

Optimizing WHO's performance: countries at the centre

Executive summary

1. The thirteenth general programme of work 2019–2023 (GPW 13) of the World Health Organization (WHO) identifies three strategic priorities for the Organization: achieving universal health coverage; addressing health emergencies; and promoting healthier populations. The strategic priorities are tied to ambitious targets for driving progress towards the Sustainable Development Goals (SDGs): 1 billion more people benefitting from universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being.
2. Achievement of GPW 13's "triple billion" goal by 2023 requires a major effort by Member States that will be catalysed by WHO and other development partners. Each of the goals requires scale-up efforts that would mark a significant improvement over past performance. To deliver its new strategy and the ambitious targets, WHO has embarked on a major transformation to increase impact at country level and to be fit-for-purpose in the SDG era. The goal of the transformation process is to fundamentally reposition, reconfigure and re-capacitate the Organization so that its normative and technical work focuses more sharply on, and translates directly into, a measurable difference in people's health at country level.
3. The Regional Office for the Eastern Mediterranean has therefore adopted a "country functional review" approach in order to develop a renewed business model for each of the 22 Member States of the Region. The review will define the operating model, as well as the workforce distribution and skills, needed to improve the impact of WHO's work at the country level. The in-depth review will include consideration of effective collaboration and partnership with other United Nations agencies serving in the domain of health.

Introduction

4. The coming five years, 2019–2023, will be crucial for achievement of the SDGs. GPW 13 identifies three strategic priorities for the Organization: achieving universal health coverage; addressing health emergencies; and promoting healthier populations. The strategic priorities are tied to ambitious SDG-based targets: 1 billion more people benefitting from universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being.
5. Underlying GPW 13's strategic priorities are three strategic shifts: "stepping up leadership at all levels" and "focusing global public goods on impact" as a way of "driving impact in every country". To deliver on these strategic shifts, WHO will have to transform itself to become fit for purpose. This transformation is envisaged within GPW 13 as five organizational shifts, as follows:
 - measure impact – to be accountable and manage for results;
 - reshape operating model – to drive country, regional and global impacts;
 - transform partnerships, communications and financing – to resource the strategic priorities;
 - strengthen critical systems and processes – to optimize organizational performance;
 - foster culture change – to ensure a seamless, high-performing WHO.
6. More specifically, WHO's operating model will need to be transformed to put countries at the centre and optimize impact at the national level. GPW 13 identifies the following key priorities:
 - enhancing the quality of leadership at country level to ensure provision of high-calibre WHO Representatives who are effective health leaders and diplomats, well suited to addressing the country's priorities;

- ensuring visible and measurable collaboration with all Member States;
- empowering WHO at the country level with sufficient programmatic, financial, administrative and management authority for effective delivery of WHO's work, accompanied by corresponding accountability for WHO's performance, visibility and impact;
- ensuring that country strategies (for example, country cooperation strategies) drive GPW 13 priorities and support the national strategic plan, and contain clear actions, results chains and performance metrics;
- better leveraging WHO regional offices to support implementation of GPW 13 through regional strategies and plans of action that accommodate regional specificities and context, by sharing best practices and new ideas, and by capitalizing on efficiencies related to decentralization;
- strengthening WHO's leadership and cooperation with, and convening of, partners including United Nations partners, bilateral and multilateral institutions, academic institutions and civil society to promote health in the Sustainable Development Agenda;
- redistributing resources – particularly technical expertise – geographically close to where impact matters.

7. GPW 13 recognizes that WHO's work with countries covers a broad spectrum of activities, from policy dialogue and strategic support through to technical assistance and service delivery. The Organization should adopt a differentiated approach to driving public health depending on the capacity and maturity of each country's health system.

8. WHO has therefore embarked on a major transformation to increase its impact at country level and be fit for purpose in the SDG era and a rapidly changing world. The goal of the transformation process is to fundamentally reposition, reconfigure and re-capacitate the Organization such that its normative and technical work is of an even higher quality, and more sharply focused on, and translating directly into, a measurable difference in people's health at the country level. The transformation process will create an operating model that makes it possible for WHO to deliver on its strategic priorities.

9. At the country level, the transformation process will aim to establish a standard fit-for-purpose presence in every country office with minimum core functions, staffing and financing. The heads of WHO country offices will be supported by adequate capacity to support normative and technical work (based on the "triple billion" goal) and cross-cutting functions (such as data/information, partnerships, resource mobilization and communications). WHO's overall country presence will be adapted and/or scaled up/down based on country-specific needs and priorities.

10. The Roadmap of work for the Eastern Mediterranean Region 2017–2021 already emphasizes WHO's presence in countries as a platform for effective cooperation with Member States for advancing the global health agenda, contributing to the development of national policies and plans, and aligning country priorities and realities with global policies and priorities.

Overview and challenges

11. As of January 2018, there are 18 WHO country offices and four desk offices in the Eastern Mediterranean Region. The workforce in the country offices is divided between 60 international staff on fixed-term contracts, 103 international staff on temporary contracts, 284 national staff on fixed-term contracts, 242 national staff on temporary contracts and over 1000 national staff on non-staff contracts (outsourced). There are 36 suboffices in the Region: eight in Afghanistan; six in Sudan; five in Iraq; four in Pakistan; four in the Syrian Arab Republic; four in Yemen; three in Somalia; and two in Palestine.

