

Overview of WHO reform implementation

WHO's performance in countries

Report by the Secretariat

1. The Secretariat works with Member States to improve the health and well-being of their citizens, and WHO's performance in countries has featured consistently as a high priority in internal and external evaluations of the Organization. WHO's work in countries is more crucial than ever in the context of the 2030 Agenda for Sustainable Development, the globalization of health security threats, and the expanding cast of development actors. More than half the Organization's work in terms of financial and human resources is at the country level, demanding a high degree of accountability.

2. WHO has increased its strategic efforts to strengthen performance at country level through the Country Focus Initiative,¹ which provided a basis for the Secretariat to intensify and tailor its work to the needs of Member States. In 2005, the Board also noted a report on WHO's Country Focus Policy,² which further emphasized actions required at country level to ensure effective and efficient country offices with the aim to increase WHO's contribution to people's health and development in the countries concerned.

3. In line with the Country Focus strategy, and with ongoing work to strengthen WHO's country focus, WHO's reform (started in 2011) has been based on demonstrating and improving the Organization's performance in countries. As part of the wider reform process, region-specific policies to improve WHO's performance in countries have been implemented, with progress reported to the regional committees.³

4. This report highlights WHO's performance and results at country level throughout the era of the Millennium Development Goals and into that of the Sustainable Development Goals in three domains: (1) WHO's leadership and convening role, (2) WHO's technical cooperation and operational role in

¹ See document EB111/33, noted by the Executive Board (see the summary records of the Executive Board at its 111th session, seventh meeting, document EB111/2003/REC/2).

² See the summary records of the Executive Board at its 116th session, third meeting, section 1 (document EB116/2005/REC/1).

³ The Regional Committee for Europe adopted resolution EUR/RC62/R7 on a country strategy for the WHO Regional Office for Europe 2012–2014. The document reviewed by the Committee (document EUR/RC62/13) outlined actions to strengthen cooperation at country level with Member States in the Region and called for reporting on progress made to the Regional Committee at subsequent sessions. The Regional Office for the Western Pacific has elaborated a country focus strategy; "Keeping countries at the centre: strengthening country support in the WHO Regional Office for the Western Pacific" (2014), available at: http://iris.wpro.who.int/bitstream/handle/10665.1/11449/9789290616610_eng.pdf, accessed 15 March 2017).

health emergencies, and (3) WHO country offices' administration and management to ensure accountability for resources and results. In the absence of aggregate measures of performance across these domains, this summary draws on programmatic, administrative and managerial reports and publications from headquarters, regional offices and country offices to highlight the steps taken to improve performance at country level. The report includes a limited number of examples from across all regions in order to illustrate the scope of the results at country level. Areas for further action to improve performance and the demonstration of results at country level are identified throughout, and summarized at the end of the report.

WHO'S LEADERSHIP AND CONVENING OF PARTNERS

5. WHO's effective leadership and convening of partners at country level calls for proactive engagement with the range of development partners and stakeholders at country level (including civil society and communities) and the provision of high-quality advocacy and evidence-based policy advice on health matters to build consensus on health priorities and action. Working cross-sectorally and inclusively with the multitude of development actors and stakeholders to achieve the Sustainable Development Goals places even greater importance on WHO's leadership and convening of partners at country level. In addition, WHO's newly articulated leadership role through the WHO Health Emergencies Programme requires leadership skills for better management of complex situations through effective negotiation with and convening and coordination of humanitarian partners.

6. As part of the reform effort, WHO has taken concrete steps to enhance its leadership at country level. A more rigorous, merit-based process for selecting WHO representatives has been established. Under the improved selection process, assessed and successful applicants are added to a global roster of candidates eligible to apply to a vacancy announcement. In 2016, all nominees for heads of WHO country offices came from this roster. Further, to attract suitable candidates in particularly complex countries, incentives have been added; for instance, the positions have been aligned in seniority with comparable positions in other organizations in the United Nations system, deputy WHO representatives have been appointed, and the appointment of WHO representatives has been internationalized, with a target of at least 30% of appointees coming from countries outside the region into which they are appointed.

