



# WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD  
115th Session  
Provisional agenda item 7.6

EB115/23  
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## Reports of the Joint Inspection Unit and related matters

### Previous JIU reports: implementation of recommendations

#### Report by the Secretariat

1. At its Fifty-fourth session in October 1999, the United Nations General Assembly endorsed a new follow-up system on the reports of the Joint Inspection Unit (JIU),<sup>1</sup> as contained in Annex I of the 1997 JIU annual report.<sup>2</sup> The system was subsequently endorsed by a number of legislative organs of other JIU participating organizations, including WHO.<sup>3</sup>
2. Under the system, a process was established for tracking each step taken towards consideration of the reports by the legislative organs of participating organizations, together with follow-up measures taken by the officials concerned, in accordance with article 11, paragraph 4 of JIU's statute.
3. JIU has also devised a follow-up matrix or tracking chart for each report given consideration by a legislative organ. This matrix indicates the recommendation, the unit responsible for implementation, the official in charge of implementation, the timetable for implementation and the initial impact of implementation. The completed chart is to be submitted to JIU and to the bureau of the appropriate legislative organ.
4. The tracking chart was first used in document EB111/24, submitted in January 2003, to record progress in implementing the JIU report, Review of management and administration in WHO (document JIU/REP/2001/5) which had been submitted to the Executive Board at its 109th session in January 2001.<sup>4</sup>
5. The purpose of the present document is to present to the Board, using the format of the tracking chart, more detailed information (see Annex) concerning the progress made by the Secretariat in implementing the recommendations of two JIU reports, Managing information in the United Nations system organizations: management information systems (document JIU/REP/2002/9) and Evaluation

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<sup>1</sup> United Nations General Assembly resolution 54/16.

<sup>2</sup> Report of the Joint Inspection Unit (covering the period 1 July 1996 to 30 June 1997. *Official Records of the General Assembly, Fifty-second session, Supplement No.34 (A/52/34)*).

<sup>3</sup> See document EB106/2000/REC/1, summary record of the second meeting, section 3.

<sup>4</sup> Document EB109/30.

of United Nations system response in East Timor: coordination and effectiveness (document JIU/REP/2002/10). The two reports were submitted to the Executive Board at its 113th session in January 2004.

## ANNEX

## IMPLEMENTATION OF APPROVED/ACCEPTED RECOMMENDATIONS

## JIU/REP/2002/9: Managing information in the United Nations system organizations: management information systems

JIU recommendation number	Approved <sup>1</sup> or accepted <sup>2</sup>	Unit responsible for implementation	Official in charge of implementation	Timetable	Expected impact of implementation	Remarks
<p><b>Rec.1:</b> Legislative organs should request the executive heads of the respective United Nations system organizations that have not yet done so to prepare and submit, for review and appropriate action, a comprehensive strategy for information management/MI [management information] systems (including indication of required resources for development and implementation), with due regard to a full introduction of the results-based management approach.</p>	Accepted	General Management (GMG)	Director, Global Management System (GSM)	Complete	By 2007, WHO will have a fully-operational global management system that can be adapted to suit the size of individual WHO offices and that provides managers in each office with the information needed to perform their role.	

<sup>1</sup> Recommendations approved by legislative organs.

<sup>2</sup> Recommendations accepted by executive heads without legislative action.

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<p><b>Rec.2: Legislative organs</b> should request the executive heads of the respective United Nations system organizations that have not yet done so to take the following measures:</p> <p><b>(1):</b> Designate/appoint a senior official to serve as Chief Information Officer (CIO) who would have the functions indicated in <b>(a), (b), (c), (d)</b> and <b>(e)</b> below. Depending upon organization-specific circumstances, however, the CIO functions could be performed by an appropriate unit or, in the case of small organizations that cannot afford a CIO, by a senior official with organization-wide coordinating responsibilities as well as some IT [information technology] knowledge; <b>(a)</b> keep the organization's information management strategy and IT in alignment with its corporate business plan;</p>	Accepted in part	GMG	Director, Information Technology and Telecommunications (ITT), in conjunction with Director, Knowledge Management Sharing and Director, GSM			<p><b>Rec.2(1):</b> It is felt that at present the WHO initiatives in the areas of knowledge management, MI systems – enterprise resource planning software (ERP) – and IT infrastructure and service delivery should remain separate. The three departments concerned are nevertheless provided cross-departmental support in the areas outlined by JIU, in addition to pursuing their individual priorities.</p>

