



MOPAN

Multilateral Organisation  
Performance Assessment Network

## **Institutional report**

### **World Health Organization (WHO)**

Executive Summary · 2013



MOPAN

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## Executive summary

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This report presents the results of an assessment of the World Health Organization (WHO) conducted by the Multilateral Organisation Performance Assessment Network (MOPAN). The MOPAN Common Approach examines organisational systems, practices, and behaviours that MOPAN believes are important for aid effectiveness. It also examines the extent to which there is evidence of an organisation's contributions to development and/or humanitarian results, and relevance to stakeholders at the country level.

To achieve the attainment by all peoples of the highest possible level of health, WHO provides leadership on global health matters; shapes the health research agenda; sets norms and standards; articulates evidence-based policy options; provides technical support to countries; and monitors and assesses health trends. Globally, WHO directs and co-ordinates health-related activities within the UN system.

In 2013, WHO was engaged in an organisational reform process in which new strategies and policies were adopted to improve its organisational effectiveness. The three main objectives of the reform process are improved health outcomes, greater coherence in global health, and to be an organisation that pursues excellence. The reform process includes three areas of focus: programmes and priority setting, governance reform, and managerial reform. In addition, the 12th General Programme of Work and Programme Budget 2014-2015, recently approved by the Board, include commitments to improving organisational alignment; enhancing performance, accountability and transparency; and strengthening results-based planning and performance measurement.

As with all MOPAN assessments conducted in 2013, the assessment was based on data collected in the first half of 2013 and on the systems, policies and practices in place at the time. The report recognises actions that were underway at WHO the time of the assessment (some of which may be consolidated as institutional practice by December 2013), but these could not be used as evidence in the assessment.

### **MOPAN assessment**

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In 2013, MOPAN assessed WHO based on information collected through interviews with WHO staff, a survey of key stakeholders, and a review of documents. The survey targeted WHO's direct partners, technical partners and peer organisations, as well as MOPAN donors based in-country and at headquarters. Six countries were included in the MOPAN survey of WHO: Ethiopia, Indonesia, Guatemala, Mozambique, Pakistan and Viet Nam. A total of 394 respondents participated in the survey - 49 MOPAN donors based at headquarters, 39 MOPAN donors based in-country, 169 direct partners, 115 technical partners, and 22 representatives of peer organisations. MOPAN's document review assessed WHO through an examination of close to 1300 publicly available corporate documents and internal country programming and reporting documents from all six countries. MOPAN also interviewed WHO staff members (21 from WHO's headquarters, 19 from its regional offices, and 23 from its country offices). This information was not coded or used formally as part of the assessment process, but rather to gain a broader contextual understanding of the organisations systems, practices and results-related reporting.

MOPAN assessments provide a snapshot of four dimensions of organisational effectiveness (strategic management, operational management, relationship management, and knowledge management) and of the organisation's reporting on its development results. The main findings of the assessment of WHO in these performance areas and in the section on development results are summarised below.

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## Key Findings

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### Strategic management

In the area of strategic management, MOPAN established criteria to determine if a multilateral organisation has strategies and systems in place that reflect good practice in managing for development results. Overall, the 2013 assessment found that WHO has not yet fully developed these systems at all levels of the organisation, but has initiated promising reforms:

- WHO is performing well in providing direction for results. Although WHO does not have an organisation-wide policy that describes the nature of results-based management, its organisation-wide results framework is outlined and described in a suite of documents and, through its reform process, the organisation is putting emphasis on improving its results orientation.
- WHO's organisation-wide strategy is based on a clear mandate that is revised periodically to ensure continuing relevance. Survey respondents consider WHO's role in technical co-operation and in setting global norms and standards as key strengths.
- To promote and facilitate the institutional mainstreaming of gender, equity and human rights (GER), WHO established performance standards for GER in May 2012. WHO is effectively promoting the principles of good governance and the document review rated WHO as very strong for the promotion of environmental health as a focus area.
- There is room to strengthen WHO's corporate focus on results as expressed in the MTSP 2008-2013 (amended draft), particularly the quality of its results frameworks and performance indicators, as well as the strength of the causal linkages from activities and outputs to higher level results.
- WHO's country co-operation strategies and workplans are well aligned with national strategies and the UNDAF, but the country focus on results was identified as an area for improvement, particularly with regard to the quality of its results framework and results-based management practices.
- WHO has taken steps to address these shortcomings. The organisation is in the midst of a major reform process that should lead to considerable improvements in its focus on results (including new results chain and theory of change). These changes have been approved by the Executive Board and will be fully implemented in 2014.