7. As a complement to the regional process of inducting successful candidates, annual global inductions of newly appointed WHO representatives have been organized since 2011 and progressively enhanced. This training is designed to ensure that WHO representatives are effectively equipped to fulfil their diplomatic, technical, leadership and managerial responsibilities. Ensuring that accountability is commensurate with expected deliverables, the performance appraisal and supervision of WHO representatives has been strengthened and harmonized across all country offices; the relevant Regional Director and the Director-General now act as the first and second level supervisors, respectively.

8. Recognizing that health leadership roles are expected from more than just the WHO Representative, the Secretariat has concentrated on building the strategic capacity of technical staff members of country teams through the introduction of training in areas such as: (1) national health policy dialogue, to ensure that WHO convenes relevant stakeholders to build consensus around national health priorities and support the development of effective and cost-effective national policies; (2) global health diplomacy (mandatory for all WHO representatives), to enhance the negotiation of political choices for health as an intersectoral issue with links to trade, security, foreign policy and other issues and to support the creation of alliances between States and health actors for global health

outcomes, and (3) communications, to ensure that the Secretariat effectively applies appropriate technologies to communicate public health messages with a range of audiences in countries.

9. The Secretariat established a coordination mechanism for work towards the Sustainable Development Goals in 2016 which is in the process of building on existing region-specific tools, training and guidance in order to develop a suite of practical resources for use at country level to enhance WHO's performance and accelerate efforts toward supporting Member States in achieving the Goals.

10. To enhance partnership with other organizations in the United Nations system, WHO's role in the United Nations Country Team is being progressively strengthened through the United Nations Country Team Leadership Skills Course, which all WHO representatives are encouraged to attend. The course aims to prepare them to engage effectively with and influence the wider United Nations Development System at country level to raise the profile of health on the development agenda. Further, WHO is currently further collaborating with the United Nations System Staff College to deliver a package of an online training for staff members across all WHO country offices on strengthening leadership for health in the Sustainable Development Goals.

11. Through the WHO Health Emergencies Programme, WHO is clarifying its leadership role and lines of authority at country level in health and humanitarian emergencies. Working with the United Nations Office for the Coordination of Humanitarian Affairs, WHO will also ensure that all WHO representatives in fragile States are trained in such coordination.

12. WHO's biennial survey of its country presence provides information on the effectiveness of the Organization's health leadership and convening of partners WHO evaluation of WHO's presence in countries (2015) with the Independent Evaluation of Country Presence (2015) and external evaluations of the Organization providing additional significant insights.¹ For instance, the Multilateral Organization Performance Assessment Network has recognized WHO for its effective collaboration with partners and important contributions to policy dialogue. Nevertheless, institutional factors such as low levels of delegated authority and weak communication across the three levels of the Organization have been identified as barriers to delivering high-quality leadership in some countries (WHO evaluation of WHO's presence in countries (2015)).

13. Beyond the well-established role in supporting Member States in the development and implementation of national health policies, strategies and plans, the Secretariat is actively widening the set of national stakeholders and partners in the revision and renewal of these national plans to incorporate relevant health-related targets of the Sustainable Development Goals. In India, for example, the WHO Country Office is supporting policy-makers at all levels and across sectors including the National Institution for Transforming India (NITI Aayog) to formulate the national Vision for Health 2030, within a sustainable development framework.

¹ WHO Evaluation of WHO's Presence in Countries 2015. Available <http://www.who.int/about/finances-accountability/evaluation/prepublication-country-presence-evaluation.pdf>, accessed 13 March 2017; UK Department for International Development (DFID) Multilateral Aid Review: assessment of the World Health Organization (2013). Summary available https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264480/WHO-2013-summary-assessment.pdf, accessed 20 April 2017; Multilateral Organization Performance Assessment Network (MOPAN) Institutional Report: WHO 2013. Available http://www.mopanonline.org/assessments/who2013/MOPAN_2013-_WHO_Vol._I.pdf, accessed 12 March 2017; Joint Inspection Unit of the United Nations (JIU) (2012) Review of management, administration and decentralization in the WHO: part II. Available https://www.unjiu.org/en/reports-notes/CEB%20and%20organisation%20documents/WHO_EB132_5%20Add6_English.pdf, accessed 20 April 2017).

