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**Management and Governance matters:  
Management performance and Transformation  
in the South-East Asia Region**

The document A72/INF./4 titled “WHO reform process, including the Transformation Agenda, and implementation of United Nations Development System reform: WHO presence in countries, territories and areas”, was presented as an information document to the Seventy-second World Health Assembly in May 2019.



# WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform

## WHO presence in countries, territories and areas

### INTRODUCTION

1. WHO offices in countries, territories and areas<sup>1</sup> are the front line for delivering WHO's technical and normative work. WHO's country presence provides an essential platform for ensuring that WHO's normative work is relevant and is informed by and appropriately addresses country needs and priorities. It also ensures that WHO effectively and meaningfully engages with its Member States and with the United Nations Country Team and partners on the ground. For WHO to perform at country level in line with the expectations of the Thirteenth General Programme of Work, 2019–2023 and the increased leadership demands arising from the Global Action Plan for Healthy Lives and Well-being for All and United Nations development system reform, a predictable and appropriately articulated country presence is required.

2. The present report provides an overview both of WHO's current country presence and of the plans for an enhanced future country presence for the Organization. It draws on WHO's 2019 country presence report<sup>2</sup> and the findings of Regional Office-led country office functional reviews. The description of WHO's future country presence reflects ongoing work to align the WHO country-level set-up with the new WHO-wide operating model,<sup>3</sup> which includes four pillars that cut across all major offices and the three levels of the Organization to enhance consistency, delivery and accountability for WHO's work.

### THE CURRENT COUNTRY PRESENCE OF WHO

3. A biennial report on the WHO country presence<sup>4</sup> was requested by the Sixty-ninth World Health Assembly.<sup>5</sup> The report includes sections on who we are as an Organization, what the Organization does, and with whom and with what resources it works. The 2019 report provides additional information on the role of WHO country offices in supporting governments and partners in implementing the

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<sup>1</sup> Where there is no WHO country office presence, regional offices will assume this role.

<sup>2</sup> WHO presence in countries, territories and areas. Geneva: World Health Organization; 2019 (<https://www.who.int/country-cooperation/publications/who-presence-report-2019/en/>, accessed 16 April 2019).

<sup>3</sup> See document A72/48.

<sup>4</sup> WHO country presence refers to the work of the Secretariat as a whole and is carried out through a physical WHO presence and coordinated support from other levels of the Secretariat, such as through technical backstopping at regional and headquarters levels, development of norms, technical support, programme management and coordination for country support.

<sup>5</sup> See decision WHA69(8) (2016), paragraph 15.

health-related Sustainable Development Goals (SDGs); support for South–South and/or triangular cooperation initiatives; and selected country stories, organized according to the strategic priorities of the Thirteenth General Programme of Work.

4. Commensurate with the magnitude of the public health challenges within its mandate, WHO has a field presence that is one of the most extensive in the United Nations system, with representation in all six WHO regions led by 123 heads of WHO offices in countries, territories and areas and 26 acting heads. Gender and geographic diversity are increasing among WHO's field leadership. At country level, the proportion of women heads has increased from 33% in 2017 to 39% in 2019, while the proportion of heads of WHO offices in countries, territories and areas serving outside their region of nationality has increased from 18% in 2010 to 28% in 2019, just short of the 30% target but the proportion varies among regions.

5. The WHO country-level workforce is increasing in terms of staff in the professional and higher categories. As at 31 December 2018, WHO had 3956 staff members working at country level, of whom 20% were in the professional and higher categories (a 1% increase over the 2017 level), 30% were national professional officers (a 2% increase) and 50% were general service staff members (a 3% decrease), continuing a trend towards a higher proportion of staff in the professional and higher categories.

6. WHO's large network of staff provides support to countries through policy dialogue, technical assistance and, when needed, operational support. WHO delivers its technical cooperation based on biennial workplans developed through country cooperation strategies and biennial collaborative agreements (European Region only). Currently, there are 83 valid country cooperation strategies and 26 valid biennial collaborative agreements in place, while a further 24 countries, territories and areas are in the process of developing or updating a strategy in line with the strategic priorities of the Thirteenth General Programme of Work. Joint WHO and government mechanisms are used to enhance implementation and monitor and report on WHO technical cooperation; such mechanisms are reported to be present in 89% of WHO country offices in 2019, an increase from 83% in the 2017 country presence report.

