

⁴⁰ para. 2, p.1, *Reports of the Internal Auditor*.

MI: Strategies for risk management

The document review assessed the existence of risk management strategies and headquarters respondents were asked about the extent to which WHO implements such strategies. Both rated WHO as adequate. A WHO risk management framework briefly describes how to identify and assess risk, develop risk mitigation strategies, monitor and report on risk, and how to respond to adverse events. Four categories of risks are covered by the framework: financial, organisational, operational, external and internal stakeholders. The risk management framework, piloted in 2009, was recently approved and many of WHO's operational documents have yet to be updated accordingly. Headquarters respondents provided a rating of adequate on WHO's implementation of its strategy, or framework, for managing risks.

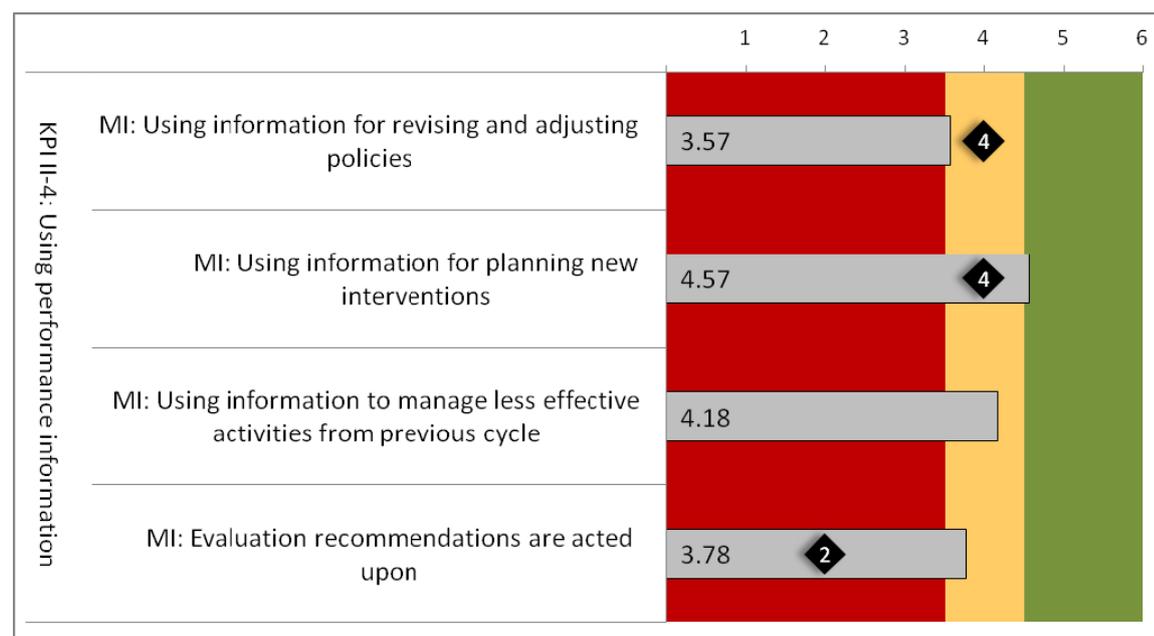
KPI II-4: Using Performance Information

Finding 8: WHO was rated as adequate by survey respondents for its use of performance information. The document review considered WHO inadequate overall.

Overall, survey respondents rated WHO as adequate or better on the four MIs in this area. A significant proportion of MOPAN country offices respondents (46 percent) 'don't know' whether performance information on results is used by WHO.

The document review, which assessed three MIs, rated WHO as adequate on two.

Figure 3.15 KPI II-4: Using Performance Information, Ratings of Micro-indicators⁴¹



MI: Using performance information for revising and adjusting policies

This MI focused on WHO's use of performance information at the organisational level. The document review and survey respondents (headquarters only) rated WHO as adequate.

⁴¹ No document review score is provided for MI "using information to manage less effective activities from previous cycle", as the document review did not examine this indicator. For more information please see the methodology in Volume II, Appendix I.

WHO reviews performance information at different times, particularly in the context of the mid-term review and final assessment of the biennial programme budget. However, the sources for rating this MI (the PBPA 2008-2009, the amended MTSP, and new Programme Budget for 2010-2011) do not always indicate how performance information is influencing adjustments made to strategies or policies or to choices about objectives and programs. According to WHO, the introduction of additional results (OWERS) in the MTSP, such as those that focus on the public health effects of climate change and patient safety, were based on what was learned from the 2006-2007 PBPA report. Targets and baselines were also revised based on the biennial assessment process. Yet the performance information on results in these documents, including what has worked or not worked in terms of WHO's approach, is still somewhat limited.⁴² It may be that WHO reports are poorly codifying decisions and choices made based on the organisation's performance information, and/or that decisions about strategy or policy adjustments made on the basis of contextual needs and priorities of Member States.

The Secretariat also reports to the Executive Board on trends in the health sector, country performance, and other matters related to WHO's areas of work, and the Secretariat and Board use this information to support suggestions or revisions to WHO programming activity.⁴³

MI: Using information for planning new interventions

This MI examined WHO's use of performance information at the country level. In the survey, WHO received a strong rating overall (69 percent of donors in-country and 80 percent of direct partner respondents rated this MI as adequate or better). The review of documents gave a rating of adequate.

The End-of-Biennium Programme Budget Performance Assessment (PBPA) is WHO's key tool for appraising performance of each organisational level and informing subsequent budgets and revisions to the MTSP. The End-of-Biennium Performance Assessment Office-Specific Expected Result (OSER) Reports contain "lessons learnt that are used to inform and improve the implementation and the development of program budgets and country workplans for the next cycle." In the documents reviewed, there were references to country performance, but fewer explanations of how organisational performance information has informed planning. Only Kenya's CCS clearly mentioned how performance information influences the planning of new interventions, and how it integrates the recommendations from previous performance reviews. However, Kenya was also the only country applying the most recent CCS format and the Country Cooperation Strategies Guiding Framework (2005), which is clear about the need to have performance information. It is expected that new CCS will improve in this regard.

MI: Using information to manage less effective activities from previous cycle

MOPAN members at country offices and WHO direct partners feel that WHO does subject unsatisfactory investments/programs from the previous fiscal year to proactive management. However, 45 percent of all respondents answered 'don't know' to this MI, including a very high 67 percent of MOPAN donors in-country. This MI was not addressed by the document review.

⁴² For example, the reports speak about the previous work carried out by WHO to describe and assess health implications of climate change, raise awareness and implement pilot projects, but little information is provided in the MTSP or PBPA about WHO's performance in doing this work – e.g., what was learned from the pilot projects and how did that inform the approach that WHO has mapped out in this area in the amended MTSP?

⁴³ See for example: Report by the Secretariat on Child injury prevention, EB 127/5, 25 March 2010 or the surveys conducted as part of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

MI: Evaluation recommendations are acted upon

Respondents at headquarters indicated that WHO adequately tracks the implementation of evaluation recommendations reported to the Executive Board. The review of documents, however, rated this MI as weak. Although WHO tracks the implementation of recommendations for its internal and external audits (see *External and internal audit recommendations: tracking of implementation*, 2009), there is no formal organisation-wide procedure for tracking implementation of the recommendations from evaluations. *WHO Evaluation Guidelines* (2006) mention that the responsible evaluation units should act upon recommendations from the evaluators. Part of the rationale for this approach is that most evaluations are conducted at the country and regional levels, where there is greater flexibility with regard to operational management practices to achieve desired results. In the spirit of decentralisation, WHO provides flexibility to these organisational levels. WHO is developing a new evaluation policy that may provide more guidance in this area.

