

Report of the Internal Auditor

1. The Office of Internal Oversight Services transmits herewith its annual report for the calendar year 2010 for the information of the Health Assembly.
2. Rule XII of the Financial Rules – Internal Audit – establishes the mandate of the Office of Internal Oversight Services. Paragraph 112.3(e) of Rule XII requires the Office to submit a summary report annually to the Director-General on its activities, including their orientation and scope, and on the implementation status of recommendations. It also states that this report shall be submitted to the Health Assembly together with any comments deemed necessary.
3. The Office performs an independent and objective assurance and advisory activity, which is designed to add value to improve the Organization's operations. Using a systematic and disciplined approach, it helps the Organization accomplish its objectives by evaluating and improving the effectiveness of processes for risk management, control and governance. It is responsible for investigation of alleged wrongdoing and it implements the Organization's independent evaluation function. The Office is authorized to have full, free and prompt access to all records, property, personnel, operations and functions within the Organization which, in its opinion, are relevant to the subject matter under review. No limitation was placed on the scope of the work of the Office in the course of conducting its business during 2010.

SCOPE OF WORK

4. The Office views risk as the possibility of an event occurring that will influence the achievement of objectives. It assesses risk in terms of degree of impact and likelihood of occurrence. Methodical consideration of risk guides the Office's prioritization of activities and provides a basis for work planning.
5. The scope of work of the Office was to evaluate whether the framework of processes for risk management, control and governance, as designed and implemented by the Organization's management, was adequate and functioning in a manner so as to achieve WHO's goals. The Office assessed whether (a) risks were identified, evaluated and mitigated; (b) financial, managerial and operating information was accurate, reliable and timely; (c) staff actions complied with WHO's regulations, rules, policies, standards and procedures; (d) resources were used efficiently and protected adequately; (e) programmes, plans and objectives were achieved; and (f) the control process fostered quality and continuous improvement.
6. At the conclusion of each assignment, the Office prepared a detailed report and made recommendations to management that were designed to help to manage risk, maintain controls and ensure effective governance within the Secretariat. Crucial issues from each assignment are summarized in this report. Annex 1 lists reports issued under the 2010 plan of work, along with information on the status of implementation of all open audits as at 10 March 2011.

MANAGEMENT OF THE OFFICE

7. The Office conducts its work in accordance with the International Standards for the Professional Practice of Internal Auditing promulgated by the Institute of Internal Auditors and adopted for use throughout the United Nations system.

8. The Office reports directly to the Director-General, and has a staff complement of 14.

9. Available human resources are assigned in accordance with the priorities of the Office. High-risk situations involving investigation of irregular activity, which develop unpredictably, may divert such resources away from identified priorities. Accordingly, the Office prioritizes scheduled work and then adjusts the schedule in order to compensate for any unexpected assignments. The Office also provides support to other entities (e.g. UNAIDS, UNTAID and some partnerships) on a reimbursable cost basis.

10. The new Policy on the Prevention of Harassment at WHO became effective on 7 September 2010. Through its Section 7 – Formal resolution procedure, the Office is now responsible for receiving formal written complaints in cases of alleged harassment where informal resolution is not considered feasible or appropriate. It is also the responsibility of the Office: to screen the incoming complaint to ensure that it meets formal requirements; to acknowledge receipt; to conduct an initial review of the substance; and to determine whether an investigation should be undertaken.

11. The budget of the Office is used for human resources, but also for travel, consultancies and operating supplies, with a view to fulfilling the terms of reference of the Office. During 2010, the Office covered all its activity expenses with the funding available by introducing efficiency measures, in particular to reduce travel costs.

12. The Office maintains regular contact with the Organization's External Auditor in order to coordinate audit work and to avoid overlap in coverage. It provides the External Auditor with a copy of all internal audit reports. It also provides, on request, copies of internal audit reports to the Independent Expert Oversight Advisory Committee.

AUDITS

Regional and country offices

13. **Review of the control environment at the Regional Office for South-East Asia after introduction of the Global Management System.** The objective of the audit was to review risk management and controls in selected high-risk areas of the Division of Administration and Finance of the Regional Office, after the implementation of the Global Management System. The audit found that associated major risks were largely recognized and mitigated, in some cases using legacy systems and manual controls that were not part of the planned internal control framework in the Global Management System. Therefore, actual implementation and consistency in compliance with established control procedures required some improvement.