7. Following the adoption of the 2030 Agenda for Sustainable Development, WHO has supported governments and partners in developing the necessary technical tools, guidance and country and regional implementation plans. WHO has also established advisory groups to coordinate those activities in an evidence-based manner. In more than three quarters of the 149 countries, territories and areas in which WHO is physically present, governments have established a national coordination mechanism to implement and monitor the Sustainable Development Goals. Two thirds of country offices have reported that the government periodically monitors the progress of national plans for implementing the 2030 Agenda for Sustainable Development or plans for mainstreaming the Sustainable Development Goals into existing plans and programmes, while just under half of them have reported annually to the United Nations High-Level Political Forum on Sustainable Development.

8. Through the Global Action Plan for Healthy Lives and Well-being for All, WHO country offices will be provided with a framework to coordinate the work of partners and governments to accelerate the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Worldwide, 93% of WHO country offices have reported being active in advocacy to mainstream the Sustainable Development Goals into national plans, while 89% of them provide technical support to mainstream the Goals into national plans, policies and programmes and 87% of them provide advice, facilitation and/or coordination on setting national targets and/or indicators.

9. WHO regional offices and headquarters provide backstopping for country offices. Between January 2017 and 31 July 2018, 5870 missions were reported, representing a 17% increase from 2015. Most were organized by regional offices (57%). In accordance with the Thirteenth General Programme of Work, the resources allocated to countries are gradually increasing. A total of US\$ 2.48 billion was made available for WHO country-level work for the biennium 2018–2019, representing 79% of the total planned costs at country level for the biennium 2018–2019. Gaps between the planned budget and actual funds made available to countries persist; that requires attention. In addition, 58% of those funds were allocated to polio, outbreak and crisis response and special programmes, leaving only 42% (US\$ 1.036 billion) for technical cooperation executed through base programmes. As at 31 December 2018, 55% of the funds distributed for the biennium 2018–2019 had been spent at country level.

10. Integration and cooperation in the field is imperative to achieving the SDGs. As part of the United Nations Country Team, WHO has proactively engaged in United Nations reform at country level and 128 WHO country offices participated in the development of the United Nations Development Assistance Framework (UNDAF). Most of the priorities of the WHO country cooperation strategies are reflected in the Framework. The 2030 Agenda reaffirms the need to enhance South–South and triangular cooperation and regional and international cooperation on access to science, technology and innovation. Globally, half the WHO offices in countries, territories and areas in the six regions have reported supporting a total of 241 South–South and/or triangular cooperation initiatives in 2018.

11. The Thirteenth General Programme of Work focuses on WHO’s impact in countries. Although implementation started in January 2019, many country experiences, stories and achievements dating from 2018 were collected to gauge WHO’s existing contribution to protecting and promoting health and serving the vulnerable: more than 200 stories of achievements and progress were produced by WHO country offices as part of the data collection exercise for the 2019 country presence report. Of the country success stories collected, more than one third referred to the expansion of universal health coverage and the strengthening of health systems at country level. Over 60% of the stories were related to the promotion of health through the life course.

## **PLANNING THE FUTURE COUNTRY PRESENCE OF WHO**

12. WHO’s country presence is an indispensable element of WHO’s three-level operating model, which includes country offices, regional offices and headquarters. All three levels strive to operate together as “one WHO” to deliver a positive impact on health. In 2013, the Secretariat established an internal task force on the roles and functions of the three levels of WHO in order to differentiate the responsibilities of each level in contributing to the impact of WHO’s six core functions. Building on that work and in the context of the Thirteenth General Programme of Work, United Nations reform and WHO’s transformation agenda, the Director-General and Regional Directors announced on 6 March 2019 a further clarification of the roles of country offices, regional offices and headquarters in order to enhance effectiveness and efficiencies, improve support to country offices and enable more seamless ways of working across the three levels. In the new operating model, regional offices will lead the Organization’s technical cooperation agenda and will be the primary providers of expert support for country offices. Headquarters will sharpen its focus on producing the global public health goods that Member States need and country offices request, while providing specialized technical assistance and surge capacity as required.