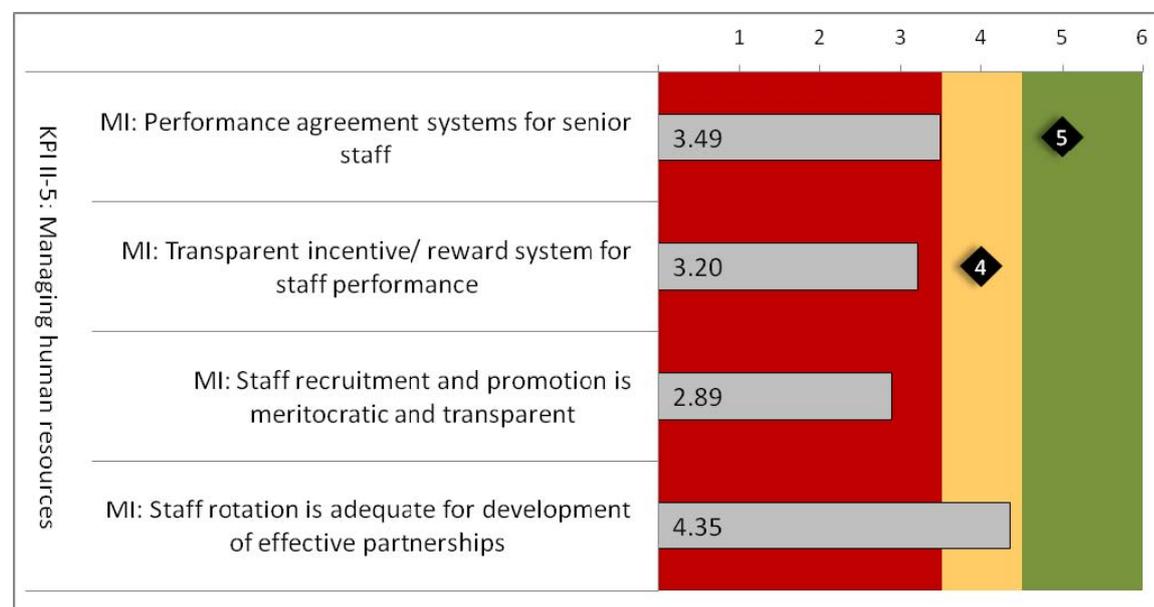
KPI II-5: Managing Human Resources

Finding 9: WHO was perceived by survey respondents to be inadequate in managing human resources, but was rated strong overall by the document review for its staff performance management systems.

This KPI assessed whether WHO manages human resources using methods to improve organisational performance. Overall, survey respondents rated WHO as inadequate on the four MIs in this KPI. In fact, this KPI received the lowest survey ratings of all KPIs in the MOPAN assessment.

The document review, which assessed two MIs, rated WHO as strong overall.

Figure 3.16 KPI II-5: Managing Human Resources, Ratings of Micro-indicators⁴⁴



⁴⁴ No document review scores are provided for the MIs “staff recruitment and promotion is meritocratic and transparent” and “staff rotation is adequate for development of effective partnerships”, as the document review did not examine these indicators. For more information please see the methodology in Volume II, Appendix I.

MI: Performance agreement systems for senior staff

While headquarters respondents (the only group asked) rated this MI as inadequate overall, the document review found WHO to be strong in results-based performance assessment. The review of WHO documents indicates that staff members in supervisory positions (senior staff) need to comply with the same rules, regulations and performance systems as other staff, such as the recently published *WHO Staff Regulations and Staff Rules* (2010) and the Performance Management Development System (PMDS) and its semi-annual assessments. As of 1 December 2009, 79 percent of fixed term staff was complying with the PMDS, compared with 43 percent on the same day in 2007.⁴⁵ WHO is currently reviewing the PMDS with a view to ensuring greater compliance with and commitment to staff development plans. WHO is also considering the inclusion of a peer assessment component in its staff performance evaluation system. In addition, the *Global Leadership Programme* launched in 2004 supports improvement in the “management and leadership effectiveness of managers in WHO” through a 360-degree feedback mechanism that complements the PMDS.⁴⁶

MI: Transparent incentive / reward system for staff performance

MOPAN members at headquarters perceived WHO to be inadequate on this MI while the document review rated it as adequate.

WHO’s staff management processes and rules are made clear in several key human resources documents, including: *WHO Staff Regulations and Rules* (2010), *WHO Financial Regulations and Rules* (2009), and the United Nations International Civil Service Commission (ICSC) *Standards of Conduct for the International Civil Service*.

Perhaps because of its membership in the United Nations Common System, WHO does not emphasise a reward system in the rules and regulations that make up its human resource policy. WHO is now a member of a working group created in 2009 which, along with other UN member agencies, is trying to address the common challenge of how to respectively reward and sanction good and bad performance.

WHO does give importance to an incentive system for performance, as demonstrated in the *WHO Staff Regulations and Rules* (2010). This document mentions that a staff person can be downgraded for unsatisfactory performance⁴⁷, while a “staff member whose performance has been especially meritorious beyond that which may reasonably be expected of a normally well-qualified staff member, may be granted one, or exceptionally two, extra within-grade steps.”⁴⁸ This performance is evaluated through the PMDS.

As demonstrated by the survey response, there is still room for improvement in regard to the implementation and communication of these incentive and performance systems.

MI: Staff recruitment and promotion is meritocratic and transparent

In the opinion of MOPAN members at headquarters (the only group asked), WHO is inadequate in transparently recruiting and promoting staff based upon merit. This MI was rated the lowest among all the MIs assessed in the 2010 survey. It is also the MI for which headquarters respondents were the most dissatisfied: 60 percent rated WHO inadequate or worse, the most negative assessment of any respondent group on any MI. This micro-indicator was not assessed in the document review.⁴⁹

⁴⁵ Data on PMDS compliance provided by WHO on July 8, 2010.

⁴⁶ para.25, p.5, *Human Resources: Annual Report*, January 2008

⁴⁷ para. 320.3, p.13, *WHO Staff Regulations and Rules*, 2010

⁴⁸ para. 555.1, p.37, *WHO Staff Regulations and Rules*, 2010

⁴⁹ In the MOPAN Common Approach 2010, some indicators were designated to be assessed only by the survey when it was believed that perception data was the only way to answer the question and that a judgment might not be possible via the review of documents.

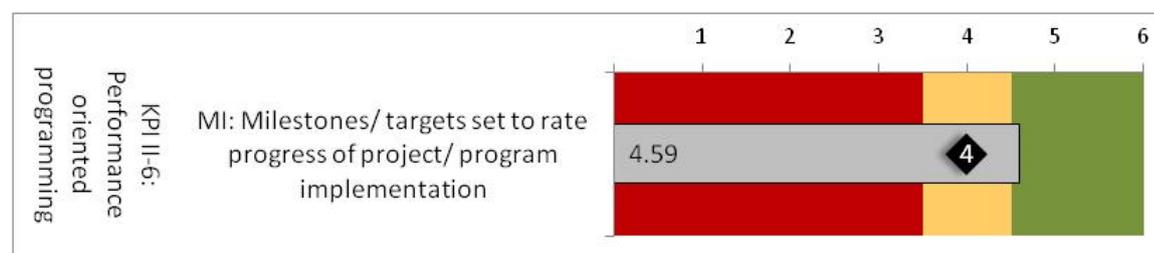
MI: Staff rotation is adequate for development of effective partnerships

The majority of in-country survey respondents (62 percent of donors in-country and 78 percent of direct partners) viewed the deployment time of WHO staff as favourable for the development of effective country level partnerships. This MI was not assessed in the document review.

KPI II-6: Performance Oriented Programming

Finding 10: WHO was rated as strong by survey respondents and adequate by the document review for setting targets to rate the progress of project/program implementation.

Figure 3.17 KPI II-6: Performance-oriented Programming, Ratings of Micro-indicators

**MI: Milestones/targets set to rate progress of project/program implementation**

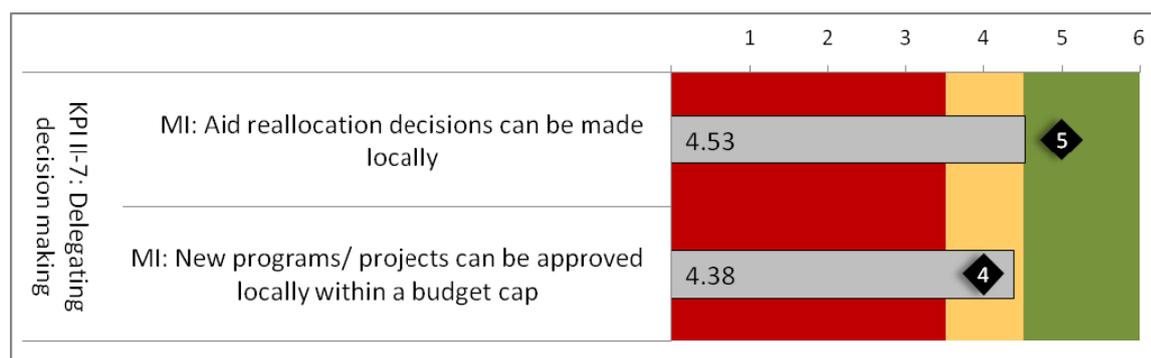
MOPAN members in-country and direct partners rated WHO as adequate and strong respectively for setting targets to enable monitoring of progress in program implementation at the country level. The document review rated WHO's performance as adequate.

