

MOPAN ASSESSMENT REPORT

World Health Organization (WHO)



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EXPLANATORY NOTE

MOPAN is the only collective action mechanism that meets member countries' information needs regarding the performance of multilateral organisations. Through its institutional assessment report, MOPAN provides comprehensive, independent, and credible performance information to inform its members' engagement and accountability mechanisms.

MOPAN's assessment reports tell the story of the multilateral organisation and its performance. Through detailing the major findings and conclusions of the assessment, alongside the organisation's performance journeys, strengths, and areas for improvement, the reports support member's decision-making regarding multilateral organisations and the wider multilateral system.

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PREFACE

ABOUT MOPAN

The Multilateral Organisation Performance Assessment Network (MOPAN) comprises 22 members and observers¹ that share a common interest in assessing the performance of the major multilateral organisations they fund.

Through its assessments and analytical work, MOPAN provides comprehensive, independent, and credible information on the effectiveness of multilateral organisations. This knowledge base contributes to organisational learning within and among the multilateral organisations, their direct beneficiaries and partners, and other stakeholders. MOPAN's work also helps members of its Network meet their own accountability needs, as well as inform their policies and strategic decision-making regarding the wider multilateral system.

MOPAN MEMBERS AS OF 1 JANUARY 2024



1. As at 01 January 2024: Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Korea, Luxembourg, the Netherlands, New Zealand, Norway, Qatar, Sweden, Switzerland, Türkiye*, the United Kingdom, and the United States.

*New Zealand and Türkiye are observers.

ABOUT THE ASSESSMENT OF THE WORLD HEALTH ORGANIZATION

This report provides a diagnostic assessment and snapshot of the organisational performance of the World Health Organization (WHO) within its mandate. It covers the period from January 2019 to July 2023 (albeit evidence gathering was extended for specific areas to Spring 2024; see Chapter 4). This is the fourth MOPAN assessment of WHO and builds on those completed in 2010, 2013 and 2018.

The assessment of WHO was conducted through a rigorous process and a collaborative approach, integrating the perspectives of a wide range of stakeholders. It provides WHO and its members with a robust account of WHO's organisational strengths and the areas where improvements can be made.

The assessment draws on multiple lines of evidence (documentary, survey, interviews) from sources within and outside the organisation to validate and triangulate findings across 12 key performance indicators (KPIs) which are further broken down into more than 220 individual indicators. The assessment framework reflects international best practice and has been customised to take account of WHO's individual mandate and circumstances. In particular, the framework was revisited to capture the impact of the COVID-19 pandemic on WHO's mandate and operations, and to gauge whether WHO's organisational systems and processes facilitate a rapid and agile to this unprecedented global health crisis.

The following operating principles guided the implementation of this assessment. MOPAN's Methodology Manual describes in detail how these principles are realised.

Box 1: OPERATING PRINCIPLES

MOPAN will generate **credible, fair and accurate** assessments through:

- **implementing** an impartial, systematic and rigorous approach;
- **balancing breadth with depth** and adopting an appropriate balance between coverage and depth of information;
- **prioritising quality** of information over quantity;
- **adopting a systematic approach**, including the use of structured tools for enquiry/analysis;
- **providing transparency** and generating an “audit trail” of findings;
- **being efficient**, building layers of data, seeking to reduce burdens on organisations;
- **ensuring utility**, building organisational learning through an iterative process and accessible reporting;
- **being incisive**, through a focused methodology, which provides concise reporting to tell the story of an organisation's current performance.

Source: MOPAN 3.1 Methodology: Manual, http://www.mopanonline.org/ourwork/themopanapproach/MOPAN_3.1_Methodology.pdf.

The assessment report is composed of two parts: an Analysis Summary and a Technical and Statistical Annex. **Part I: Analysis Summary** is structured into four chapters. **Chapter 1** introduces the organisation and its context, **Chapter 2** provides an overview of key findings, **Chapter 3** takes a detailed look at the findings in each performance area, and **Chapter 4** provides information about the assessment methodology and process.

Part II: Technical and Statistical Annex contains the detailed underlying analysis of each score, the list of supporting evidence documents, as well as the summarised results of the external partner survey that fed into this assessment. It is accessible on the MOPAN website.

TABLE 1. MOPAN ASSESSMENT PROCESS

Stage 1: INCEPTION	The inception phase seeks to ground the assessment in an understanding of an organisation's mandate, operating model, and infrastructure; how it addresses cross-cutting issues. This includes how it interprets and tracks results and performance.
Stage 2: EVIDENCE COLLECTION	This stage focuses on the collection of robust and relevant evidence against the assessment framework from three streams (document review, interviews, and surveys) to minimise information gaps and ensure that assessment findings are credible.
Stage 3: ANALYSIS	In this phase, the data collected are synthesised and analysed to derive findings that are supported by clear and triangulated evidence. Complementary data are collected as needed.
Stage 4: REPORTING	As the assessment report is being drafted, the organisation verifies factual findings, and both the organisation and the Institutional Lead (IL) comment on the analysis. The MOPAN Secretariat and an external expert, where possible, carry out quality assurance. Key findings are presented to organisation and MOPAN members. A written response from the organisation's management concludes this stage.



HONDURAS: Impact of Codex Trust Fund (CTF) on food safety.

The CTF is a development partnership located at the heart of the global Codex system and is based on a mandate given directly by all Codex Member Countries, comprising developing and transition economy countries, developed countries as well as FAO and WHO.

Elsa tends pepper plants in Lomani, Honduras, in October 2023.

Photo: © WHO/Sue Price



WHO headquarters in Geneva, Switzerland. Statue of an adult blinded by onchocerciasis (river blindness) and guided by a child. The statue commemorates the success of three WHO / Pan-American Health Organization-led programmes: the Onchocerciasis Control Programme in West Africa (OCP) operating in 11 countries; the African Programme for Onchocerciasis Control (APOC) covering 19 countries outside West Africa; and the Onchocerciasis Elimination Program for the Americas (OEPA) present in six countries.

Photo: © WHO / Christopher Black

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The MOPAN assessment of the World Health Organization (WHO) was conducted under the overall strategic guidance of Suzanne Steensen, Head of the MOPAN Secretariat. It was managed and guided by Jolanda Profos, with support from Camille Hewitt, who helped finalise the report.

MOPAN is very grateful to Koen Van Acoleyen, Enrico Balducci, Hannes Dekeyser, and Pieter Vermaerke from Belgium, Katie Birks, Joseph Jenkinson, Trina Loken, Emily Miller, and Joyce Seto from Canada, and Clarisse Geier, Christophe Schiltz, and Anne Weber from Luxembourg, for championing this assessment on behalf of the MOPAN membership. The assessment was conducted in cooperation with Agulhas Applied Knowledge. Nigel Thornton led the assessment and is its principal author. A team comprised of Marcus Cox, Gottfried Hirnschall, Noëlie Hounzanme, Sanum Jain, Elizabeth Mason, Olivia McConnell and Theodora Yeung supported the assessment and contributed to the final report. The report also benefited from an overall external peer review conducted by Paul Balogun, and quality assurance for the areas related to sexual misconduct by Moira Reddick.

The external partner survey was managed by Cristina Serra Vallejo from the MOPAN Secretariat, who with Corentin Beudaert-Ugolini from MOPAN and Lauren Pett from Agulhas Applied Knowledge, also supported the implementation and finalisation of the survey. The report was edited by Jill Gaston. Baseline Arts Ltd provided the layout and graphic design.

MOPAN would like to sincerely thank the WHO for the excellent collaboration. Our gratitude goes in particular to Catharina Boehme, Razia Pendse, and Raul Thomas, supported by Alex Ross, who engaged with the MOPAN team throughout the assessment process.

This assessment would not have been possible without the close engagement and valuable contributions from many senior officials and technical staff from WHO, as well as representatives of development partners who participated in interviews and the survey.

Finally, MOPAN is grateful to all of its steering committee representatives for supporting the WHO assessment, and to its member countries for their financial contributions, which made the report possible.



Aerial view of WHO headquarters premises in Geneva, Switzerland.

Photo: © FIPOI

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MALI: COVID-19 vaccination from Bamako to Ménaka – December 2022.

At Ménaka airstrip on 15 December 2022, vaccines are loaded on a vehicle to be used in a vaccination campaign against COVID-19 in the city of Ménaka and surrounding areas.

Photo:
© WHO/Fatoumata Diabaté

ABBREVIATIONS AND ACRONYMS

AC	Assessed contributions	EMRO	WHO Regional Office for the Eastern Mediterranean
ADG	Assistant Director-General	EURO	WHO Regional Office for Europe
AFRO	WHO Regional Office for Africa	FENSA	Framework of Engagement with Non-State Actors
AMRO	WHO Regional Office for the Americas	GAVI	Global Vaccine Alliance
AMSTG	Agile Member States Task Group	GER	Gender, equity and human rights
ARG	Action for Results Group	GPEI	Global Polio Eradication Initiative
BMS	Business Management System	GPW	General Programme of Work
CCS	Country Cooperation Strategies	HEPR	Health Emergency Preparedness, Response and Resilience
CDC	Centres for Disease Control and Prevention	HIV	Human Immunodeficiency Virus
CFE	Contingency Fund for Emergencies	HQ	Headquarters
CO	Country Office	IATI	International Aid Transparency Initiative
COP	Conference of the Parties	IHR	International Health Regulations
COVAX	COVID-19 Vaccines Global Access	IOAC	Independent Oversight Advisory Committee for Health Emergencies
CPCP	Core Predictable Country Presence	KPI	Key performance indicator
CRE	Office of Compliance, Risk Management and Ethics	M&E	Monitoring and evaluation
CSO	Civil society organisation	MI	Micro-indicator
DG	Director-General	MO	Multilateral Organisation
DRC	Democratic Republic of the Congo		
EB	Executive Board		



AFGHANISTAN:
Health needs –
November 2022.

Dr Waziri attends to one of the 12 cases he is currently caring for of children suffering from malnutrition with medical complications at the French Medical Institute for Mothers and Children (FMIC) in Kabul on 22 November 2022. WHO provides support to the nutrition ward of this hospital.

Photo:
© WHO/Kiana Hayeri

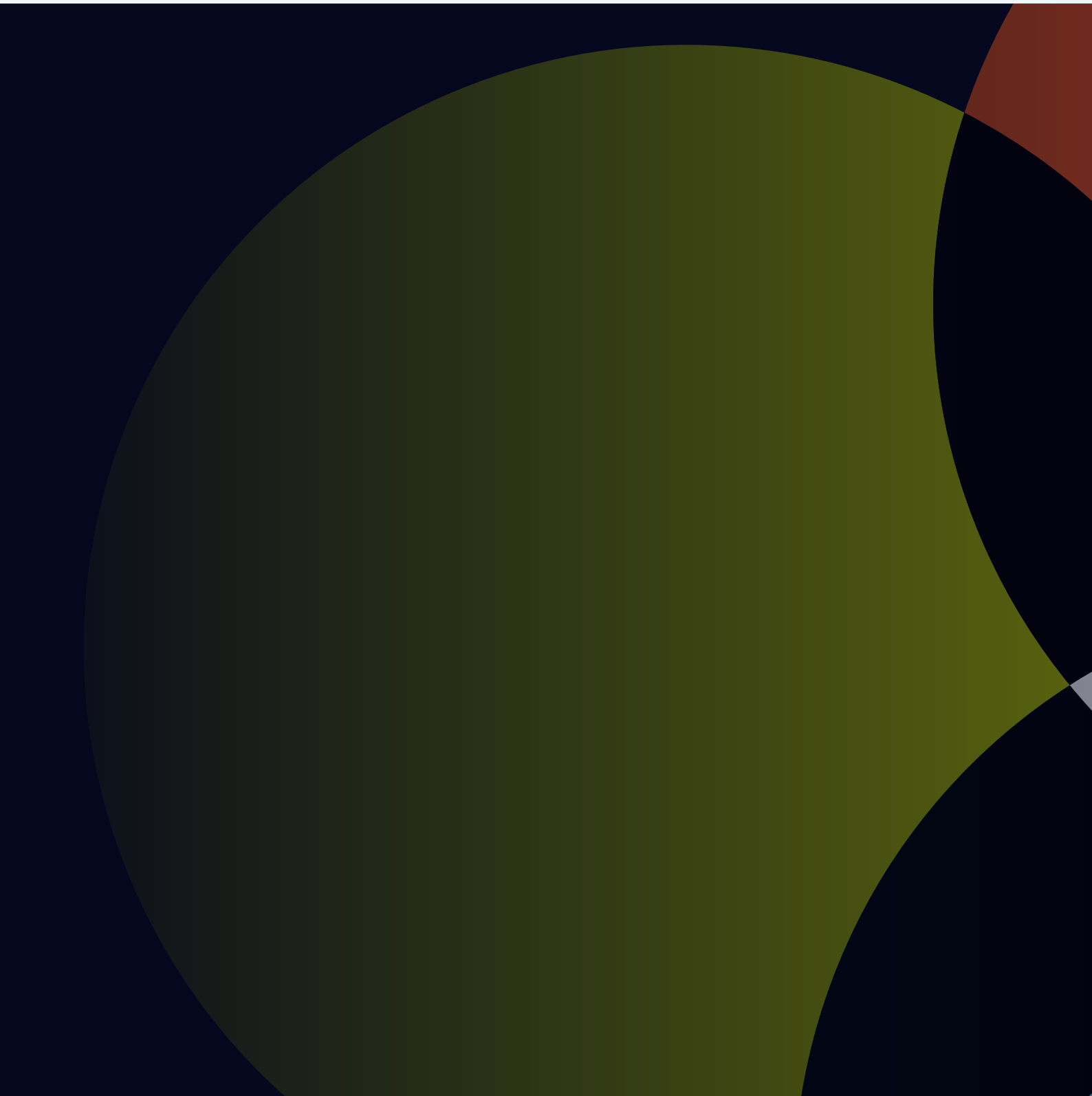
MOPAN	Multilateral Organisation Performance Assessment Network	SEA	Sexual exploitation and abuse
NCDs	Non-communicable diseases	SEAH	Sexual exploitation, abuse, and harassment
NGOs	Non-government organisations	SEARO	WHO Regional Office for South-East Asia
OECD	Organisation for Economic Co-operation and Development	SH	Sexual harassment
PAHO	Pan American Health Organization	SRF	COVID-19 Solidarity Response Fund
PASM	Policy on Preventing and Addressing Sexual Misconduct	SSTC	South-South and triangular cooperation
PB	Programme Budget	TB	Tuberculosis
PBAC	Programme, Budget and Administration Committee	UN	United Nations
PRS	Prevention and response to sexual misconduct	UN-SWAP	United Nations System-wide Action Plan
PRSEAH	Preventing and Responding to Sexual Exploitation, Abuse and Harassment	UNICEF	United Nations International Children's Emergency Fund
PSEA	Protection from sexual exploitation and abuse	USD	United States dollar
PSEAH	Protection from sexual exploitation, abuse and harassment	VC	Voluntary contributions
PSH	Protection from sexual harassment	VCSA	Victim and survivor-centred approach
RBM	Results-based management	WASH	Water, sanitation, and hygiene
SDG	Sustainable Development Goal	WHA	World Health Assembly
		WHO	World Health Organization
		WPRO	WHO Regional Office for the Western Pacific
		WRs	WHO Representatives



KENYA: Oral cholera vaccination campaign and drought response – February 2023.