13. In that context and in parallel with the development and finalization of the Thirteenth General Programme of Work, an extensive review and analysis of WHO's existing country-level operating model was undertaken, as part of the broader work of the transformation agenda, to ensure that WHO is fit-for-purpose and appropriately configured to deliver its new strategy. That work has been informed by country-level functional reviews, reviews of best practices in all regions, success stories, the requirements of the Thirteenth General Programme of Work and the opportunities afforded by United Nations reform. Work to define a predictable, sustainable WHO country presence has proceeded in three phases. First, the capacities needed to deliver WHO's key functions at country level were reviewed and refined. Secondly, a strategy was established to improve the sustainability and predictability of financing for WHO's country presence. Thirdly, work is ongoing to establish a common, minimum WHO country office structure that is aligned with the Thirteenth General Programme of Work, country contexts and the new three-level WHO-wide operating model.

14. In the first phase, four major capacities have been identified as essential to ensure the predictable delivery of WHO's key functions at country level. First, country operations need to be led by a strategic, empowered and supported WHO representative, which may require redefining their roles and capabilities to ensure that they have sufficient public health expertise, skill in health diplomacy, partnerships, resource mobilization and communications, and managerial capacity. Secondly, country offices need sufficient normative and technical capacity in line with the priorities of the Thirteenth General Programme of Work and country support plans, covering the core areas of universal health coverage, healthier populations and health emergency preparedness and response. Thirdly, there must also be sufficient capacity in health information systems/data, partnerships, resource mobilization and communications. Fourthly, country teams need to have a deeper relationship with Member States, extending beyond the health sector to ministries of other sectors, such as ministries of finance, agriculture, education, infrastructure or industry, that have a key role to play in enacting policies essential to the attainment of Sustainable Development Goal 3 and the triple billion targets.

15. A new approach to financing WHO's country offices was developed to ensure the sustainability and predictability of the above-mentioned functions. The three-pronged approach would include financing a core, minimum set of positions for the duration of a general programme of work, ideally through assessed and core unspecified voluntary contributions. Additional, scalable capacity and positions would be funded on the basis of country priorities and country support plans, which would in turn be adjusted biennially through the programme budget process and financed through a combination of corporate and country-level resource mobilization. The ad hoc capacity needed at any point in the biennium to support unforeseen demands, such as health emergencies, would be scaled up as needed through a combination of specified, unspecified and emergency funds.

16. Following the announcement of the new WHO operating model on 6 March 2019, work has begun across all six regions to establish a model core structure and minimum capacity for WHO country offices. That core structure will be aligned with the four new corporate pillars of programmes, emergencies, business operations and, where appropriate, external relations, and will be adjusted and scaled to the different contexts in which WHO operates. The core structures will reflect the differentiated approach to WHO's country support that is outlined in the Thirteenth General Programme of Work – policy dialogue, strategic support, technical assistance and service delivery.

17. To strengthen the quality of WHO work at country level, substantial backstopping and support will be provided by regional offices, with headquarters providing specialized technical assistance and surge support in line with the new WHO operating model. New initiatives that are part of the broader transformation will contribute, for instance through the roll-out of a new corporate process for WHO's technical cooperation and the introduction of "three-level delivery teams" for key programmes. The multiple capacity development efforts that are being undertaken as part of the transformation agenda will also help to build the capabilities and skills needed at country level, for instance through the revamping of the process for the nomination, assessment, rostering and selection of WHO representatives; the standardization of criteria and levels of leadership in each country office; WHO's new geographical mobility policy and plan that will be operational by end-2019; the new career pathways and professional development processes; and the eventual roll-out of the WHO Academy.

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