WHO uses country workplans as an activity planning tool at the national level. Of the country workplans that were sampled, three out of five did not have descriptions of targets (Viet Nam, Colombia, and Kenya). However, all country workplans had descriptions of results (a mix of outputs and outcomes), often with respective budgets indicated. Most of the outputs and outcomes were sufficiently detailed to allow the subsequent assessment of progress during implementation.

KPI II-7: Delegating Decision Making

Finding 11: Survey respondents rated WHO as adequate for its ability to manage program tasks and approve funding for new areas of cooperation at the country level. The review of documents indicated that WHO performance is strong in providing a framework for delegating decisions about reallocating resources or approving new areas of cooperation.

In considering WHO's delegation of decision-making authority to the country or other levels, MOPAN members in-country and direct partners rated WHO as adequate overall and the document review as strong overall.

Figure 3.18 KPI II-7: Delegating Decision Making, Ratings of Micro-Indicators**MI: Aid reallocation decisions can be made locally**

In the survey, 68 percent of donors in-country and 81 percent of direct partners rated who as adequate or better for its management of program tasks in-country.

The document review rated this MI as strong. Decisions about the reallocation of funding, or the funding of new initiatives, take place in the context of WHO's decentralised planning and budget process. As illustrated in the program manual, *Programme Management in WHO Operational Planning: Business rules, Procedures (including Practical guidance)* (2007), regional offices have an important role in defining the budgets ceilings for country offices and in approving the country workplans and their expected results.

MI: New programs/projects can be approved locally within a budget cap

Both survey respondents and the document review rated WHO as adequate on this MI. However, 63 percent of donors in-country answered 'don't know' to this question (compared to only 26 percent of direct partners). WHO's country offices are responsible for developing country workplans and working within allocated budgets; the organisation's documents suggest that country offices can decide if financial resources need to be reallocated and if new activities are required. They can make such decisions without the approval of the regional office as long as the reallocations are within the same strategic objective and the re-allocations or new activities approved can be implemented within the budget ceiling approved for the country office.

3.3.4 Relationship Management

In Quadrant III: Relationship Management, 15 MIs were rated in the survey and 6 in the document review. These are discussed below.

Figure 3.19 below shows the overall survey and document review ratings for the five KPIs in the relationship management quadrant. Figure 3.20 shows the mean scores for the five KPIs for all survey respondents, and by respondent groups

The indicators in Relationship Management assess an organisation's progress on its commitments to the international aid effectiveness agenda, namely the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action (AAA). Most of the KPIs comprise micro-indicators that were translated into questions for respondents at the country level. MOPAN members at headquarters were asked only about WHO's contributions to policy dialogue.

Figure 3.19 Quadrant III: Relationship Management: Survey and Document Review Ratings

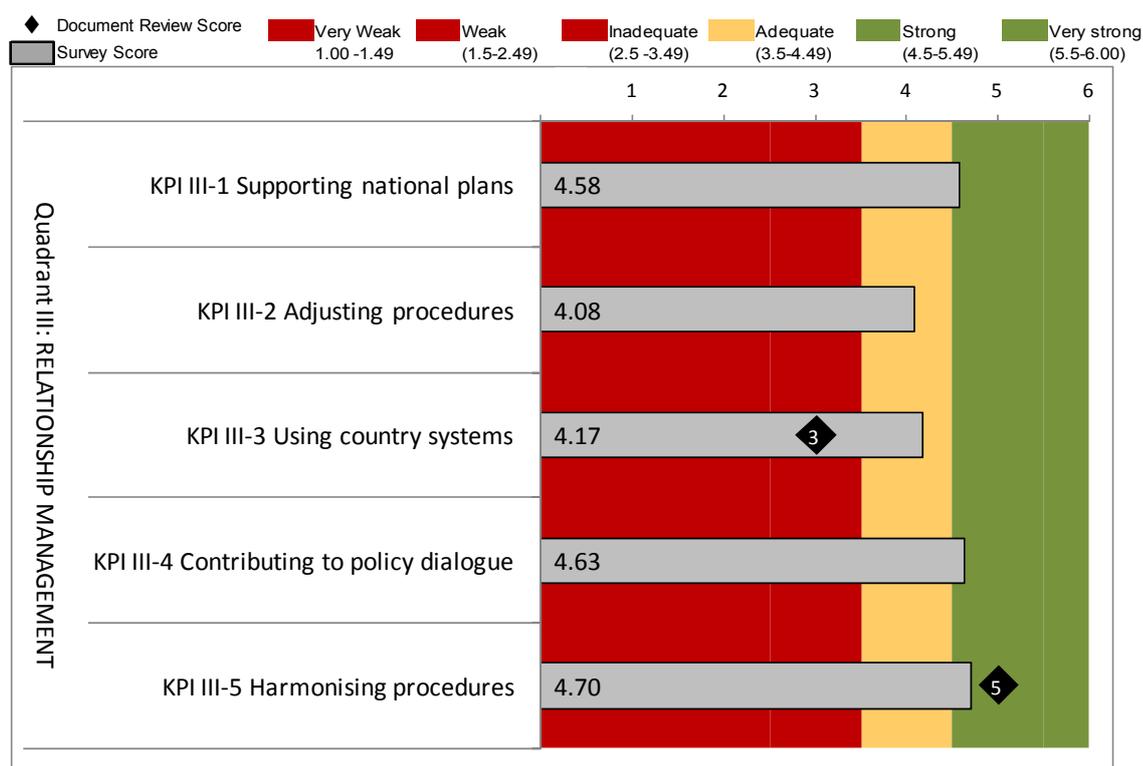
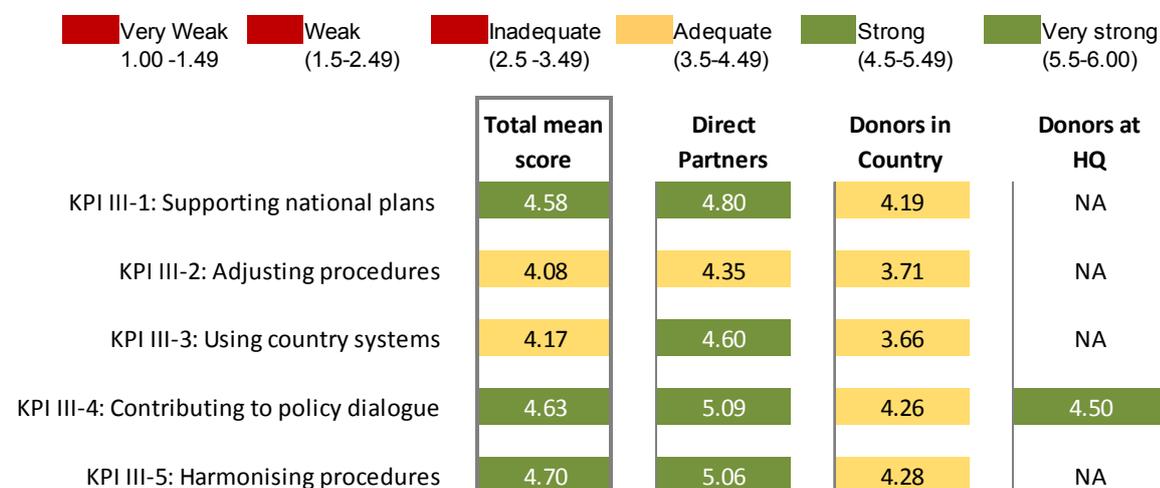


Figure 3.20 Quadrant III: Relationship Management, Mean Scores by Respondent Group

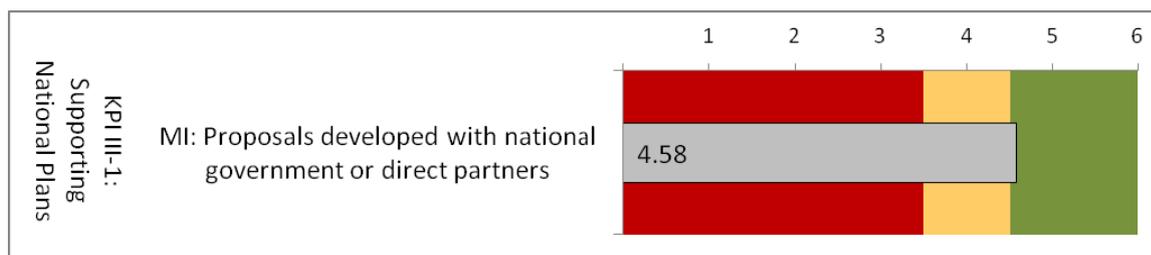


KPI III-1: Supporting National Plans

Finding 12: WHO was perceived to be strong in coordinating and directing its programming at the country level in support of national plans due to its approach to developing proposals in collaboration with direct partners.