On 18 February 2023, Ministry of Health officials and WHO staff at the Garissa Vaccines Depot pack oral cholera vaccines for distribution to health centres and mobile clinics.

Photo:
© WHO/Billy Miaron



**WORLD HEALTH
ORGANIZATION (WHO)**
PERFORMANCE AT A GLANCE



WORLD HEALTH ORGANIZATION (WHO): PERFORMANCE AT A GLANCE

KEY FINDINGS

This MOPAN assessment of the World Health Organization (WHO) reviews organisational performance and capabilities against the commitments set out in WHO's Thirteenth General Programme of Work (GPW13) and its Transformation Agenda. The assessment period (2019-23) was dominated by the **COVID-19 pandemic**, which **presented WHO with its greatest-ever challenges, while also helping reinforce its role as the leading global health institution**. It afforded WHO an opportunity to demonstrate its speed and agility in responding to an unprecedented global crisis and to invest more energy into its partnerships and global health diplomacy, build new co-ordination and funding mechanisms, and strengthen its capacity-building support for developing country members.

WHO's ambitious reform programme correctly identifies areas needing improvement. The reform process will take time, given WHO's size and complexity. The pandemic impeded the implementation of the organisational transformation agenda that WHO had set out in 2017, and highlighted areas where it needed to strengthen its operations, particularly at country level. WHO has certainly made progress and improvements by undertaking a range of organisational reforms with potentially wide-ranging impact. The reform remains a work in progress.

WHO's overall vision is clear. WHO is guided by an ambitious, clear, long-term vision laid out in its GPW13 (originally for 2018-23, now extended to 2025). The Triple Billion targets identify the high-level outcomes to which WHO seeks to contribute: one billion more people benefiting from universal health coverage; one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being.

COVID-19 helped push health-related targets further off track. It exposed weaknesses both in the global health architecture and in national health systems. Since the pandemic, WHO has seen a marked increase in demand for its support to strengthen health systems at country level, and to respond to protracted crises and sudden-onset emergencies, and has heightened its focus on capacity building in response. It has demonstrated substantial leadership at global and, to varying degrees, at regional levels on the links between health and climate change. It also faces new technical challenges and has become more engaged in the social determinants of health and in such under-invested areas as non-communicable diseases (NCDs).

Fulfilling WHO's ambitious mission requires sufficient capacity, particularly at country level. WHO's diverse and growing challenges call for robust strategic planning, resource allocation and results management processes. Efforts are being made in many of these areas. In addition, capacity is needed at all global regional and country levels. A key commitment in WHO's transformation agenda was to strengthen its delivery capacity at country level. Its country cooperation strategies (CCS) and country operational plans should guide its efforts to do so alongside member states, but many CCS are outdated. In 2022, the WHO Director-General (DG) established a group of WHO country heads to develop a 100-day plan to strengthen the organisation's in-country resources, and specific actions are now underway.

As WHO develops a new approach to partnerships, a clearer articulation of its own role will be essential as demands on its resources grow. The COVID-19 pandemic demonstrated that WHO can be agile in partnerships in emergencies (although its funding modalities constrain its agility under normal conditions). The pandemic saw WHO's global leadership role enhanced and prompted the organisation to become more pro-active in seeking global partnerships. The development of WHO's health diplomacy alongside its technical capacity has been an important direction of travel since the last MOPAN review, and WHO now engages more actively in global leadership bodies. It has increased its engagement with non-state actors, subject to appropriate due diligence and risk assessments. This more active

approach to partnerships may help strengthen both WHO and the global health system. However, while WHO has the lead role among UN agencies in setting global health norms, it is a single actor in an increasingly crowded field. Ensuring that its role is clearly and broadly understood will be important going forward. There is a recognition across many parts of WHO that its external accountability could be stronger, not least to beneficiary populations.

WHO and its member states have recognised the need to diversify funding and reduce its reliance on voluntary contributions (VCs), which currently comprise nearly 80% of its funding. High levels of earmarking and limited predictability make it difficult for WHO to fund its base programmes and priorities. The organisation has made some progress since 2017-18 in increasing predictability, flexibility, and transparency and further progress will require close engagement with funders. It is seeking more flexible funding from member states and non-state actors and has established a pooled fund and contingency fund for emergencies. It shows a good level of financial transparency and accountability and can demonstrate how its programme budget (PB) aligns to its strategic priorities. Its internal controls are sound, including risk-based due diligence processes, accountability frameworks, and fraud and corruption risk assessments. WHO has made significant progress in recent years in strengthening its policies, procedures and practice relating to preventing and responding to sexual exploitation, abuse and harassment (PRSEAH), after allegations of abuses by WHO employees emerged.

Demonstrating how WHO contributes to outcomes is seen increasingly as important. WHO has strengthened the measurement and communication of its outputs, setting up dashboards and scorecards. Its organisation-wide plans, such as the GPW13 and the PB, link to high-level organisational results and are regularly updated. However, stakeholders report that it has been difficult to identify a plausible contribution to the outcome-level targets that WHO has set itself from its data. Most stakeholders are of the view that WHO is, in fact, making important contributions to the health, development and humanitarian objectives detailed in GPW13. However, some -- particularly funders -- report that they wish results information more clearly identify WHO's possible contribution to those outcomes. The organisation did not use theories of change or similar logical models in GPW13 to create a framework identifying how it or its partners contribute to results at various levels. In the context where many of its outcome-level targets are not being met and where more than 50% of the targets have no recent data to make it possible to assess progress, member states, funders and WHO consider it important to understand clearly why certain results are achieved while others are not.

Evaluation is central to demonstrating WHO's contributions to global health outcomes and results. The assessment finds, however, that WHO is yet to invest sufficiently in the evaluation of its effectiveness, which is foundational for both accountability and learning. Evaluation is currently an underused and undervalued function in WHO. Over the period of the assessment, the organisation lacked a strategic approach to organisational learning, although efforts were being made to redress this very recently. The evaluation function has not provided sufficient coverage of WHO's priorities either globally or at country level. The evaluation function is formally independent but the annual evaluation programme is under-resourced, compared to similar organisations. More investment in strategic evaluations (such as the December 2023 Evaluation of the Thirteenth Programme of Work) would assist considerably in providing evidence of WHO's impact.

WHO's future requires increasing adaptability, agility, and capacity. WHO will continue to face increasingly complex demands, not least related to the global climate emergency, diverse global health emergencies, key communicable and, increasingly, NCDs, and antimicrobial resistance. WHO will need to continue to adapt and further strengthen its capacities. Institutionally, WHO needs to maintain the change trajectory it is on, which requires consistency in direction and leadership, and steady support from its member states. To achieve the necessary reform, WHO member states must also change their approach to the organisation, specifically helping its financing model become more agile and less reliant on VCs. Demands at country level are increasing, not least as a result of the increase in global crises and pressures. WHO needs to continue to strengthen its operational capacity in countries, to achieve better

strategic planning and results management at country level and a clearer allocation of resources. Partners see WHO's more active approach to building partnerships (exemplified during the pandemic) as essential to strengthening both the organisation and the global health system. WHO's efforts to prevent and respond to sexual misconduct and abuse have been significant but are not yet complete and warrant a sustained level of effort, monitoring, and funding.

WHO's Fourteenth Programme of Work (GPW14) was being drafted as this report was finalised. Drafts of GPW14 include positive commitments that may address some of the key areas identified by this evaluation. These include updating WHO's approach to results management, clarifying outcomes, as well as simplifying and streamlining output targets framed by an overall theory of change. It is expected that this approach will more clearly lay out the critical actions required of member states, partners, key constituencies and the WHO Secretariat to deliver GPW14. The draft suggests this should allow a clearer articulation of WHO's overall contribution to outcomes. There are also commitments that WHO will go further to embed a longer-term organisational change and continuous improvement agenda at all three levels of the organisation, specifically to strengthen its human resources and continue to change the culture and approach to PRSEAH. All of this will be underpinned by moving to a more sustainable financing model based on investment rounds. The assessment team looks forward with interest to see how GPW14 will be implemented in practice once it is adopted.

Box 2. Main strengths and areas for improvement identified in the MOPAN 2023 assessment

Main strengths

- WHO continues to demonstrate clear leadership among global health institutions.
- WHO can demonstrate agility and responsiveness in emergency situations including in the face of global challenges such as COVID-19.
- WHO has continued to maintain a process of transformation across multiple areas.
- WHO demonstrates its commitment to transparency of reporting, budgeting and resource allocation.
- WHO has significantly strengthened its infrastructure and capacity to prevent and respond to sexual misconduct, underpinned by dedicated and clear leadership.

Areas for improvement

- WHO needs to better demonstrate how its activities and outputs make a plausible contribution to the health outcomes it seeks to achieve.
- WHO's reforms to build high performance capacity at country level need to be accelerated.
- Planned reforms to WHO's funding model need to be carried through so that more than 50% of funding is in the form of assessed contributions.
- WHO needs to strengthen its evaluation function in line with its own and UN norms to further improve both accountability and corporate learning.
- WHO needs to maintain the attention paid to address sexual misconduct and abuse so that permanent culture change can result.

Figure 1 shows WHO's overall performance ratings over the review period, which has been satisfactory for achievements related to the first six KPIs - KPI 1 organisational architecture and financial framework, KPI 2 cross-cutting issues, KPI 3 operational model and resources support relevance and agility, KPI 4 cost and value consciousness, financial transparency, KPI 5 planning and intervention design, and KPI 6 partnerships. KPI 7 results focus and KPI 8 evidence-based planning are scored as unsatisfactory. As usual, under the MOPAN methodology, WHO's results (outcomes) (KPIs 9-12) have been scored based on available data, but the confidence level in these scores is limited by the lack of coverage of WHO's evaluations.