14. **Country Office, Tehran, Islamic Republic of Iran.** The objective of the integrated audit was to assess (i) the performance of WHO in the Islamic Republic of Iran in achieving results as stated in the 2008–2009 workplan; (ii) the contribution of the Organization towards improving health outcomes; and (iii) the operational capacity in place to support the achievement of results. The audit

found that the collaboration of WHO with the main stakeholders was effective overall; however, the WHO country team needs to explore a new role if it is to meet current expectations from the Ministry of Health and Medical Education, namely how to support the country in evolving from a recipient of technical inputs to a provider of assistance to other countries in selected areas of public health, and to mobilize resources to continue national capacity strengthening. The coordination mechanisms with national counterparts are appropriate overall; however, because of the lack of full implementation of allotted funds in recent bienniums, it is suggested that further work be done in this area. In parallel, the WHO country team needs to improve some internal working processes and improve compliance with WHO's rules and procedures, notably in the areas of contractual services and procurement. In the biennium 2008–2009, the expenditure pattern was heavily skewed towards the period July to October 2009, suggesting that implementation was accelerated in an attempt to use available funds before the end of the biennium. The WHO country team has since introduced measures to remediate these concerns.

15. **Country Office, Jakarta, Indonesia.** The objective of the integrated audit was to assess (i) the performance of WHO in Indonesia in achieving the expected results as stated in the workplans for 2008–2009 and 2010–2011; (ii) the contribution of the Organization towards improving health outcomes in Indonesia; and (iii) the operational capacity in place to support the achievement of results. The WHO country team was found to be technically competent and well placed to contribute significantly to public health in the country. The organizational setting and the managerial process at the country office function appropriately and cover major risks. However, some residual risks affecting programme performance and institutional capacity remain. The country team needs to implement more efficient internal coordination mechanisms, strengthen knowledge management, and develop a consolidated advocacy strategy linked to a resource mobilization strategy. At the regional level, there is an urgent need to improve support for procurement and human resources, including monitoring of compliance with WHO's rules and regulations. The regional office and headquarters need to provide additional technical support in maternal health and health systems strengthening for full implementation of the Country Cooperation Strategy.

16. **Country Office, Bamako, Mali.** The integrated audit assessed the performance of WHO in Mali in (i) the achievement of results as stated in the workplan; (ii) the contribution of WHO towards improving health outcomes; and (iii) the operational capacity in place to support the achievement of results. The audit found that the work of the country office for Mali is well appreciated by its national counterparts and has established good collaboration with implementing partners. The audit noted multiple examples of systematic contribution to national health development, and these lessons learnt should be documented and shared with other countries/regions. Although the country office was recently reorganized, the audit identified that managerial processes still need improvement and some of the main risks are not adequately mitigated. There was an urgent need (i) to establish a monitoring system for direct financial cooperation activities and supplier performance in order to strengthen support to technical programmes; (ii) to improve compliance with controls related to WHO's rules and regulations in the areas of Agreements for Performance of Work and recruitment; and (iii) to ensure that supporting documentation for direct financial cooperation, local purchase orders, and human resources is complete and adequately filed.

17. **WHO Representative Office in the South Pacific, Suva, Fiji.** The operational audit focused on internal controls in place to mitigate risks, in order to evaluate the effectiveness of the risk management with respect to the finance and administration areas of the WHO Representative Office. The audit disclosed that major risks are mitigated and the safeguarding of assets and integrity of financial and managerial information is assured. However, it was recommended that the WHO Representative Office should improve compliance with WHO's regulations in the areas of procurement and human resources, strengthen its segregation of duties and enhance the monitoring of

direct financial cooperation funds. A lack of supporting documentation for transactions was also noted for the WHO Representative Office. It is to be noted that all audit recommendations had been satisfactorily implemented by the end of 2010.