14. In the Region of the Americas, PAHO/WHO country offices have supported public consultations on integrating the Sustainable Development Goals into the national agenda in Argentina, Belize, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama and Venezuela (Bolivarian Republic of). In Turkmenistan in the European Region, WHO has supported the development and introduction out of an implementation plan for the Goals which focuses on prioritization and adoption of the relevant targets and indicators and integration of these into the national programmes and sector plans, as well as establishing national monitoring and measuring systems for progress towards the Goals. In Sudan in the Eastern Mediterranean Region, WHO has been working with Government through the EU–Luxembourg–WHO Universal Health Coverage Partnership to conduct a multisectoral strategic dialogue to mainstream universal health coverage into the national agenda and explore funding mechanisms.

15. The Secretariat improves the collaboration between Member States and other development partners and donors by using different platforms to move the health agenda forward. In Cambodia, the Secretariat worked with the Government to mobilize US\$ 94.2 million as counterpart funding to World Bank Loans for a joint Health Equity Fund until 2020 in order to bring basic health services to the poorest 20% of the population. In Belarus, the Secretariat is supporting the Government in both transition and technical planning to take over responsibility from 2019 for funding of HIV and tuberculosis treatment currently being provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

16. Increasingly, WHO is playing a vital role in advocating the importance of health in the development agenda through effective engagement with United Nations Country Teams and the United Nations Development Assistance Framework and other joint United Nations programming instruments. More than 90% of operational United Nations Development Assistance Frameworks now contain health-related outcomes in line with leadership priorities of the Twelfth General Programme of Work, 2014–2019, compared with 67% in 2012, and in 2016 more than half all WHO representatives assumed the role of acting United Nations Resident Coordinator at least once.¹

17. At country level, WHO works as a partner and collaborator with the various global health initiatives. For instance, in working with the Global Fund to Fight AIDS, Tuberculosis and Malaria its contribution is twofold. First, the Secretariat supports Member States in governing the Global Fund's grants, implementation (for example, procurement of medicines and monitoring epidemiological trends), capacity-building, evaluation and reporting. Since 2014, WHO has spent US\$ 4 million on technical support to countries in the African Region to develop concept notes for requests for funding from the Global Fund; as a result more than US\$ 4000 million worth of grants have been raised. Secondly, as a sub-recipient of funding from the Global Fund in 45% of countries WHO delivers effective national programmes for HIV, tuberculosis, malaria and health systems strengthening.

18. Much has been done to strengthen WHO's health leadership at country level with tangible results, but as indicated above the work continues. The Secretariat is acutely aware that Member States and partners expect a strong, capable and impartial leader and effective convenor of partners to attain the Sustainable Development Goals and to meet threats to global health security.

¹ See also document A70/INF./3 which summarizes information in the WHO Country Presence Report 2017.

19. To ensure that country offices are effectively led and staffed by high-quality world-class experts in health, the Secretariat will continue to address and overcome challenges in recruitment and professional development.

WHO'S TECHNICAL COOPERATION AND OPERATIONAL ROLE IN HEALTH EMERGENCIES

20. Technical cooperation with countries is a principle enshrined in WHO's Constitution and is stated explicitly as a core function of the Organization. Through provision of technical support to Member States, the Secretariat aims to catalyse improvements to the health and well-being of their citizens and build sustainable institutional capacity.

21. Moving beyond a purely technical role, the WHO Health Emergencies Programme responds to the calls from Member States and global health partners to play an effective operational role in times and places of health crises. The Secretariat has taken on dual responsibilities at country level: to prevent and manage high impact events, such as pandemics, and to manage the risks associated with the day-to-day work of responding to protracted humanitarian crises and outbreaks. Excellence of WHO's performance in both of these roles is essential.

22. To fulfil these roles, the Secretariat defines its priorities with Member States through country cooperation strategies¹ with operationalization through biennial country workplans. The country cooperation strategies and bottom-up planning process have helped to focus WHO's resources at country level on a limited number of jointly agreed priorities. The Proposed programme budget 2018–2019 specifies that 75% of countries will meet the 80% target set for alignment between the allocated budget and a maximum of 10 health priorities, as compared with 66% in the Programme budget 2016–2017.

