

WHO reform

WHO presence in countries, territories and areas

1. This document is submitted in response to decision WHA69(8) (2016), in which the Health Assembly requested the Director-General and the regional directors to provide the biennial WHO country presence report for review by the regional committees, and as an information document for the Health Assembly, through the Executive Board and its Programme, Budget and Administration Committee.¹

2. With 194 Member States and now 152 offices in countries, territories and areas,² WHO has a unique global mandate, outreach and legitimacy. WHO offices in countries, territories and areas³ are on the front line for delivering WHO's technical and normative work. By providing crucial information on the functioning of all WHO offices in countries, territories and areas, the country presence report complements and reinforces WHO's efforts to further strengthen cooperation in and with Member States to support greater country capacity and greater country ownership and improve the health and well-being of people around the world, based on the vision, mission and priorities defined in the Thirteenth General Programme of Work, 2019–2025 (GPW13), its triple billion targets and the Sustainable Development Goals. The present document provides a summary of the 2021 report, together with an update on preparation of the 2023 report.

THE 2021 COUNTRY PRESENCE REPORT

3. Covering the years 2019 and 2020, the 2021 country presence report⁴ provided an overview of WHO's country-level cooperation with Member States for the implementation of the GPW13 and the health-related Sustainable Development Goals. In view of the impact of the pandemic of coronavirus disease (COVID-19) worldwide and the pivotal role of WHO in addressing it, the report included a special section on WHO country offices' internal capacity-building to respond to the pandemic, as well as the added value of the WHO in-country leadership in addressing the pandemic, hand in hand with governments and partners.

¹ See decision WHA69(8) (2016), para. 15.

² Three new WHO country offices (Bahrain, Kuwait and Qatar) have been established since the 2021 country presence report. A country office in Israel is in the process of establishment.

³ Where there is no WHO country office presence, regional offices will assume this role.

⁴ WHO presence in countries, territories and areas. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/341308>, accessed 13 November 2022).

4. The primary source of data for the report was a dedicated survey completed by the (then) 149 WHO country offices¹ across all six WHO regions (100% response rate). The report presented an analysis of WHO's presence and enabling functions at the country level, including WHO's health workforce, which allowed implementation of country-level action. It presented WHO's role and key partnerships – with entities of the United Nations system, bilateral and multilateral partners, philanthropic foundations, WHO collaborating centres, the private sector, civil society and communities – that serve to catalyse action in responding to global health challenges. For the first time, the report provided reflections from WHO country offices on challenges, opportunities and lessons learned, with key messages for improvement over the coming years.

5. Key highlights² of the 2021 country presence report are described below.

- **Preparing and responding to health emergencies:** before and during the COVID-19 pandemic, WHO supported Member States in enhancing national capacity for emergency preparedness and response to address all types of health emergencies. To support countries in preparing and responding to health emergencies, the Secretariat provided support by strengthening capacity for emergency preparedness (led by the country offices in 91% of cases), technical support (81%), rapid detection, risk assessment and communication (81%) and advocacy for multisectoral action (80%). The country-level technical capacity for health emergencies is reflected in the allocation of 47% of country office technical staff to this area of work, including poliomyelitis and COVID-19.
- **Advancing universal health coverage:** WHO was the key partner of Member States in leading and contributing to the development and implementation of national health policies, strategies and plans, especially through the Universal Health Coverage Partnership. A total of 115 countries benefited from WHO's accelerated support under the Partnership. In all, 66% of WHO country offices that supported Partnership countries led or co-led the national health plan process, compared with 45% of those that worked with non-Partnership countries. A total of 22% of all technical staff in the 149 WHO country offices were dedicated primarily to the advancement of universal health coverage (Billion 1). In 86 of the 155 countries that are covered by the Partnership, WHO deployed 112 health policy advisors who provided on-the-ground, direct support on universal health coverage. The majority of WHO's technical backstopping for countries on universal health coverage focused on policy dialogue and strategic support (73% from regional offices and 40% from headquarters in the two areas of support).
- **Promoting healthier populations:** WHO country offices have been gradually and increasingly engaging in multisectoral work with non-health sectors. All country offices reported working with at least one sector other than health, as follows: (a) environment, water and sanitation, climate change (82% of country offices); (b) education (76%); (c) parliamentarians (68%); (d) social welfare or social protection (64%); and (e) agriculture (63%). As of 31 December 2020, the WHO Framework Convention on Tobacco Control has been ratified in 92% of countries with WHO offices. A total of 68% of countries had national action plans on antimicrobial resistance. WHO's country-level capacity to promote healthier populations was

¹ For the purposes of the survey, the term “WHO country offices” denoted WHO offices in countries, territories and areas where WHO had a physical presence and where offices were operational in 2019.

² WHO presence in countries, territories and areas: 2021 report. Key highlights. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/bitstream/handle/10665/341845/9789240029293-eng.pdf>, accessed 13 November 2022). Licence: CC BY-NC-SA 3.0 IGO.

limited, with 12% of all technical staff in WHO country offices dedicated primarily to work on healthier populations (Billion 3). Backstopping was provided to strengthen capacity, predominantly through technical assistance to build national institutions (68% of country offices receiving backstopping support from regional offices and 40% from headquarters) and strategic support to build performing systems (58% from regional offices and 36% from headquarters).