12. The Eastern Mediterranean Region continues to bear the largest burden of people in need of aid, including health care, among WHO's regions. At the end of 2016, out of a total of 140 million people in need of aid globally, more than 76 million people (59%) lived in countries in the Region directly or indirectly affected by emergencies. Exacerbating the situation are the unprecedented magnitude and scale of crises, the large numbers of displaced persons due to violence or economic crisis, attacks against health care facilities and workers, and increasingly fragile health systems. Thus, many Member States in the Region face

considerable hurdles in re-orienting national development plans to achieve the targets of the SDGs. Increased efforts must be exerted to support those countries.

13. In addition to humanitarian emergencies, there are a number of persistent overarching challenges impeding progress in the areas identified as public health priorities for WHO's work in the Region. These challenges include: difficulty in recruitment and retention of qualified top talent; limited human resources in key programme areas in some countries; multiplicity of health stakeholders and limited collaboration with partners; insufficient coordination between programmes at regional and country level; poor communication within the Organization, and/or with partners and stakeholders which can result in limited brand visibility; insufficient political commitment to some key health priorities; inadequate public health capacities and resources to sustain programmes at the national level; and limited availability of reliable and timely data on some public health issues.

The country functional review approach

14. There is a need to transform WHO's presence in the Eastern Mediterranean Region to become more responsive and results-driven. A fundamental element in reforming each country office to be fit for purpose is identifying the staff profiles/skills and operational modalities required to improve the impact of WHO's work at the country level. The country offices' human resource plans and activity work plans must be aligned with identified national priorities and should focus on appropriate staffing levels, skill requirements and training needs. Another fundamental element of reform is aligning national priorities and plans with the United Nations Development Assistance Framework (UNDAF) in order to strengthen partnerships and work as "one United Nations", to maximize the joint impact of all United Nations agencies in the country.

15. Therefore, the Regional Office has developed a "country functional review" process to systematically undertake a review of WHO's presence in the countries of the Region. The functional review will assess the existing operational modalities of the country offices, with a view to developing a renewed business model for each office. It will aim to ensure better alignment of WHO's workforce and operations with each country's health situation, needs and priorities in order to deliver high-quality technical advice and operational support to host governments, international partners and the population.

16. The country functional review will:

- evaluate the current organizational set-up in WHO country offices, including staffing levels, skills mix, budget portfolios and opportunities to mobilize domestic resources for the review process;
- analyse how these inputs are aligned with the national priorities identified in WHO country cooperation strategies, the Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021 and UNDAF;
- identify key internal and external drivers/conditions (such as disease burden, population size, system of government) that influence the presence and work of WHO country offices;
- analyse health, social and economic data and indicators to differentiate between countries of the Region in terms of their capacity, vulnerability and the maturity/fragility of their health systems;
- propose an operating model (staffing level, roles, skills mix, structures and financial resources) that is reflective of WHO's comparative advantage in a particular country and builds on effective collaboration and partnership with other United Nations agencies.

17. Country functional reviews will rely on intensive consultations with key players, including health ministries, United Nations partners, donors, non-State actors, and other health partners.

18. The Regional Office has established a Steering Committee to lead the country functional review process and undertake high-level functions. The Committee will oversee implementation of the recommendations of the functional reviews, ensure Organization-wide consistency and make regular updates to the Regional Director. The Steering Committee comprises the following members: Director of Programme Management (Chair); Director of Administration and Finance (Co-chair); all directors (technical expertise); Head of Country Focus Support; Head of Planning, Monitoring and Evaluation; Head of Human Resource

Management; regional focal person for transformation; regional focal person for the SDGs; and regional focal person for partnership and resource mobilization.

19. The Regional Office will set up multidisciplinary cross-organizational teams to conduct field missions and undertake the functional review in countries. Teams will be led by a project coordinator and include specialists in human resources (organizational design and career counselling), administration/continuous business improvement, resource mobilization and planning.

20. During field missions, teams will focus on the following tasks: reviewing key documents including national health and development plans, country cooperation strategies and UNDAFs; conducting a high-level meeting with the health ministry to discuss alignment of priorities, and explore expectations and lessons learned; meeting with United Nations partners to maximize coordination and strengthen partnership to work as one United Nations; discussing WHO's performance and potential resource mobilization schemes with donors to address financial gaps resulting from the revised operating model; developing an implementation plan for each country office, including a fit-for-purpose restructuring and a new operational modality.

21. The expected outcomes of the country functional reviews include:

- clear and updated strategic directions and priorities based on country needs;
- a revised structure and workforce, with an appropriate number of positions and competencies;
- a revised implementation modality that is effective, efficient and takes into consideration partnership opportunities and innovative approaches;
- a financial plan, including resource mobilization opportunities to secure human resources and funding for activities;
- improved ways of working to maximize results, increase staff satisfaction and meet external expectations.

22. Implementation plans will include reassignment of international staff from WHO headquarters and the Regional Office to an appropriate country office (or vice versa), relocation of international staff from one country office to another, recruitment of competent national officers and/or establishment of new positions for recruitment, with the goal of aligning staffing with WHO's strategic priorities as per GPW 13.

Next steps

23. For the functional review process to transform WHO's operating model to be fit for purpose and focused on impact, the support of Member States is needed in the following areas:

- reaffirming the outcomes and priority areas identified during the WHO prioritization process;
- presenting and discussing an updated national strategy on health, including priorities, needs and the country contribution to GPW 13;
- providing financial and human resources to work with WHO either during the functional review process or during implementation; for example, filling human resource gaps through the United Nations Junior Professional Officer Programme;
- full engagement with the review team to guide them on expectations from WHO's presence and WHO's collaboration with key partners in health;
- full commitment to the post-review implementation plan and the transformation process so that country offices can deliver better and support national efforts towards achieving the targets of GPW 13.