The MOPAN assessment of the World Health Organization (WHO) reviews organisational performance and capabilities against the commitments set out in WHO’s Thirteenth General Programme of Work (GPW13) and its Transformation Agenda. The assessment period (2019-23) was dominated by the COVID-19 pandemic, which presented WHO with its greatest-ever challenges, while also helping reinforce its role as the leading global health institution. It afforded WHO an opportunity to demonstrate its speed and agility in responding to an unprecedented global crisis and to invest more energy into its partnerships and global health diplomacy, build new co-ordination and funding mechanisms, and strengthen its capacity-building support for developing country members.

WHO's ambitious reform programme correctly identifies areas needing improvement. The reform process will take time, given WHO's size and complexity. The pandemic impeded the implementation of the organisational transformation agenda that WHO had set out in 2017, and highlighted areas where it needed to strengthen its operations, particularly at country level. WHO has certainly made progress and improvements by undertaking a range of organisational reforms with potentially wide-ranging impact. The reform remains a work in progress.

WHO's overall vision is clear. WHO is guided by an ambitious, clear, long-term vision laid out in its GPW13 (originally for 2018-23, now extended to 2025). The Triple Billion targets identify the high-level outcomes to which WHO seeks to contribute: one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being.
COVID-19 helped push health-related targets further off track. It exposed weaknesses both in the global health architecture and in national health systems. Since the pandemic, WHO has seen a marked increase in demand for its support to strengthen health systems at country level, and to respond to protracted crises and sudden-onset emergencies, and has heightened its focus on capacity building in response. It has demonstrated substantial leadership at global and, to varying degrees, at regional levels on the links between health and climate change. It also faces new technical challenges and has become more engaged in the social determinants of health and in such under-invested areas as non-communicable diseases (NCDs).

Fulfilling WHO’s ambitious mission requires sufficient capacity, particularly at country level. WHO’s diverse and growing challenges call for robust strategic planning, resource allocation and results management processes. Efforts are being made in many of these areas. In addition, capacity is needed at all global regional and country levels. A key commitment in WHO’s transformation agenda was to strengthen its delivery capacity at country level. Its country cooperation strategies (CCS) and country operational plans should guide its efforts to do so alongside member states, but many CCS are outdated. In 2022, the WHO Director-General (DG) established a group of WHO country heads to develop a 100-day plan to strengthen the organisation’s in-country resources, and specific actions are now underway.

As WHO develops a new approach to partnerships, a clearer articulation of its own role will be essential as demands on its resources grow. The COVID-19 pandemic demonstrated that WHO can be agile in partnerships in emergencies (although its funding modalities constrain its agility under normal conditions). The pandemic saw WHO’s global leadership role enhanced and prompted the organisation to become more pro-active in seeking global partnerships. The development of WHO’s health diplomacy alongside its technical capacity has been an important direction of travel since the last MOPAN review, and WHO now engages more actively in global leadership bodies. It has increased its engagement with non-state actors, subject to appropriate due diligence and risk assessments. This more active approach to partnerships may help strengthen both WHO and the global health system. However, while WHO has the lead role among UN agencies in setting global health norms, it is a single actor in an increasingly crowded field. Ensuring that its role is clearly and broadly understood will be important going forward. There is a recognition across many parts of WHO that its external accountability could be stronger, not least to beneficiary populations.

WHO and its member states have recognised the need to diversify funding and reduce its reliance on voluntary contributions (VCs), which currently comprise nearly 80% of its funding. High levels of earmarking and limited predictability make it difficult for WHO to fund its base programmes and priorities. The organisation has made some progress since 2017-18 in increasing predictability, flexibility, and transparency and further progress will require close engagement with funders. It is seeking more flexible funding from member states and non-state actors and has established a pooled fund and contingency fund for emergencies. It shows a good level of financial transparency and accountability and can demonstrate how its programme budget (PB) aligns to its strategic priorities. Its internal controls are sound, including risk-based due diligence processes, accountability frameworks, and fraud and corruption risk assessments. WHO has made significant progress in recent years in strengthening its policies, procedures and practice relating to preventing and responding to sexual exploitation, abuse and harassment (PRSEAH), after allegations of abuses by WHO employees emerged.