### Operational management

In operational management, MOPAN established criteria to determine if a multilateral organisation manages its operations in a way that supports accountability for results and the use of information on performance. Overall, the 2013 assessment found that:

- While WHO makes its criteria for allocating funding publicly available, improvement is needed in the consistent use of criteria and validation mechanisms, as well as in the level of transparency related to the actual allocation of resources to countries. Transparency in relation to resource allocation is a particular concern for donors at headquarters.
  - WHO's reports to its stakeholders do not yet demonstrate the link between budget allocations and expenditures and expected programmatic results, although some of these indicators are tracked
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through internal management instruments. As part of its reform process, WHO will implement a new results-based budgeting system (RBB) based on a revised results chain with a methodology for costing of outputs and an approach to assess contribution of outputs to outcomes.

- Financial accountability is seen as one of WHO's strengths. The systems and practices in place for external and internal audits are well detailed and there is evidence that policies are followed.
- The organisation received mixed ratings for its use of performance information. It was perceived as doing well in using performance information to revise and adjust policies and manage poorly performing initiatives, but using performance information to plan new interventions as well as acting upon evaluation recommendations were identified as areas for improvement.
- The document review noted that WHO has systems in place to conduct performance assessments and reward staff. However, the recent review conducted by JIU signals human resource management as the most complex and problematic area of the WHO administration and suggests that these systems have been applied inconsistently. As part of its reform agenda, WHO is making efforts to review its practices and make further improvements in this area.
- WHO adequately uses milestones and targets to monitor the implementation of its activities, but could improve its use of benefit/impact analyses to plan new initiatives.
- WHO is performing well in the delegation of authority to the country level with decentralised procedures in which country offices have a certain level of autonomy in making adjustments and changes to activities, including revising budget allocations. WHO's country offices are also responsible for defining activities, products and services, determining costing, and setting indicators, baselines and targets for the results planned.
- WHO received high ratings from survey respondents for its adherence to humanitarian principles in its field operations due to continued improvements in its organisational practices for humanitarian action.

### **Relationship management**

In relationship management, MOPAN established criteria to determine if a multilateral organisation is engaging with its clients at the country level in ways that contribute to aid effectiveness. Overall, the 2013 assessment found that:

- WHO was perceived as adequate overall for its support of national plans and taking into account local conditions and capacities. WHO's procedures were found to be easily understood by partners and the time for procedures did not seem to delay implementation.
  - WHO was rated strong for ensuring that ODA disbursements/support are recorded in national budgets and for avoiding parallel implementation structures. It makes adequate use of country systems considering that it mostly provides technical co-operation to countries, rather than direct project funding.
  - WHO makes a strong contribution to policy dialogue while respecting the views of its partners in the process. This aspect of WHO's work received some of the highest survey ratings, highlighting the nature of WHO as a technical organisation.
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- WHO was recognised as adequate for the harmonisation of its procedures with other actors. All the countries sampled for this assessment reported high levels of compliance on the extent to which WHO's technical co-operation is disbursed through co-ordinated programmes.
- WHO's management of the Global Health Cluster was perceived as adequate by survey respondents.

