

WHO reform

WHO presence in countries, territories and areas: 2023 report

1. In 2016, the Sixty-ninth World Health Assembly requested a biennial report on WHO's presence¹ in countries, territories and areas.² The 2023 country presence report³ is the latest in this series and covers the period of 2021 and 2022. As countries around the world recover from the pandemic of coronavirus disease (COVID-19), WHO's presence in countries⁴ continues to play a vital role towards the achievement of the health-related targets of the Sustainable Development Goals, and of the objectives of the Thirteenth General Programme of Work, 2019–2025.

2. The primary source of data of the report is a purpose-built survey deployed to 152 WHO country offices,⁵ which achieved a 100% response rate. The survey covered the period between January 2021 and September 2022. The survey data was complemented by various WHO databases (data on finances and human resources are provided as at 31 December 2022). The report highlights WHO's presence and work in countries and should be read alongside the WHO results reports 2021 and 2022 to link with the outputs, outcomes and impact of WHO's work in countries.⁶

3. The report provides an overview of WHO's presence, capacity and role in countries to promote, provide, protect and power health, as well as to partner and perform for health to enable the implementation of the Thirteenth General Programme of Work, 2019–2025. It begins with a description of the Organization's structure, then outlines WHO country offices' strategic cooperation to advance the objectives of the Thirteenth General Programme of Work and the Sustainable Development Goals. The report then expands on how WHO performs for health at the country level through partnerships and internal country-level mechanisms that empower country offices to cooperate with Member States in the implementation of country priorities.

¹ In this report, WHO's presence includes that of the Pan American Health Organization (PAHO). PAHO is the oldest international public health agency in the world. Since 1949, PAHO, through its Directing Council and Sanitary Bureau, has also served as the WHO Regional Office and Regional Committee for the Americas. In 1950, PAHO also became the specialized international agency for health within the inter-American system under the auspices of the Organization of American States (OAS).

² See decision WHA69(8) (2016), paragraph 15.

³ WHO presence in countries, territories and areas. Geneva: World Health Organization; 2023. (<https://apps.who.int/iris/handle/10665/367811>).

⁴ In this report where reference is made to "countries," it should be understood as "countries, territories and areas," where relevant.

⁵ WHO's 153rd office was established on 27 January 2023 but is excluded from this report, which covers the period 2021–2022.

⁶ The 2022 Results Report will be submitted for consideration by the Seventy-sixth World Health Assembly. The 2021 WHO Results Report was contained in document A75/32.

Promote health (healthier populations)

4. The extension of the Thirteenth General Programme of Work recognizes the need for a paradigm shift towards addressing the root determinants of health (social, economic, environmental and commercial) to prevent diseases and enable people to live healthier lives. WHO's engagement across sectors is instrumental in addressing the social, environmental and economic determinants of health. All WHO country offices reported having worked with at least one sector other than health in 2021–2022, including: (i) environment, water and sanitation, and climate change (86%); (ii) education (76%); (iii) communications or the media (72%); (iv) foreign affairs (70%); and (v) agriculture (60%). Compared to 2019–2020, in 2021–2022 there was a 20% increase in country offices that worked with the foreign affairs sector, reflecting in part WHO's engagement in supporting Member States with the acquisition of COVID-19 vaccines, in response to humanitarian crises in 2021–2022, and in their participation in governing bodies meetings. However, in their efforts towards multisectoral work, WHO country offices often face challenges from ministries of health that discourage the Organization from working with other sectors. Promoting health requires working beyond the health sector. WHO offices must therefore be enabled by ministries of health, rather than discouraged, to engage with other governmental sectors as well as non-State actors including civil society, communities, nongovernmental organizations, academia and the private sector to address the social, environmental and commercial determinants of health.

5. Of all the country-level technical staff, including national and international professionals, 6% were assigned to work in the strategic area of healthier populations as at December 2022,¹ the majority of which are national professional officers (73%). Of WHO's 152 country offices, 64 reported having had vacancies that lasted more than one year. Two thirds of the country offices with healthier populations vacancies reported that these were due to lack of funding for an existing position, and close to one third attributed the year-long vacancies to slow recruitment processes.