Demonstrating how WHO contributes to outcomes is seen increasingly as important. WHO has strengthened the measurement and communication of its outputs, setting up dashboards and scorecards. Its organisation-wide plans, such as the GPW13 and the PB, link to high-level organisational results and are regularly updated. However, stakeholders report that it has been difficult to identify a plausible contribution to the outcome-level targets that WHO has set itself from its data. Most stakeholders are of the view that WHO is, in fact, making important contributions to the health, development and humanitarian objectives detailed in GPW13. However, some -- particularly funders -- report that they wish results information more clearly identify WHO’s possible contribution to those outcomes. The organisation did not use theories of change or similar logical models in GPW13 to create a framework identifying how it or its partners contribute to results at various levels. In the context where many of its outcome-level targets are
not being met and where more than 50% of the targets have no recent data to make it possible to assess progress, member states, funders and WHO consider it important to understand clearly why certain results are achieved while others are not.

**Evaluation is central to demonstrating WHO’s contributions to global health outcomes and results.** The assessment finds, however, that WHO is yet to invest sufficiently in the evaluation of its effectiveness, which is foundational for both accountability and learning. Evaluation is currently an underused and undervalued function in WHO. Over the period of the assessment, the organisation lacked a strategic approach to organisational learning, although efforts were being made to redress this very recently. The evaluation function has not provided sufficient coverage of WHO’s priorities either globally or at country level. The evaluation function is formally independent but the annual evaluation programme is under-resourced, compared to similar organisations. More investment in strategic evaluations (such as the December 2023 Evaluation of the Thirteenth Programme of Work) would assist considerably in providing evidence of WHO’s impact.

**WHO’s future requires increasing adaptability, agility, and capacity.** WHO will continue to face increasingly complex demands, not least related to the global climate emergency, diverse global health emergencies, key communicable and, increasingly, NCDs, and antimicrobial resistance. WHO will need to continue to adapt and further strengthen its capacities. Institutionally, WHO needs to maintain the change trajectory it is on, which requires consistency in direction and leadership, and steady support from its member states. To achieve the necessary reform, WHO member states must also change their approach to the organisation, specifically helping its financing model become more agile and less reliant on VCs. Demands at country level are increasing, not least as a result of the increase in global crises and pressures. WHO needs to continue to strengthen its operational capacity in countries, to achieve better strategic planning and results management at country level and a clearer allocation of resources. Partners see WHO’s more active approach to building partnerships (exemplified during the pandemic) as essential to strengthening both the organisation and the global health system. WHO’s efforts to prevent and respond to sexual misconduct and abuse have been significant but are not yet complete and warrant a sustained level of effort, monitoring, and funding.

Dr Tedros meets with a delegation from Nigeria, including Nigerian Health Minister Muhammad Ali Pate, during the 77th World Health Assembly at the Palais des Nations in Geneva, Switzerland, on 30 May 2024. Photo: © WHO/Pierre Albouy
WHO’s Fourteenth Programme of Work (GPW14) was being drafted as the report was finalised. Drafts of GPW14 include positive commitments that may address some of the key areas identified by this evaluation. These include updating WHO’s approach to results management, clarifying outcomes, as well as simplifying and streamlining output targets framed by an overall theory of change. It is expected that this approach will more clearly lay out the critical actions required of member states, partners, key constituencies and the WHO Secretariat to deliver GPW14. The draft suggests this should allow a clearer articulation of WHO’s overall contribution to outcomes. There are also commitments that WHO will go further to embed a longer-term organisational change and continuous improvement agenda at all three levels of the organisation, specifically to strengthen its human resources and continue to change the culture and approach to PRSEAH. All of this will be underpinned by moving to a more sustainable financing model based on investment rounds. The assessment team looks forward with interest to see how GPW14 will be implemented in practice once it is adopted.