Overall, survey respondents (direct partners and donors at the country level) rated WHO as strong on this KPI: 73 percent of donors in-country and 88 percent of direct partners rated it as adequate or better on its support for funding proposals developed with the national government or other direct partners. The document review did not rate this area.

Figure 3.21 KPI III-1: Supporting National Plans, Ratings of Micro-indicators

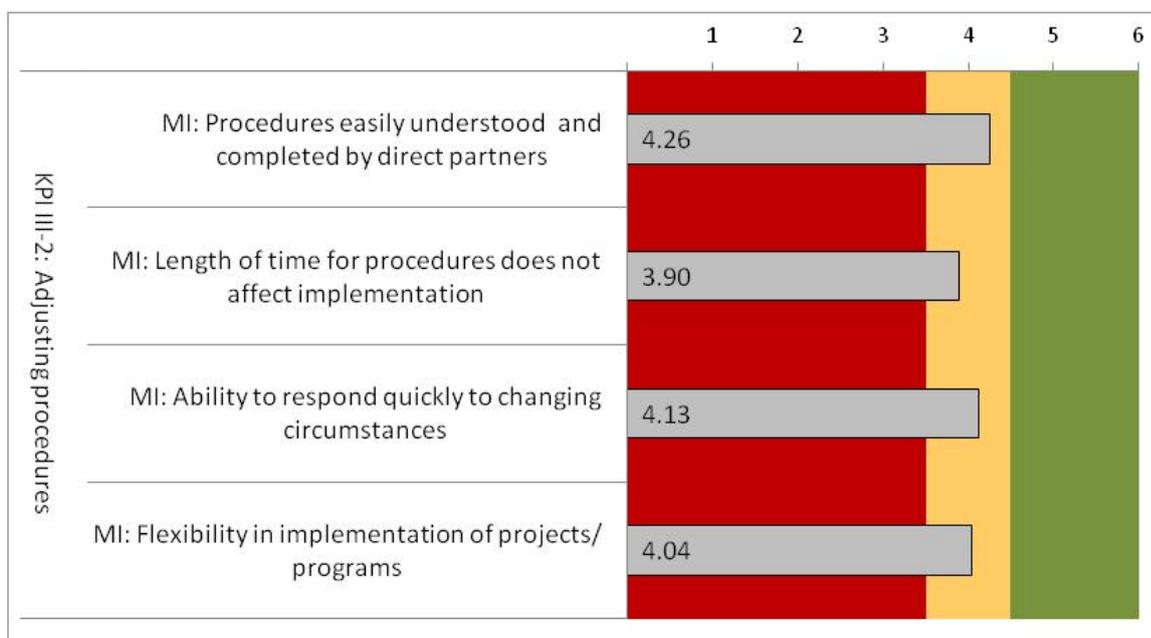


KPI III-2: Adjusting Procedures

Finding 13: WHO was rated as adequate overall for having procedures that take into account local conditions and capacities.

Overall, survey respondents (donors in-country and direct partners) rated WHO as adequate on the MIs in this KPI. However, there was a large number of ‘don’t know’ responses, especially among MOPAN members in-country (an average of 37 percent on all questions). The document review did not rate WHO on this KPI.

Figure 3.22 KPI III-2: Adjusting Procedures, Ratings of Micro-indicators



MI: Procedures easily understood and completed by direct partners

Overall, survey respondents felt WHO procedures were clear, but there was a difference in ratings between respondents groups: 85 percent of direct partners and 41 percent of MOPAN members rated WHO as adequate or better on this MI, and 35 percent of MOPAN members in-country answered ‘don’t know’ to this question.

MI: Length of time for procedures does not affect implementation

Overall, both respondent groups found WHO to be adequate on having timely procedures. Direct partners were particularly appreciative, with 70 percent giving a rating of adequate or better. Among donors in-country, however, 40 percent indicated that they ‘don’t know’ and the remaining 60 percent were evenly split in opinion: 32 percent found WHO to be inadequate or worse and 28 percent selected adequate or better.

MI: Ability to respond quickly to changing circumstances

Both direct partners and donors in-country found WHO to have operational agility to respond to changing circumstances.

MI: Flexibility in implementation of projects/programs

Donors in-country and direct partners found WHO to show adequate flexibility during implementation of its activities and programs as learning occurs, but 39 percent of donors in-country answered ‘don’t know’.

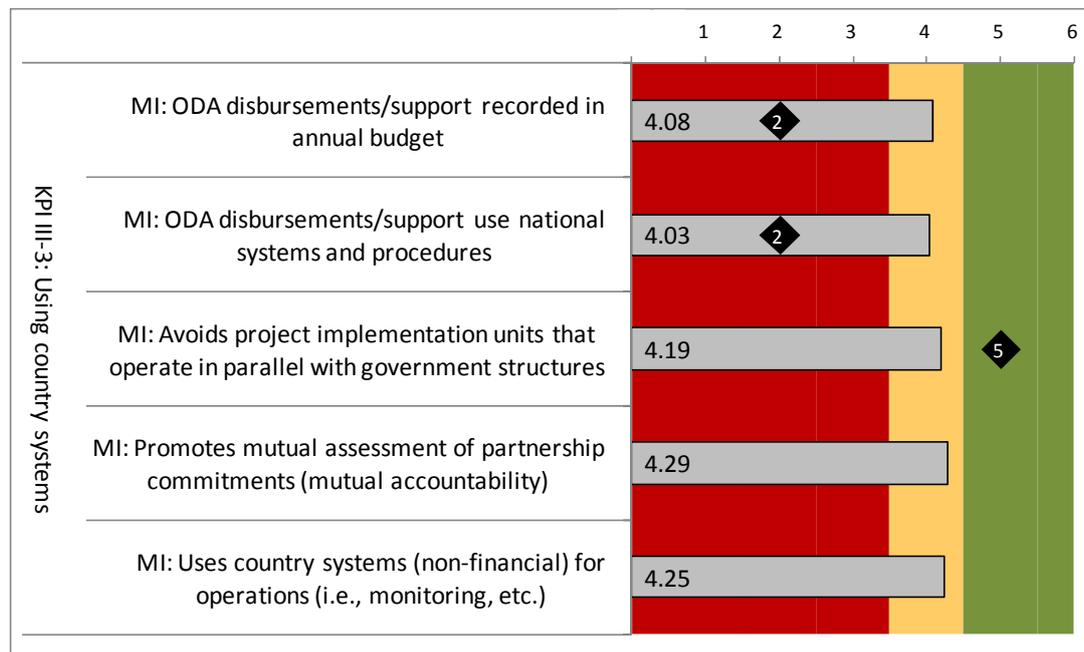
KPI III-3: Using Country Systems

Finding 14: Survey respondents rated WHO as adequate overall in its use of country systems, but MOPAN donors in-country had some areas of concern. The document review rated WHO as inadequate in this area, based on its performance in meeting agreed targets of Paris Declaration indicators.

Overall, survey respondents in-country rated WHO as adequate on the five MIs in this KPI (donors at headquarters were not surveyed on this KPI). There was a high level of ‘don’t know’ responses (an average of 46 percent of donors in-country and 36 percent of direct partners).

The document review assessed three of the five MIs and rated WHO weak on two and strong on one. The documents reviewed were provided by WHO and highlighted the data provided by 22 country offices for the 2008 Survey on Monitoring the Paris Declaration.

Figure 3.23 KPI III-3: Using Country Systems, Ratings of Micro-indicators ⁵⁰



⁵⁰ No document review scores are provided for the MI “promotes mutual assessment of partnership commitments” or the MI “uses country systems” as the document review did not examine these indicators. For more information please see the methodology in Volume II, Appendix I.

MI: ODA disbursements/support recorded in annual budget

This MI assessed the percentage of the overall ODA disbursements of WHO that are recorded in the annual budget as revenue, grants, or ODA loans (which is also indicator 3 of the Paris Declaration on Aid Effectiveness. This was reported by WHO as 40 percent, which is far below the 2010 target of 85 percent of aid flows recorded in national budgets, and which is the reason for the rating of weak by the document review. Nevertheless, WHO was not far from the global average of aid flows recorded in national budgets by other organisations, which was estimated at 48 percent for the same period.

Survey respondents rated this MI as adequate overall, but 56 percent of donor respondents and 40 percent of direct partners responded ‘don’t know’.