Provide health (universal health coverage)

6. Health systems strengthening, including a reorientation focused on universal health coverage with a strong primary health care foundation, continues to be critical for countries as they recover from the COVID-19 pandemic. In 2022, 115 countries were receiving enhanced technical cooperation from WHO country offices as part of the Universal Health Coverage Partnership, one of WHO's largest platforms for international cooperation on universal health coverage and primary health care. Through the Partnership, over 120 experts have been deployed to country offices to support policy dialogues and provide technical support. Overall, 103 WHO country offices serve Partnership countries, as some countries benefit from cooperation with multi-country offices. The majority (96%) of offices working with Partnership countries reported playing a leadership role or active partner role in the initiation, development, implementation, monitoring and review of national health plans, compared with 78% of country offices in non-Partnership countries.

7. As at December 2022, one third of technical professional staff in country offices, both national and international, were assigned to work on universal health coverage. Of these, 63% are national professional staff. Across all country offices, one quarter reported having at least one international post vacancy for work on universal health coverage for a year or more, and almost one third reported having at least one such vacancy for a national professional post. As with the strategic area of healthier

¹ This percentage reflects the percentage of staff who are assigned to healthier populations outcomes within WHO's human resources plan and is not comparable to the percentages presented in the 2021 Country Presence Report, which used self-reported data from WHO country offices.

populations, two thirds of the country offices with long universal health coverage vacancies reported that these were due to lack of funding for an existing position and one third attributed them to a slow recruitment process.

Protect health (Health emergencies)

8. The COVID-19 pandemic has highlighted the ongoing need for countries to be better prepared for pandemics, and has led to the development of proposals to build a safer world through the strengthening of the global health architecture for health emergency preparedness, response and resilience.¹ Country offices have played an instrumental role in WHO's delivery of health emergencies cooperation, as shown by the support that they provided across the five subsystems of health emergency preparedness, response and resilience. Over the past two years, the majority of WHO country offices reported having supported Member States with health emergency preparedness and response-related collaborative surveillance (97%), community protection (92%), emergency coordination (91%) and clinical care (88%). Additionally, country offices have worked to support countermeasures for health emergencies, as shown by their high level of engagement with governments in the acquisition and deployment of COVID-19 vaccines. Almost all WHO country offices reported having provided technical support for COVID-19 vaccine availability and deployment, including generating demand for the vaccines (90%), vaccination campaigns for the general population (87%) and immunization campaigns of health workers (86%). Around two thirds of country offices also provided support with regard to supply or access agreements (68%) and advocacy for vaccine procurement (65%). Despite the fact that WHO country offices work with countries across all five subsystems of health emergency preparedness, response and resilience, only 44% reported having a sufficient workforce for all of the five subsystems, which indicates a need to continue to improve and increase the capacity for health emergency preparedness and response at the country level.

9. Of the technical professional staff at country level, 43% were assigned to the areas of health emergencies, outbreak and crisis response, and polio, and 35% were international professional staff. Across all country offices, close to one third reported having at least one international health emergency post vacancy for a year or more and 28% reported having at least one such vacancy for a national professional post. Approximately half of the country offices with longer-term health emergency vacancies reported that these were due to lack of funding for an existing position, and one third attributed them to a slow recruitment process.

Power health (data, delivery and innovation)

10. Tracking progress made, scaling up delivery and staying on top of innovation are enablers for WHO to deliver results on the Thirteenth General Programme of Work. To accelerate the much-needed progress on the triple billion targets, WHO is rolling out a delivery-for-impact approach, which brings a systematic, data-driven and sustained focus on the Sustainable Development Goals, while providing countries with analytical and implementation tools to boost their capacity for country-level impact. Through cross-level collaboration, in 2022, the Secretariat has cooperated with 47 countries across all WHO regions to strengthen their delivery capacity and to support data-driven decision-making, which has included piloting an innovative single prioritization process in nine country offices.

¹ 10 proposals to build a safer world together – Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience. Geneva: World Health Organization; 2022 (https://cdn.who.int/media/docs/default-source/emergency-preparedness/who_hepr_june30draftforconsult.pdf?sfvrsn=e6117d2c_4&download=true, accessed 24 March 2023).

11. While the Organization has leveraged its three levels to support data, delivery and innovation, capacity for this area of work must be further enhanced at the country level. Of all technical staff in country offices, less than 2% were assigned to data and innovation. Most WHO country offices do not have full-time staff assigned solely to data, delivery and innovation, but rather ensure that the relevant tasks are carried out within technical areas of work. Country offices reported more workforce insufficiency in the area of data, delivery and innovation than in those related to the triple billion targets.