<b>JIU recommendation number</b>	<b>Approved<sup>1</sup> or accepted<sup>2</sup></b>	<b>Unit responsible for implementation</b>	<b>Official in charge of implementation</b>	<b>Timetable</b>	<b>Expected impact of implementation</b>	<b>Remarks</b>
<p>(b) ensure that information management policies and standards are strictly followed and the IT infrastructure is well managed; (c) ensure that key decision-makers on both substantive and administrative matters have proper and timely information; (d) Facilitate developing and maintaining a culture for improving information management in the organization by exploring new technological possibilities as required; and (e) seek compatibility, to the extent possible, in MI [management information] systems-related policies and practices with other organizations in the United Nations system, and represent the organization in the interagency meetings and consultations (see Rec. 5 (1)).</p>						

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(2): In the context of (1) above, the CIO or the official (including the chief of "an appropriate unit") who has CIO functions should report directly to the executive head or, if so warranted in view of the size of an organization, to the deputy executive head in charge of programmes.	Not accepted (see above)					
<p><b>Rec.3: Legislative organs</b> should request the executive heads:</p> <p><b>Rec.3(1):</b> To take, as far as they have not yet done so, the following steps prior to introducing and/or developing a new MI system:</p>	Accepted	GSM	Director, GSM	<b>Rec.3(1):</b> All steps are being formed as part of the current GSM project. The results will be evident in the initial ERP implementations starting in 2006	<b>Rec.3(1):</b> Changes to the way a range of business processes will be performed throughout WHO.	

ii

JIU recommendation number	Approved <sup>1</sup> or accepted <sup>2</sup>	Unit responsible for implementation	Official in charge of implementation	Timetable	Expected impact of implementation	Remarks
<p><b>Rec.3(1)(a):</b> streamline existing work processes, procedures and practices in such a way as to support results-based management, and identify functional requirements to meet their mission-critical objectives on the basis of streamlined work processes/procedures/practices, with due consideration of a possible outsourcing of support functions such as payroll, accounting (see Rec. 5(c));</p> <p><b>Rec.3(1)(b):</b> establish a plan for integrating various management systems (like financial and human resources management systems), with a view to introducing/developing an integrated and organization-wide management information system such as ERP;</p> <p><b>Rec.3(1)(c):</b> carry out an in-depth review of the functionality that ERP applications can provide, and make a cost-benefit analysis of various options available to each</p>	<p>Accepted</p> <p>Accepted</p>			<p><b>Rec.3(1)(b):</b> Completed</p>	<p><b>Rec.3(1)(b):</b> more reliable and timely information will be made available on the implementation of programmes and the human, financial and material resources budgeted and expended.</p> <p><b>Rec.3(1)(c):</b> WHO will benefit from the lessons learnt from other United Nations agencies and from streamlined business processes supported by leading</p>	

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<p>organization (such as developing in house, sharing services with other United Nations entities, buying a commercial package, including the possibility of changing procedures to adapt to the best industry practices rather than “customizing” commercial products to adapt to the requirements of the organizations), bearing in mind the need, to the extent possible, for interagency cooperation and coordination (see Rec. 5).</p> <p><b>Rec.3(2):</b> To report, for review and appropriate action, on the measures taken on the above, and, on a regular basis, on the progress made in MI system project implementation.</p>	Accepted			<b>Rec.3(2):</b> Ongoing	<p>ERP packages. The result will be greater administrative productivity among staff, together with better information on programmes and resources for Member States and WHO managers.</p> <p><b>Rec.3(2):</b> As indicated in the report to the Health Assembly on the Information Technology Fund,<sup>1</sup> regular progress reports will be provided on these expected results within the framework of the biennial performance assessment.</p>	

<sup>1</sup> Document WHA56/6.



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<p><b>Rec.4:</b> With a view to enhancing transparency and comparability of financial implications of MI system projects, the United Nations Secretary-General, in his capacity as the Chairman of CEB [United Nations System Chief Executives Board for Coordination] should request the CEB/High-Level Committee on Management (HLCM) to establish a standardized cost classification, to be used for cost estimates of MI system projects implemented by the United Nations system organizations and to report thereon to the competent legislative organs of these organizations through the executive heads of the respective organizations.</p>	Accepted	Not applicable	Not applicable	Not applicable	<p>Standardized cost classifications in this and other areas would assist management in each organization to gain a better appreciation of the true cost-benefit of various initiatives.</p> <p>Additionally, it would be helpful for organizational management to be able to compare their spending patterns in respect of information and technology with those of other organizations, as a first step to obtaining a better understanding of the different cost drivers in this area.</p>	<p>It is recognized that this is a complicated issue, and that any comparison of spending across organizations would need to take into account very different organizational profiles and needs.</p>