23. Through the establishment of category networks and programme area networks in 2012, the Secretariat has enhanced coherence and coordination in planning, implementation and monitoring of programme performance across the Organization's three levels. In 2016 alone, 486 joint missions from headquarters and regions (representing 9% of all missions) were made to countries, thereby providing more coherent technical support to Member States. This is a good start, but the Secretariat recognizes the need for more integrated programme delivery in order to enhance support to Member States in implementing the Sustainable Development Goals. The working group on category networks and programme area networks has recommended a shift toward a matrix approach to technical programmes and empowerment of these networks with a greater advocacy role in directing human resources planning and mobility and resource coordination and mobilization.

24. In close collaboration with other technical and managerial networks and departments, the Country Support Unit Network issues communications on and monitors the implementation of the country focus policy and wider reforms in order to support improvements in WHO's performance and the demonstration of results at country level. Regional and global platforms for high-level strategic dialogue between WHO representatives and the Director-General, regional directors and other senior managers help WHO's leaders to agree on tangible actions in strengthening its work at country level. For instance, at the last biennial global meeting of the heads of WHO offices in November 2015,

¹ In the European Region, biennial collaborative agreements are the main strategic collaborative tool commonly used in place of the country cooperation strategy, but six countries in the Region also have a country cooperation strategy.

actions were agreed to address the implications of the Sustainable Development Goals, improve WHO's response to outbreaks and public health emergencies, and enhance organizational accountability for results.

25. The Secretariat measures the quality and effectiveness of its technical cooperation in countries through the mid-term and end-of-biennium performance assessment reports,¹ and is currently upgrading the online budget portal to expand the information available at country level. In addition to information on priorities and the budget, these upgrades will allow Member States and the public to view information on funding, expenditure and costed operational plans by output, country office and staff/activity.

26. The independent Evaluation Office carries out country-level evaluations using standardized methods to assess the contribution of WHO's technical cooperation to the achievement of Member States' health priorities. Currently, the country office in Thailand is being independently evaluated and two other independent country office evaluations are planned in 2017. External evaluations have regularly reviewed WHO's programmatic performance and effectiveness, including those at country level, and the Secretariat has responded to their recommendations.

27. In addition, the Regional Office for the Western Pacific has assessed the performance of its roles and functions in Pacific island countries.² The Regional Office for the Americas monitors country performance through joint assessment of program and budget outcomes and outputs with its Member States.³ Programme-specific reviews are also carried out at regional level to evaluate WHO's contribution; for instance, the review in 2016 of its contribution to maternal Health in five countries in the South-East Asia Region.⁴

28. The Regional Directors' annual reports⁵ together with technical and programmatic reports published by regions and headquarters provide extensive country-level examples of the effectiveness of the Secretariat's technical cooperation with Member States. Mid-term and final evaluations of the country cooperation strategies carried out by country offices with Member States help to identify WHO's contribution to national priorities and to promote shared learning with Member States and partners for future strategy renewal and revision.

29. A difficulty in measuring WHO's contribution at country level is quantifying the value-added of its global and regional roles in setting normative standards that shape national-level policies and regulatory frameworks to protect and improve health. These include: global agreed standards (for

¹ See document A70/40.

² For instance, see *Keeping countries at the centre: assessment of WHO's performance of its roles and functions in the Pacific*. Manila: World Health Organization Regional Office for the Western Pacific; 2016 (available at: http://www.wpro.who.int/entity/country_focus/publications/pacific-externalassessment_2014_inside_v7a_webcopy.pdf, accessed 20 April 2017).

³ See document CD55/5, *Report of the end-of-biennium assessment of the Program and Budget 2014–2015/first interim report on the PAHO strategic plan 2014–2019* (available through: http://www2.paho.org/hq/index.php?option=com_content&view=article&id=12276%3A2016-55th-directing-council-documents&catid=8811%3Adc-documents&Itemid=42078&lang=en, accessed 20 April 2017).

⁴ *Evaluation of WHO's Contribution to Maternal Health in the South-East Asia Region (2016)*, available: http://apps.who.int/iris/bitstream/10665/249595/1/B5257_evaluation.pdf, accessed 20 April 2017).