18. **Country Office, Ouagadougou, Burkina Faso.** The objective of the operational audit was to assess the internal controls in place for selected areas of the budget and finance areas of the WHO country office. The audit found that overall, the major risks associated with efficiency and effectiveness of operations, safeguarding of assets and compliance with WHO's rules and regulations in the areas reviewed, were identified and mitigated. However, the country office should enhance the timeliness of monitoring of direct financial cooperation funds, strengthen its segregation of duties in the area of procurement, and improve compliance with WHO's rules and regulations in relation to recruitment and to delegation of authority.

19. **Country Office, Abuja, Nigeria.** The objective of the operational audit was to assess the effectiveness of risk management processes and internal controls in selected administrative, budget and finance areas. The audit found that the main disbursement mechanism for poliomyelitis eradication activities, operated through a bank and its branches in Nigeria, was effective and adequately controlled. However, the audit revealed an urgent need to strengthen the accountability and segregation of duties over the cash amounting to several millions of United States dollars that was transferred to staff members and local authorities for programme implementation, including specific poliomyelitis eradication activities. The audit also found that compliance with WHO's rules and procedures in contracting, procurement and personnel administration needed to be improved. In particular, the documentation that supports the contractual relationships and the justification for candidate selection retained in personnel files should be complete. Weaknesses in compliance with the Minimum Operating Security Standards were noted and require immediate action.

20. **Country Office, Yangon, Myanmar.** The objective of the operational audit was to assess the effectiveness of risk management processes and internal controls in selected administrative, budget and finance areas. The audit found that a large number of professional positions in essential technical areas such as malaria, tuberculosis and HIV/AIDS were either vacant or filled with successive temporary contracts. That situation was not conducive to an effective working environment for programme implementation, and potentially contributed to observed instances where task managers authorized payments of contracts, even though there was insufficient evidence that services had been properly rendered. The audit also revealed that the country office had maintained its pre-Global Management System "paper-based" approval procedure and had not yet initiated actions to change business processes in order to benefit from the system's automated environment, while maintaining adequate internal controls. Furthermore, the country office should review on a periodic basis the Global Management System access rights in order to identify and remove those that are conflicting or not needed by staff members to perform their duties. The country office should also strengthen its monitoring of voluntary contributions in order to ensure that all funding is made available on time for programme implementation and donors' reporting requirements are fulfilled. WHO is the executing agency for the Three Diseases Fund established by six donors in 2006. In accordance with the Three Diseases Fund agreement, WHO channels cash to the field (township or lesser levels) using a specific Fund Flow Mechanism. The country office needs to strengthen the accountability for the cash handed over to WHO finance clerks who, in line with the Fund Flow Mechanism procedures, are the disbursing agents at the field level for programme implementation.

Headquarters

21. **Special Programme for Research and Training in Tropical Diseases.** The Office was requested to perform an administrative review of the project documentation pertaining uniquely to a specific project in South Africa. The audit noted that project files did not include detailed descriptions of objectives or work programmes and that the implications of successive changes to the contractual terms of the agreements had not been well documented. As a result of the changes in the technical services agreements there was no contractual basis allowing the reconciliation of the originally agreed budget lines with the negotiated costs. The Principal Investigator's claims for additional funds to cover certain costs, which the Special Programme believes were already funded under the existing technical services agreements, demonstrate the risks inherent to informal agreements. The analyses of the entitlements due lead to the conclusion that the Programme has made an overpayment of US\$ 370 980 and found no basis that would justify the additional amount of US\$ 297 689 claimed by the Principal Investigator.

22. **Records management system.** The objective of the operational audit was to assess the effectiveness of internal controls exercised over the completeness of, access to, and accuracy of, filing of documents in the records management system, which is intended to serve as the repository of supporting documentation for financial and other transactions carried out in the Global Management System. The audit showed that the system did not contain supporting documentation for a significant number of approved transactions, thereby reducing the ability to demonstrate accountability and auditability. Pending filing in the system, documents were found to be duplicated or fragmented across different systems or locations, making difficult both the identification of the original document and the ability to locate it readily. Access to sensitive or confidential information was not always on a need-to-know basis, nor was access effectively monitored.