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<p><b>Rec.5:</b> In order to enhance cooperation and coordination in respect of designing and implementing MI systems in the United Nations system organizations by avoiding duplicated efforts and investments, the Secretary-General, in his capacity as the Chairman of CEB, should request the CEB/HLCM:</p> <p>(I) To intensify consultations on this matter, by taking into account the following options: (a) joint designing and/or joint implementation of MI systems among organizations having commonality in the nature of their mandates<sup>1</sup> and/or similar requirements with respect to support functions (e.g. payroll processing, accounting, human resources management, general services); (b) sharing services with other organizations in the United Nations system;</p>	Accepted in part	GSM	Director, GSM; Director, ITT	<b>Rec.5:</b> Ongoing	<b>Rec.5:</b> Reduced time to implement systems, reduced workload, reduced cost of implementation	<p><b>Rec.5:</b> WHO already collaborates as with other United Nations and international agencies to take advantage of work that they had completed and that is relevant to the Organization's requirements.</p> <p>Partnering and consultation of this sort are being organized for both business processes and IT infrastructure provision.</p>

<sup>1</sup> Based on discussions with officials in a number of organizations in the United Nations system, it is considered that the United Nations system organizations could broadly be grouped into, for instance: the United Nations itself, the United Nations funds and programmes, and the specialized agencies, which could also be classified into a number of sub-groups such as organizations that are field- or headquarters-oriented, large or small.

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<p>(c) outsourcing common support functions to other organizations;  (d) application hosting for other United Nations system organizations by those which have developed the ERP system; and/or  (e) Possible enhanced use of the International Computing Centre (ICC).</p> <p>(2) To report thereon to the competent legislative organs, for review and appropriate action, through the executive heads of the respective organizations.</p>						

## JIU/REP/2002/10: Evaluation of United Nations system response in East Timor: coordination and effectiveness

JIU recommendation number	Approved <sup>1</sup> or accepted <sup>2</sup>	Unit responsible for implementation	Official in charge of implementation	Timetable	Expected impact of implementation	Remarks
<p><b>Preliminary remarks:</b> The 12 recommendations of the report are as listed below. Five recommendations (numbers 2, 5, 6, 7, and 8) concern individual agencies and it is the implementation of these five that is being addressed more specifically by the Secretariat.</p>		<p>Department of Health Action in Crises (HAC)<sup>1</sup></p>	<p>Representative of the Director-General, Health Action in Crises (DGR/HAC)</p>	<p>WHO's contribution in emergencies and humanitarian crises was reviewed in 2003; a new strategy on Health Action in Crises was developed in 2003; structural changes have been made (HAC was reported to the Director-General since July 2003); a three-year programme to enhance WHO performance in Crises was established in January 2004; implementation of a performance enhancement programme began in mid-2004 through an interregional steering group; a consistent and effective WHO-wide contribution to better health in crises will be made from 2007 onwards.</p>	<p>The overall impact should be better health outcomes in all crises through joint action by all agencies concerned. Position outcomes should take the form of a faster reduction in mortality rates, a rapid response to communicable and other priority conditions, and quicker health system recovery.</p>	

<sup>1</sup> Formerly the Department of Emergency Health Action.

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<p><b>Rec.1:</b> The Secretary-General should request the Emergency Relief Coordinator (ERC), as Chairman of IASC [Inter-Agency Standing Committee], to produce a United Nations “Who Does What” manual on emergency situations. To achieve this mandate, IASC should work to identify a clear division of labour in emergency situations among United Nations agencies, funds and programmes, which should be based on the comparative advantage and the value to be added by each organization in such situations. It should also ensure that the division of labour would be commensurate with the emergency capabilities of the organizations to undertake the specific activities assigned to each. In this context, IASC should serve as a forum to exchange and share information about best institutional practices for emergency response available within its members.</p>	Partly applicable to WHO	HAC	DGR/HAC	As part of its participation in UN humanitarian coordination, the WHO Secretariat is clarifying its expected contribution to humanitarian crises; assessing death and suffering rates and prioritizing health threats; coordinating health stakeholders; identifying and filling gaps in public health response; and building local and national capacity to prepare for and respond to crises.	Clearer understanding among humanitarian agencies of the impact of crises on survival; a clearer view of the optimum role of WHO in crises on the part of IASC and ERC; clustering together of agencies with an interest in health at the country level; better and more strategic coordination, faster and more effective responses and shared surge capacity.	

