

WHO reform

Managerial reforms: clarification on proposals for enhancing organizational effectiveness

Report by the Secretariat

1. In November 2011 the Executive Board at its special session requested the Director-General, inter alia, to provide clarification on the proposals with respect to enhancing the networks and relationships between regional offices, and between groups of country offices within and across regions, and on enhancing capacity for effective resource mobilization, particularly at the country level.¹

ENHANCING NETWORKS AND RELATIONSHIPS BETWEEN WHO OFFICES

2. WHO is a key knowledge provider in the field of public health. As a knowledge-based organization, it collects, analyses and disseminates a wealth of information arising from numerous sources, and provides this to governments, the public and other stakeholders engaged in public health, to support the design, implementation and evaluation of effective public health interventions and health systems. This dimension of WHO's work requires a robust process of knowledge management.

3. Countries in different regions may share similar characteristics and thus face similar challenges. In addition to regional geographical groupings, additional criteria have proved to be useful in matching country needs with WHO capacity, and in promoting sharing of information and experiences among countries in different regions. These groupings are based on shared characteristics, for example, disease burden, language, environment, economy and vulnerability. Such groupings and networks are neither mutually exclusive nor fixed, and often benefit from their flexibility.

4. Examples of groupings include the small island developing States, which have expressed their mutual concern regarding the challenge of climate change. Several small island countries in the Region of the Americas and the Western Pacific Region have also highlighted the rapidly increasing burden of noncommunicable diseases that they face, and their approaches to meeting this challenge. Another example is provided by the BRICS grouping of Brazil, Russian Federation, India, China and the Republic of South Africa. The ministers of health of BRICS countries have met on several occasions to discuss and coordinate positions of common interest, as well as to identify areas for

¹ See decision EBSS2(3), subparagraph 3(e).

cooperation in public health. The heads of WHO country offices in the BRICS countries met in August 2011 to discuss ways in which WHO can facilitate such cooperation.

5. Headquarters and the regional offices are increasingly facilitating such networks and sharing experiences, best practice, and human resources, as well as facilitating South–South collaboration and exchange visits between countries of different regions. One recent example of such collaboration is the support provided by staff of the Region of the Americas for polio eradication in several countries of the African Region. A further example is the ePORTUGUÊSe Network which provides a platform to support the development of human resources for health in Portuguese-speaking Member States, facilitating collaboration among institutions, delivering health information, and promoting capacity building.

6. WHO will further develop and support these and similar networks to promote capacity building, technical cooperation, knowledge sharing, and technology transfer among countries and within the Organization. This is being facilitated by an increase in the use of information and communication technologies, including the Global Management System.

ENHANCING CAPACITY FOR EFFECTIVE RESOURCE MOBILIZATION AT THE COUNTRY LEVEL

7. In document EBSS/2/2 several steps were proposed to strengthen the effectiveness of resource mobilization activities linked to an effective and Organization-wide approach to resource mobilization in WHO:

- (1) informed, consistent and coordinated approaches to donors based on defined Organization-wide priorities and clear roles within and across the three levels of the Organization;
- (2) Organization-wide forecasts of funding needs and targets;
- (3) enhanced capacity for effective resource mobilization, particularly at country level;
- (4) an expanded and strengthened donor base through approaches to new and emerging donors;
- (5) strengthened implementation, reporting to donors and strategic communications.

8. The key instrument that guides WHO's work in and with countries is the country cooperation strategy. The priorities identified in this mechanism, and that are also reflected in the country office workplan as well as in the United Nations Development Assistance Framework health-related outcomes, form the basis on which a WHO country team initiates dialogue with different donors for the mobilization of resources at country level.

9. WHO's resource mobilization efforts at country level are intended to support the Organizational priorities and results identified in the Programme budget. They are also intended to contribute to mobilizing resources for health for countries and to support national health policies, strategies and plans, as well as to respond to emergency events. WHO country offices play an important convening and advocacy role in supporting national partners in their fundraising efforts where appropriate, including with other partners in the United Nations system as part of the process mandated by the

United Nations Development Framework. For example, WHO country offices have played an active role in supporting the development by Member States of proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the GAVI Alliance.

10. In recent years, several new opportunities for resource mobilization at the country level have emerged:

(1) Some traditional donors to WHO have transferred much of their decision-making on funding to their country offices. WHO country offices are therefore increasingly involved in discussions with these donors at the country level, to mobilize resources for country needs, and identify opportunities to fill funding gaps in WHO collaborative programmes at the country level.

(2) WHO country offices are increasingly engaged in country-centred resource mobilization for humanitarian purposes within the health cluster, including the allocation of the Central Emergency Response Funds, “Flash appeals” and “Consolidated appeals”.

(3) Integration of United Nations activities at country level presents new opportunities for country-level resource mobilization. In recent years, there has been an increase in United Nations system-managed multi-donor trust funds and multi-partner trust funds. These are mechanisms for pooling funds from donors and other partners interested in working together with the United Nations system and with countries on joint humanitarian, recovery, transition or development activities. The aim is to provide more flexible, coordinated and predictable funding to support technical cooperation activities in a range of sectors and domains. Currently, 86 countries or territories benefit from at least one multi-donor trust fund. In 55 countries or territories, WHO is a beneficiary of such a fund.

(4) Countries with emerging economies and those in the BRICS group are increasingly supporting other countries as part of South–South collaboration and are funding part of WHO collaborative programmes in their own country. Heads of WHO country offices in middle-income countries, newly industrialized countries, and BRICS countries are highlighting the increasing opportunities to mobilize national resources for health in these countries.

(5) There are increasing opportunities for mobilization of domestic philanthropic resources to support Member States and in some instances, the WHO country office budget. These include national foundations, nongovernmental organizations and the private sector.

11. Some country offices have been very successful in mobilizing funds; others have not had the same level of success. The following steps are therefore being taken as part of a systematic Organization-wide approach to resource mobilization. The results are increased effectiveness, alignment and coordination of resource mobilization efforts throughout WHO:

(1) Development of a strategy to approach the donor community at country level, including an advocacy plan and definition of a clear framework for monitoring and evaluation. The resource mobilization and communication strategies will focus on mobilizing resources for health both for supporting national health policies, strategies and plans, and the response to emergencies, as well as for the work of the Organization at country level.

(2) Participation in United Nations country teams to advocate for health in all policies (reflected in the United Nations Development Assistance Framework), and to promote joint

resource mobilization to access funds for health from United Nations multi-donor trust funds joint programmes and other relevant sources of funding. A learning network about such funds is being established for WHO staff.

(3) Heads of WHO offices in countries, areas and territories and their teams play the most important role in resource mobilization at country level. The terms of reference for the position of Head of a WHO country office are being revised to reflect the responsibility for resource mobilization for health at the country level, and will also be reflected in performance assessments. Capacity-building efforts will target needs based on the strategic approach outlined above. Capacity building in regional offices is also being enhanced to ensure that country teams receive adequate training and technical and legal support for resource mobilization, grant implementation and reporting.

(4) Coordination of resource mobilization throughout the Organization is being improved through information sharing to track current funding trends and opportunities. Country-based efforts will be aligned with and complementary to resource mobilization efforts by headquarters and regional office staff.

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