### **Knowledge management**

In knowledge management, MOPAN established criteria to determine if a multilateral organisation has reporting mechanisms and learning strategies that facilitate the sharing of information inside the organisation and with the development community. Overall, the 2013 assessment found that:

- WHO has an independent evaluation unit, but needs to increase its evaluation coverage and improve the quality of the evaluations conducted. As part of its reform agenda, WHO approved an Evaluation Policy in 2012. In addition, the Office of Internal Oversight Services plans to establish a Global Network on Evaluation, disseminate an Evaluation Handbook, present an annual workplan for evaluation, develop a web-based inventory of evaluations, and recruit additional staff to improve the capacity of the unit. While WHO's commitment to evaluation is evident and appears to be bringing positive changes, it is too early to assess the full effects of the reform in this area.
- WHO is doing well in using performance information in reporting against its corporate strategy, on aid effectiveness, and on adjustments to policies, strategies and budgets. There is room for improvement in using performance data to report on the achievement of outcomes and on programming adjustments made during implementation.
- WHO continues to be committed to solidifying its role as a provider of knowledge on health (e.g. practices, statistics and research), but room for improvement was noted in reporting on how lessons learned and best practices are transforming the organisation's programming.
- WHO makes many documents available to the public, but does not yet have a disclosure/access to information policy.

### **Development results**

In the 2013 development results component, WHO was rated inadequate in providing evidence of progress towards organisation-wide outcomes (KPI A) and evidence of contribution to country-level goals and priorities, including relevant MDGs (KPI B). Survey respondents rated WHO adequate for the relevance of its objectives and programme of work to country level stakeholders (KPI C). These findings should be considered in conjunction with the findings above on WHO's systems and practices for organisational effectiveness.

- Evidence of extent of progress towards organisation-wide outcomes: WHO's Performance Assessment Reports for 2008-2009 and 2010-2011 provide some evidence of progress towards planned activities and outputs in WHO's framework, but unclear and limited evidence of the results and contributions that WHO is making to organisation-wide outcomes (i.e. higher-level change). Some of these shortcomings may be resolved by the current reform and the introduction of a new results chain that links the work of the Secretariat (outputs) to the health and development changes to which it contributes, both in countries and globally (outcomes and impacts). In addition, the emphasis on theories of change will help WHO to present more compelling evidence of its contributions to the health sector in the countries where it works.
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- Evidence of extent of contribution to country-level goals and priorities, including relevant MDGs: The document review highlighted both strengths and shortcomings of WHO's reporting. While the organisation consistently reports on the achievement of Country and Office Specific Expected Results (OSERs), the performance information reported does not provide sufficient evidence of the extent of contribution to country-level goals and priorities as it does not capture the actual progress achieved in relation to targets. Moreover, WHO reports, which are based primarily on self-reported data, do not consistently provide a clear picture of the nature, magnitude, or relative importance of WHO's contributions to some of the changes reported at the country level. The relatively poor quality of these documents (inconsistent use of indicators, baselines and targets) also limited the extent to which the work of WHO could be assessed.
- Relevance of objectives and programme of work to country level stakeholders: Surveyed stakeholders in-country considered WHO strong overall in responding to the key development priorities of client countries and adequate in providing innovative solutions to help address challenges and in adapting its work to changing country needs.

### **Changes since the 2010 MOPAN assessment**

Survey data suggest that WHO's performance has remained steady over the past three years. The 2010 and 2013 survey data differed slightly in only four instances. Survey respondents in 2013 were less positive than respondents in 2010 on three micro-indicators (expected results developed in consultation with direct partners/beneficiaries; new programmes/projects can be approved locally within a budget cap; and participation in joint missions). However, they were more positive on the independence of the WHO evaluation unit.

### **Conclusions on organisational effectiveness**

The MOPAN assessment provides a snapshot of WHO's organisational effectiveness based on the practices and systems in place at the time of the assessment.

### **WHO's commitment to organisational development and its related reform agenda are likely to improve its effectiveness and efficiency, although it is too early to assess the effects of the process.**

This MOPAN assessment took place during the early stages of WHO's implementation of an ambitious Reform Agenda. As part of this reform, the organisation is aiming to develop a set of agreed global health priorities that will guide the organisation, achieving greater coherence in global health and resolving the relative lack of clarity on the roles and functions at the country, regional and global levels. The assessment found that positive changes in systems and practices have already resulted from this process; some are well underway and others have yet to be initiated. The reform agenda is being monitored and the Board receives updates on its progress.

### **WHO's mandate and comparative advantages provide a good foundation for its focus on results.**

WHO is committed to revising its mandate to ensure continuing relevance. Together, the 11th General Programme of Work and the Mid-Term Strategic Plan 2008-2013 articulate the organisation's goals and priorities and provide a clear indication of the manner in which WHO will implement the mandate during this period. WHO has also made significant improvements in defining and addressing the organisation's priorities in developing the 12th General Programme of Work.