23. **Secretariat of the Global Drug Facility.** The objective of the performance audit was to assess the performance of the Secretariat of the Global Drug Facility of the Stop Tuberculosis Partnership under the principles of results-based management. During its 10 years of existence the Global Drug Facility has mostly achieved its broadly defined qualitative goals as set out in the 2001 strategy as well as procured and delivered a considerable amount of first-line tuberculosis medicines to countries. However, although actively expanding product lines and related services (e.g. second-line medicines, diagnostics and patient kits), the Secretariat has not formalized these changes as part of an approved strategy. The audit found some weaknesses in internal controls and compliance with WHO's rules and regulations, specifically in the governance of the relationships with suppliers and procurement agents. The audit also identified areas where programme efficiency and effectiveness could be improved, notably through (i) formalization of joint planning of workplans between the Secretariat and key collaborating units and implementing departments as well as sharing of feedback from monitoring activities in countries; (ii) re-defining the job descriptions of current staff (with required skills) to implement the revised strategy; and (iii) aligning the objectives of individual staff members with main performance indicators. Support for development of product-demand forecasts and negotiations with suppliers could be improved through further exploiting the information available in the Facility's Quality Management and Order Management Systems which have not reached their full potential to support programme delivery.

24. **Department of Nutrition for Health and Development.** The performance audit focused on (a) the organizational setting of the department; (b) the performance of its processes; and (c) the achievement of outcomes and results, and assessed them against selected benchmarks. The audit found that WHO's policy framework is appropriate to make a significant contribution to the global action on nutrition. Although the Department has secured its leadership position within and outside WHO, it

remains fragile for several reasons. These include: (i) the overall financial crisis, which points towards a real reduction of resources in the financial period 2012–2013; (ii) perceived restrictions on resource-mobilization activities with the Department’s traditional donors and financing institutions; (iii) the absence of an appropriate capacity at regional and country levels, which will compromise the achievement of results in terms of outcomes and impact at the beneficiary level; and (iv) an unclear approach to the private sector. The Department needs to improve the quality of planning and reporting of results as well as the effectiveness of duty travel and the management of staff performance. The Department also needs to improve joint planning and implementation of activities and/or projects with other headquarters departments and place nutrition in the Country Cooperation Strategies of priority countries. One approach to resolving many of these issues could be to establish an interdepartmental working group on nutrition at headquarters.

25. **Staff personal accounts and travel.** Although these two operational audits initially planned for 2010 had to be deferred because of other priority assignments, they are currently under way. Their progress will be reported orally during the Health Assembly.

EVALUATIONS

26. **Evaluation of WHO’s engagement with selected partnerships.** The purpose of the evaluation was to provide insights into the governance, technical and administrative considerations for engagement with partnerships, and to identify lessons learnt from engagement with selected partnerships at headquarters. This review started before the Health Assembly endorsed a policy (resolution WHA63.10) on engagement with global health partnerships and hosting arrangements, in May 2010. The evaluation findings and recommendations focus on the work needed to apply the policy as it covers many of the main issues related to engagement with partnerships. The evaluation noted the lack of a standard approach to defining the content of an agreement between a partnership and WHO. It also noted a fragmented approach to defining the respective roles of WHO and the partnership, and that there is no standard approach to monitoring and evaluation or to the reporting requirements in the agreements. The evaluation recommended the clear articulation in the individual partnership agreements, among others, of the rationale for WHO’s involvement in the partnership, how such an arrangement benefits the work of WHO, and WHO’s role and responsibilities and rights in participating in the governance of the partnership. An analysis of mission and objectives of partnerships showed some duplication and overlap with the technical work of WHO. The evaluation recommended that the finalization of guidelines and operational procedures on interaction with partnerships, including both technical and administrative aspects, should be expedited. Although one of the criteria for engaging with partnerships is that “transaction costs, risks and benefits be assessed and quantified”,¹ WHO has not formally analysed and quantified these costs and benefits. The evaluation also recommended that the designing of a WHO monitoring and evaluation framework for engagement with partnerships be expedited.

INVESTIGATIONS

27. **At headquarters.** The investigation determined that a staff member at headquarters participated in the drafting, editing and dissemination of an open letter harshly critical of the report of the Expert

¹ See document WHA63/2010/REC/1, Annex 1.