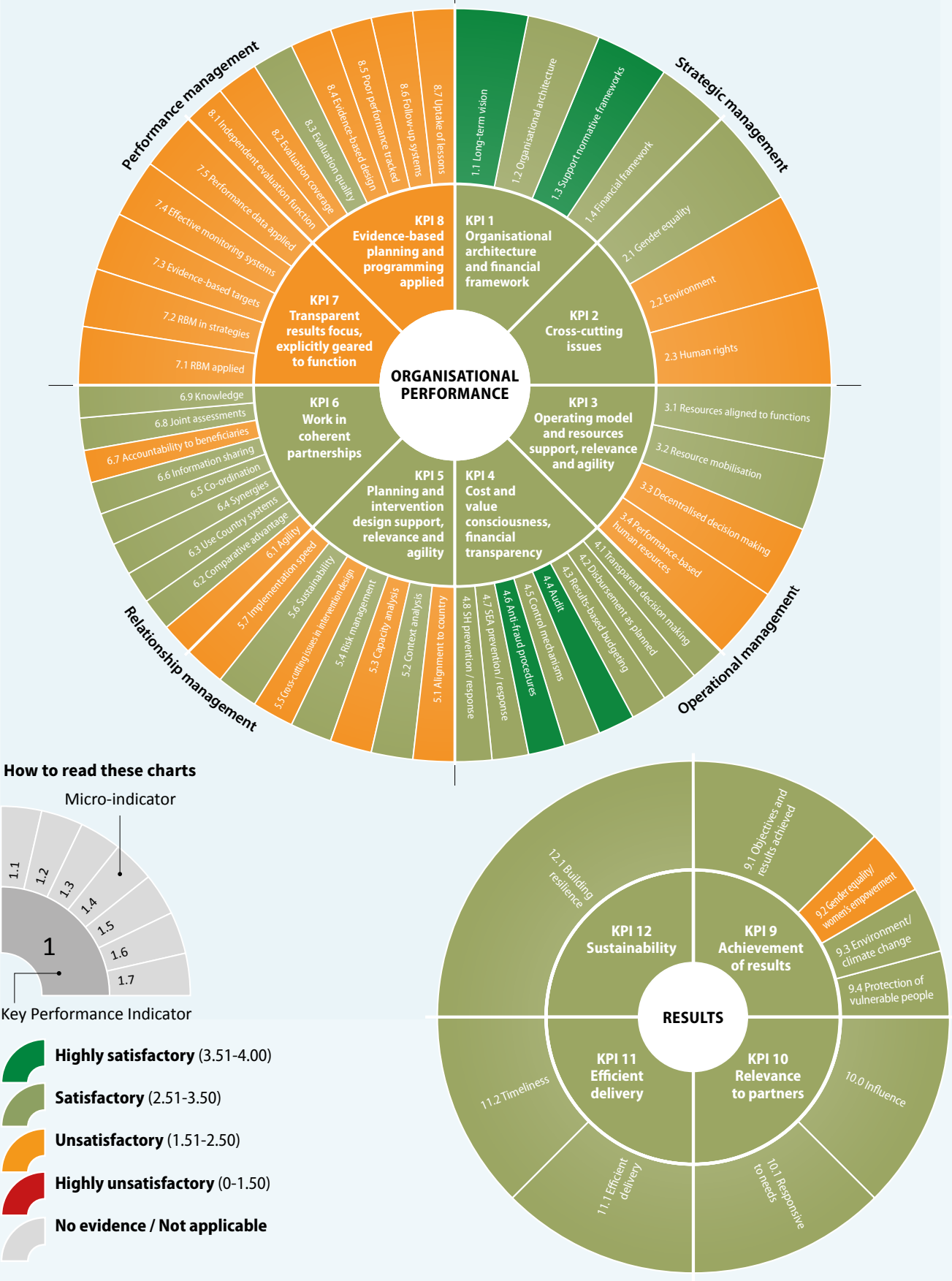
It should be noted that MOPAN's approach to rating indicators has evolved since 2017-18 (see Section 4.3). Compared to the pre-2019 rating scale, thresholds for each rating have been raised to reflect increasing demands of organisational performance in the multilateral system. This may explain some of the variation against previous assessments. For a graphic relating to this assessment that uses the previous rating methodology, see Chapter 4 (Figure 21).



Dr Tedros Ghebreyesus meets with a delegation from Nigeria, including Nigerian Health Minister Muhammad Ali Pate, during the 77th World Health Assembly at the Palais des Nations in Geneva, Switzerland, on 30 May 2024.

Photo: © WHO/Pierre Albouy

FIGURE 1: WORLD HEALTH ORGANIZATION'S PERFORMANCE RATING SUMMARY



BACKGROUND TO THE ORGANISATION



INTRODUCING WHO

Mission and mandate

The World Health Organization (WHO) was created in 1948 as a specialised agency of the United Nations (UN) within the terms of Article 57 of the UN Charter. Its constitution commits it to a set of core principles: everyone should enjoy the highest standard of health as a fundamental human right regardless of race, religion, political belief, economic or social condition, and that health is a state of complete physical, mental and social well-being and not merely the absence of disease.

According to WHO's Thirteenth General Programme of Work (GPW13) – a strategy paper setting out strategic direction for 2019-23 and now extended to 2025 – WHO's mission is to promote health, keep the world safe and serve the vulnerable. GPW13 is underpinned by the Triple Billion targets – a set of joint commitments by WHO, its member states and other partners – that by 2023 will:

1. achieve universal health coverage – 1 billion more people benefitting from universal health coverage;
2. address health emergencies – 1 billion more people better protected from health emergencies;
3. promote healthier populations – 1 billion more people enjoying better health and well-being.

Three *strategic* shifts support these strategic priorities:

1. stepping up leadership;
2. driving public health impact in every country;
3. focusing global public goods on impact.

Five *organisational* shifts seeking to improve strategy implementation support the priorities:

1. an impact-focused, data-driven strategy;
2. a collaborative, results-focused culture;
3. an aligned three-level operating model (seeking to better integrate global, regional, and national activities);
4. a new approach to partnerships;
5. predictable and sustainable financing.

WHO sees these strategic and organisational shifts as necessary to transform it into a “fit-for-purpose” organisation able to achieve the Triple Billion goals. These actions were set out in the “Transformation Agenda”, launched in 2019. WHO reports progress on its transformation to its governing bodies and on a WHO Transformation webpage (WHO 2018a; WHO 2022f).¹

GPW13 is based on the Sustainable Development Goals (SDGs) – particularly SDG 3 on good health and well-being. It includes commitments that WHO will prioritise, measure impact, strengthen its normative work, drive public health impact in every country, act with a sense of urgency, scale, and quality, and transform its resource mobilisation efforts.

Governance arrangements

The World Health Assembly (WHA) is the decision-making body for WHO's 194 member states. It approves the organisation's strategies and policies, appoints the Director-General (DG), supervises financial policies and approves budgets. A 34-member executive board (EB) advises the WHA, facilitates its work and implements its decisions and policies. Elected by member states for a five-year term, the DG is the chief technical and administrative officer, responsible for outlining WHO's vision and directing its operations. The current DG, Dr Tedros Adhanom Ghebreyesus, assumed office in July 2017 and oversaw the development and implementation of GPW13 since its adoption at the

1. In addition, the External Auditor (Auditor General of India) included and implemented in its 2021 workplan an independent audit of Transformation.



A photo exhibition outside the main entrance of WHO Headquarters in Geneva, Switzerland, on 25 January 2024.

The exhibition was created as part of the celebration of WHO's 75th anniversary. It features archival and current images of WHO staff at work in the field around with world.

Photo:
© WHO/Pierre Albouy

71st World Health Assembly (WHA) in 2018. At the 75th WHA in May 2022, Dr Tedros Ghebreyesus was re-elected to a second five-year term.

Organisational structure

WHO has more than 8,000 professional staff. The WHO Secretariat is headquartered in Geneva, Switzerland, and is responsible for the management and administration of the organisation. It has six regional offices in Africa, the Americas, the Eastern Mediterranean, Europe, Southeast Asia and Western Pacific, 150 country offices, and six headquarters (HQ) in outposted offices operating across country borders.² WHO regional offices also manage a set of geographically dispersed offices serving as centres for excellence on various topics and reporting to their respective regional office. The DG and the six regional directors, who are responsible for implementing strategies and programmes across regions and country offices, form the leadership team. The regional offices play an important role in WHO's organisational and management structure, providing the link between HQ and country offices for policy-setting, planning, implementation, results, and data-related functions. Each country office develops a Country Co-operation Strategy (CCS) – or, for the regional office for Europe (EURO), a Biennial Collaborative Agreement – to guide its work.

Accountability, oversight, and transparency are provided by the governing bodies, and within the WHO Secretariat by several departments/offices and functions. The governing bodies include the Independent Expert Oversight Advisory Committee; PB and Administration Committee; the EB, and the WHA. Within the Secretariat, these include the Office of Independent Oversight Services; Evaluation Office; Compliance, Risk and Ethics Department; the External Auditor; Office of the Ombudsperson; Global Board of Appeals, and the Business Operations Division. The Independent Oversight Advisory Committee for Health Emergencies advises the DG.

WHO organogram at HQ

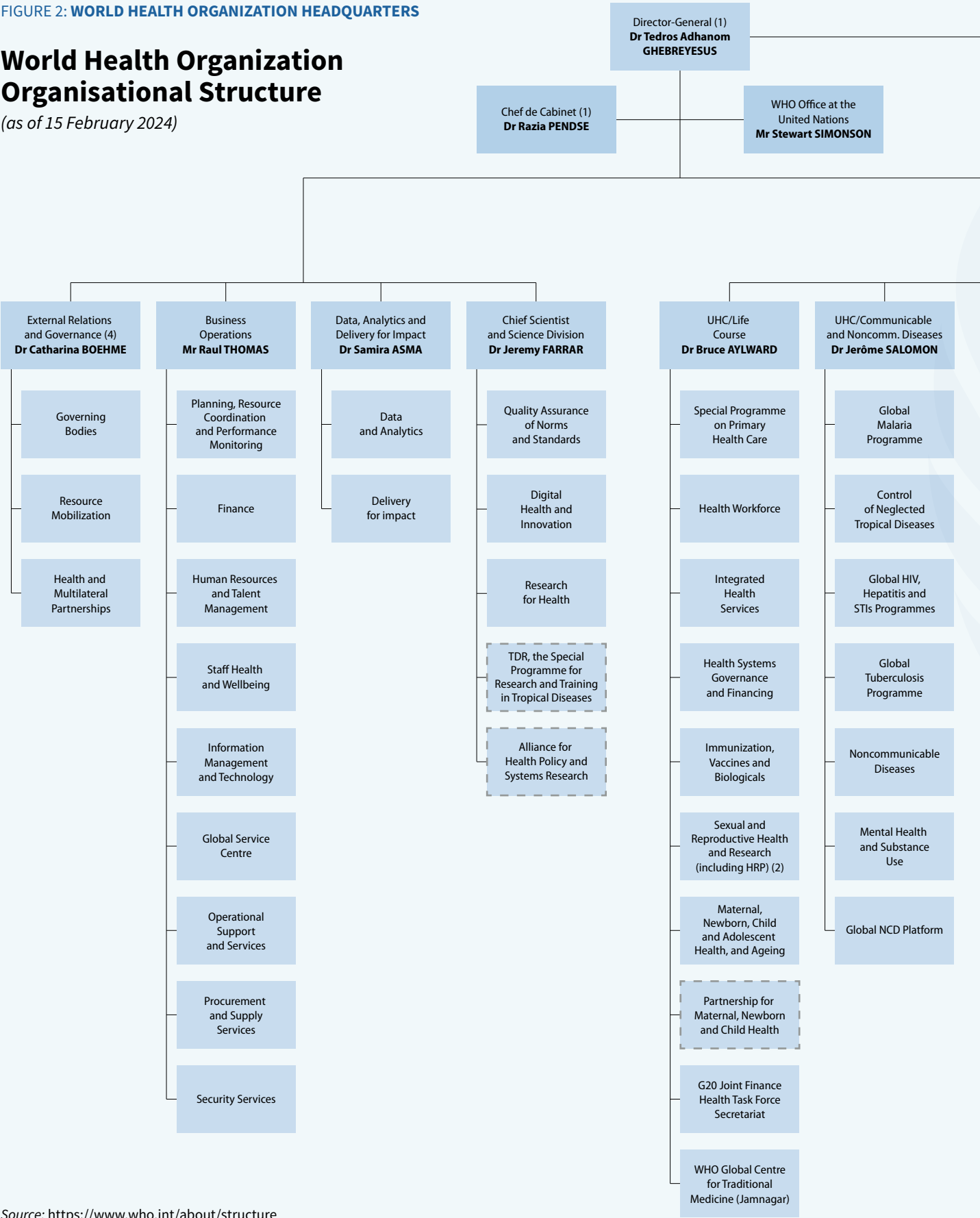
In the first half of 2023 new appointments were made to drive WHO's strategic direction and initiatives, including the Chief Scientist, Chef de Cabinet, Assistant DG for Universal Health Coverage, Communicable and NCDs, Assistant DG for Access to Medicines and Health Products, and Assistant DG for Universal Health Coverage, and Healthier Populations. The HQ leadership team, comprising equal numbers of women and men, will work jointly with WHO regional and country offices. Figure 2 shows WHO's most recent HQ organogram (WHO 2023).

2. The WHO office at the United Nations; WHO Academy in Lyon, France; WHO Centre for Health Development in Kobe, Japan; Traditional Medicine Centre, India; Berlin hub, and the WHO office in Lyon (IHR-related).