**There is room to further strengthen WHO's results-based management practices and tools used to manage for and report on organisation-wide results.**

The MOPAN assessment found that Mid-Term Strategic Plan 2008-2013 results statements inconsistently labelled activities, outputs and/or outcomes. In addition, the results-based framework is missing levels of results between the organisation's activities and outputs and the intermediate outcomes it aims to achieve (results chain). This discrepancy trickles down to most related performance indicators. The lack of a clear chain of plausible results from one level to the next limits the organisation's ability to monitor and report on performance.

WHO has committed to strengthening results-based management across the organisation and is working to improve planning, monitoring, and reporting at all levels. The Programme Budget 2014-2015 includes an improved results framework.

WHO was rated as inadequate with regard to results-based budgeting, but it is introducing a new results-based budgeting system (RBB) based on a revised results chain with a methodology for costing of outputs and an approach to assess contribution. These reforms, if implemented as planned in 2013-2014, represent important steps towards becoming a more performance-oriented and accountable organisation.

**WHO is commended for its technical assistance, staff expertise, normative and standard-setting work, and its convening and regulatory functions.**

WHO's technical assistance and country-level operations, staff expertise, and normative and standard setting role were seen as key organisational strengths in the 2013 MOPAN assessment. This was reflected in comments to open-ended questions, in which survey respondents highlighted WHO's support in the development of national health strategies and plans.

Both survey respondents and the document review also commended WHO for its convening and regulatory functions, as well as its knowledge management function in the health sector. Its convening role in the negotiation of health regulations and treaties is identified as a key facet of this normative and standard-setting work. WHO performs various critical functions in the health sector, such as translating global science and evidence into products for policy-making purposes in countries, co-ordinating surveillance and response to international health threats, and gathering and disseminating the best information available on appropriate health practices.

**WHO has sound policies and processes for financial accountability but does not yet have strong practices for risk management.**

WHO has strong systems in place for internal and financial audits (including organisational audits), strong policies for anti-corruption, systems for immediate measures against irregularities, and effective procurement and contract management processes. The organisation is working on an organisation-wide common framework and harmonisation of risk management practices.

**WHO has strengthened its evaluation function but there is still room for improvement in the coverage and quality of evaluations.**

WHO has invested considerable resources in this area and is in the process of strengthening its evaluation function. While it is making progress in systems and practices, the MOPAN assessment found that there is

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room for improvement in the coverage and quality of evaluations. When fully implemented, the 2012 Evaluation Policy and related procedures for quality control could help to address some of the weaknesses noted by the assessment.

**In contexts where it has significant humanitarian programming, WHO is fulfilling its responsibilities as a Cluster Lead and is recognised for respecting humanitarian principles.**

WHO has improved its institutional capacity with regard to the application of its humanitarian mandate. WHO's Emergency Response Framework (ERF) and the Inter-Agency Standing Committee's Global Health Cluster Guide articulate its humanitarian mandate. Survey respondents felt that WHO adequately respects humanitarian principles and maintains on-going policy dialogue with partners on the importance of observing humanitarian principles in delivering emergency assistance. They also perceived the organisation performing adequately in managing the Global Health Cluster.

**Conclusions on evidence of WHO's development results and relevance to stakeholders**

**Limitations in WHO's frameworks and systems to report on organisation-wide expected results make it challenging to fully understand WHO's performance story and identify its contribution to each of its strategic objectives.**

The assessment noted the work being done by WHO, under its 11 strategic objectives, to fulfil its mandate: "to achieve the attainment by all peoples of the highest possible level of health".<sup>1</sup>

Surveyed stakeholders consider that WHO is making progress towards its organisation-wide strategic objectives and the document review found evidence of progress towards organisation-wide expected results in some strategic objectives. However, the data presented was largely self-reported and did not include data collected systematically and verified by a robust evaluation function.

In the absence of a clear results chain or theories of change, WHO's organisation-wide reporting provides limited links between activities, outputs and outcomes and does not allow for an assessment of WHO's contributions at the outcome level.