MI: ODA disbursements/support use national systems and procedures

There were four survey questions related to the extent to which WHO uses national systems and procedures in overall ODA disbursements (Paris Declaration indicator 5a and 5b). The questions focused on the use of national budget execution procedures, national procurement systems, national financial reporting procedures, and national auditing procedures.

Donors in-country rated WHO as inadequate on all four survey questions for this MI, while direct partners rated them as strong – which resulted in a rating of adequate overall. The rate of ‘don’t know’ answers was high for both respondent groups (48 percent for donors in-country and 40 percent for direct partners).

The document review, which rated this MI as weak, examined the percentage of WHO’s overall ODA disbursements that use national systems and procedures. According to WHO, this is 27 percent, which is significantly lower than the 2010 target (80 percent) and the global average (45 percent). WHO’s use of country procurement systems is even lower (18 percent). It is important to note that WHO’s policy is to use central procurement for most goods (medicines, vehicles, equipment) for two main reasons: economies of scale of bulk purchasing and better quality control assurance. However, WHO notes that it is considering the “use of national drug procurement systems” as a tracer indicator for assessing its use of national systems.

MI: Avoids project implementation units that operate in parallel with government structures

MOPAN donors in-country and direct partners found WHO to perform adequately in this area and the document review rated this MI as strong. WHO typically does not make use of parallel project implementation units (PIUs), and reported only one PIU, which was requested by the national government concerned.⁵¹

MI: Promotes mutual assessment of partnership commitments (mutual accountability)

According to MOPAN members and direct partners, WHO encourages a mutual accountability assessment of the Paris Declaration and the Accra Agenda for Action commitments.

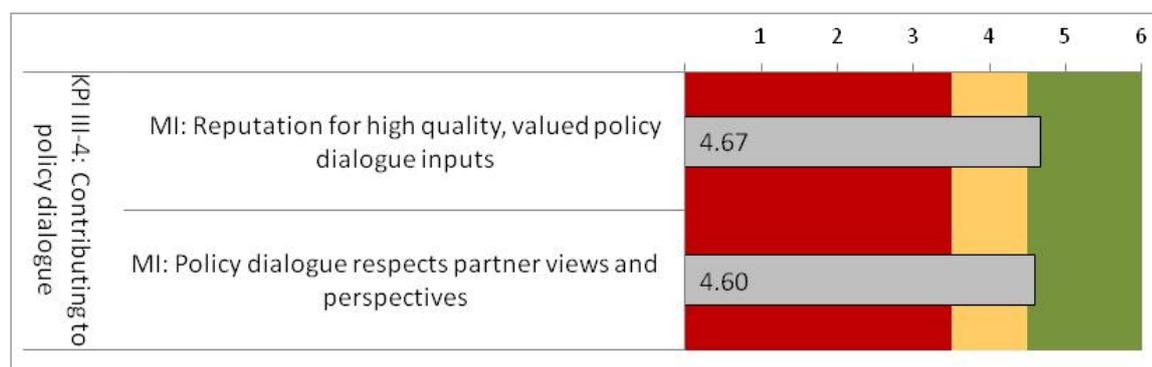
MI: Uses country systems (non-financial) for operations (i.e., monitoring, etc.)

Both respondent groups suggested that WHO uses non-financial country systems as a first option for its operations.

KPI III-4: Contributing to Policy Dialogue

Finding 15: MOPAN members and direct partners agreed that WHO is strong in adding value to policy dialogue and respectful of partner views in that process.

⁵¹ Power point presentation entitled “Global Progress Global Progress in Harmonisation & Alignment : WHO’s Contribution to the PD Survey 2008”

Figure 3.24 KPI III-4: Contributing to Policy Dialogue, Ratings of Micro-indicators⁵²**MI: Reputation for high quality, valued policy dialogue inputs**

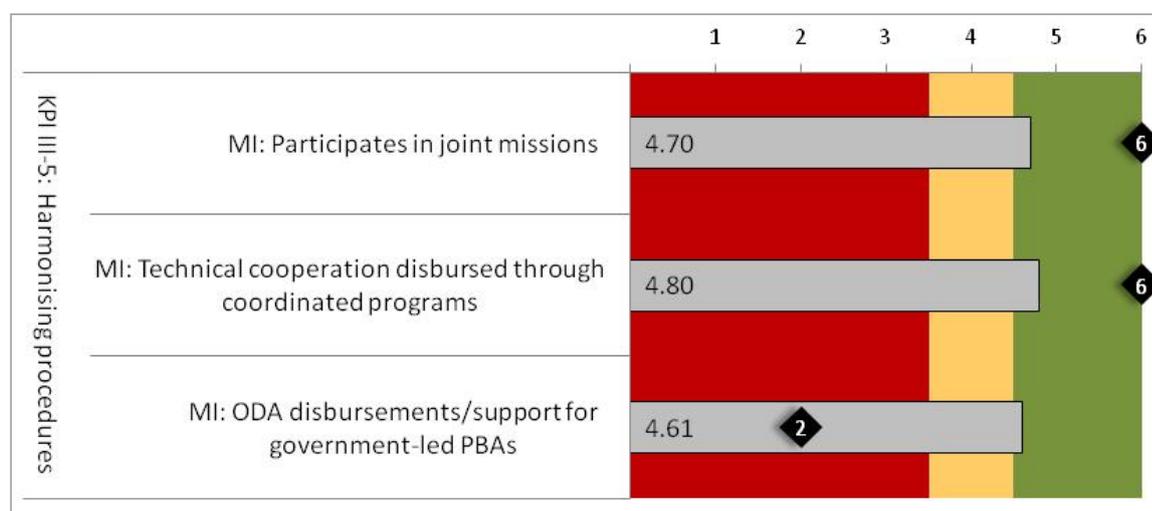
Respondent groups indicated that WHO provides valuable inputs to policy dialogue. MOPAN donors in-country rated WHO as adequate on this MI, and direct partners and headquarters respondents were particularly satisfied on this aspect, with respectively 91 percent and 89 percent giving a rating of adequate or better on this MI. This survey question received the highest survey ratings out of all of the MIs assessed in 2010. WHO's contributions to policy dialogue in the health sector were also noted in the 2007 MOPAN Survey.

MI: Policy dialogue respects partner views and perspectives

Overall, survey respondents found that WHO shows strong respect for partner views when undertaking policy dialogue. Direct partners and donor respondents at headquarters were the most positive, with 90 percent and 87 percent respectively giving WHO a rating of adequate or higher on this MI.

KPI III-5: Harmonising Procedures

Finding 16: WHO was considered strong by survey respondents and the document review in harmonising arrangements and procedures with other programming partners.

Figure 3.25 KPI III-5: Harmonising Procedures, Ratings of Micro-indicators

⁵² No document review scores are provided for these MIs, as the document review did not examine these indicators. For more information please see the methodology in Volume II, Appendix I.

MI: Participates in joint missions

Participating in joint missions appears to be one of WHO’s strengths (and is Paris Declaration Indicator 10). The document review found WHO to be very strong. Available data show that 63 percent of WHO missions are coordinated. This is very positive, particularly when compared to the 2008 global level of 20 percent and to the target level set by the Paris Declaration of 40 percent. Survey respondents also give WHO a rating of strong. Direct partners were particularly positive, with 86 percent giving a favourable rating to this MI.

MI: Technical cooperation disbursed through coordinated programs

Overall, MOPAN members in country and direct partners found WHO to be strong on this MI (PD indicator 4), and 88 percent of direct partners provided a rating of adequate or better. The document review rated this MI as very strong. WHO’s estimate for technical assistance (more commonly called Technical Cooperation) provided through coordinated programs for 2008 was 73 percent, which is well beyond the Paris Declaration’s 2010 target of 50 percent.

MI: ODA disbursements/support for government-led PBAs

There were conflicting ratings between the survey and document review about the extent to which WHO participates in program-based approaches (PD indicator 9). Overall, the survey respondents rated WHO as strong, with 85 percent of direct partners rating WHO as adequate or better. The document review rated this MI as weak. It found that WHO reported a figure of 32 percent participation in program-based approaches in 2008, while the global level for the same year was 46 percent. The 2010 target is 66 percent.

3.3.5 Knowledge Management

In Quadrant IV: Knowledge Management, seven MIs were rated in the survey and nine in the document review. These are discussed below.

Figure 3.26 below shows the overall survey and document review ratings for the three KPIs in the knowledge management quadrant. Figure 3.27 shows the mean scores for the three KPIs for all survey respondents, and by respondent groups

WHO was rated as adequate overall in knowledge management.