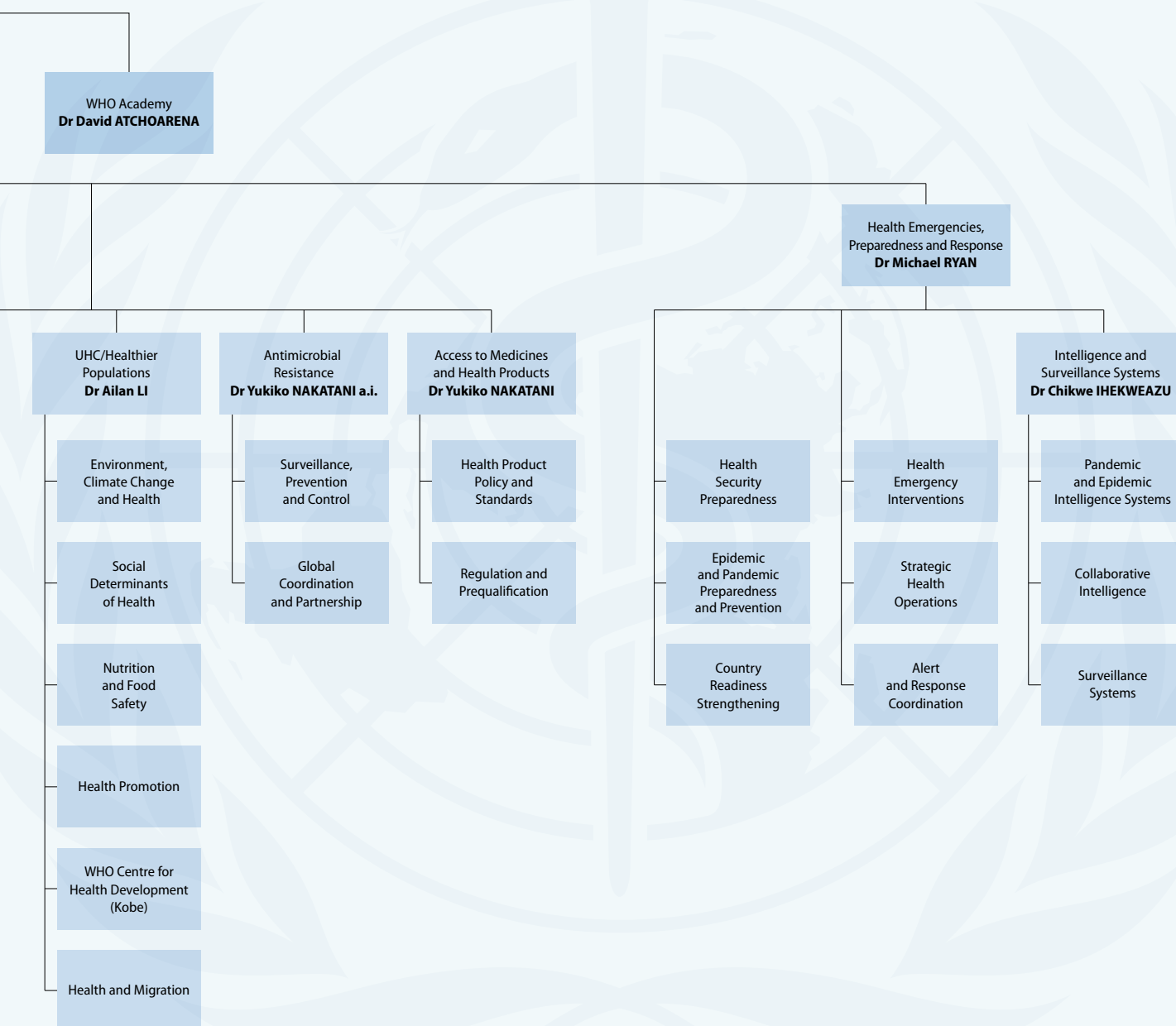
FIGURE 2: WORLD HEALTH ORGANIZATION HEADQUARTERS

World Health Organization Organisational Structure

(as of 15 February 2024)



Source: <https://www.who.int/about/structure>



1) Includes: Office of the Director General; Chief Nurse Office; Compliance and Risk Management and Ethics (CRE); Country Strategy and Support (CSS); Communication (DCO); Envoy for Multilateral Affairs (EMA); Evaluation Unit (EVL); Global Board of Appeal (GBA); Gender, Rights and Equity – Diversity, Equity and Inclusion (GRE); Global Preparedness Monitoring Board (GPMB); IOAC; Office of Internal Oversight Services (IOS); Office of the Legal Counsel (LEG); Office of the Ombudsperson and Mediation Services (OMB); Polio Eradication and Polio Transition Programme (POL); Prevention and Response to Sexual Exploitation (PRS); Transformation Implementation and Change (TIC).

(2) Research agenda co-ordinated with Chief Scientist.

 Co-sponsored programme, hosted partnership or other hosted entity



TANZANIA: Disability inclusion in health – December 2023.

Erica, a nutritionist at Moshi District Council, assesses 2-year-old Haika, who has cerebral palsy, to determine her nutritional status.

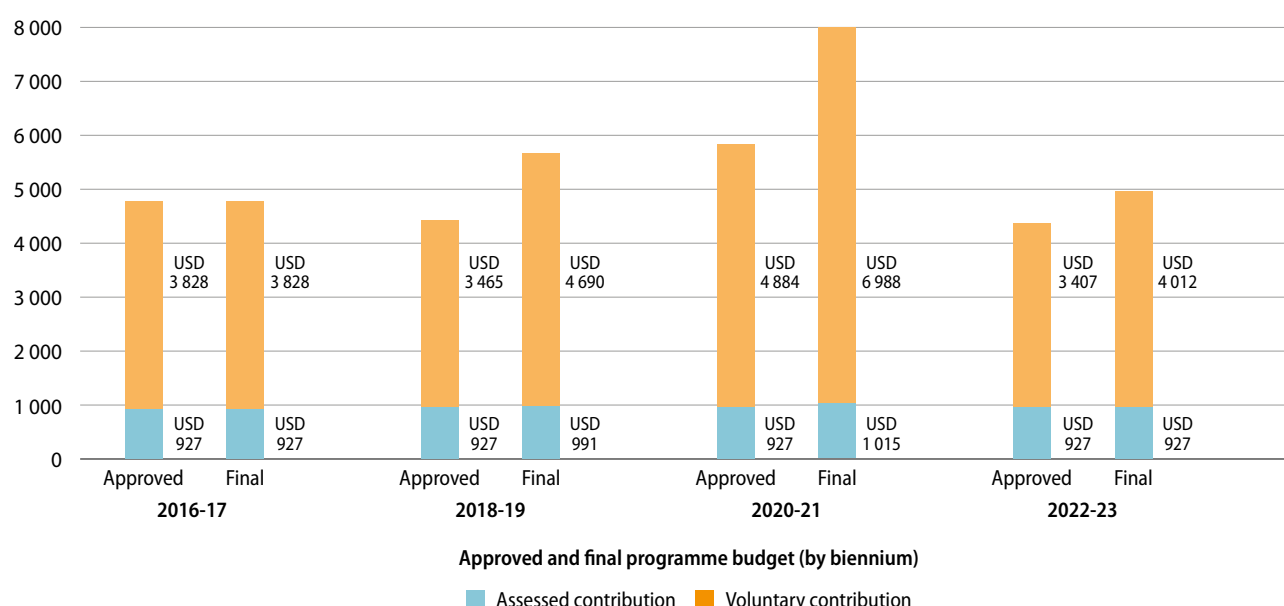
Photo:
© WHO/Mwesuma Ramsey

Finances and operations

To date, WHO funding has been provided on two-year cycles (or biennium). Like other UN agencies, WHO relies on two main sources of funding – assessed contributions (countries' membership dues, based on their gross domestic product) and voluntary contributions (VCs). It has a total budget of USD 6.7 billion for the 2022-23 biennium. In recent years, income from assessed contributions has been static in absolute terms, and has declined as a share of the total, to just 16% in the 2020-21 biennium and 14% in the 2022-23 biennium. Increased dependence on VCs has made resources less predictable and increased dependence on a narrow donor base. Furthermore, 88% of VCs are earmarked by governments/donors for specific purposes, reducing WHO's flexibility in resourcing its strategic objectives. According to WHO, this hampers the organisation's ability to make strategic resource allocations in accordance with its programme budget, which is approved by the WHA. WHO describes the lack of sustainable finance as one of its principal threats. In 2022, WHO member states created the Working Group on Sustainable Financing, which explored options to enhance the sustainability, predictability and flexibility of funding. Member states agreed to increase their assessed contributions, beginning with the 2024-25 PB (WHO 2022a), with an increase of 20% in the assessed contribution portion of the base segment of the budget, and an aspiration to reach a level of 50% of the base by 2030-2031. Ideas such as creating a new investment round to broaden its financing base were included for further development and consideration. In May 2022, the Assembly created the Agile Member States Task Group (AMSTG) on strengthening WHO's budgetary, programmatic and financing governance. The AMSTG concurrently with the WHO Secretariat, developed a series of key reforms to continue enhancing budgetary, programmatic, finance, governance processes, accountability and transparency. In the 76th WHA, member states agreed to a 20% increase in assessed contributions (WHO 2023a). WHO's budget has four segments:

1. **Base budget** is the largest component and covers programming across the three strategic priorities (Triple Billion) and the organisation's core operating costs.
2. **Global Polio Eradication Initiative** is a public-private partnership led by national governments with five partners to eradicate polio globally.
3. **Special programmes**, such as the Pandemic Influenza Preparedness Framework, the Special Programmes for Tropical Diseases and Research, and Development and Research Training in Human Reproduction.
4. **Emergency operations and appeals.**

FIGURE 3: ASSESSED AND VCs BASED ON FINAL AND APPROVED PBs (in USD millions)



Source: Data extracted from WHO financial audit statements and PBs (including revised approved PB for 2023).

Figure 3 shows assessed and VCs to WHO from 2016 to the present. In recent years, and particularly during the COVID-19 pandemic, WHO has raised substantial levels of finance in-year through emergency appeals. However, some of its operations remain underfunded: special programmes, for example, were only 78% funded in 2020-21 (WHO 2023b).

SITUATIONAL ANALYSIS

COVID-19 has had a profound and systemic effect on WHO, both directly on the organisation and through changes to its external context. This is addressed in Chapters 2 and 3.

COVID 19 pushed many global health targets further off track

Before the onset of the pandemic in 2020, WHO's reports show that the world was already off track to reach most of the health-related SDGs and its own Triple Billion targets. During 2020-21, COVID-19 resulted in 336.8 million years of life lost globally (WHO 2023). By the final quarter of 2023, more than 770 million cases had been reported, with almost 7 million fatalities (WHO 2023a). The pandemic put many health-related indicators further off track and contributed to greater inequality in access to quality health care, routine immunisations, and financial protection. COVID-19 continues to have long-term health impacts, most notably among adolescents, and including mental health issues. Previously improving trends in malaria and tuberculosis (TB) were reversed, and fewer people were treated for neglected tropical diseases (WHO 2023b). Despite an unprecedented worldwide effort that led to the development and distribution of COVID-19 vaccines in record time (WHO 2023c), the pandemic affected more than health targets: by mid-2023, only 12% of all health-related SDGs were on track. Whilst the pandemic was the greatest global challenge ever faced by WHO, many observers and staff report that it has helped reinforce its global role and profile, as well as highlighting areas where it needs to change.

WHO's GPW13 set three SDG-based Triple Billion targets for healthier populations, universal health coverage and protection from health emergencies. GPW13 was due to run from 2019 to 2023. By 2022, the healthier populations target was almost met, but progress was just a quarter of that required to reach the SDGs by 2030. For universal health coverage, progress was less than a quarter of the Triple Billion target. Although initial projections suggested that the health emergencies target could be met by 2023, COVID-19 revealed that no country was fully prepared for such a

large-scale pandemic. The pandemic also hampered WHO's (non-COVID-19) emergency efforts. Given the impact of the pandemic on WHO's work, at the May 2022 WHA member states approved the extension of GPW13 to 2025 to allow more time for strengthening country capacity. The WHA also recognised the need for a “paradigm shift” (for both the global health system and WHO) in addressing the root determinants of health (social, economic, environmental and commercial) to prevent diseases and enable people to live healthier lives. Member states agreed the extra two years would also allow the WHO Secretariat to re-examine and implement the lessons learned from the COVID-19 pandemic.

Non-COVID emergencies now demand more attention and resources from WHO

Post pandemic, alongside the acceleration of the global climate emergency, the world is seeing the highest number of conflicts since the creation of the UN. Approximately two billion people currently live in conflict-affected countries. Refugees were at the highest number on record in 2021 and forced displacement continues to rise. With large-scale conflicts in Ukraine, Gaza, Sudan, and elsewhere, and increasing global food, energy, humanitarian and refugee challenges, the demands on WHO are increasing year-on-year, as they are for many UN agencies. Epidemics of non-communicable diseases (NCDs) (e.g., diabetes, obesity, liver disease etc) are increasingly coming to the fore. As health challenges multiply, WHO is increasingly called upon to go beyond its traditional role in driving global health norms and engage more directly with the development of health systems in member states.

The global health ecosystem is changing

There continue to be more actors involved in generating health research and guidance, alongside WHO. There are more agencies active at national and regional levels in disease control. The health finance landscape has also evolved, with a greater diversity of funders, including philanthropic organisations such as the Bill and Melinda Gates Foundation. The private sector plays a larger role in global health provision. The importance of partnerships in the delivery of WHO's mandate remains as important, if not more, than ever before.



SOUTH SUDAN:
emergency
response.

A pharmacist gives medicine to a patient after he underwent a medical consultation at a health centre located within the transit site; housing refugees and returnees from Sudan in Renk, South Sudan, on 9 November 2023.

Photo: © WHO/
Peter Louis Gume

The Transformation Agenda

In 2017, the current DG launched an extensive restructuring process within WHO, building on institutional reforms that started in 2011. The intent was to transform WHO into a more agile, impact-focused, data-driven organisation better-aligned with GPW13 (WHO 2018b). This process was guided by a multi-layered, strategic model referred to as the Transformation Agenda, which sought to make WHO more fit-for-purpose in an ever-evolving global context. The Transformation Agenda had three strategic objectives, consisting of seven major workstreams and 40 tracked initiatives (WHO 2020). These included:

- measuring impact, with a focus on results and accountability;
- aligning WHO's three-level operating model at country, regional and headquarters level;
- transforming partnerships and communication;
- investing into innovative processes and tools for optimal performance;
- building a fit-for-purpose workforce;
- establishing a sustainable financing model;
- fostering a collaborative and results-oriented culture.

This long-term transformation required the introduction of structural reforms alongside stronger accountability and transparency mechanisms. Various new tools were introduced, including the Triple Billion dashboard to track reform actions. The Secretariat's Implementation Plan on reform was mandated by the WHA in 2022 subsequent to recommendations of the Working Group on Sustainable Finance (AMSTG). Subsequently, the Director-General launched the action for Results Group (ARG) for Country Level Impact.

Protection against Sexual Exploitation, Abuse, and Harassment (PSEA and PSH)

A series of investigations beginning in September 2020 by The New Humanitarian and the Thomson Reuters Foundation reported that almost 100 women and girls had accused Ebola aid workers, including those associated with WHO, of sexually exploitative and abusive conduct during the emergency response. Investigations revealed that the complainants included community members and contract workers hired by WHO and its partners. In 17 cases, victims/survivors reported that the abuse led to pregnancies and the loss of jobs, as well as disease and health complications resulting from unsafe abortions. Findings were confirmed by an independent commission of inquiry established by the WHO DG, in addition to which a range of additional internal and external reviews were commissioned.