Working Group on Research and Development: Coordination and Financing convened by the Director-General. The investigation revealed that the staff member in question acted contrarily to his obligations as an international civil servant and violated several WHO Staff Regulations. The staff member retired shortly thereafter. On a related note, an investigation established that the leaking of a draft Report of the Expert Working Group on Research and Development: Coordination and Financing did not emanate from a WHO staff member.

28. **At a regional office.** The investigation found that a family member of a staff member inappropriately benefited from the actions of regional office staff and use of WHO resources for personal purposes.

29. **At a regional office.** The objective of the investigation was to assess the authenticity of documents specified by a former staff member of the regional office as part of a complaint to the headquarters Grievance Panel. The investigation found no evidence of forgery or identity theft as alleged by the former staff member, and therefore the matter was closed.

30. **At a regional office.** The Office reviewed five receipts submitted by a staff member at a regional office in support of a staff health insurance claim. The investigation revealed that out of the five receipts, two were valid and corresponded to the amounts actually disbursed by the staff member, but, for two other receipts, the staff member had not paid the actual amounts to the service provider. The last receipt and its supporting documentation were found to be fake documents. The matter was referred to the Regional Director to determine if misconduct has occurred and if disciplinary action should be taken. The staff member was subsequently dismissed.

31. **At a country office.** The Office investigated allegations of fraudulent acts by a staff member at a country office in relation to a private company. The investigation proved that the staff member's position and activities within this private company represent a breach of the WHO Staff Regulations. The matter was referred to the Regional Director to determine if misconduct had occurred and if disciplinary action should be taken.

32. **At headquarters.** The Office reviewed the supporting documentation submitted by a staff member at headquarters in support to a staff health insurance claim. The investigation revealed that the staff member submitted documents that were proven not to be genuine, not only in support of a staff insurance claim, but also of dependency status and education grant payments. Action has been initiated to recover overpaid amounts. As a consequence of the investigation, the staff member was dismissed.

33. **At a country office.** The Office investigated an allegation according to which some computers originally delivered to a WHO country office had allegedly been exchanged against lower quality computers by a staff member of the country office, and subsequently put on sale on the open market. Since no original receipt could be found for these computers and since the serial numbers of the computers were not checked, it was not possible to determine if, and which, computers had been exchanged. The matter was referred to the Regional Director.

34. In 2010, after the Policy on the Prevention of Harassment at WHO entered into force on 7 September 2010, the Office received seven claims of alleged harassment. Two of these cases have been closed, five are under review and investigation.

FOLLOW-UP AND IMPLEMENTATION OF AUDIT RECOMMENDATIONS

35. At the request of Member States, the Office has summarized the main operational risks that the Organization faces as identified during its routine audit work as follows.

- Dilution of the accountability framework has increased in the transition from a centrally-managed administrative system to a decentralized “honour” system based on individual responsibilities, without systematic implementation of effective, efficient monitoring controls and real consequences for non-compliance.
- Major initiatives for operational improvement are functioning suboptimally, leading to reduced accountability, inefficiencies and missed opportunities for savings for the Organization:
 - internal controls in the processing environment of the Global Management System are operating in parallel to legacy system paper-based workflow and approvals, resulting in duplication of effort and unclear accountability
 - processing controls in the Global Service Centre are not operating effectively as they are not based on end-to-end control and clear assignment of responsibilities
 - the documentation supporting Global Management System transactions in the Records Management System is incomplete or inappropriately filed.
- Internal control “irregularities” relating to non-compliance with WHO’s rules and regulations continue to be identified in certain high-volume routine transaction types, e.g. documentation supporting Agreements for Performance of Work is commonly incomplete and lack of timely monitoring of technical and financial reports supporting direct financial cooperation agreements.

36. The Office monitors the implementation of all its recommendations in order to ensure that either action has been taken effectively by management or senior management has accepted the risk of not taking action. To improve the reporting and monitoring of audit report recommendations, the Office has implemented a new recommendations-tracking database that enables the Secretariat to monitor and report on the status of individual recommendations. The Office has categorized the audit recommendations made in 2010 by audit risk categories and significance (see Annex 2). In addition, attention has been focused on monitoring the progress of implementation of high priority recommendations for most open audits, i.e. those considered as being highly significant and requiring relatively low level of effort to implement (see Annex 1).

