WHO presence in countries, territories and areas

2023 Report

Key highlights
WHO presence in countries, territories and areas: 2023 report. Key highlights

ISBN 978-92-4-007417-0 (electronic version)
ISBN 978-92-4-007418-7 (print version)

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Design and layout by: Genève Design
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Foreword

Since the Organization was founded 75 years ago, WHO's mission has been “the attainment by all people of the highest possible level of health”. Our success in achieving that objective stands or falls by our ability to deliver results in countries. Over the past three years, COVID-19 has caused immense suffering, in the death and disease caused by the virus itself, as well as the severe disruption to health services, and the social and economic impacts of the pandemic. This once-in-a-century crisis illustrates the urgent need to support all countries to strengthen their defences against health emergencies, including the health systems that are the bedrock of healthier populations, universal health coverage and health security.

The WHO presence in countries, territories and areas: 2023 report provides an overview of the WHO Secretariat's work in countries to implement the now-extended Thirteenth General Programme of Work, 2019–2025 and the health-related targets of the Sustainable Development Goals (SDGs). It outlines how the Secretariat implements the priorities of Member States across the triple billion targets, the current country capacities in place to do so, and the modalities employed in facilitating that delivery. Key to our work are the critical partnerships established in countries with United Nations agencies, bilateral and multilateral partners, and other entities with which WHO works to deliver results.

While there are many positives, the outcomes and challenges reported here must be addressed as a matter of priority. This means equipping country offices with the financial and human resources to match country needs, based on a core predictable country presence and a fit-for-purpose workforce that strives for gender parity; it means enabling country offices with capacity-building and training; it means empowering country offices with more delegation of authority and scaling up multisectoral partnerships; and it means engaging country offices, with more participation in decision-making, bottom-up prioritization and enhanced visibility.

WHO's 152 country offices are at the forefront of ensuring that we deliver effective and timely support to Member States. This report will enable the global community to better understand the role of the WHO Secretariat in countries: how it works, with whom it works, and the barriers that hinder our work. It also indicates where improvements are needed and what it will take to make them.

I remain committed to steering WHO's continued transformation towards an organization that is focused on delivering an impact where it matters most – in the lives of the people we serve.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
WHO presence in countries, territories and areas

This document presents highlights of the WHO presence in countries, territories and areas: 2023 report,¹ which provides an overview of WHO’s presence, capacity and role in countries to promote, provide, protect and power health, as well as partnering and performing for health, with a view to enabling the implementation of the Thirteenth General Programme of Work, 2019–2025 (GPW13).²

Governed by 194 Member States and three Associate Members, WHO is headed by the Director-General at headquarters, regional directors in regional offices and WHO representatives in country offices.³⁴

<table>
<thead>
<tr>
<th>Regional office</th>
<th>Location</th>
<th>No. of offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Office for Africa</td>
<td>Brazzaville, Congo</td>
<td>47</td>
</tr>
<tr>
<td>Regional Office for the Americas</td>
<td>Washington (DC), United States of America</td>
<td>27</td>
</tr>
<tr>
<td>Regional Office for the Eastern Mediterranean</td>
<td>Cairo, Egypt</td>
<td>21</td>
</tr>
<tr>
<td>Regional Office for Europe</td>
<td>Copenhagen, Denmark</td>
<td>31</td>
</tr>
<tr>
<td>Regional Office for South-East Asia</td>
<td>New Delhi, India</td>
<td>11</td>
</tr>
<tr>
<td>Regional Office for the Western Pacific</td>
<td>Manila, Philippines</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>152</td>
</tr>
</tbody>
</table>

² Unless otherwise specified, the country office data presented in this key highlights report reflect the period from January 2021 to December 2022.
³ In this report, WHO’s offices in countries, territories and areas are referred to as “WHO country offices”. At the time of writing, there are 153 WHO country offices. The report covers 2021–2022 and thus focuses on the 152 WHO country offices fully established at the time.
⁴ 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.
Strategic cooperation for health and development

In collaboration with Member States, and through applying the Country Cooperation Strategies (CCSs), WHO should define and establish a core country presence that reflects country priorities, one that ensures the right and sufficient capacities in the right places.

Differentiated cooperation

- WHO’s differentiated country-level approaches to cooperation can provide insight into the types of skills and competencies needed in the country offices to optimally provide technical support to Member States.
- Most WHO country offices’ differentiated approach leans towards technical assistance and strategic support.