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<p><b>Rec.2:</b> The Secretary-General should request the ERC, as Chairman of IASC, to strengthen the IASC functions of early warning and contingency planning. In this context, IASC, through its current Reference Group on Contingency Planning, should consider measures to improve networking and communication among IASC members and ensure a systematic exchange of contingency assessment among its members. Individual organizations should also enhance their own capacities for contingency assessment and planning in their respective areas of activities. In this regard, OCHA [United Nations Office for Coordination of Humanitarian Affairs] should give particular attention to enhancing its analytical capacity in order to exercise appropriate leadership in the timely formulation of integrated contingency plans.</p>	Accepted	(HAC)	DGR/HAC	<p>Capacity for assessments and contingency planning in health is being improved in crisis-prone countries through increased deployment of international public health staff to WHO country offices; better technical support will be made available by 2005-2006.</p> <p>A training course that provides an induction briefing on emergencies has been given to WHO Representatives since 2004; by 2006 they will have substantially enhanced their capacity to deal with such situations.</p>	<p>Lessons learnt from WHO's experiences in emergency operations will be incorporated into WHO guidance on the management of health aspects of crises.</p> <p>WHO's response to emergency situations will be improved through enhanced capacity.</p> <p>The timeliness, efficiency and predictability of stakeholders' response to the health aspects of humanitarian crises and disease outbreaks will improve.</p>	By 2006 the WHO Secretariat as a whole will be more attuned and responsive, to the needs of countries in crisis.

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<p><b>Rec.3:</b> The Secretary-General should request the ERC, as Chairman of IASC, to produce a template for coordination structures among the organizations. The template should be guided by the “Who Does What” manual recommended above, and should be activated and formalized during the emergencies.</p>	Not applicable to WHO					
<p><b>Rec.4:</b> The Secretary-General should explore measures to expand the pool of reliable and trained staff, including at the senior levels, to meet OCHA’s needs in large-scale or complex emergencies. This could include arrangements between OCHA and the Office of Human Resources Management (OHRM) to develop a policy of “multi-tier-approach” for staff resources, whereby OCHA can draw on stand-by United Nations staff, including at senior levels, if it needs to go beyond its own staff resources.</p>	Not applicable to WHO					

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<p><b>Rec.5:</b> The legislative organs of participating organizations may wish to encourage the executive heads of their respective organizations to make more use of CAP [the interagency Consolidated Appeals Process] as a planning and programming tool, and to enhance their organizations' capacities to achieve this, in the framework of the ongoing efforts within IASC to strengthen CAP as a tool for strategic planning and coordination.</p>	Accepted	HAC	DGR/HAC	It is anticipated that during the Executive Board's 115th session, in January 2005, there will be discussions on responding to health aspects of crises. These are likely to cover WHO's contribution to common humanitarian action plans and consolidated appeals.	This should increase the focus on priority health outcomes in consolidated appeals and other crisis-related programming exercises.	It is likely that a resolution will be developed; this may be submitted to the World Health Assembly for discussion later in the year.
<p><b>Rec.6:</b> The legislative organs of those participating organizations which have not yet done so, may wish to support the establishment of an emergency revolving fund in their respective organizations.</p>	Accepted	HAC	DGR/HAC	WHO has a small revolving fund for health work in humanitarian crises that has been created (and which is topped up) through extra-budgetary funds. At its 115th session, the Executive Board will have an opportunity to consider the establishment of a more substantive emergency revolving fund.	WHO's revolving fund was established in March 2004.  The United Nations revolving fund is also being used systematically (four times in 2004).	



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<p><b>Rec.7:</b> The General Assembly and the Economic and Social Council may wish to request the Secretary-General to submit proposals on how to enhance the United Nations system's capacity to manage the immediate transition from relief to development including by: (a) enhancing UNDP capacity to coordinate such a transition, (b) exploring joint arrangements between OCHA and UNDP to ensure a smooth transition; (c) establishing linkages between the CAP, CCA [Common Country Assessment] and UNDAF [United Nations Development Assistance Framework] processes, and (d) focusing the arrangements for transition on coordination and planning, rather than on fund-raising</p>	<p>Accepted in so far as applicable to the specialized agencies</p>	<p>HAC</p>	<p>DGR/HAC</p>	<p>During 2003-2004 WHO played a major role in developing, and then implementing, methods for transition planning in post-conflict settings. This included: (a) working on the health-related aspects of the transition plan for Iraq (with WHO leading the health cluster), involving participation in needs assessment (June-August 2003), planning (September-October 2003) and implementation (November 2003 onwards); (b) serving as the technical coordinator – on behalf of the United Nations Development Group (UNDG) – for all aspects of the transition plan for Liberia, involving needs assessment (November-December 2003), transition planning (January-February 2004), and implementation and review (September 2004); (c) performing a similar role for the health sector in the needs assessment and transition plan for Haiti, in the joint assessment mission and CCA process for the Sudan, and in sector studies in the occupied Arab territories, including Palestine.</p>	<p>Better health sector development during transition periods, and emergency health assistance that does not undermine local systems.</p>	<p>If transition planning is carried out properly, focusing on agreed outcomes rather than the agendas of individual agencies, and if the transition process is well planned and managed, donor contributions are likely to be more substantial than at present.</p>