37. The Office has received updates on progress of implementation of recommendations from the 2010 plan of work and prior years that have been reported to be completed. After review of the effectiveness of reported progress, the Office has closed the audits (see Annex 3(a)). The Office also reports that, during 2010, it has not received updates on progress of implementation for four audit reports, as mentioned in the attached list (see Annex 3(b)).

ACTION BY THE HEALTH ASSEMBLY

38. The Health Assembly is invited to note the report.

ANNEX 1

STATUS OF OPEN AUDIT RECOMMENDATIONS

Audits with open status as at 10 March 2011					Status			The Office of Internal Oversight Services analysis of open recommendations				
Audit No.	Audit title	Date of final report	Latest response from auditee ^a	Number of recommendations	Open	In progress	Closed	No. of years since report issued	Implementation rate	Number of recommendations not implemented ^b high significance ^d	Quick wins not implemented ^b high priority ^{c,d}	Comments on implementation rate of quick wins
06/727	Enterprise risk management	08/2006	05/2010	1	0	1	0	4.6	0%	NA	NA	
07/735	Bank accounts of associations and other entities established by WHO staff	05/2007	05/2010	6	1	1	4	3.8	67%	NA	NA	
07/753	WHO Research Ethics Committee	01/2008	11/2009	50	1	13	36	3.2	72%	NA	NA	
07/757	Regional Office for Africa	02/2008	10/2010	25	0	2	23	3.1	92%	NA	NA	
07/758	Assessment of the control readiness of the Global Service Centre	01/2008	05/2010	4	0	4	0	3.1	0%	NA	NA	
08/767	Integrated audit of WHO in South Africa	05/2008	12/2010	38	2	2	34	2.8	89%	2	NA	
08/768	Collaboration with the private sector	06/2008	05/2010	15	0	10	5	2.7	33%	NA	NA	
08/773	Alert And Response Operations, Epidemic and Pandemic Alert and Response Department	08/2008	08/2010	27	0	17	10	2.6	37%	8	1	1 of 1 high-priority recommendations is in progress
08/778	Security in Regions	11/2008	08/2010	24	2	13	9	2.3	38%	6	NA	
08/779	Global insurance coverage at headquarters	11/2008	11/2009	45	45	0	0	2.3	0%	18	0	
08/780	Country Office, Islamabad	11/2008	10/2010	48	0	14	34	2.3	71%	4	NA	
08/784	Education grants at headquarters	01/2009	11/2010	12	0	3	9	2.1	75%	3	0	
09/792	Country Office, Nairobi	05/2009	10/2010	36	3	6	27	1.8	75%	1	0	
09/795	Country Office, Niamey	06/2009	01/2011	40	3	0	37	1.7	93%	1	0	

Audits with open status as at 10 March 2011					Status			The Office of Internal Oversight Services analysis of open recommendations				
Audit No.	Audit title	Date of final report	Latest response from auditee ^a	Number of recommendations	Open	In progress	Closed	No. of years since report issued	Implementation rate	Number of recommendations not implemented ^b high significance ^d	Quick wins not implemented ^b high priority ^{c,d}	Comments on implementation rate of quick wins
09/797	Quality and Safety: Medicines Team, Essential Medicines and Pharmaceutical Policies Department	07/2009	02/2011	37	0	6	31	1.7	84%	5	NA	
09/801	Global Management System Access	06/2009	05/2010 ^a	24	8	0	16	1.7	67%	NA	NA	
09/803	Tobacco Free Initiative Unit at the Regional Office for South-East Asia	07/2009	12/2010	24	0	4	20	1.7	83%	0	0	
09/804	Health and Medical Services at headquarters	07/2009	03/2011	25	0	2	23	1.6	92%	2	0	
09/805	Review of WHO's approach to Comptrollership	07/2009	07/2010 ^a	31	31	0	0	1.7	0%	NA	NA	
09/806	Country Office, Accra	08/2009	02/2011 ^a	32	0	10	22	1.6	69%	3	1	1 of 1 high-priority recommendations is in progress
09/807	International Agency for Research on Cancer	08/2009	02/2011	8	0	5	3	1.6	38%	3	0	
09/808	Management and oversight of the Staff Health Insurance Fund	09/2009	12/2009	49	0	25	24	1.4	49%	9	0	
09/813	WHO Office for Southern Sudan	11/2009	01/2011 ^a	34	0	19	15	1.3	44%	17	NA	
09/814	Knowledge Management Strategy at headquarters	11/2009	01/2011	11	0	9	2	1.3	18%	0	0	
09/817	Integrated audit of WHO in Zambia	03/2010	01/2011	26	0	16	10	1.0	38%	0	0	
09/818	Management Support Programme Unit at the Regional Office for Europe	02/2010	01/2011	25	0	15	10	1.1	40%	1	1	1 of 1 high-priority recommendations is in progress
09/819	Review of controls over selected business processes at the Global Service Centre	12/2009	02/2011 ^a	62	45	10	7	1.2	11%	NA	NA	
09/820	Regional Office for Africa	03/2010	06/2010	46	1	30	15	1.0	33%	30	NA	