Figure 3.26 Quadrant IV: Knowledge Management, Survey and Document Review Ratings

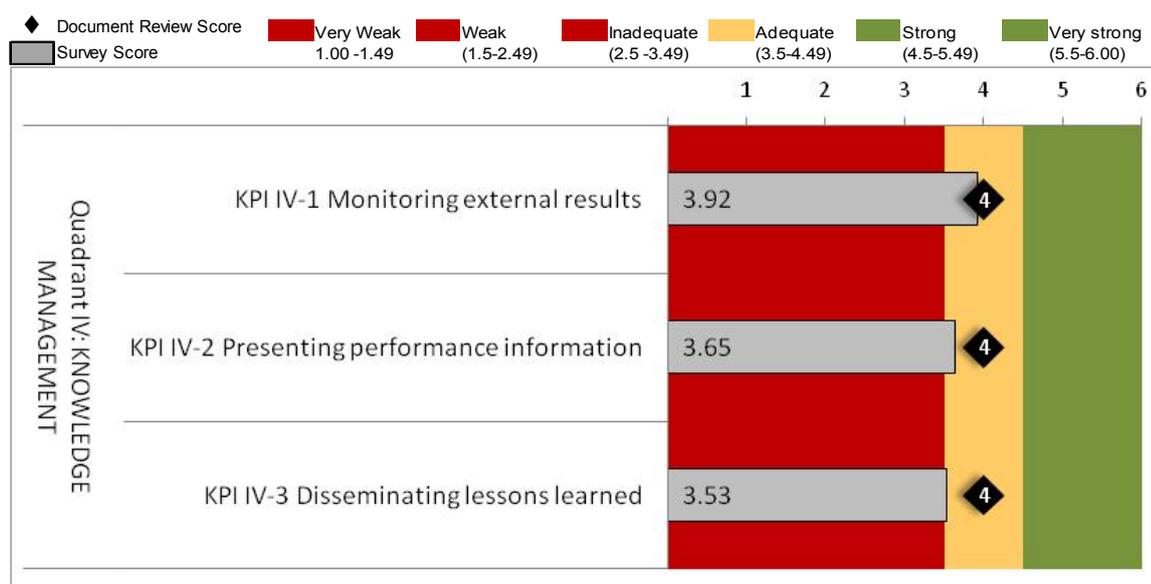


Figure 3.27 Quadrant IV: Knowledge Management, Mean Scores by Respondent Group

	Total mean score	Direct Partners	Donors in Country	Donors at HQ
KPI IV-1: Monitoring external results	3.92	4.82	4.04	3.63
KPI IV-2: Presenting performance information	3.65	NA	NA	3.65
KPI IV-3: Disseminating lessons learned	3.53	NA	NA	3.53

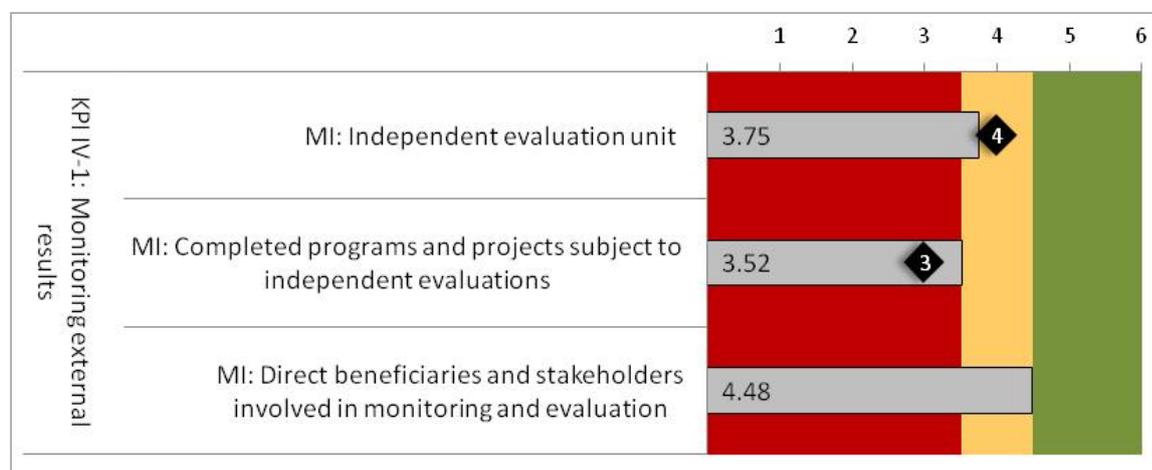
KPI IV-1: Monitoring External Results

Finding 17: In monitoring and evaluating its delivery and external results, WHO was rated adequate by survey respondents and the document review.

Overall, survey respondents rated WHO as adequate on the three MIs in this KPI on monitoring and evaluation. Survey responses suggest that headquarters respondents lack knowledge about WHO’s independent evaluation unit and the extent of ex-post evaluations, as approximately 40 percent responded ‘don’t know’ to these MIs.

The document review, which assessed two MIs, rated WHO as adequate for the independence of its evaluation unit but inadequate for evaluation coverage.

Figure 3.28 KPI IV-1: Monitoring External Results, Ratings of Micro-indicators⁵³



⁵³ No document review score is provided for the MI “direct beneficiaries and stakeholders involved in monitoring and evaluation”, as the document review did not examine this indicator. For more information please see the methodology in Volume II, Appendix I.

MI: Independent evaluation unit

The survey (headquarters respondents only) and document review rated WHO as adequate in having an independent evaluation unit that reports to its Executive Management or Board.

UNEG norms and guidelines for evaluation in the UN system stipulate that the evaluation function must be located independently from other management functions.⁵⁴ In WHO, the Office of Internal Oversight Services (IOS) is responsible for evaluations. Its location within an oversight body separates it from program management, although it reports to the Executive Board through the Director

General.⁵⁵ The Evaluation Guidelines (2006) suggest that the IOS strives to provide independent analysis through evaluations conducted by independent evaluation teams. WHO has a variety of evaluation arrangements at the regional level (see sidebar) that add complexity to the organisation's evaluation system as a whole.

At the time of this assessment, WHO was developing an evaluation policy that may address some of the current gaps in its evaluation function, such as: follow-up on evaluation recommendations, evaluation coverage (noted below), use and dissemination of evaluation findings (including in reports to the Executive Board), and access to evaluation reports.

MI: Completed programs and projects subject to independent evaluations

WHO was rated as adequate in the survey and inadequate by the document review on this MI.

Headquarters respondents (the only group surveyed) rated WHO as adequate, but 40 percent answered 'don't know'.

The document review found that 110 evaluations have been completed at various levels of the organisation since 2000,⁵⁶ but that WHO does not yet have a policy that establishes the parameters for expected evaluation coverage, which would determine expectations for different types of evaluations. Rather, the *WHO Evaluation Guidelines* (2006) state that departments, programs, and offices conduct evaluations, reviews, and assessments at their own discretion. The new evaluation policy (under development) is expected to address the practice of evaluation in WHO programs, expected coverage at different levels of the organisation, and types of evaluation (formative and summative). It is not clear if the evaluation unit will have the level of resources required to support application of the policy and improve the evaluation function throughout the organisation.⁵⁷

MI: Direct beneficiaries and stakeholders involved in monitoring and evaluation

MOPAN members in country offices and direct partners rated WHO as adequate overall on this MI. Direct partners responded most positively, with 81 percent rating this MI as adequate or higher. This MI was not assessed by the document review.

Responsible Units for Evaluation in WHO Regional Offices

AFRO: Monitoring and Evaluation Committee

AMRO/PAHO: Office of Internal Oversight and Evaluation Services (IES)

EMRO: Coordinator Programme Planning, Monitoring and Evaluation

EURO: no evaluation unit

SEARO: Technical Officer, Surveillance, Monitoring and Evaluation

WPRO: Coordinator Programme Planning, Monitoring and Evaluation

⁵⁴ UNEG Norms for Evaluation in the UN System (2005) and UNEG Standards for Evaluation in the UN System (2005)

⁵⁵ The MOPAN assessment cannot ascertain the extent to which the function is truly independent.