![Diagram showing percentages of different activities]

Coordinating service delivery 40%
Providing technical assistance
Providing strategic support
Engaging in policy dialogue

Country Cooperation Strategies

As at September 2022, 68% of WHO country offices had a CCS that was valid or an advanced stage of development.

Main uses of CCSs (for those with a valid CCS):

- 91% for strategic vision and planning operational workplans
- 79% for aligning planning and implementation across the three WHO levels
- 74% for maintaining institutional memory (e.g., WHO representative transitioning)
- 72% for ensuring coherence with other United Nations (UN) entities (e.g. UNSDCF and CCA)
- 72% for fundraising or mobilizing resources for the implementation of health programmes by Member States.
Ensuring that Member States, especially ministries of health, create an enabling environment and encourage WHO to work across sectors will be important if the Organization is to meet its billion target of healthier populations.

Promoting health requires working beyond the health sector

WHO offices must be enabled by ministries of health to engage with other governmental sectors and non-State actors to address the social, environmental and commercial determinants of health.

In 2021–2022, all WHO country offices worked with at least one sector other than health. The most engaged sectors were:

- **Environment, water and sanitation and climate change**: 86%
- **Education**: 76%
- **Communications or the media**: 72%
- **Foreign affairs**: 70%
- **Agriculture**: 60%

**Human resources for healthier populations**

- 6% of all country-level technical staff were assigned to the strategic area of healthier populations (as at 31 December 2022)
  - 73% were national professional officers
  - 27% were international professional staff
Provide health
Universal health coverage

WHO country offices continue to be a strong partner for Member States in the development, implementation, monitoring and review of national health policies, strategies and plans (NHPSPs), with a more prominent role in countries that are part of the Universal Health Coverage (UHC) Partnership.

Role of WHO country offices in NHPSPs

90% of all WHO country offices played a leadership or active partner role\(^6\) in initiating, developing, implementing, monitoring and reviewing NHPSPs\(^7\).

- 96% of WHO country offices supporting countries in the UHC Partnership had a leadership or active partner role.
- 78% of WHO country offices supporting countries not part of the UHC Partnership had a leadership or active partner role.

Human resources for UHC

33% of all country-level technical staff were assigned to the strategic area of UHC (as at 31 December 2022).

- 63% were national professional officers.
- 37% were international professional staff.

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\(^6\) Leadership role entails co-chairing with the Ministry of Health or other leadership role. Active partner role entails building national capacity for effective policy analysis, formulation, implementation, monitoring and review.

\(^7\) 5% of WHO country offices were contributors to NHPSPs, and another 5% were not involved with NHPSPs but provided strategic support to authorities across different levels of government, in accordance with the sociopolitical context.
WHO country offices have played an important role in the coronavirus disease (COVID-19) response, including by supporting Member States with equitable access and distribution of vaccines. In 2021–2022, all WHO country offices provided cooperation for health emergency preparedness, response and resilience (HEPR) actions.

Support provided by WHO country offices in COVID-19 vaccine access and deployment in 2021–2022:

- 90% demand generation for COVID-19 vaccines, including community engagement and misinformation management
- 87% COVID-19 immunization campaigns for the general population
- 86% COVID-19 immunization campaigns for health workers, older persons and other priority groups
- 68% supply or access agreements for COVID-19 vaccines for governments, such as local or international manufacturing agreements
- 65% advocacy for vaccine procurement, such as donation of excess vaccines and consumables
- 33% investment in research and development activities for vaccines, including local development of new COVID-19 vaccines.

HEPR

In 2021–2022, all WHO country offices supported Member States in at least one of the five subsystems of HEPR.

- Collaborative surveillance 97%
- Community protection 93%
- Clinical care 88%
- Access to countermeasures 66%
- Emergency coordination 91%

Human resources for health emergencies

- Of all country-level technical staff were assigned to the strategic areas of health emergencies, outbreak response and polio outbreaks (as at 31 December 2022)
- 65% were national professional officers
- 35% were international professional staff
The WHO Secretariat will continue to identify ways to enhance capacity in data, delivery and innovation at the country level, including by leveraging three-level coordination.

### Three-level cooperation for providing dedicated delivery support to 47 countries

Areas of work include road safety, obesity, maternal and child health, primary health care, essential health services, as well as strategic planning, delivery of capacity-building and analytics that complement CCSs.