PARTNER AND PERFORM FOR HEALTH

Strategic partnerships for health

12. As WHO is the specialized health agency of the United Nations, its country offices benefit from and contribute to joint work with other United Nations entities to support countries in achieving the Sustainable Development Goals. Such collaboration includes engagement within United Nations thematic groups. In 2021–2022, 70% of country offices chaired or co-chaired the United Nations thematic group on preparedness, response and resilience to health emergencies, 28% chaired the United Nations thematic group on disaster reduction and emergency preparedness, and almost one quarter chaired or co-chaired the United Nations thematic group on access to social services/social protection. In addition to this, 116 WHO country offices participated in Joint United Nations programmes in strategic areas that contribute to WHO's triple billion targets.

13. Through United Nations common business operations, WHO country offices also benefit from economies of scale. As at September 2022, 27 WHO country offices (18%) were located on United Nations common premises.¹ Additionally, in 2021–2022, 71% of country offices benefitted from shared United Nations common security and safety services, 52% from common information and technology, 45% from common procurement, and over one third from both administrative services and travel. This represents an increased percentage of country offices using United Nations common security and safety services and common information and technology compared to the 2021 report.

14. As the global health architecture evolves, the level of technical collaboration with bilateral partners (beyond their financial roles) in countries reflects WHO's ability to optimize international partnerships for country-level impact. Over two-thirds of WHO country offices reported working with bilateral partners, within their technical capacity, on health emergencies, 59% of country offices on universal health coverage, and 46% on healthier populations. A majority (57%) of WHO country offices reported technical cooperation with the European Union on health emergencies, and 47% on universal health coverage.

15. Of the 132 WHO country offices based in countries that are eligible for support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, 55% worked with the Global Fund on universal health coverage, 40% on healthier populations and 35% on health emergencies. In comparison, of the offices in the 54 countries eligible for support from Gavi, the Vaccine Alliance, 76% were engaged in technical cooperation with Gavi, the Vaccine Alliance on matters related to universal health coverage, and 63% on addressing health emergencies.

16. There are over 800 WHO collaborating centres across 80 different countries, which provide WHO country offices with their support for the achievement of the objectives of the Thirteenth General

¹ Since the last reporting period, three country offices moved out of United Nations common premises (or had to obtain more space outside of United Nations common premises) and one country office opened on United Nations common premises.

Programme of Work and country priorities. Sixty-two WHO country offices (40%) reported receiving support from WHO collaborating centres in 2021–2022. Of these country offices, 69% received support for health emergencies work, 58% for universal health coverage, 50% for healthier populations, and 34% for delivery, data and innovation. The engagement of WHO collaborating centres in country work decreased by around 20% in the reporting period. This may have been due to travel restrictions resulting from the COVID-19 pandemic, as well as a temporary shift of focus from the development agenda to health emergencies response. The work with and through WHO collaborating centres needs to be intensified, as such collaborations have significant potential to enhance the delivery on country commitments.

17. The importance of enriching WHO's work through engagement with non-State actors has been recognized.¹ In 2021–2022, nearly all WHO country offices worked with non-State actors to advance towards improved health outcomes, with the majority having worked with academic institutions (84%), local nongovernmental organizations (78%), the media (76%), professional bodies or associations (72%), civil society organizations (68%), and international nongovernmental organizations (61%). Around one third of WHO country offices reported that collaboration with academic institutions, as well as collaboration with local and international nongovernmental organizations (20% and 14% respectively), were the most effective for the delivery of the country office's priorities. The Organization will continue to engage with different non-State actors across its three levels, ensuring that country-level partnerships can result in better health outcomes in countries.

Country office leadership and workforce

18. WHO Representatives are recruited through a merit-based global talent management system. As at December 2022, 88% of WHO Representative posts² were filled, highlighting a continued need for the design and implementation of succession plans to ensure uninterrupted country-level leadership. The Organization will also benefit from further efforts to meet the WHO Representative inter-regional mobility target of 30%, as only two of the six WHO regions had met this inter-regional target as at December 2022. To reach gender parity among WHO Representatives, the WHO Secretariat will need to step up the efforts of increasing the proportion of female WHO Representatives, which was the same in December 2022 as it was in the last reporting period (38%).