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<p><b>Rec.8:</b> The General Assembly and the Economic and Social Council may wish to request the Secretary-General to ensure that the CCA and UNDAF processes are able to reflect as soon as possible the impact of crises so that the United Nations organizations may adjust their development programmes and activities in the country accordingly.</p>	Accepted	<p>HAC</p> <p>Department of Cooperation and Country Focus (SDE/CCO)</p>	<p>DGR/HAC</p> <p>Director, CCO</p>	<p>HAC in close co-operation with CCO, together with relevant regional units, is seeking to ensure that WHO's own country cooperation strategies reflect the needs of countries in transition; full support is being provided by the WHO office at the United Nations in New York, which participates in UNDG and other transition support mechanisms.</p>	<p>Increased flexibility of WHO country programmes, permitting rapid responses to changing needs and greater implementation capacities within countries undergoing transition.</p>	<p>Shows the value of the WHO country cooperation strategy mechanism.</p>
<p><b>Rec.9:</b> The Secretary-General should undertake an evaluation of the new processes and mechanisms applied in the planning of recently established complex peace operations, such as the United Nations mission in Afghanistan, in order to assess to what extent inputs from United Nations agencies, funds and programmes, as well as from various departments of the United Nations Secretariat, were integrated.</p>	Partly applicable to WHO	HAC	DGR/HAC	<p>WHO is participating in the current reviews of collaborative United Nations missions being undertaken through IASC channels, with the proposal that they be reshaped as integrated "Multifunctional" missions.</p>	<p>Acceptance that full integration of command and control for security, rule of law, development, governance and humanitarian functions may not always be practicable (although joint operations remain vital).</p>	<p>This is a critical issue that needs work now.</p>

ii

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<p><b>Rec.10:</b> The Secretary-General should ensure that inputs from agencies are properly incorporated in the staffing strategy currently being developed for peace operations.</p>	Partly applicable to WHO	HAC	DGR/HAC	In this context, the WHO Secretariat is involved in dialogue with United Nations Department of Peacekeeping Operations on the place of public health action within peace operations and on the need for suitably qualified professionals to carry out such activities.	More consistent attention to the possibility of public health threats and a faster reaction to such threats when they are identified; the establishment of better security within priority health facilities and medical stores.	
<p><b>Rec.11:</b> The Secretary-General, in his capacity as Chairman of CEB, should explore with the World Bank ways and means to increase opportunities for the involvement of United Nations agencies, funds and programmes in the implementation of Bank-funded/managed projects. This could be achieved, inter alia, by holding joint technical seminars to promote better understanding of the procedures, constraints and capabilities of the World Bank and those of the United Nations organizations in relation to project implementation.</p>	Partly applicable to WHO	HAC	DGR/HAC	As WHO is a specialized United Nations system agency, the Secretariat is involved in continuing joint work with the Secretariat of the United Nations, particularly in countries recovering from conflict or political instability.	Optimal division of responsibilities between the World Bank and WHO.	

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<p><b>Rec.12:</b> The Secretary-General should request UNDP to engage in discussions with the World Bank with a view to developing arrangements to be applied in cases of major emergency situations where the Bank decides to intervene, so as to ensure a role for UNDP in the channelling of funds allocated to finance specific rehabilitation and development activities, especially in sectors where the expertise of the United Nations agencies, funds and programmes should be sought.</p>	Partly applicable to WHO			Whenever health sector aspects of transition programmes are being considered, the WHO Secretariat seeks to work closely with the secretariat's of both United Nations systems agencies and Bretton Woods institutions. During 2003-2004 this linkage was successfully maintained in Iraq, Liberia, the Sudan and the occupied Arab territories including Palestine.	The most effective use of resources during the transition phase.	If the United Nations, World Bank and national authorities do not demonstrate a firm commitment to joint working, many opportunities will be missed.