⁵ Available on the websites of the six regional offices.

example, manufacturing standards for prequalification of medicines); strategies (for example, on HIV/AIDS, tuberculosis and viral hepatitis); action plans (for example, on noncommunicable diseases, universal health coverage and antimicrobial resistance); regulations (for example, the international Health Regulations (2005)); conventions (for example, the WHO Framework Convention on Tobacco Control); and international classifications and codes of practice (for example, the WHO Global Code of Practice on the International Recruitment of Health Personnel). A prime example of how WHO's global goods directly enhance the lives of millions of people is the prequalification of medicines and vaccines, which allows more affordable medicines and vaccines to enter the global market and improves the access to quality essential medicines for those who urgently need them. Throughout the biennium 2015–2016 alone, the Secretariat worked closely with Member States' national regulatory agencies and pharmaceuticals manufacturers to carry out inspections and build capacity for the development of 78 prequalified pharmaceutical products – 80% of which were from China, India and South Africa.

30. The Secretariat has been instrumental in supporting Member States to realize their commitments under the WHO Framework Convention on Tobacco Control. In Kenya for instance, it supported the Government to reform the tobacco tax structure and increase tobacco taxes, resulting in a 16% decrease in consumption and 29% increase in tax revenue. In China, it helped to reform the tax policy on cigarettes, leading to a price increase of the cheapest brands by as much as 20%.

31. In early 2016, Thailand was certified as having eliminated mother-to-child transmission of HIV, meaning that an entire generation will now be born HIV-free. In the African Region, the Secretariat's technical support to 21 priority countries has helped more than twice as many pregnant women living with HIV in 2015 to receive antiretroviral treatment than in 2009, with a resulting significant reduction in mother-to-child transmission of HIV. Owing to the Secretariat's technical support, the incidence of mother-to-child transmission of HIV is now less than 5% in the breastfeeding population in seven countries in eastern and southern Africa. In mid-2015, Cuba became the first country in the world to be validated by WHO as having eliminated the mother-to-child transmission of both HIV and syphilis.

32. In the Syrian Arab Republic, the Secretariat has provided support to roll out a mental health programme and provided training for 500 health professionals to embed mental health services into 18% of primary and secondary health centres in order to deliver mental health care to people across some of the country's most conflict-affected areas.

33. In the Western Pacific Region, the Secretariat is supporting six priority countries to achieve universal health coverage.¹ In Viet Nam for instance, it has facilitated high-level policy dialogue and provided technical support for the revision of the national health insurance law to establish a social health insurance system with government-subsidized premiums for vulnerable groups. The new health benefit package has brought health care within the grasp of 57 million citizens with coverage so far extending to 64% of the population and out-of-pocket expenses reduced by 30% since the 1990s.

34. With technical support from the Secretariat, the Government of Bangladesh has developed a multisectoral Noncommunicable Disease Action Plan based on local risk factors and is now introducing an affordable and sustainable package of essential health services to its district level health services. The package, which includes diagnostics and guidance on management of hypertension and

¹ Cambodia, China, Lao People's Democratic Republic, Mongolia, Philippines and Viet Nam.

diabetes, has added to Bangladesh's flagship programme to implement universal health coverage in which more than 13 000 community clinics have been constructed or renovated.

35. In Latvia, the Secretariat is collaborating with the ministries of health and welfare on developing a multisectoral approach to the prevention of violence. Together, national guidance has been developed for reproductive health workers on responding to violence and capacity-building programmes using WHO's TEACH-VIP curriculum has been introduced for workers across relevant sectors (social care, health, police, justice and municipalities).

36. In Argentina, PAHO/AMRO has collaborated with the office of national statistics to produce a final list of indicators for use to measure progress towards the Sustainable Development Goals. In the Eastern Mediterranean Region, the Secretariat has supported Egypt to implement a district health information system and data warehousing and visualisation tool, and in Lebanon, it has assessed the capacity of the health information system and is supporting the Government to digitalize its systems. In the South Pacific subregion of the Western Pacific Region, it has engaged Fiji, Kiribati, Nauru, Tonga and Tuvalu through the Pacific Health Information Network to reach agreement on a core set of indicators that will be used to measure progress toward the "Healthy Islands" vision (including the Sustainable Development Goals) agreed by Pacific island State health ministers.