⁵⁶ IOS Evaluation Inventory at 1 March 2010

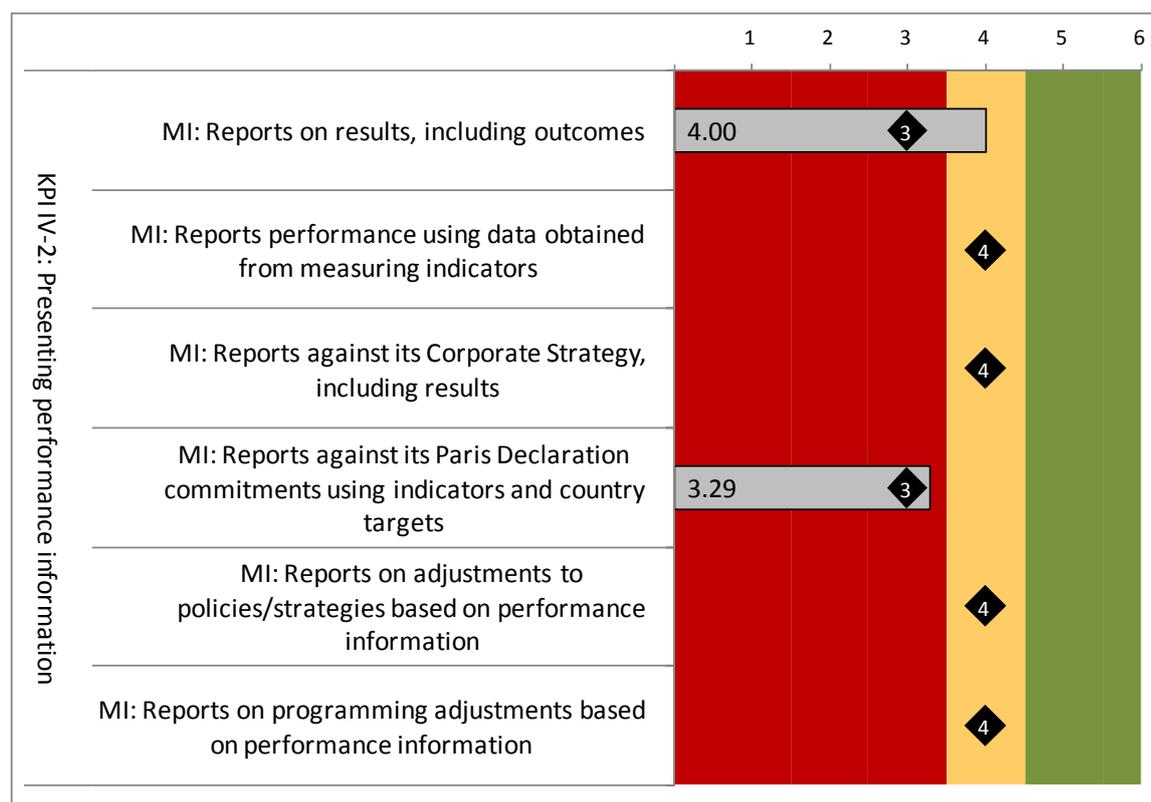
⁵⁷ For the biennium 2010-2011, the Office of Internal Oversight Services noted that current funding (as of November 2009) would be insufficient to cover its operating costs (EBPBAC 11/4, 5 November 2009).

KPI IV-2: Presenting Performance Information

Finding 18: WHO was rated as adequate overall by the document review and survey respondents in presenting information on performance.

The document review assessed all six MIs in this KPI. Survey respondents were asked to rate only two MIs. As this KPI relates to the presentation of performance information at the corporate level, the survey questions were addressed only to MOPAN members at headquarters.

Figure 3.29 KPI IV-2: Presenting Performance Information, Ratings of Micro-indicators



MI: Reports on results, including outcomes

In the survey, 71 percent of respondents (headquarters only) found WHO to be adequate or better in reporting to a governing body on performance, including progress against targets set in corporate strategies.

The document review provided a rating of inadequate when assessing the extent to which WHO reports on the achievement of outcomes (i.e., rather than inputs, activities, outputs). Although WHO does have a Programme Budget Performance Assessment Report at the organisation-wide level that reports on its OWERs, the reports have some limitations due to the way results statements are framed in the MTSP (further explained in section 3.3.2).

MI: Reports on performance using data obtained from measuring indicators

The document review found WHO to be adequate in reporting performance using data obtained from measuring indicators. The Programme Budget Performance Assessment Report 2008-2009, reports on results using most of the indicators outlined in the amended MTSP 2008-2013.⁵⁸ As noted in section 3.3.2, however, there are issues regarding the quality of those indicators.

MI: Reports against its Corporate Strategy, including results

The document review found WHO to be adequate in reporting against its corporate strategy, including expected management and development results. The biennial performance assessment reports comment on the progress being made towards WHO's strategic objectives (or in previous years, 'Areas of Work'), which include both development and management results. The reports use indicators and targets for reporting.

MI: Reports against its Paris Declaration commitments using indicators and country targets

Both the document review and survey respondents rated WHO as inadequate in reporting against its Paris Declaration commitments. Although there have been internal presentations that commented on WHO performance on the Paris Declaration indicators, there is no organisation-wide report that reflects on WHO progress in these areas. However, it is not clear if the Executive Board has requested such reports from WHO.

MI: Reports on adjustments to policies/strategies based on performance information

The document review rated WHO as adequate on this MI. As noted in Section 3.3.3, the PBPA Report and updates to the MTSP note changes to programming but do not often refer to how organisational performance information influenced shifts in strategies or organisational policies.⁵⁹ This may reflect that WHO reports are poorly codifying decisions and choices made based on the organisation's performance information. Although there are periodic evaluations of WHO's programs (which assess the outcomes of WHO's work along the lines of thematic, programmatic or country evaluations), the reports to the Executive Board do not seem to draw on the evaluation findings or recommendations.

MI: Reports on programming adjustments based on performance information

WHO was rated as adequate on this MI in the document review. In addition to WHO's annual performance assessment reports, some Country Cooperation Strategies (CCS) also contain country performance information. This information is usually drawn from the End-of-Biennium Performance Assessment Office-Specific Expected Result (OSER) reports or from the review of the first generation of CCSs (current CCSs are in their second generation). For example, based on the review of performance of the previous CCS, the Kenya 2008-2013 CCS recommended including capacity building for services in adolescent health. The Kenya OSER report 2008-2009 lists a series of interventions that were implemented in that regard, showing that the recommendation from the previous review was taken into account in the new country workplan. However, this is the only specific example of programming adjustments based on performance information that could be found.

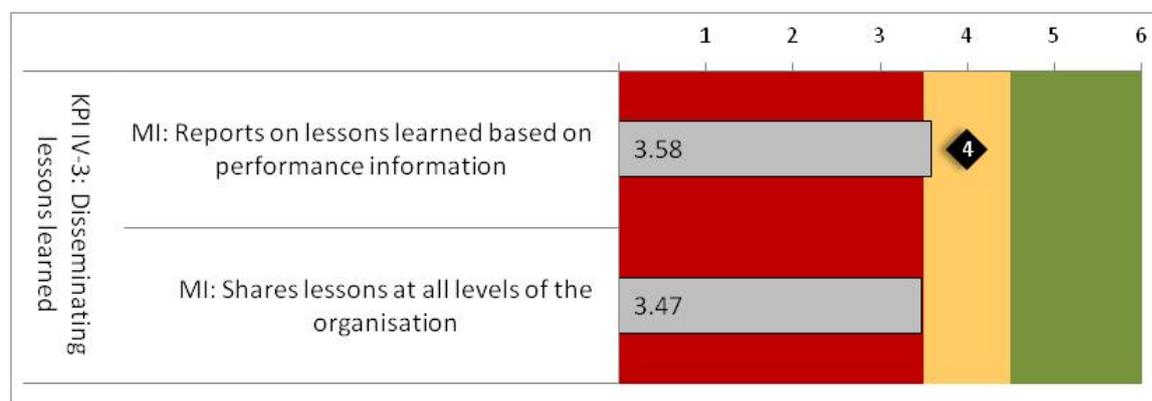
⁵⁸ Some indicators in the MTSP 2008-2013 were not reported on in the PBPA Report 2008-2009 (e.g, indicator 2.5.3 for OWER 2.5 was eliminated from the amended MTSP).

⁵⁹ There are some exceptions. In WHO's Proposed Programme Budget 2008-2009, it does note, for example, that the Health Leadership Programme will be discontinued because it had not proven to be cost efficient. WHO also noted that changes had been made in the OWERS, indicators, and targets of the MTSP as a result of biennial assessments. However, the reason for changes are not always clearly reported in the PBPA or in the amended strategic plan..

KPI IV-3: Disseminating Lessons Learned

Finding 19: WHO received adequate ratings for reporting on lessons learned, but was seen as inadequate in sharing lessons from practical experience across the organisation.