These allegations and subsequent reviews have led WHO's leadership to significantly improve the organisation's infrastructure and action on PRSEAH. This includes an overhaul of WHO's own policy framework that now acknowledges the root causes of sexual misconduct, establishing high levels of resourcing at all levels of the organisation and increased support for interagency efforts to prevent and respond to SEA and SH.

Protection from sexual misconduct is a key topic of this assessment. Since it has been fast-moving, evidence collection on this was extended into Spring 2024, whereas the cut-off was set for July 2023 for most of the assessment (see Chapter 4).

PREVIOUS MOPAN ASSESSMENTS

The last MOPAN assessment was conducted from 2016 to mid-2018 and covered primarily the period of the previous Global Programme of Work (GPW12, 2014-19). It was undertaken against the backdrop of a new strategic planning and organisational change process triggered by the arrival of a new senior leadership team. The timing made it difficult to assess the organisation against WHO's (then) new strategic objectives. The assessment therefore describes itself as a "snapshot" of WHO in 2018. Since 2018, MOPAN has evolved its standards and framework.



Addressing antimicrobial resistance, Head Pediatrician Dr Ghazaryan examines patient Mila, 2 years old, for otitis (ear infection) at Wigmore Clinic in Yerevan, Armenia on 8 November 2021.

Photo: © WHO / Nazik Armenakyan

The 2018 assessment found considerable progress since WHO's previous assessment, carried out in 2013. It described WHO as "an increasingly reflective organisation," with a clear long-term vision well aligned with global development goals and well expressed through its strategy and results framework. Key strengths of the organisation included:

- Clarity of strategic vision, with strong buy-in across the organisation and a clear view of the organisation's comparative advantage;
- A substantial programme of organisational reforms, to increase responsiveness, relevance and effectiveness, and support implementation of GPW13;
- A strong normative role; and
- Bottom-up processes for country planning that facilitate national ownership.

Areas identified as needing improvement included:

- Over-reliance on a narrow funding base and high levels of earmarked funding, which hampered the alignment of funding with organisational priorities;
- Variable levels of capacity across the organisation, with gaps and deficiencies;
- A need for a more integrated approach to external engagement and partnerships; and
- Weaknesses in results monitoring and reporting.

Several of these issues are also seen in this 2024 assessment. In its management response, WHO described the 2018 assessment as a fair reflection of the organisation's performance. It pointed to several ongoing initiatives that would address the shortcomings identified, including:

- A new resource mobilisation strategy;
- Measures to better align the functions of HQ, regional and country offices, and the establishment of the WHO Academy to address capacity gaps;
- The creation of a new External Relations and Governance Division to strengthen engagement with partners;
- The development of a GPW13 results framework and measurement system, which integrated gender, human rights, equity and environmental considerations; and
- A new Evaluation Policy.

An independent evaluation, *Leadership and Management at WHO: Evaluation of WHO Reform, third stage 2011-2017*, published in April 2017, noted that reforms had:

- led to increased alignment of CCSs with national priorities;
- given WHO a stronger role in shaping the global health agenda; and
- led to improved oversight and accountability through the establishment of the Office of Compliance, Risk Management and Ethics and the Evaluation Office.

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Health needs in Northern ETHIOPIA – March 2024.

On 1 April 2024, residents of the Adi Dahro Internally Displaced Persons (IDP) Camp line up to get water. The camp, a repurposed former school, is currently accommodating over 9000 people.

WHO and partners are on the ground, providing life-saving health services and nutrition support. Yet efforts are at risk due to insufficient funds. Less than 5% of funds needed required for the humanitarian response in 2024 have so far been received.

Photo: © WHO/Nitsebiho Asrat



OVERVIEW OF KEY FINDINGS





BANGLADESH: Dengue outbreak and response – September to October 2023.

Medical Technologists Masuma and Arshad at work processing dengue tests in the laboratory of Mugda Hospital in Dhaka, Bangladesh, on 20 September 2023. The higher incidence of dengue is taking place in the context of an unusual episodic amount of rainfall, combined with high temperatures and high humidity, which have resulted in an increased mosquito population throughout Bangladesh.

WHO is supporting the authorities to strengthen surveillance, laboratory capacity, clinical management, vector control, risk communication and community engagement, and has trained doctors and deployed experts on the ground. WHO has also provided supplies to test for dengue and to support care for patients.

Photo: © WHO/Fabeha Monir

ASSESSMENT SUMMARY

This 2023 MOPAN assessment considers the WHO during a period dominated by the COVID-19 pandemic. It does so in the context of the strategic objectives, shifts and commitments set out in GPW13 and WHO's Transformation Agenda. This section summarises key high-level themes, drawing on findings that arise from the assessment. Chapter III sets out the detailed findings sequentially according to the MOPAN framework, with this further detail elaborated according to MOPAN's assessment KPIs in Annex A, the Performance Analysis (see Part II, Technical Annex).

The questions emerging from the assessment include:

- What **impact did the COVID-19 pandemic have on WHO?** How well did WHO respond to the challenges it faced and what did it learn during the response?
- **In what ways is WHO's role in the global health landscape changing?** How is WHO now working differently with partners?
- How has the **implementation of various WHO reform streams, including the Transformation Agenda and related actions**, progressed overall and to what extent? What progress has been made and where are the remaining gaps? Is WHO becoming more agile and effective as a result?
- How **well is WHO able to demonstrate its effectiveness to funders and those it serves?** Is WHO able to clearly demonstrate accountability for the funds it spends and are funders supporting WHO effectively?
- **How well has WHO responded to the challenges it has faced in PSEA and PSH?** Does WHO have the right policies, practices, and culture to manage risks and incidents of sexual misconduct?

What was the impact of the COVID-19 pandemic on WHO?

COVID-19 had a profound, systemic effect on WHO and its internal operations and external context. WHO demonstrated global leadership during the COVID-19 pandemic, developing a COVID-19 emergency response plan and raising substantial additional resources for its implementation. Appropriately, it adjusted GPW13 to allow for the re-prioritisation and reallocation of resources and staffing capacity to address the pandemic. The impact of the pandemic on WHO and WHO's response to it was evident across most if not all MOPAN performance areas. WHO demonstrated that it could be agile and adjust rapidly in emergency conditions. The need for flexibility in response to COVID-19 also strengthened WHO's case for moving towards a more flexible funding model.

WHO responded quickly to the onset of COVID-19, declaring it a public health emergency of international concern on 30 January 2020. On 4 February 2020, WHO published its first Strategic Preparedness and Response Plan, which covered both technical and operational issues, and identified needs in international coordination and global research. WHO decided COVID-19 could be characterised as a pandemic on 11 March 2020. This demonstrated learning, as compared to its response to the West Africa Ebola crisis.

The pandemic response absorbed a substantial share of WHO's financial resources and capacity in 2020 and 2021. WHO proved able to deliver multiple complex and multidimensional tasks, including:

- global leadership and coordination across UN agencies and country teams;
- support and guidance for national planning and coordination;
- leading and support risk communication globally and in countries;
- the rapid development of technical guidance for national responses (over 500 guidance documents and scientific briefings were prepared in 2020 alone);

- technical support and capacity building through emergency medical teams and online channels;
- measures to monitor and protect essential health services;
- creating innovative solutions for the procurement of essential medical products, e.g., co-chairing the supply chain task force (with the World Food Programme);
- a research and development blueprint to guide the global scientific response.

This came at the expense of further implementation of GPW13 and the Triple Billion agenda.

WHO developed a range of new partnership platforms, such as the COVID-19 Vaccines Global Access (COVAX), new alliances for research, and innovative financing partnerships such as the Solidarity Response Fund with the UN Foundation. As the pandemic continued, WHO took on a series of new roles. It co-led the Access to COVID-19 Tools Accelerator with other global health organisations, such as the Global Vaccine Alliance (GAVI) and the Global Fund. It advocated for equitable access to vaccines and medical supplies, strengthened outbreak surveillance systems, ran public awareness and behaviour change programmes (while countering misinformation), and provided guidance to national authorities on national vaccine programmes. Stakeholders agree that this was an agile and effective response.

COVID-19 exposed weaknesses in global and country health systems. This has appropriately prompted action from WHO to reform the global health architecture and its own role in it. WHO published a White Paper on Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR) in May 2022, outlining ten proposals for strengthening HEPR. In December 2021, the WHA agreed to establish an intergovernmental negotiating body to prepare a “new WHO convention, agreement or other international instrument on pandemic preparedness and response”. The EB also established the Working Group on Amendments to the International Health Regulations (2005) (WHO 2022d) and the new EB Standing Committee on Health Emergency Prevention, Preparedness and Response.



Addressing antimicrobial resistance (AMR), WHONET-Argentina.

AMR Surveillance Network's coordinator Celeste analyses phenotypic tests to detect AMR mechanisms at Malbrán Institute in Buenos Aires.

Photo: WHO/Sarah Pabst

COVID-19 also made it clear that WHO needed to focus more resources at country level and strengthen its efforts to build national capacity. During the pandemic, WHO expedited the creation and dissemination of COVID-19 guidance, developing a significantly stronger communications capacity. This experience also demonstrated that other communication functions needed improvement. At the country level, more could be done to ensure that global guidance is understood and adopted. One respondent to the assessment survey likened WHO's mechanisms to "paper in a digital world". WHO is now demonstrating some innovation in communication that could be replicated more broadly.

In what ways is WHO's role in the global health landscape changing?

The COVID-19 pandemic helped highlight and reinforce WHO's important normative role in providing the world with authoritative information, guidance and standards to meet global health challenges. While WHO has always been mandated to promote international cooperation on global health challenges, the pandemic made this role more prominent, as it led to increased demand for WHO to support member states on meeting global health standards. WHO is progressively responding to these challenges by building its internal capacities. It has increased its provision of technical assistance in support of its normative objectives, and supported service delivery in the context of failed health systems. Some member states expressed some concern that the technical assistance function was not consistent with WHO's core role. Yet WHO sees it as a response to a growing demand from member states, and the COVID-19 pandemic accelerated requests. WHO anticipates that demands for support will increase during protracted crises and sudden onset emergencies and is adjusting its capacities to meet them. However, lack of consensus among stakeholders about this direction of travel is a potential concern. Building a shared understanding of WHO's role will be a key challenge in the period of the next GPW.

MOPAN's 2018 assessment identified that WHO needed a more integrated approach to external engagement and partnerships. Since then, there has been significant progress in WHO's external relationships, driven partly by the COVID-19 pandemic (for example in the COVAX and ACT-A mechanisms), with WHO expanding its range of partnerships beyond its traditional UN partners. This has been an important priority for the current DG and has led to a step change in WHO's working with partners. WHO highlights its role in driving the SDG3 Global Action Plan to galvanize country action, and support countries to achieve the SDGs, and its broad reliance on partnerships to carry out its mandate. The COVID-19 Solidarity Response Fund (SRF) was a valuable partnership mechanism put in place in March 2020, alongside the UN Foundation and the Swiss Philanthropy Foundation, through which WHO partnered with other UN bodies and multiple global companies and corporations. By the end of 2021, the SRF had raised over USD 256 million from more than 676,000 donors, plus donations in kind. In May 2020 the WHO Foundation was set up to "mobilise greater private capital and partnership to advance the mission of WHO, with a focus on positive impact on the people whose lives depend on WHO's work; and on innovation to maximise the impact of the resources we invest." The WHO Foundation is now a permanent body that "exists to marshal new resources from, and build new partnerships between, philanthropists, foundations, businesses, and individuals", and in 2022 raised nearly USD 24 million, adding considerable value to WHO's partnerships.

The international landscape for health research and guidance has also evolved. Actors such as the Africa Centres for Disease Control and Prevention, the Bill and Melinda Gates Foundation and the National Institutes of Health have increased their activity. WHO has rightly recognised that this calls for more investment in effective partnerships. WHO appropriately recognises the important role of science in its work. During the review period, a new chief scientist position was created. WHO wishes to play a more active role in building global capacity in the application of normative products, both for its staff and partners. In 2021, it established the WHO Academy, which will deliver online and in-person courses on health management and delivery to strengthen the uptake of global norms and standards. However, at the time of this review, it was not yet operational.

Building on its international leadership role in the COVID-19 response, WHO has engaged in a process it terms Stepping up Leadership. This involves reinvigorating WHO's international role and status by strengthening its external relations capacity, and actively engaging with global bodies outside the UN system, such as the G7 and G20. WHO has also increased its engagement with the Climate Change Conference of the Parties (COP) mechanisms. The aim has been to elevate the role of health in international policy dialogue. During this period, WHO's view of its own role has evolved from being primarily a technical organisation to being able to engage on a political and diplomatic level. This is an appropriate shift in focus that responds to changing global conditions, although it is too early to assess WHO's performance against its leadership ambitions.

To support its partnerships, WHO has developed a new engagement policy and operating model for long-term collaboration with key partners. An earlier Framework of Engagement with Non-State Actors (FENSA) continues to guide the overall approach, but evolved over time, with a new emphasis on facilitating collaboration rather than just managing risks to the organisation. WHO has hosted a series of industry round tables, again off the back of the COVID-19 experience of working collaboratively. WHO has been building standing mechanisms for cooperation with external stakeholders, including a youth council and a proposed civil society commission. The WHO Foundation is developing complementary mechanisms, such as the Health Emergencies Alliance for Businesses. WHO has also developed some partnerships designed to increase its visibility, including with the International Association Football Federation.