- **Data and delivery for impact:** across the six regions, 34 countries piloted the GPW13 WHO Impact Framework. Most WHO country offices had identified key interventions that have the greatest potential impact and make the largest contribution to the triple billion targets, with data systems in place to review progress. However, limited country-level resources for data analysis and monitoring remain a challenge. Some 4% of all technical staff in WHO country offices worked primarily on data, monitoring and innovation across activities to meet the triple billion targets.
- **WHO's support for COVID-19 preparedness and response:** WHO country offices acted promptly and proactively to activate preparedness mechanisms for COVID-19. All WHO country offices reported having a business continuity plan during the pandemic. A total of 71% of country offices had activated incident management support teams before COVID-19 was declared a pandemic on 11 March 2020. Country offices across all regions enhanced their capacity to support Member States during the pandemic through recruitment and repurposing of their workforce. In addition, WHO country offices reported hiring more than 1200 staff and non-staff personnel to enhance country-level capacity. A total of 87% of country offices acted as leaders of the work within the United Nations country teams; the corresponding figure for the Strategic Preparedness and Response Plan was 81%, and for the Health First pillar of the United Nations framework for the immediate socioeconomic response to COVID-19 it was 60%. Almost all country offices reported an expansion of their coordination role in the United Nations country team resulting from the pandemic. More backstopping for service delivery (70% of country offices receiving backstopping support from WHO regional offices and 43% from headquarters) was received by country offices in countries with fragile, conflict-affected and vulnerable settings than those in countries without such settings (50% from WHO regional offices and 23% from WHO headquarters).
- **WHO's leadership at country level:** WHO's leadership at country level is pivotal to driving impact tailored to country context. The Secretariat has stepped up its country-level leadership and efforts to ensure gender parity and interregional mobility. The proportion of women among WHO Representatives was 38%, which represents a 2% increase since the 2015 report. Interregional mobility remained a challenge for country-level leadership: three out of the six WHO regions did not meet the recruitment target of 30% of WHO Representatives from outside their region of origin.
- **The workforce:** human resource capacity remained relatively limited at the country level. At the time of reporting, fewer than half (45%) of all WHO staff members, both professional and general staff, worked in the 149 country offices. That proportion has remained at substantially the same level as in the previous three reports, varying from 42% to 45%. Only 22% of all international staff members across the entire WHO workforce worked in the 149 country offices, representing a slight increase from the 18% reported in 2015; the other 78% were employed in the six regional offices or at headquarters.
- **The finances:** while the proportion of financial funds allocated to country-level work gradually increased, the allocation of flexible and core funding to the country level declined as a result of

increasing earmarked funding. Flexible funding made up only 10.2% of the overall distributed funds allocated for country-level activities.

- **Strategic and operating processes in-country:** WHO proactively engages with the United Nations country teams by integrating WHO's GPW13 priorities with the United Nations Sustainable Development Cooperation Framework, or equivalent. Of the 108 WHO country offices (73%) with country cooperation strategies that were valid or under development, 78% aligned those strategies with country support plans. In addition, 70% of WHO country offices had full incorporation of health at the outcome level in the Cooperation Framework.
- **The facilities:** in line with WHO's policies on a healthy workplace environment for all and with the WHO global disability action plan, 26% of country office premises were fully accessible to staff members with a disability, as compared with 18% reported in 2017; 32% of country offices had breastfeeding facilities.
- **National partnerships:** there are over 800 WHO collaborating centres in over 80 countries across the six regions. A total of 60% of country offices reported partnering with WHO collaborating centres in various fields of work. In addition, through the Framework of Engagement with Non-State Actors, WHO engaged with a range of such actors. A total of 87% of country offices reported working with academic institutions, 75% with local nongovernmental organizations and 69% with international nongovernmental organizations at the country level.
- **International development partnerships:** WHO continued to engage proactively in United Nations country teams and participate more actively in United Nations thematic groups. Engagement with bilateral and multilateral partners was more prominent in countries with fragile, conflict-affected and vulnerable settings. The European Union was the partner that most frequently collaborated with WHO country offices (55% of offices), followed by bilateral agencies (48%) and the World Bank (40%). A total of 84% of country offices reported that they had mobilized funds, with 39% having raised over US\$ 5 million.

THE 2023 COUNTRY PRESENCE REPORT

6. The 2023 report is in preparation and will be submitted to the Seventy-sixth World Health Assembly in May 2023. The report will contain data collected from 2021 and 2022.

7. The 2023 report will place particular emphasis on the following elements of WHO's country presence:

- WHO country office support for governments for a healthy recovery from COVID-19, including types of emergency preparedness and response support provided through available country-level expertise/coordination, support provided for governments regarding COVID-19 vaccine availability and deployment, and roles in the initiation, development, implementation, monitoring and review of the national health plans;
- level of country office workforce capacity for implementation of the GPW13 triple billion targets, such as health emergency preparedness, response and resilience in health systems for achieving universal health coverage, healthier populations and the extent of country office partnerships with academic institutions, think tanks and other professional or civil society

organizations, and top three priorities being implemented in country offices to enable implementation;

- enhanced details of country cooperation strategies and Sustainable Development Cooperation Framework, South-South and Triangular Cooperation initiatives, resource mobilization and country office interaction with entities of the United Nations system, including country office participation, for example, in joint United Nations programmes and United Nations common business operations and activities;
- WHO country office working environment, including accessibility measures/facilities for persons with disabilities (in addition to the level of floor and bathroom accessibility) and measures/facilities to render the workplace more inclusive for the workforce across the life course, as well as country office measures to create zero tolerance of sexual exploitation, abuse and harassment, such as identification of country office focal points for prevention of and response to sexual exploitation, abuse and harassment.

8. As for previous reports, much of the information for the 2023 report is derived from an online country presence survey, which was administered to all 152 heads of offices in countries, territories and areas. Additional sources of information include data from the WHO Global Management System (details of human resources and finances), databases of the Department of Country Strategy and Support and various technical divisions in WHO headquarters, and information from the United Nations Development Coordination Office and from external sources on engagement in global health initiatives.

9. The data collected from the survey and other sources are being analysed and interpreted for the 2023 report. The final report will be made publicly available on the WHO website in May 2023.

= = =