Figure 1 shows WHO’s overall performance ratings over the review period, which have been satisfactory for achievements related to the first six KPIs - KPI 1 organisational architecture and financial framework, KPI 2 cross-cutting issues, KPI 3 operational model and resources support relevance and agility, KPI 4 cost and value consciousness, financial transparency, KPI 5 planning and intervention design, and KPI 6 partnerships. KPI 7 results focus and KPI 8 evidence-based planning are scored as unsatisfactory. As usual under the MOPAN methodology, WHO’s results (outcomes) (KPIs 9-12) have been scored based on available data, but the confidence level in these scores is limited by the lack of coverage of WHO’s evaluations.
It should be noted that MOPAN’s approach to rating indicators has evolved since 2017-18. Compared to the pre-2019 rating scale, the threshold for each rating has been raised to reflect the increasing demands of organisational performance in the multilateral system. This may explain some of the variation against previous assessments. A scoring graphic relating to this assessment, but using the previous rating methodology, can be found in the main report (Part I), Chapter 4.
Main strengths and areas for improvement identified in the MOPAN 2023 assessment

Main strengths

- WHO continues to demonstrate clear leadership among global health institutions.
- WHO can demonstrate agility and responsiveness in emergency situations including in the face of global challenges such as COVID-19.
- WHO has continued to maintain a process of transformation across multiple areas.
- WHO demonstrates its commitment to transparency of reporting, budgeting and resource allocation.
- WHO has significantly strengthened its infrastructure and capacity to prevent and respond to sexual misconduct, underpinned by dedicated and clear leadership.

Areas for improvement

- WHO needs to better demonstrate how its activities and outputs make a plausible contribution to the health outcomes it seeks to achieve.
- WHO’s reforms to build high performance capacity at country level need to be accelerated.
- Planned reforms to WHO’s funding model need to be carried through so that more than 50% of funding is in the form of assessed contributions.
- WHO needs to strengthen its evaluation function in line with its own and UN norms to further improve both accountability and corporate learning.
- WHO needs to maintain the attention paid to address sexual misconduct and abuse so that permanent culture change can result.
Overview
Established in 1948, the official mandate for the World Health Organization (WHO) is to promote health and safety while helping the vulnerable worldwide. WHO provides technical assistance to countries, sets international health standards, collects data on global health issues, and serves as a forum for scientific or policy discussions related to health. WHO is governed by the World Health Assembly, which is composed of its 194 member states, and is funded primarily by contributions from member states (both assessed and voluntary), followed by private donors. Its total approved budget for 2024-25 is USD 6.83 billion.
ABOUT THE ASSESSMENT OF THE WORLD HEALTH ORGANIZATION

The report provides a diagnostic assessment and snapshot of the organisational performance of the World Health Organization (WHO) within its mandate. It covers the period from January 2019 to July 2023 (albeit evidence gathering was extended for specific areas to Spring 2024). This is the fourth MOPAN assessment of WHO and builds on those completed in 2010, 2013 and 2018.

The assessment of WHO was conducted through a rigorous process and a collaborative approach, integrating the perspectives of a wide range of stakeholders. It provides WHO and its members with a robust account of WHO’s organisational strengths and the areas where improvements can be made.

The assessment draws on multiple lines of evidence (documentary, survey, interviews) from sources within and outside the organisation to validate and triangulate findings across 12 key performance indicators (KPIs) which are further broken down into more than 220 individual indicators. The assessment framework reflects international best practice and has been customised to take account of WHO’s individual mandate and circumstances. In particular, the framework was revisited to capture the impact of the COVID-19 pandemic on WHO’s mandate and operations, and to gauge whether WHO’s organisational systems and processes facilitate a rapid and agile to this unprecedented global health crisis.

THE ASSESSMENT APPROACH

The approach to Multilateral Organisation Performance Assessment Network (MOPAN) assessments has evolved over time to adjust to the needs of the multilateral system.

Starting in 2020, all assessments have used the MOPAN 3.1 methodology (MOPAN 2020), which was endorsed by MOPAN members in early 2020. The framework draws on the international standards and reference points, as described in the MOPAN Methodology Manual.

ABOUT MOPAN

MOPAN is a network of 22 members who assess multilateral organisations, shape performance standards, and champion learning and insights to strengthen development and humanitarian results and promote accountability. Capitalising on the Network’s unique cross-multilateral system perspective and expertise, MOPAN members work together to deliver relevant, impartial, high-quality and timely performance information as a public good through an inclusive and transparent approach. MOPAN’s performance information mitigates risks, informs decision-making and supports change, helping to increase knowledge and trust among all stakeholders and ultimately to achieve a stronger and better-performing multilateral system.

1. Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Korea, Luxembourg, Netherlands, Norway, Qatar, Spain, Sweden, Switzerland, United Kingdom, United States. *Türkiye and New Zealand are observers.