Audits with open status as at 10 March 2011					Status			The Office of Internal Oversight Services analysis of open recommendations				
Audit No.	Audit title	Date of final report	Latest response from auditee ^a	Number of recommendations	Open	In progress	Closed	No. of years since report issued	Implementation rate	Number of recommendations not implemented ^b high significance ^d	Quick wins not implemented ^b high priority ^{c,d}	Comments on implementation rate of quick wins
2010												
10/824	Secretariat of the Global Drug Facility	2010/11	Not due yet	50	50	0	0	0.3	0%	40	0	
10/829	Integrated audit of WHO in Islamic Republic of Iran	2010/12	Not due yet	44	44	0	0	0.2	0%	16	9	Auditee response not yet due
10/830	Records Management System for the Global Management System	2010/08	Unresponded	20	20	0	0	0.6	0%	9	0	
10/832	Country Office, Abuja	2010/07	08/2010	58	2	45	11	0.7	19%	44	38	36 of 38 high-priority recommendations is in progress
10/835	Integrated audit of WHO in Indonesia	2010/08	02/2011 ^a	37	37	0	0	0.6	0%	17	11	Auditee response currently under analysis
10/836	Country Office, Ouagadougou	2010/08	01/2011	29	10	10	9	0.5	31%	6	4	3 of 4 high-priority recommendations is in progress
10/837	Regional Office for South East Asia - Post- Global Management System review	2010/09	Unresponded	4	4	0	0	0.4	0%	2	1	Auditee response not yet due
10/842	Integrated audit of WHO in Mali	2010/12	01/2011 ^a	45	45	0	0	0.2	0%	25	0	
10/845	Country Office, Yangon	2011/01	Not due yet	39	39	0	0	0.1	0%	27	16	Auditee response not yet due
10/850	Performance Audit of the Department of Nutrition and Health Development at headquarters	2011/02	Not due yet	25	25	0	0	0.0	0%	16	2	Auditee response not yet due

TOTAL	1156	418	292	446
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^a Response currently under consideration by the Office of Internal Oversight Services.