<table>
<thead>
<tr>
<th>WHO region(^8)</th>
<th>AFR</th>
<th>AMR</th>
<th>EMR</th>
<th>EUR</th>
<th>SEAR</th>
<th>WPR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. of countries in which WHO has provided dedicated delivery support</strong></td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>3</td>
<td>3</td>
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### Human resources for data, delivery and innovation

- 2% of all country-level technical staff were assigned to the strategic area of data, delivery and innovation (as at 31 December 2022)

- Most WHO country offices did not have full-time staff assigned solely to data, delivery and innovation. Such tasks were carried out within other technical areas of work.

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\(^8\) AFR, African Region; AMR, Region of the Americas; EMR, Eastern Mediterranean Region; EUR, European Region; SEAR, South-East Asia Region; WPR, Western Pacific Region.
Partner for health
Engagement with the UN system

WHO country offices engage strategically with UN entities in countries to advance towards the triple billion targets in GPW13 and to benefit from economies of scale.

UN thematic groups

- **70%** of WHO country offices chaired or co-chaired the UN thematic group on *preparedness, response and resilience to health emergencies*.
- **28%** of WHO country offices chaired or co-chaired the UN thematic group on *disaster risk reduction and emergency preparedness*.

WHO country offices participated in joint UN programmes in strategic areas that contribute to WHO’s triple billion targets

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UN common business operations

- **18%** of WHO country offices were located in UN common premises
- **71%** of country offices benefited from the UN common security and safety services
- **52%** of country offices benefited from common information technology and ICT services
- **45%** of country offices benefited from common procurement
- **37%** of country offices benefited from common administrative services
- **32%** of country offices benefited from common travel services
Partner for health
Bilateral and multilateral cooperation

WHO country offices are leveraging international collaborations, notably bilateral cooperation, at the country level. The offices have shown their ability to convene key partners and funders, such as Member States and international agencies, to work on technical goals and GPW13 implementation; WHO endeavours to sustain such efforts.

In addition to being strategic financial partners, bilateral and multilateral actors can work with WHO at the country level as technical partners.

Strategic cooperation with bilateral partners
- 68% of WHO country offices reported to have worked with bilateral partners on health emergencies;
- 59% on UHC; and
- 46% on healthier populations.

Strategic cooperation with the European Union
- 57% of country offices worked with the European Union on health emergencies; and
- 47% on UHC.
Partner for health
Bilateral and multilateral cooperation

Strategic cooperation with the World Bank

- 45% of country offices worked with the World Bank on **UHC**; and
- 37% on **health emergencies**.

Strategic cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria

- 55% of country offices worked with the Global Fund on **UHC**;
- 40% on **healthier populations**; and
- 35% on **health emergencies**.

Strategic cooperation with Gavi, the Vaccine Alliance

- 76% of country offices worked with Gavi on **UHC**; and
- 63% on **health emergencies**.

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9  Among country offices that work in countries, territories and areas that receive support from the Global Fund.
10 Among country offices that work in countries, territories and areas that receive support from Gavi.
Partner for health
WHO collaborating centres and non-State actors

Scaling and achieving the Sustainable Development Goals require rapidly expanding high-quality partnerships with all actors within and outside government institutions at the country level, such as civil society, communities, academia and local nongovernmental organizations (NGOs). The simplification of the Framework of Engagement with Non-State Actors (FENSA) would also further encourage partnerships with such actors outside of government.

WHO collaborating centres

62 WHO country offices received support from a WHO collaborating centre in 2021–2022. There is an opportunity for country offices to increase engagement with the centres and involve them in activities.

Most effective partnerships with non-State actors

32% of WHO country offices found partnerships with academia to be the most effective for achieving WHO objectives

21% of WHO country offices found partnerships with local NGOs to be the most effective for achieving WHO objectives

14% of WHO country offices found partnerships with international NGOs to be the most effective for achieving WHO objectives
Perform for health
Country office leadership

The WHO Secretariat will make concerted efforts to strive for gender parity and interregional mobility of WHO representatives, as well as ensuring succession plans.

**WHO representatives**

- **88%** of WHO representative posts in countries, territories and areas were filled as at December 2022.
- The proportion of female WHO representatives had remained the same since December 2020.

Two of six WHO regions had reached the target for 30% of WHO representatives to be from outside the region.

73 WHO representatives served as the acting UN Resident Coordinator at least once between January 2021 and September 2022.

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**Female WHO representatives**

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11 This includes WHO representatives, PAHO/WHO representatives, heads of country offices, heads of offices, liaison officers and country liaison officers.
Although WHO has reached overall gender parity for staff across all appointment types and post categories for the first time, as reported by the Director-General at the 152nd session of the WHO Executive Board, there remains room for improvement among international staff at the country level. The WHO Secretariat will also need to make further progress in funding vacant posts in country offices.