37. Following the outbreak of Ebola virus disease, the WHO country offices in Guinea, Liberia and Sierra Leone have worked with the respective governments to provide technical support to rebuild health systems and increase the capacity for epidemic preparedness and response. In Sierra Leone, for example, the Secretariat supported the development of a health information system plan, whose introduction has led to major system upgrades at district level and an increase in reporting of health data from an average 55% in 2015 to 85% in 2016.¹ The swift containment of the flare-ups of Ebola virus disease in West Africa in early 2016 reflects the tremendous investments made by these governments with support from WHO and partners towards building more resilient health systems.

38. Through WHO's global, regional and country-level support mechanisms for the International Health Regulations (2005), 22 countries have been supported to meet the minimum core capacity requirements between 2012 and 2014.² To expedite Member States' development of the core capacities, 30 joint external evaluations have been undertaken and a further 30 country evaluation are planned by the end of 2017.

39. In the first nine months of 2016, WHO responded to 47 major emergencies including acute and protracted health and humanitarian crises. Action included: the containment of yellow fever outbreaks of unprecedented scale in Angola, the Democratic Republic of the Congo and Kenya; responding to the protracted humanitarian crisis in Iraq, Syrian Arab Republic and Yemen, and the subsequent impacts of mass migration on health in countries in the European Region; and delivering emergency assistance and outbreak prevention in natural disasters, such as the earthquake of magnitude 7.8 in Ecuador and Cyclone Pam in Vanuatu.

40. The Secretariat's operational response to these crisis included the mobilization of human and financial resources (from partners and the Contingency Fund for Emergencies), strengthening national

¹ WHO. Sierra Leone: annual report a year in focus 2016 (available through: <http://www.afro.who.int/en/sierra-leone/highlights.html>, accessed 20 April 2017).

² As at 18 May 2015.

surveillance, risk assessment and communication, managing the supply chain of essential medical supplies, and coordination of partners (including governments, non-State actors, organizations in the United Nations system, civil society and the community). To implement the WHO Health Emergencies Programme at country level, appointments to 20 out of the 24 country-level Health Cluster Coordinator positions are underway. Further, the Secretariat is in the process of restructuring the WHO country offices in 11 priority countries affected by acute and/or protracted emergencies in order (a) to ensure that the offices are fit for purpose to deliver results, and (b) to develop a more consistent approach to sustainable country-level resource mobilization. To fully operationalize the Programme at country level the Secretariat needs to continue to build necessary capacity, including in resource mobilization to increase the donor base for funding when required.

41. Even though priority setting, alignment in planning, and coherence across programme areas have improved over the past five years, the Secretariat has yet to develop a robust mechanism for measuring and reporting results at country level. Using a theory-of-change approach, it must strengthen the link between planning, implementation, outputs and results in terms of the contribution to Member States' health priorities including the targets of the Sustainable Development Goals.

WHO'S COUNTRY OFFICE ADMINISTRATION AND MANAGEMENT

42. The effective and efficient administration and management of WHO's country offices is a key component of performance. Over successive programme budgets, WHO has progressively shifted resources closer to its beneficiaries; for instance, increasing the planned budget to support WHO's work in countries, territories and areas by 11% in the biennium 2016–2017 as compared to that for 2014–2015.

43. WHO's Organization-wide accountability framework has been introduced into all country offices incorporating three lines of defence and integrating risk management and internal control processes. This places new responsibilities on budget centre managers to be accountable for human resources, finances and assets, information management and partnership management.

44. An online platform (introduced in 2016) has enabled all WHO's budget centres to complete a self-assessment of the performance of internal controls, which is used along with other assurance mechanisms to identify recurrent, systemic weaknesses. In 2016, WHO country offices achieved 100% compliance in the completion of the risk register to identify, quantify and implement response actions to mitigate risks. Overall, the Secretariat has improved the time taken to respond to country office internal audit recommendations with reports closed within five months on average in 2016 compared to eight months in 2015.

45. The trend in the overall effectiveness of internal audits at the country offices has improved significantly in 2016, all were found to have either satisfactory or partially satisfactory ratings (compared to 75% in 2015 and 70% in 2014). Specifically, positive trends have been noted in the reporting on direct financial contributions with the total number of overdue direct financial contribution reports dropping by 44% between March 2016 and February 2017.