By 2021-22, nearly all WHO country offices reported working with non-state actors, including academic institutions (84% of offices), non-governmental organisations (78%), the media (76%), professional bodies or associations (72%), civil society organisations (68%), and international nongovernmental organisations (61%) (WHO 2023d). More work is still needed, however, to ensure a full understanding across the organisation of the role of partnerships in achieving WHO's goals, and to overcome some remaining scepticism about working with the private sector and civil society where appropriate. Efforts continue around how to make more effective use of partnerships.

How far has WHO come in its reforms?

The objectives WHO set out for its transformation remain appropriate. GPW13 set ambitious targets for WHO's transformation, with the goal of building a "modern WHO working seamlessly to make a measurable difference in people's health at country level" (WHO 2020: ii). While WHO has made good progress, it has not yet fully achieved its transformation ambitions. The variable levels of capacity identified in the 2018 MOPAN report are still apparent. Progress at country level has been slower than expected. COVID-19 slowed the transformation, due to competing demands and the redirection of resources, but it also showed that the organisation could change rapidly when necessary.

In May 2022, after being re-elected for a second five-year term, the current DG restated his commitment to WHO's Transformation Agenda, recognising the need for a new WHO operating model (integrated, aligned and agile, and less fragmented), a new approach to partnerships (moving from risk aversity to risk management), a more sustainable and predictable funding model, and a new culture (built on the values of service, professionalism, integrity, collaboration and compassion). Since then, work has been underway to strengthen country offices, accompanied by increased staffing, budgets and delegated authority, and to increase the mobility of staff across the organisation. These measures had been planned for some years but there had not been substantial progress before 2022.

Transformation efforts to date have been dependent on both the support of member states and leadership from the current DG. In such an ambitious transformation agenda, leadership is a key factor. With key Assistant Director-General (ADG) posts formally vacant for parts of the assessment period, the reform process has been closely tied to efforts of the DG and his immediate cabinet and advisers. There is some vulnerability in such dependence on a small group of people. If the reforms are to continue beyond the DG's term of office, they need to be better institutionalised. The assessment team was struck by the complexity of the transformation process and the multiplicity of activities

underway across WHO departments, at HQ, regions, and country offices. The team found it difficult to identify clear management and accountability lines for the activities, and risk management processes were not always explicit. The assessment team noted the current lack of a business transformation unit or its equivalent, to perform this function.

One key element of the transformation process is the upgrading of WHO's Business Management System (BMS). A comprehensive renewal of WHO's information systems is underway, with the goal of generating better management data to inform reporting and decision-making. The assessment team was told the new BMS should support greater decentralisation and delegation of authority. However, the initiative was in its early phases as we were gathering evidence, with one element (procurement) being trialled before further modules (e.g. on workforce, resources and operational management) are rolled out. It was unclear how long this will take in practice to reach all levels of WHO; many respondents commented on the risks that organisations face in implementing such complex systems. The assessment team looks forward to reviewing the impact of this new system on the effectiveness of WHO in future reviews.

In 2020, WHO reported that its transformation efforts under GPW13 had resulted in a more agile, collaborative, and fit-for-purpose organisation. While COVID-19 confirmed that WHO could be more agile and collaborative, these behaviours are not yet demonstrated consistently across the organisation. Responsiveness and collaboration are strong in WHO's core areas of work, such as tackling communicable diseases, NCDs, etc. Furthermore, its emergency operations benefit from a flexible set of delegations and working arrangements that enable agility and responsiveness. This is still to be replicated across other operational areas.

WHO's leadership on emerging challenges such as NCDs and mental health is being developed, but there is a recognition across the organisation that it still has a way to go to meet these challenges. Since 2022, the DG has highlighted the nexus of health, climate change, and conflict, recognising that crises are a recurring feature of the global landscape. The challenges that WHO will need to respond to will change, demanding an agile and well-resourced response from it.

The organisation needs greater agility to achieve its strategic objectives. Senior staff acknowledge that empowered and skilled staff are required at all levels of the organisation. Clarifying the roles of the three organisational levels (HQ, regions, countries) remains a work in progress, and there is a need to integrate their operations so that capacities complement each other. During 2022 and 2023, much effort was spent defining WHO's roles at country level, coupled with a commitment to increase the resources provided to country offices (initially by USD 100 million in 2023), and to decentralise further. Reform is also needed in regional offices – a challenge that has not yet been tackled. Since May 2022, the DG sponsored a working group to rethink what WHO's country platform should be in different contexts ranging from those with fully functioning health systems to those where health systems had collapsed. This has led to a better definition of the resource levels needed across contexts, based on a core predictable country presence that is intended to support more consistent operations across the globe. It is recognised that new skills and capacities are needed at country level (e.g., in data and results management), as well as new ways of working, focused more clearly on performance and results. There has been important progress in ensuring that WHO Representatives (WRs), who act as country heads, are sufficiently skilled and capable, which was not always the case in the past. WHO is strengthening its approach to WRs selection and training to empower them further.

These organisational reforms are being accompanied by measures to fill staffing gaps and increase mobility, geographically and across all levels of the organisation. WHO rolled out the Global Geographic Mobility Policy in June 2023, which is being implemented initially on a voluntary basis. New workforce planning and talent management platforms have been put in place, and a mentoring programme has been established. Staff assessment processes are changing, with the trialled introduction in 2022 of a 360-degree feedback process that has yet to be applied organisation-wide. The length of time taken to fill posts has been a perennial issue across the organisation, as has the

percentage of tasks undertaken by personnel on temporary consultancy contracts. Measures are underway to address both issues and there has been some progress but at the time of the review these remained ongoing challenges. Slow recruitment hampers performance, and is a cause of frustration for WHO staff, implementing partners and donors, as shown in the assessment survey results. Job security concerns abound, with many employees on short-term contracts, undermining staff motivation and wellbeing. WHO reported that, in April 2023, 64 of the 152 country offices had vacancies that had gone unfilled for more than one year. In the healthier population area, two-thirds of the country offices with vacancies reported that they were due to lack of funding for an existing position and one-third attributed the year-long vacancies to slow recruitment processes. There is still a way to go to evidence a comprehensive and strategic approach to workforce planning across the entirety of WHO.

The final and potentially most challenging pillar of the Transformation Agenda is to shift the culture of WHO from compliance to performance, with more delegation of authority to empower staff, who are accountable for delivering results. This will involve a significant shift in mindset and practice. A new focus on performance also requires a changed attitude to failure and risk. WHO's Transformation Agenda sets and implies ambitious objectives for a culture change that are also intended to enable WHO to become a more horizontal organisation, better connected among departments, with more sharing information and activities. This requires a different approach to hierarchy within the organisation, with more empowered staff, better access to better information, more transparent and less competitive resource allocation, and a culture of learning.

How well is WHO able to demonstrate its effectiveness to funders and to partner countries?

The current funding model, where WHO relies heavily on funding earmarked for specific activities, is not considered sustainable. It results in a shortage of resources for key areas (prevention is often cited) and creates competition for resources between WHO departments, which does not necessarily align with WHO's strategic priorities, encouraging siloed rather than joined up working and inhibiting agility. This has remained consistent since MOPAN's 2018 assessment. Member states agreed in May 2022 to increase core contributions (from 16%), to build financial sustainability and predictability. Starting with WHO's 2024-25 budget, a gradual increase is planned, with the aim of increasing assessed contributions to 50% by 2028-29, if possible, and by 2030-31 at the latest. At the time of this MOPAN review, these efforts had only just begun.

An increase in assessed contributions is necessary but not sufficient to achieve greater flexibility, predictability, and sustainability in WHO's financing. Further funder commitment and support will be needed to enable WHO's transformation. Some funders are already providing fully flexible funds, while others plan to do so. The member state-instigated Working Group on Sustainable Financing recommended establishing an investment round process so that WHO could be funded in cycles longer than the current two-year funding rounds, which is to be implemented from 2024. This could make a significant impact on WHO's operations. Other funders prefer funding through earmarked VCs, which creates direct lines of accountability between WHO departments and their main funders, and the organisation's governance, management and resource allocation processes. It is notable that the largest non-government funder, the Bill and Melinda Gates Foundation, is reducing (but not eliminating) the share of earmarked funding in its total support. The shift towards more flexible funding will need to be managed carefully, to ensure it does not leave priority activities unfunded (so called "pockets of poverty"), and that overall funding does not decrease. The assessment team noted that, in response to requests from member states, WHO paid attention to making prioritisation criteria for funding more transparent, while stakeholders commented to the assessment team that further transparency is required.

Many of the funders consulted saw a rise in assessed contributions as conditional on WHO becoming more accountable, transparent and effective; the two processes are interlinked. Funders will be less willing otherwise to provide unearmarked funding. WHO also needs to be clearly accountable to its partner countries and to those it serves. MOPAN's 2018 report assessed WHO as having a weakness in results monitoring and reporting. WHO has actively paid more attention to capturing and reporting on results in the current period, which is to be commended.

It has introduced new results frameworks and dashboards, and an information portal for member states. It has sought to integrate target setting and budgeting and strengthened oversight and support for results management. However, a 2023 evaluation of the organisation's approach to results-based management was critical of its approach to and resourcing of results management. WHO's approach to results management needs to evolve further to support decision-making. The evaluation of GPW 13 published in December 2023 states that result reporting has been too inconsistent to support accountability objectives.

More can be done to systematically and comprehensively capture and report the plausible contributions of WHO to the outcomes it seeks to achieve. New tools are now in place to report on progress, such as the Triple Billion dashboard and the GPW13 output scorecard. The assessment team also finds that significant actions have been taken to build a results culture across the organisation. However, the focus of results reporting remains fundamentally at output level. The WHO 2023 evaluation of GPW13 notes a growing and promising drive across WHO toward using outcome level indicators to support decision-making and prioritisation, which is to be commended. This remains a work in progress and WHO's specific unique and relevant contribution needs better articulation. There is no annual reporting that clearly sets out WHO's contribution in aggregate to global health outcomes and impacts. WHO's reporting remains dominated by the output level, drawing on a range of scorecards and dashboards. From WHO's perspective, its role is to deliver technical support to member states; whether this is used to improve health outcomes depends principally on national governments. The team notes, however, that this is the case for most of the Sustainable Development Goals, and that it is still important for WHO to assess and report on its plausible contribution to those results. For example, WHO's Triple Billion targets are outcome statements. For these to be meaningful as a corporate target, WHO needs to track and report on its role in their delivery. WHO recognises this as a challenge it has not yet fully met.



WHO's first Annual Stakeholder Review Conference for the prevention and response to sexual misconduct, 30 November – 1 December 2023

Actors from the United Nations, Inter-Agency Standing Committee, Civil Society Organisations, Member States, donors, academia, media and experts convene at WHO Headquarters to take stock, acknowledge and learn, address challenges, and commit to action, to ensure that development and humanitarian personnel do not perpetrate sexual misconduct.

Photo:
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Evaluation has until recently been a neglected area in WHO's results architecture. WHO's evaluation function has been under-resourced, under-valued and insufficiently integrated into strategy and planning. WHO does not commit enough resources for evaluations and is working below UN norms and the best practice of peer organisations. The United Nations Joint Inspection Unit has, according to WHO's own 2018 Evaluation Policy, noted that "organisations should consider a range of funding that is between 0.5% and 3.0% of organisational expenditure"; WHO's currently provides around 0.1%. During 2023 efforts were made to strengthen the function and a new head of evaluation appointed, and we look forward to reviewing progress at the next MOPAN assessment. Furthermore, organisational learning does not yet seem to receive the same attention as learning with specific thematic areas, for instance about particular diseases. It is not clear to the assessment team where the oversight and responsibility for organisational learning rests in WHO.

What will it take for WHO's ambitions to curb sexual misconduct to be successful?

Revelations in 2020 of sexual misconduct by WHO employees and aid workers associated with WHO during the response to the 10th Ebola virus outbreak in the Democratic Republic of Congo were a significant setback for WHO and its health emergencies response. These events, among a series of sexual exploitation and abuse (SEA) and sexual harassment (SH) incidents, became the starting point of WHO's recent intense efforts to tackle sexual misconduct perpetrated by its workforce. It established an Independent Commission to investigate, which reported and provided recommendations in 2021.

Since then, WHO has overhauled its policy suite, introducing a new Policy for Preventing and Addressing Sexual Misconduct in 2023, accompanied by a Strategy for 2023-25, an annual action plan, a monitoring and evaluation framework and an accountability framework. It has also updated several accompanying policies, such as the Code of Ethics, a new Policy on Preventing and Addressing Retaliation, and on addressing abusive conduct. Training in PRSEAH is mandatory for all personnel since 2021 and a suite of learning pathways have been developed for different roles and responsibilities.

WHO has also invested in building significant institutional capacity to prevent and respond to sexual misconduct. During 2022, WHO brought SH and SEA together under the heading of "Sexual Misconduct", and consolidated oversight under a new Department for Prevention and Response to Sexual Misconduct (PRS). A network of PRSEAH "focal points" grew five-fold to 415 across 155 offices by 2023, of which 41 are full time. Planned permanent posts were recruited for throughout 2023. WHO has also bolstered its investigative capacities by recruiting a new Head of Investigations and a team of full-time and external investigators.