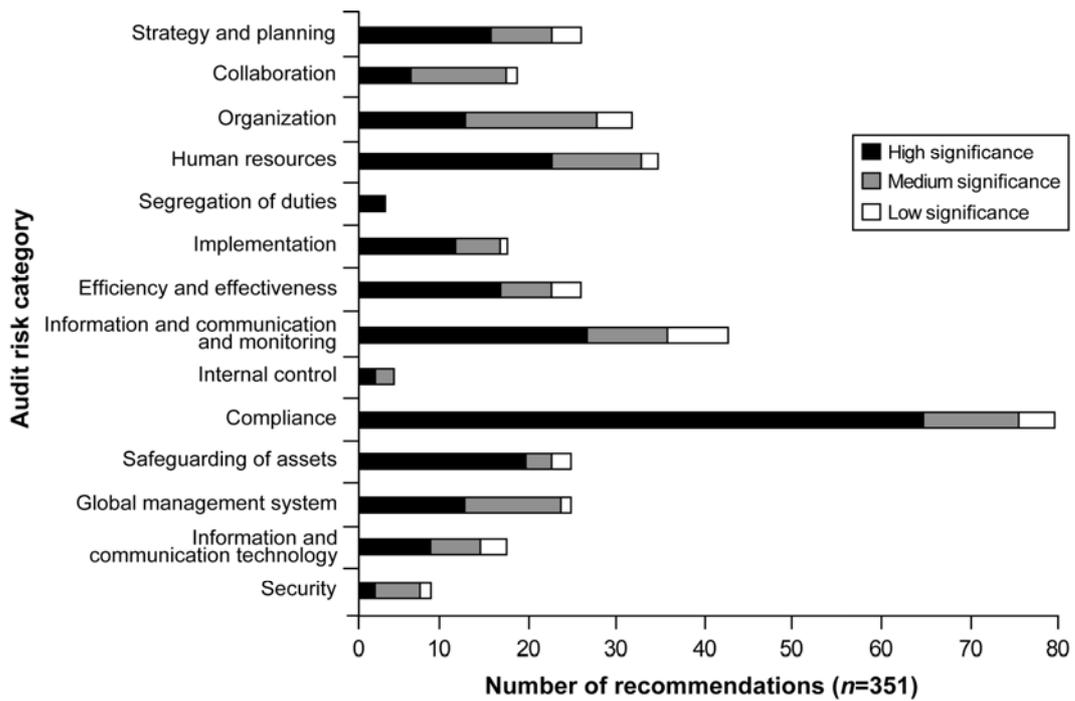
^b Not implemented, meaning either open or in progress.

^c High priority, meaning high significance and low implementation effort (quick wins).

^d NA: not applicable.

ANNEX 2

AUDIT RECOMMENDATIONS MADE IN 2010 BY AUDIT RISK CATEGORIES AND SIGNIFICANCE



WHO 11.33

ANNEX 3

STATUS OF CLOSED AUDITS AND OPEN AUDITS FOR WHICH NO UPDATE WAS RECEIVED IN 2010

(a) Audit reports closed since 1 January 2010

Audit No.	Audit title	Date of final report	Closing date
04/685	Telephone expenses at headquarters	01/2005	01/2010
05/697	Security at headquarters	06/2005	03/2011
06/721	Epidemic alert and response unit, Regional Office for Africa, Harare	08/2006	03/2010
07/745	WHO selection and recruitment at headquarters	08/2007	03/2010
08/769	Regional Office for Europe	07/2008	10/2010
08/775	Country Office, Moscow	10/2008	11/2010
08/786	Accounts payable	01/2009	10/2010
08/787	Malaria Unit at the Regional Office for Africa	03/2009	06/2010
08/788	Country Office, Quito	04/2009	04/2010
09/790	Regional Office for South-East Asia	04/2009	01/2010
09/796	Tobacco Free Initiative at headquarters	06/2009	02/2011
09/811	Regional Office for the Western Pacific	10/2009	10/2010
10/831	South Pacific Office, Suva	06/2010	01/2011

(b) Open audits for which no progress update was received during 2010 (as at 10 March 2011)

Audits with no new status response during 2010					Status as at 10 March 2011						
Audit No.	Audit title	Date of final report	Latest response from Auditee^a	Number of Recs	Open	In progress	Closed	Number of years since report issued	Implementation rate	Number of recommendations not implemented^b high significance	Quick wins not implemented^b high priority^c
07/753	WHO Research Ethics Committee	01/2008	11/2009	50	1	13	36	3.2	72%	NA	NA
08/779	Global Insurance Coverage at headquarters	11/2008	11/2009	45	45	0	0	2.3	0%	18	0
09/808	Management and Oversight of the Staff Health Insurance Fund	09/2009	12/2009	49	0	25	24	1.4	49%	9	0
10/830	Records Management System for the Global Management System	08/2010	Unresponded	20	20	0	0	0.6	0%	9	0

^a Response currently under consideration by the Office of Internal Oversight Services.

^b Not implemented, meaning either open or in progress.

^c High priority, meaning high significance and low implementation effort (quick wins).