46. WHO's performance in administration and management is assessed by the External Auditor with reports to the Independent Expert Oversight Advisory Committee. In the Committee's latest report, in January 2017 to the Programme, Budget and Administration Committee of the Executive

Board,¹ it commended WHO on the establishment of a global compliance network across regions with the aim of ensuring harmonized and consistent practices in the area of compliance across the Organization.

47. In addition to global measures, the regional offices for Africa, Europe, the Eastern Mediterranean and the Western Pacific have developed key performance indicators and management dashboards to monitor and measure administrative and managerial aspects of country performance. The Regional Office for South-East Asia has conducted a review of seven WHO country offices in the Region over the past eight months using region-specific criteria in areas of programmatic and managerial performance. In the Region of the Americas, performance of country offices is reviewed every six months.

48. In November 2016, WHO joined the International Aid Transparency Initiative; a voluntary, multistakeholder initiative that seeks to improve the transparency of aid, development and humanitarian resources in an effort to increase their effectiveness in tackling poverty. Through the implementation of WHO's disclosure policy, the Organization is improving the public accessibility to information, including its work at country level.

49. Country-specific accountability measures have also resulted in distinct improvement in programmatic as well as individual staff performance. In Nigeria, for example, the implementation of systematic controls to monitor closely priority activities in the Polio programme in 2014 resulted in significantly improved rates of surveillance and immunization.²

50. Even though effective tools and processes are in place globally to monitor and report on WHO's administrative and managerial performance, more needs to be done to strengthen and harmonize them across regions. The Independent Expert Oversight Advisory Committee has encouraged the Secretariat to establish a formal mechanism to share lessons learned from audit findings across the whole Organization and to strengthen regional-level ownership of risks to better embed risk management in the organizational culture throughout the planning, budgeting and implementation of programmes.

AREAS FOR ACTION TO IMPROVE WHO'S PERFORMANCE AND RESULTS AT COUNTRY LEVEL

51. The Secretariat recognizes that its results in countries form the basis for building the trust of Member States and donors, and for garnering their cooperation, support and sustainable financing. Actions will be taken in the following areas to continue to enhance the Organization's performance and strengthen the means by which the Secretariat measures and reports its results to Member States.

52. Through the development of the 13th General Programme of Work, the Secretariat will align its work to the Sustainable Development Goals, reviewing the structure and business model of the General Programme of Work in order to promote an inclusive and multisectoral approach to health. It will continue to further strengthen WHO's leadership in health at country level, through for example

¹ Document EBPBAC25/2, Annex.

² Sisay GT, MKanda P, Yehualashet YG et al. (2014) Implementation of a systematic accountability framework in 2014 to improve the performance of the Nigerian Polio Program. *Journal of Infectious Diseases*, 2016, 213(Suppl 3):S96-S100 (https://academic.oup.com/jid/article/213/suppl_3/S96/2236378/Implementation-of-a-Systematic-Accountability, accessed 20 April 2017).

participation in the United Nations Country Teams, thereby supporting Member States to improve the health and well-being of their citizens through the implementation of and monitoring of progress towards the Goals.

53. The Secretariat will improve the quality and coherence of its technical support to Member States by strengthening the capacity of country offices in the area of the Sustainable Development Goals and better integrating the delivery of programmes. Through the “One WHO” approach, it will fully operationalize the WHO Health Emergencies Programme at country level by building core capacities in all countries and targeting priority countries for intensive support.

54. The Secretariat will further strengthen its capacity at country level to fully embed the existing management and administration mechanisms and harmonize them to ensure accountability and transparency for resources and results.

55. With direction from, and agreement of, the governing bodies, the Secretariat will develop and implement robust mechanisms for reporting WHO’s results at country level. The linkages between Member States’ priorities, the Programme budget, country-level biennial workplans, expenditure and results will be strengthened, using a coherent theory of change approach to better translate WHO’s outputs into contribution to national health outcomes and progress toward targets of the Sustainable Development Goals.

56. The Secretariat will renew and submit the Organization’s country focus agenda to the Executive Board at its 142nd session in January 2018 for consideration of the proposed actions in order to meet the expectations of Member States regarding performance and results at country level.

ACTION BY THE HEALTH ASSEMBLY

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

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