WHO has allocated significant financial resources to PRSEAH, notably a USD 50 million budget for the 2022-23 and 2024-25 biennia. Since 2022, WHO has paid close attention to resourcing PRSEA efforts in emergency settings, which are recognised as posing the highest risk. The Polio Programme e.g. set aside USD 2 million of its operational budget for PRS safeguarding activities and WHO set up a team and systems to integrate PRS into standard operating procedures in the Emergency Response Framework. Included in the USD 50 million budget are a Survivor Assistance Fund with an endowment of USD 2 million of core funding. These have all been welcome and valuable initiatives.

WHO also made strides to improve transparency. It now regularly reports publicly to governing bodies on sexual misconduct, in addition to reporting to the UN. It has put a public PRSEAH Dashboard in place where activities such as case reporting and disciplinary measures are updated monthly.

WHO has been monitoring progress against the Management Response Plan 2021-22 and against the M&E framework of the three-year PRS strategy 2023-25, but WHO acknowledged that monitoring progress against the M&E framework had not yet taken place, as outcomes will not be measurable until 2025. The efforts to improve systems with the aim of becoming "best in class" – a term often used by WHO staff themselves – are impressive. WHO is setting itself up to



Dr Tedros Ghebreyesus at the Special Session of the Executive Board on the health situation in the occupied Palestinian territory, 10 December 2023.

Photo:
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succeed. However, it is too early to assess the long-term organisational culture-change effects of the improvements. The increase of allegations of SH received over the 2020-22 period are possibly a sign that WHO's awareness raising efforts are paying off. WHO expects the numbers of reported incidents of PRSEAH (and other workplace abuse) to rise further, before dropping in the longer term.

Significant work is still ahead for these efforts to be successful and lasting. One challenge lies in institutionalising a Victim and Survivor Centred Approach (VSCA). Although WHO is committed to this, it will take time to embed; current practices in dealing with victims and those accused need to mature. It is positive that WHO has, for instance, detailed a range of formal and informal entry points to seek advice or report cases of harassment in its new policies. However, informal resolution is often chosen to settle cases of harassment (including sexual harassment) out of a fear from retaliation if formal channels are used. This indicates that trust in protection from retaliation has yet to be built.

WHO also recognises that more preventive work will be required – e.g. strengthening PRSEA standards and due diligence for partners, given that much of WHO's SEA risk lies with implementing partners. The UN's efforts are designed to bring about harmonized, efficient and easy collaboration between Civil Society Organizations (CSOs) and their UN partners. As such WHO co-developed alongside other UN entities, an online UN Partner Portal PSEA Module, IP Capacity Assessment (whereby partners only need to be assessed by one UN entity) and associated improvement plans for IPs who do not reach the standards. To prevent the rehiring of perpetrators, WHO uses the UN Screening Database ClearCheck, but its use outside of HQ is limited, with challenges in implementing the process for recruitment at other levels of the organisation; WHO would do well to seek solutions to this.

In 2021, accountability functions were described in a report as being “difficult to navigate” and “mainly a system of verifying and dispatching complaints to different mechanisms, as opposed to providing tangible support throughout the process” (WHO, 2022). The report found that there were no gender sensitive processes, and quoted staff and partners' concerns about the lack of transparency in the process, and WHO's propensity for protecting its institutional reputation. Since then, notable improvements have been made and clear accountability lines have been established. The hope is that this will create trust and an organisational culture where SEAH is no longer tolerated.

Finally, WHO recognises that the lack of gender parity across the leadership affects the perception of how sexual misconduct will be handled. WHO acknowledges that it needs to address “structural barriers such as gender inequality, lack of diversity, equity and inclusion, and human resource management practices that create unchecked power differentials”, which affect victims’ trust in WHO systems and their confidence to report. In December 2022, women accounted for 36.3% of heads of country offices, a reduction from a July 2019 high of 39.3% (WHO 2023e: 3).

Box 3. Main strengths and areas for improvement in the MOPAN 2023 assessment

Main strengths

- WHO continues to demonstrate clear leadership among global health institutions.
- WHO can demonstrate agility and responsiveness in emergency situations including in the face of global challenges such as COVID-19.
- WHO has continued to maintain a process of transformation across multiple areas.
- WHO demonstrates its commitment to transparency of reporting, budgeting and resource allocation.
- WHO has significantly strengthened its infrastructure and capacity to prevent and respond to sexual misconduct, underpinned by dedicated and clear leadership.

Areas for improvement

- WHO needs to better demonstrate how its activities and outputs make a plausible contribution to the health outcomes it seeks to achieve.
- WHO’s reforms to build high performance capacity at country level need to be accelerated.
- Planned reforms to WHO’s funding model need to be carried through so that more than 50% of funding is in the form of assessed contributions.
- WHO needs to strengthen its evaluation function in line with its own and UN norms to further improve both accountability and corporate learning.
- WHO needs to maintain the attention paid to address sexual misconduct and abuse so that permanent culture change can result.

WHO’S FUTURE TRAJECTORY

With rising global challenges that affect health in different ways, WHO will face many diverse demands. The organisation will need to adapt and further strengthen its capacities to respond to increasingly complex challenges. The global climate emergency will make it essential for WHO to maintain its current efforts around the impact of climate change on health, and to strengthen them as the emergency takes hold. The proliferation of conflicts will put pressure on WHO to further strengthen its emergency response capabilities, and in most likelihood require it to work in more emergencies and more countries at once. Its work among refugees and the displaced is likely to occupy considerable resources for the foreseeable future. The multiplicative effects of combined conflict, emergencies and climate challenges will put WHO’s resources, technical capacity, and agility to the test. While continued progress on key global communicable diseases, such as malaria, is likely, efforts to tackle challenges such as antimicrobial resistance will continue to need resourcing. The international community will look to WHO to better understand the social determinants of health and the epidemics of NCDs as their impacts are increasingly understood, and as many societies continue to age. This will also change where WHO does what, as NCDs also rise to the top of priority concerns in many countries that previously focused predominantly on communicable diseases.

Institutionally, WHO needs to maintain the change trajectory it is on. That trajectory is broadly set out in the Transformation Agenda associated with the GPW13. The assessment team's assessment is that the aspirations of that Transformation Agenda are valid and still hold true, and efforts to deliver them need to be maintained. WHO needs to build an organisational performance culture focused more clearly on making a difference for people's health at country level. If the necessary fundamental change is to be achieved, WHO needs consistency of direction and leadership, and steady support from its member states. To achieve the necessary WHO reform, member states must also change their own approach to WHO. This is demonstrated most in the difficult issue of changing its financing model to be less reliant on VCs and to have longer term investment/replenishment rounds.

This will require funders to trust WHO to deliver. To enable this, the organisation needs to continue to wrestle with the challenge of how to show that the outputs it achieves make a plausible contribution to the health outcomes that member states wish to achieve, globally and in the countries where it works. WHO has done much to capture its outputs, putting in place dashboards and score cards that capture what it does. Reporting on outputs alone is not enough, however. It would be incorrect to assume that since health outcomes are ultimately achieved in countries, WHO does not need to show how its outputs plausibly contribute to them. WHO needs to continue to strengthen its focus on results, actively investing in and demonstrating a performance culture that transparently shows how it contributes to improving health outcomes and to delivering against its SDG and other targets across the globe and in the countries where it works. If it does not do this, it will find it hard to maintain support from its funders.

Demands at country level are increasing, not least because of the increase in global crises and pressures. WHO is strengthening its operational capacity in countries, but concerted efforts to do so only began in 2022. The COVID-19 pandemic exposed weaknesses not only in the global system, but also at the country level. The intention to focus more clearly on country level capacity needs to be matched by better strategic planning and results management at country level, and clearer allocation of resources. Efforts are underway in many of these areas but need accelerating.

WHO's development of health diplomacy alongside its technical capacity has been a notable direction of travel since the last MOPAN review. WHO's more active building of a partnership approach (exemplified during the pandemic) could strengthen both the organisation and the global health system, and partners have argued to the assessment team that it is essential. This approach clearly requires careful attention and management, but recognises the reality that WHO, while still holding the UN's mandate for providing guidance on global health norms, is one among many players.

WHO's efforts to respond to sexual misconduct and abuse have been significant but are not yet complete and require a sustained level of effort, monitoring, and funding. Although the organisation has made much progress, it should not be complacent; it is possible that more incidents remain unreported and there is still a way to go until behaviours and systems have fully changed in line with WHO's new policies and guidelines. In its 2023-25 strategy, WHO acknowledges that it is at an "institutionalisation" stage in the PRSEAH journey and will evaluate the implementation of its targets and of the standards it has set for itself in 2025. It sees 2028 as the year it will meet and begin to exceed its own standards.

As WHO looks to a new phase with the adoption of the GPW14, many of the commitments captured therein will support it on this journey. It will be important for WHO's stakeholders to lend the necessary support to the organisation to ensure the consistency of direction and continuation of its further transformation.

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BHUTAN: impact of Codex Trust Fund project on food safety – August 2023.

A trader leans against sacks of potatoes at the Food Corporation of Bhutan Limited auction in Phuentsholing, Bhutan, on 12 August 2023.

Photo:
© WHO/Sue Price

DETAILED LOOK AT FINDINGS





SOLOMON ISLANDS: Providing COVID-19 and other vaccines to remote communities.

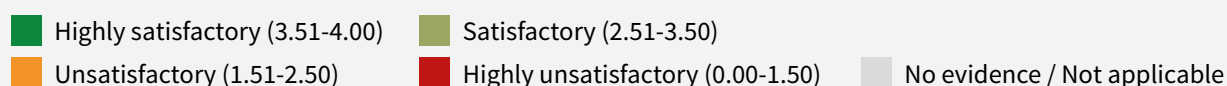
Nurse Rosemary Raikekeni stands for a photo with her team during a visit to bring COVID-19 vaccines and other essential health services to residents of remote Kuvamiti village in East Guadalcanal, Solomon Islands, on 17 May 2023.

In January 2022, WHO, UNICEF and Gavi established the COVID-19 Vaccine Delivery Partnership (CoVDP) to intensify support to COVID-19 vaccine delivery. Photo: © WHO/Neil Nuia

This chapter provides a more detailed assessment of WHO's performance across the five performance areas – strategic management, operational management, relationship management, and performance management and results – and the KPIs that relate to each area, accompanied by their score and rating. It illustrates findings and highlights feedback from stakeholders (e.g., from the survey).

The MOPAN performance scoring and rating scale is listed in Figure 4.

FIGURE 4. MOPAN 3.1 PERFORMANCE SCORING AND RATING SCALE



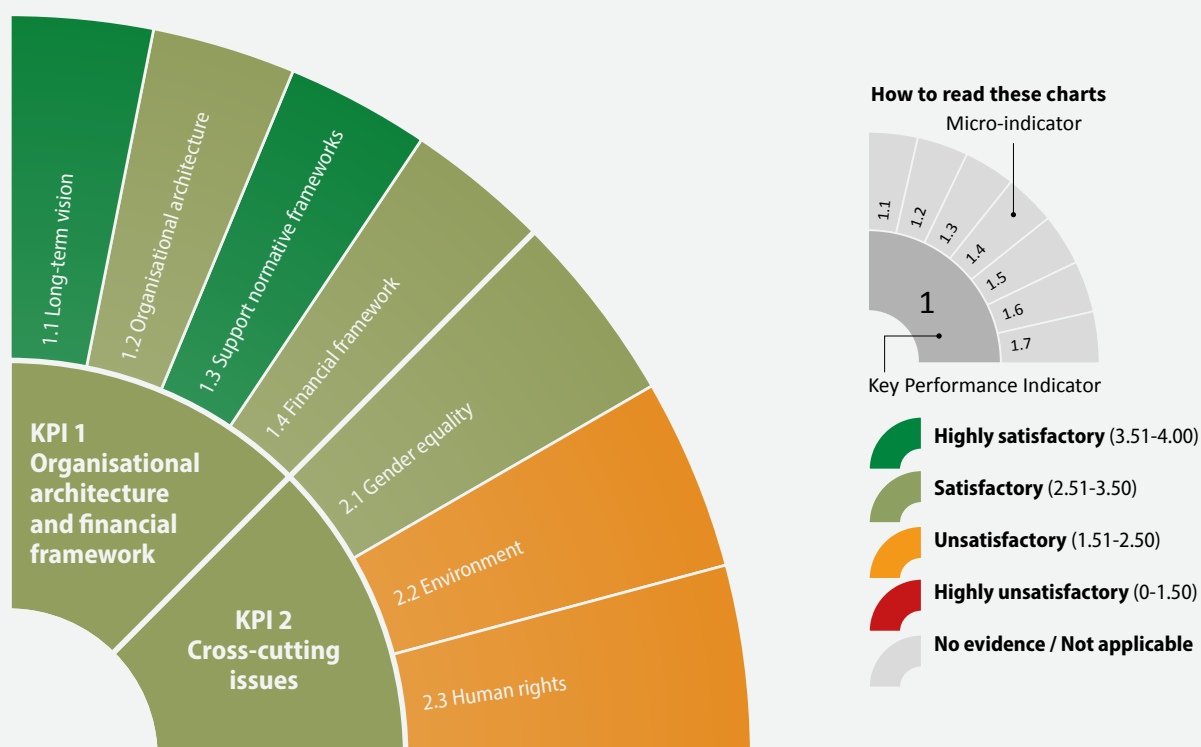
Source: MOPAN Methodology Manual, 2020 Assessment Cycle,
http://www.mopanonline.org/ourwork/themopanapproach/MOPAN_3.1_Methodology.pdf.

Assessment key findings draw on information from the three evidence sources -- document reviews, interviews, and a partner survey (see Chapter 4 for more information).

Further analysis per micro-indicator and detailed scoring, as well as the full survey results, can be found separately in Part II: Technical and Statistical Annex of the 2022 MOPAN assessment of WHO.