**Workforce**

- **46%** of all WHO staff were working in country offices (as at December 2022).
- Since the last reporting, the proportion of WHO international staff working in country offices increased from **22%** to **25%**.
- There are significant international professional and national professional staffing gaps in country offices due to lack of funds or time-consuming recruitment procedures.

**Staff members**

Of all staff in WHO country offices as at December 2022:

- **37%** of international professional staff in country offices were women.
- **45%** of general service staff were women.
- **23%** of national professional staff were women.

**Non-staff members**

In 2021–2022, WHO country offices engaged the services of **6979** non-staff members, which was slightly lower than in 2019–2020.
In line with its commitment towards diversity, equity and inclusion within the workforce, WHO will continue to place a strong emphasis on ensuring that the workplace is welcoming and appropriate for people with diverse needs.

30% of WHO country offices were fully accessible to persons with physical disabilities, a more than 10% increase since the 2017 reporting.

32% of country offices had breastfeeding facilities, the same percentage as at the last reporting, in 2021.

34% of country offices offered flexible work arrangements for persons with disabilities.
Perform for health
Capacity enhancement at the country office level

Over the past two years, WHO country offices have increased their corporate capacities, through non-staff recruitment, training the existing workforce and backstopping support from other WHO offices, among others. Efforts for developing and strengthening capacities in country offices should be sustained.

Top five enhanced capacities by WHO country offices in 2021–2022

**Communications**
Among the top five enhanced capacities in 78% of country offices. WHO country offices increased their multisectoral collaboration with the communications sector in 2021–2022 to 72%, from 58% in 2019–2020.

**Partnerships**
Among the top five enhanced capacities in 65% of country offices.

**Resource mobilization**
Among the top five enhanced capacities in 64% of country offices.

**Prevention and Response to Sexual Exploitation, Abuse and Harassment**
Among the top five enhanced capacities in 57% of country offices. As at September 2022, 94% of country offices had appointed or identified a PRSEAH focal point.

**Data and health information systems**
Among the top five enhanced capacities in 45% of country offices.
Perform for health
Finances of WHO country offices

The proportion of flexible funds at the country office level has started to increase. The WHO Secretariat is committed to increasing flexible funding for country offices so as to ensure strong and predictable country presence and country-level work.

WHO funds available at the country office level

54% of WHO’s total available funds were made available to WHO country offices. Compared with the last reporting, the proportion of flexible funds available at the country office level had increased from 10% to 13%.

WHO country offices that had at least one vacancy for more than a year in 2021-2022 reported this was mostly due to lack of funding for an existing position:

- **42%** of WHO country offices reported having at least one healthier populations vacancy for more than a year.
- **25%** of WHO country offices reported having at least one UHC vacancy for more than a year.
- **28%** of WHO country offices reported having at least one health emergencies vacancy for more than a year.

WHO country office resource mobilization

In 2021–2022, two thirds of WHO country offices applied to the UN Multi-Partner Trust Fund Office for funding:

- **81%** of these successfully received the funds.

However, **50%** of WHO country offices reported inadequate resource mobilization capacity and lack of skills for donor engagement.
The way forward

As WHO moves towards enhancing its presence, work and impact at the country level, the WHO Secretariat is faced with the need to tackle ongoing challenges and exploit strategic opportunities.

At the Eleventh WHO Global Management Meeting, in December 2022, the Action for Results Group, comprising six WHO representatives, was formed to develop and monitor the implementation of an organizational action plan that operationalizes the meeting’s recommendations to strengthen WHO’s presence in countries, territories and areas.

Strategic opportunities that the Secretariat aims to leverage:

✦ ensuring WHO has appropriate and sufficient capacities in the right places, especially at the country level;
✦ ensuring WHO country offices have access to sufficient and predictable finances to provide responsive support;
✦ empowering WHO country offices to make decisions that drive impact in countries;
✦ allowing WHO to leverage bottom-up planning and prioritization focused on driving impact in every country;
✦ enabling WHO to work across sectors effectively; and
✦ ensuring WHO country offices have effective and efficient ways of working across the three levels.

By putting the above-mentioned recommendations into practice, WHO country offices will be better equipped to perform for health at the country level, with core predictable country presence. This, in turn, will further empower WHO representatives, and enhance WHO’s three-level communication and planning, based on the needs and priorities of countries.