**Country-level stakeholders confirm the relevance of WHO's work and indicate that it makes contributions to its office and country-specific expected results and to partner country efforts to achieve the MDGs. However, despite considerable normative and technical investments and support to countries, WHO fails to provide strong evidence or a clear picture of the nature, magnitude or relative importance of its contributions to changes at the country level.**

Although stakeholders see WHO's work as relevant to country priorities, WHO reported limited progress towards achieving its office and country-specific expected results in the six countries sampled for the assessment.

While WHO does good work at the country level, the extent to which its contribution to country-level goals and priorities can be assessed is limited by the design of its results-based management systems and tools and by the poor quality of its performance and results-related data. The document review found limited

1. WHO. (2009). *Basic Documents: Forty-seventh Edition*. (p. 2)

performance information by which to understand WHO's performance story in the six countries sampled for the assessment. It is difficult to understand how WHO's interventions in each country contribute to achieving national goals and priorities as there is no clearly articulated chain of results. In fact, there is considerable disconnect between the national goals and priorities included in the NHPSP, the strategic priorities and interventions in the Country Co-operation Strategy, the MTSP OWERs, and WHO's country workplans.

**WHO provides consistent data on performance indicators across programme budgets, but data reliability is compromised by the absence of independent and external sources, such as evaluations.**

WHO's performance measurement system relies almost exclusively on self-reported data from Country Offices. The MOPAN assessment found very few independent evaluations that could validate the reported results achieved; the evaluations that have been conducted were in very specific, technical areas that were not relevant to this assessment. WHO's reporting on its progress towards organisation-wide expected results would benefit from performance information provided through independent evaluations of sectors, strategic objectives, specific themes and/or regions.

## Overall MOPAN ratings of WHO

The two charts below show the ratings on the key performance indicators that MOPAN used to assess WHO in 2013. The first chart shows the ratings on 23 indicators designed to measure organisational effectiveness (practices and systems), and the second chart shows ratings on the three indicators designed to assess WHO measurement and reporting on development results. The indicators were adapted to the work of the World Health Organization to encompass its normative role and its reform agenda.

### Organisational effectiveness– overall ratings

Strategic management		Survey respondents	Document review
KPI-1	Providing direction for results	3.71	4
KPI-2	Corporate strategy and mandate	4.54	6
KPI-3	Corporate focus on results	N/A	3
KPI-4	Focus on cross-cutting thematic areas	4.18	5
KPI-5	Country focus on results	4.31	3
Operational management			
KPI-6	Resource allocation on decisions	3.57	4
KPI-7	Results-based budgeting	3.30	3
KPI-8	Financial accountability	4.04	5
KPI-9	Using performance information	3.86	4
KPI-10	Managing human resources	4.21	4
KPI-11	Performance-oriented programming	3.62	4
KPI-12	Delegating authority	4.07	5
KPI-13	Humanitarian principles	4.66	4
Relationship HIP management			
KPI-14	Supporting national plans	4.32	N/A
KPI-15	Adjusting procedures	3.98	N/A
KPI-16	Using country systems	3.94	5
KPI-17	Contributing to policy dialogue	4.61	N/A
KPI-18	Harmonising procedures	4.24	4
KPI-19	Managing the cluster	4.37	N/A
Knowledge management			
KPI-20	Evaluating results	4.04	3
KPI-21	Presenting performance information	3.66	4
KPI-22	Disseminating lessons learned	3.74	3
KPI-23	Availability of documents	N/A	4
Legend			
Strong or above		4.50–6.00	
Adequate		3.50–4.49	
Inadequate or below		1.00–3.49	
Document review data unavailable		◆	
Not assessed		N/A	

**Evidence of contribution to development results and relevance to stakeholders – overall ratings**

**Key Performance Indicator**

**Assessment Rating**

KPI A: Evidence of extent of progress towards organisation-wide outcomes

Inadequate

KPI B: Evidence of extent of contribution to country-level goals and priorities, including relevant MDGs

Inadequate

KPI C: Relevance of objectives and programme of work to country level stakeholders

Adequate

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