19. In early 2023, there were four senior WHO staff members on the UN Resident Coordinator's Office Staff Roster. Although there were no WHO staff serving as full permanent United Nations Resident Coordinators in 2021–2022, almost half of the WHO Representatives (48%) reported serving as an acting United Nations Resident Coordinator at least once in 2021–2022. Most of the WHO Representatives (91%) served for less than three months, while three of them served for more than three months.

20. WHO continues strengthening its country-level workforce. As at December 2022, 46% of WHO's staff worked in country offices, representing a slight increase since the last reporting period. Similarly, the proportion of WHO's overall international staff working in country offices has increased from 22% to 25% since the last reporting period. Of all the staff in country offices, 45% are general services staff, 32% are national professionals, and 23% are international staff. Of the latter group, 37% worked in health emergencies, outbreak and crisis response and polio, 17% in universal health coverage, and 4%

¹ See document EB152/39.

² The group includes WHO Representatives; PAHO/WHO Representatives; Heads of offices; Heads of country offices, Liaison Officers, and Country Liaison Officers.

in healthier populations.¹ The other staff worked towards ensuring a more effective and efficient WHO, including leadership and governance, administration, and data and innovation. To supplement the work of staff, WHO country offices engaged the services of 6979 non-staff personnel in 2021–2022, which is 10% less than the number of non-staff personnel recorded for the period of 2019–2020. The decrease may reflect the maintenance, by WHO country offices, of some, but not all, of the non-staff recruited as surge capacity at the onset of the pandemic.

21. While WHO has reached overall gender parity for staff across all appointment types and categories of positions for the first time, as reported by the Director-General to the Executive Board at its 152nd session,² there remains room for improvement at the country level. Despite steady growth in the proportion of women among technical international staff over the past several years, further efforts are needed to achieve gender parity among international staff in WHO country offices and to increase the proportion of female international staff in country offices. In 2022, women accounted for a slightly lower percentage of international staff in country offices than during the last reporting period (37% compared with 39%).

22. In line with WHO's commitment towards diversity, equity and inclusion within its workforce, a strong emphasis will continue to be placed on ensuring a workplace that is welcoming and appropriate for people with diverse needs. As at September 2022, 30% of WHO country offices reported being fully accessible to persons with physical disabilities, representing an increase of over 10% since 2017, and 34% of country offices had flexible work arrangements for persons with disabilities. Additionally, 32% of country offices had breastfeeding facilities, which was the same percentage recorded during the last reporting period. Some country offices without breastfeeding facilities noted that space constraints (including the use of such facilities as office space following surge capacity due to the COVID-19 response) affected their availability, while others mentioned that, although breastfeeding facilities were not always available, they could be provided as needed.

Capacity enhancement at the country-office level

23. Over the past years, different strategies and evaluations have highlighted the need to strengthen WHO's staff capacity at the country level. The following country office capacities were reported to be the five most enhanced since the last reporting period: communications (78%); partnerships (65%); resource mobilization (64%); prevention and response to sexual exploitation and abuse (57%); and data or health information systems (45%). This was mostly achieved through recruitment of non-staff, training of the existing workforce, and backstopping support received from other WHO offices. The momentum and efforts for capacity-building at the country level of the Organization should be sustained.

24. Compared with the last reporting period, the percentage of WHO country offices that reported working with the communications sector or the media increased by 14%, reflecting the significance of effective communications during health and humanitarian crises, such as the COVID-19 pandemic and conflicts, and WHO country offices' role for risk communications and community engagement. The expanded cross-sectoral collaboration with the communications sector may also have been influenced by the increased visibility of WHO country offices at the onset of the COVID-19 pandemic and the implementation of vaccination campaigns by countries. WHO country offices will need to sustain such

¹ In the 2021 report, the distribution of staff across areas of work was calculated using the full-time equivalent time reported by country offices. However, in 2022, the distribution of staff across areas of work was calculated using staff information in WHO's internal database.

² See document EB152/2.

engagement and cooperation across various areas of work with the media and communications sector to ensure that WHO remains visible, trusted and relevant.