Figure 3.30 KPI IV-3: Disseminating Lessons Learned, Ratings of Micro-indicators⁶⁰



MI: Reports on lessons learned based on performance information

Both the survey and document review rated WHO as adequate in reporting on lessons learned based on performance information. More than half of the headquarters' respondents provided ratings of adequate or higher. WHO prepares a wide range of reports and thematic reviews that contain examples of best practices and lessons learned, often based on performance information about the health sector and programming in the different areas of concern to WHO. These lessons appear to be both significant and applicable to WHO and its programming, as well as to its broader constituency. The Programme Budget Performance Assessment Reports also contain lessons learned based on the information gathered through programming experience.

MI: Shares lessons at all levels of the organisation

MOPAN members at headquarters rated WHO as inadequate in providing opportunities at all levels of the organisation to share lessons from practical experience.

3.4 Respondents' Views on WHO's Strengths and Areas for Improvement

At the beginning of the MOPAN Common Approach survey, respondents were asked to identify the greatest strengths and areas for improvement in the way that WHO operates. Out of 208 respondents, 207 answered these open-ended questions; 93 respondents provided more than one strength and 59 provided more than one area for improvement.

Survey respondents considered WHO's greatest strengths to be its technical expertise, its capacity to develop strong relationships with governments, and its global normative role.

When asked about the greatest strength in the way that WHO operates, almost half of all survey respondents (donors at headquarters, donors in-country, and direct partners) commented on WHO's technical expertise, knowledge base, and professionalism. In their comments they noted specific aspects such as highly skilled staff, data collection capacity, capacity to react to

⁶⁰ No document review score is provided for "shares lessons at all levels of the organisation" as the document review did not examine this indicator. For more information please see the methodology in Volume II, Appendix I.

pandemics, the quality of recommendations and support given to national governments, and its ability to provide technical expertise in a wide range of health areas.

MOPAN members at headquarters pointed frequently to WHO's normative and standard setting role. Direct partners and MOPAN members in-country noted WHO's capacity to develop strong relationships, particularly with the governments that are their direct partners. These respondents often noted: WHO's capacity to foster networking and promote dialogue, its access to national authorities, its neutrality, and its involvement in developing countries.

"High professionalism, central role in global health issues, normative and guidance functions, authoritative recommendations to governments (compare this last aspect to other thematic sectors such as environment where there is no special UN agency)" (Donor at headquarters)

"Working closely giving advice and counselling to Ministry of Health. The global knowledge within the organisation of the strength and weaknesses in health systems of other nations and therefore its ability to assess the situation and needs here." (Donor in country)

"The involvement in identifying the health priorities for the country and taking action to support in the planning and implementation of interventions in respect of those priorities and encouraging the participation of all stakeholders." (Direct partner)

The areas for improvement identified by survey respondents focussed on management challenges and harmonisation.

More than 30 percent of respondents noted management issues as areas of improvement in the way that WHO operates. The respondents highlighted the following types of challenges:

- Strengthening country office capacities (including human and financial resources) to improve performance;
- Communication and coordination between different levels of the organisation;
- Resource mobilisation, specifically the extent to which funding is earmarked; the current ratio of 20 percent assessed contributions vs. 80 percent voluntary contributions was noted as a challenge;
- Limited flexibility and the need for simplified procedures.

A second area of concern, expressed mostly by MOPAN members at the country level, related to WHO's harmonisation and alignment. The responses indicated that WHO's coordination with other UN agencies and development partners is not as strong as they would like it to be.

"Its overall global structure with strong semi-autonomous regional offices makes governance difficult and reform very slow. WHO is not always widely understood and is expected to do things that it is not equipped to do (it is not by and large an implementer of development assistance for example)." (Donor at headquarters)

"Recently many development organisations are performing in health sector. In particular, WHO's program is said to be overlapped in many fields in even one country. Harmonisation and coordination is an important factor." (Donor in country)

"In country coordination. WHO should not be seen or behave like any other multi/bi-lateral partner in health. It should work closely with government to coordinate partners in health and align them to government priorities." (Direct Partner)

"Direct/close relationships with NGOs. WHO always focuses on government to government relationships. WHO doesn't realise the work outside the government. Only very few of the WHO officer/managers have interest in exploring/studying the work of the NGOs [...]" (Direct Partner)

"WHO has not adapted very well to coordinated dialogue and program-based approaches. It does not seem able to represent the full UN and has missed a valuable opportunity to be a leader in the health sector by not truly participating or embracing a sector leadership role..." (Donor in country)

4. Conclusion

WHO has been implementing a series of management reforms in recent years. The results of the 2010 MOPAN Common Approach point to some areas in which the organisation has made significant progress and to others in which the change process is still ongoing. Participants in the 2010 assessment noted WHO's strengths in terms of its technical expertise, strong relationships with governments, and its global normative role. They also noted potential areas for improvement that relate to some management challenges that WHO has faced in recent years.

In the survey, WHO received scores of adequate or strong on 18 of the 19 key performance indicators (KPI) assessed, and an inadequate rating in only one KPI (management of human resources). The document review assessed 16 key performance indicators. It rated WHO as adequate or strong on 12 KPIs and inadequate on four (aid allocation decisions, linking aid management to performance, using performance information, and use of country systems).

Direct partners provided the most favourable assessments of WHO across the micro-indicators, while MOPAN members, particularly those at headquarters, were more critical. This may be due to the fact that MOPAN donors at headquarters are closer to and perhaps better informed about some of the issues explored in the Common Approach assessment – for example, management for results, financial accountability, human resource management, resource allocation decisions (which are more likely discussed in the governing bodies that are more closely linked to the WHO Secretariat). The analysis of 'don't know' responses suggested that MOPAN members in-country may be less informed about these issues.

The findings of the Common Approach 2010 suggest that WHO has several key organisational systems and practices in place that favour its organisational effectiveness, namely:

- Its mandate and role in technical cooperation, which make WHO a valuable contributor to policy dialogue at the country level;
- Its Country Cooperation Strategies and country planning process, which are considered to be aligned with national development strategies, and its use of performance-oriented tools (such as setting targets to help monitor the progress of implementation);
- Its strategic focus in combating HIV/AIDS, which is framed as a cross-cutting thematic priority in the MOPAN Common Approach, but is defined by WHO as one of its strategic objectives;
- Its financial accountability practices; WHO was particularly recognised for its external and internal audit practices, as well as its policy on anti-corruption;
- Its delegation of decision-making authority, which allows project/program tasks to be managed at the country level;⁶¹
- Its harmonisation with other development partners through its participation in joint missions and provision of technical cooperation through coordinated programs. Survey respondents also rated WHO as strong for its support for PBAs, which was surprising in light of WHO's data, which suggests that WHO is not a frequent participant in these mechanisms.⁶²

⁶¹ The decentralised structure, however, may also pose challenges when trying to ensure consistent application of organisation-wide systems.

⁶² Also of note are the responses of MOPAN members to the open-ended question on the greatest area for improvement in the way that WHO operates. Here, they suggest that WHO's coordination with other UN agencies and development partners is not as strong as they would like it to be.

The Common Approach findings also signalled some potential areas for improvement, in areas where WHO received ratings of less than adequate.

- Strengthening its institutional culture to support a focus on development results;
- Improving its results frameworks at the corporate level, including the definition of outcomes and outputs and clearer, more specific indicators;
- Strengthening the use of performance information to help inform policy and strategy adjustments;
- Improving the performance orientation and transparency of human resource management;
- Improving results-focused budgeting and reporting on expenditures in relation to results achieved;⁶³
- Improving reporting on results based on performance information, and reporting on progress in relation to indicators of the Paris Declaration on Aid Effectiveness;⁶⁴
- Strengthening the evaluation function (including mechanisms for follow-up on evaluation recommendations and better evaluation coverage).

In addition to the areas noted above, MOPAN members and WHO may wish to discuss expectations with regard to the indicators of the Paris Declaration and their implications for WHO. For example, data from the 2008 Survey on Monitoring the Paris Declaration indicate that WHO performs poorly on several indicators (e.g., use of country systems, predictability of aid flows, and participation in program-based approaches). However, the extent to which such indicators are applicable to WHO may warrant discussion.

⁶³ However, it is important to note that the current requirement of Member States is that reporting links expenditures to strategic objectives, rather than results achieved or Organisation Wide Expected Results (OWER).

⁶⁴ It is not clear if the Executive Board has requested that WHO report on its Paris Declaration commitments.