25. To remain visible and connected with the general public through corporate communications, WHO country offices rely on their websites (89%), Facebook (80%), Twitter (71%) and closed social media instant-messages groups (55%). By adopting different types of communications approaches in 2021–2022, WHO country offices have shown versatility in their approach to reaching public audiences, and should continue to build their communications capacity by linking it with their country priorities.

26. All offices reported having taken steps towards zero tolerance for sexual exploitation, abuse and harassment. By September 2022, 95% of country offices had ensured that all country office personnel had completed mandatory training on sexual exploitation, abuse and harassment, and 94% had appointed or identified a focal point.

The finances of WHO country offices

27. As at December 2022, US\$ 3.8 billion was made available for WHO country-level activity under the WHO programme budget for 2022–2023. This represents 54% of WHO's total available funds across levels of the Organization and is 85% of the planned country-level costs for the biennium. Of the total funding available for country-level work, 36% was allocated to base programmes, 51% for emergency operations and appeals, and 13% for polio. At the mid-point of the biennium, flexible funding accounted for 13% of total distributed funds for country offices. Although still low, it has increased from 10% to 13% over the past two years. The Secretariat is committed to making concerted efforts to further increase flexible funding for country offices to ensure strong and predictable country presence and country-level work.

28. Funds are not only mobilized at the global and regional levels of the Organization, they are also mobilized by WHO country offices. In 2021–2022, two-thirds of all country offices reported having applied to United Nations Multi-Partner Trust Fund Office for funding, with most of them (81%) successfully receiving such funds. However, challenges related to resource mobilization at the country-level exist and vary across offices. While close to one quarter of country offices had a dedicated resource mobilization specialist to provide support in this area, 50% of country offices reported inadequate resource mobilization capacity and lack of skills for donor engagement. The Secretariat will continue to find innovative ways to build resource mobilization skills and competencies at the country level.

THE WAY FORWARD

29. The two-year extension of the Thirteenth General Programme of Work to 2025 provides an opportunity for the strengthening of WHO country offices. In this way, they will be better equipped to support Member States and to collaborate with multilateral partners to accelerate progress by: (i) incentivizing partnerships and multisectoral collaboration to address the determinants of health; (ii) promoting integrated models to enhance country health systems and primary health care; (iii) strengthening preparedness and response capacities against health emergencies; and (iv) implementing data-driven delivery approaches and ready-to-scale innovations. By putting into practice the recommendations proposed by WHO's eleventh Global Management Meeting in December 2022 and elaborated upon in the Action Plan of the Action for Results Group, the WHO country offices will be better equipped to perform for health at the country level with core predictable country presence, further empowering WHO country representatives, coordinated three level communications and planning based on countries' needs and priorities.

30. As WHO moves towards enhancing its presence, work and impact at country level, in line with the Action Plan of the Action for Results Group, the Secretariat is faced with the need to tackle ongoing challenges and exploit strategic opportunities, such as those for: establishing WHO's core predictable country presence based on differentiated approaches to cooperation; ensuring a fit-for-purpose workforce that includes core staff positions and considers the need for gender parity among international staff and global mobility; securing flexible and predictable funds for core positions in country offices; maintaining and scaling up multisectoral partnerships by ensuring that country offices are encouraged to work across sectors; and sustaining advocacy and communications gains to improve the efficiency and efficacy of WHO country office programmes. In addition to these, other recommendations of the Action for Results Group of WHO's eleventh Global Management Meeting will be implemented, including recommendations for: empowering WHO Representatives with enhanced delegation of authority; streamlining planning and programme management across the three levels of the Organization; improving end-to-end procurement and business processes; and facilitating internal communication and expanding participation in decision-making will be implemented.

31. The continued over-reliance on voluntary contributions limits the ability of WHO country offices to respond flexibly to countries' needs. Although the Secretariat continues to work towards increasing the availability of flexible funds for country offices, having a core predictable country presence will provide the opportunity to ensure that the right skill sets are in the right office, depending on the type of cooperation provided based on the Country Cooperation Strategies. The Director-General and the WHO Representatives are committed to strengthening country-level capacity and stepping up leadership at the country-level to rectify existing imbalances in resource allocation and help to achieve better results and country impact. Finally, as WHO continues to strive for a best-in-class approach to the conditions of its workers across levels, country offices will pursue their efforts to lead the way by applying and enhancing accessibility and inclusivity practices.

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