STRATEGIC MANAGEMENT

FIGURE 5: WHO'S STRATEGIC MANAGEMENT – KEY FINDINGS



WHO's GPW13 provides the organisation with a clear vision coupled to ambitious high-level targets. The Triple Billion targets (agreed with the WHA) are widely owned by staff and departments across the organisation.

Implementation of GPW13 is supported by a Transformation Plan that sets out a strategy for optimising WHO’s capacity and operating model. WHO’s demonstration of global leadership during the COVID-19 pandemic, its ability to convene the response and its agility in operations and financing, is widely recognised. COVID-19 delayed its Transformation Agenda, however, and work to develop country capacity remains. WHO monitors and reports progress across a number of results and corporate dashboards and report cards and progress is summarised in biennial progress reports. While WHO demonstrates a high level of accountability and transparency in its use of resources, high levels of earmarking of VCs and limited predictability remain key challenges making it more difficult for the organisation to fund its base programs and priorities. The May 2023 decision to substantially increase core funding (assessed contributions) by member states has been interpreted as demonstrating their substantial trust in WHO to take necessary action to further enhance impact at country level and further strengthen WHO’s reporting and accountability.

WHO has demonstrated substantial leadership at global and, to varying degrees, regional levels in convening, advising and formulating links between health and climate change, WASH and environmental sustainability. WHO’s structures and processes for integrating gender across its work is assessed as satisfactory, whereas the other cross-cutting areas of environment and human rights are assessed as unsatisfactory overall. While cross-cutting issues are well integrated into WHO’s strategies and there is progress on mainstreaming in some specific programmes, the overall resource situation, including limited technical and financial capacity, is hampering sufficient implementation, particularly in countries.

The **strategic management** performance area explores whether a clear strategic direction geared to key functions, intended results and the integration of relevant cross-cutting priorities is in place. This area is assessed through the two key performance indicators.

KPI 1: Organisational architecture and financial framework enable mandate implementation and achievement of expected results

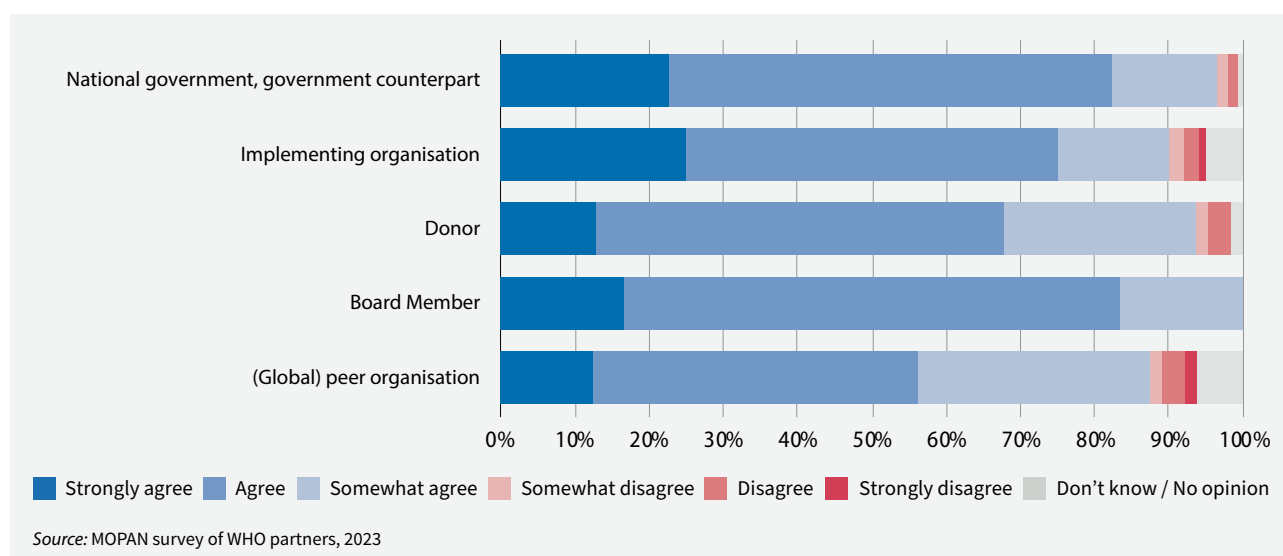
Performance rating: Satisfactory	3.34
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WHO is guided by a clear, high-level, long-term vision, with ambitious targets, directions, and focus, set out in its GPW13. The vision is aligned to the SDGs and underpinned by a commitment to equity, human rights and gender. It was developed through a consultative, bottom-up process within WHO and with member states and is accompanied by biennial PBs. Staff demonstrate a high level of familiarity and acceptance of WHO’s signature global targets, the Triple Billion (one billion more people are benefiting from universal health coverage; one billion more people are better protected from health emergencies, and one billion more people are enjoying better health and well-being). Staff seek to link their work to the outputs and outcomes in GPW13. Surveyed partners, too, agree that “WHO’s strategic priorities are clear” (Figure 6).

WHO demonstrated global leadership during the COVID-19 pandemic, developing a COVID-19 Emergency Response plan and raising substantial additional resources for its implementation. It also adjusted GPW13 to allow for the re-prioritisation and reallocation of resources and staffing capacity to address the pandemic.

Implementation of GPW13 is supported by a strategy for optimising WHO’s capacity and operating model, laid out in a Transformation Agenda. This agenda identifies seven strategic shifts in accountability and management; organisational design and operating model; processes and tools; culture; partnerships, and workforce and financing. Central to it was the promise to strengthen capacity at country level and delegate greater resources and decision-making authority to country office directors, or WRs. However, while implementation of the Transformation Plan has

FIGURE 6: SURVEY RESPONSES TO THE STATEMENT “WHO’S STRATEGIC PRIORITIES ARE CLEAR.”



progressed at HQ, the strengthening of country offices has not progressed as intended. In March 2023, four years into the Transformation Plan period, at the insistence of WRs, the DG established the Action Results Group for Country Impact, which identified where WHO could improve operations and policies in areas such as staff mobility, delegation of authority, staff capacity and budget, and resource mobilisation. The DG also announced an additional USD 100 million for country offices. While staff interviewed for this assessment supported these measures, a common view was that the measures should have been implemented much sooner, and there was some scepticism about whether they would be implemented in full.

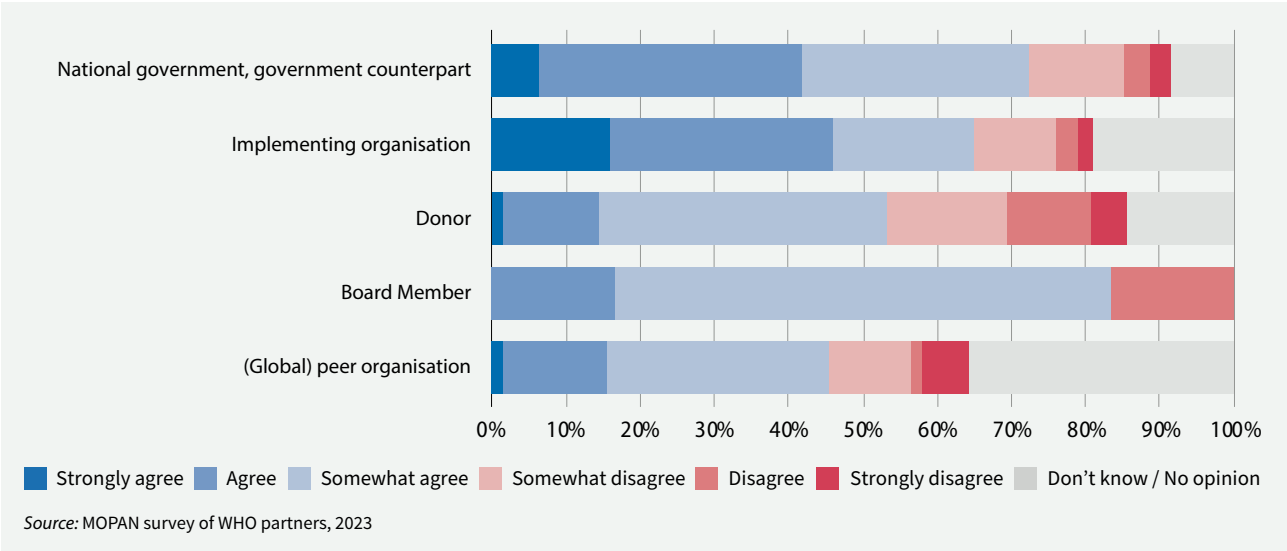
WHO monitors and reports progress towards the Triple Billion targets using a dashboard, summarised in biennial progress reports. It also reports on progress, by country, towards SDG indicators and publishes an annual World Health Statistics Report. Its reporting has been criticised as over-reliant on modelling. Some WHO staff highlighted difficulties in visualising and accounting for progress in specific areas (e.g., mental health, disease-specific areas like HIV, TB, etc). The PB for 2022-23, for instance, uses the same integrated results framework as the GPW13. Results are reviewed as part of the biennial budgeting process and reported on annually to the WHA through the budget report.

WHO demonstrates a high level of accountability and transparency in its use of resources. Its planning and budgeting are able to adapt to new situations. Not all its priorities are fully funded, however. While financial and budgetary planning is consultative, shortages of resources mean that “pockets of poverty” (e.g., non-communicable diseases or NCDs, are often seen as underfunded) exist, resulting in budgetary imbalances existing across the organisation.

WHO is funded through assessed contributions from member states and VCs from both states and non-state actors. Close to 80% of funding constitute VCs. High levels of earmarking of VCs and limited predictability remain challenging and make it more difficult for the organisation to fund its base programmes and priorities. This was also confirmed by respondents to MOPAN’s survey (Figure 7). There has been progress since 2017-18 in increasing the predictability, flexibility and transparency of funding, as well as strategic alignment of funding with health priorities. This has been achieved through a regular financing dialogue with key donors, efforts to increase the level of assessed contributions and broaden the donor base, and improvements in transparency, accountability and reporting.

In May 2023, WHO reported good levels (87%) of financing of its base programmes, but with a funding gap of USD 660 million, underscoring the urgent need for sustainable financing. The WHA, as a landmark breakthrough, agreed to a substantial increase in assessed contributions of 20%, starting in 2024-25. This has been interpreted as

FIGURE 7: SURVEY RESPONSES TO THE STATEMENT “WHO’S BUDGETING AND FINANCING MECHANISMS ENABLE THE ACHIEVEMENT OF ITS STRATEGIC PRIORITIES.”



demonstrating considerable trust by member states in WHO to take necessary action to further enhance impact at country level. The DG subsequently announced that the first USD 100 million would be directly channelled to country offices to strengthen their capacity.

KPI 2: Structures and mechanisms support the implementation of global frameworks for cross-cutting issues at all levels, in line with the 2030 Sustainable Development Agenda principles.

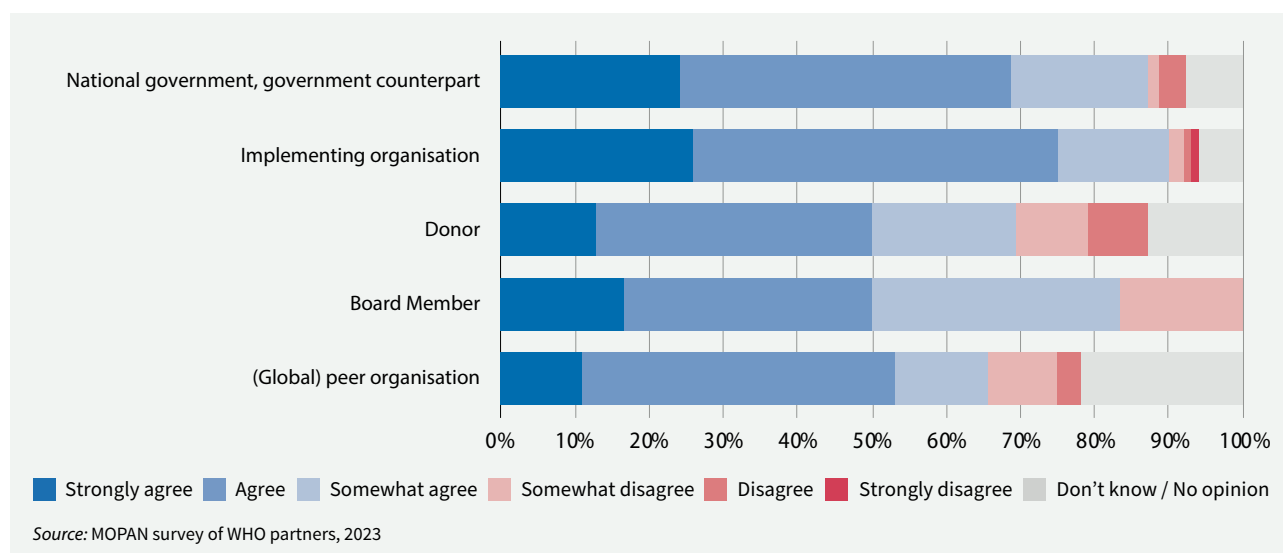
Performance rating: Satisfactory	2.55
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WHO’s structures and processes for integrating cross-cutting issues across its work are assessed as satisfactory overall, with progress in many areas yet a need for improvement in others. Strategic frameworks are in place for four thematic issues (gender equality, health equity, human rights, and climate change), but are not yet applied systematically across the organisation, with gaps specifically at country level. GPW13 and the corresponding PBs reflect gender, equity and human rights (GER) and climate change at the outcome and output level. Targets and indicators on those issues are, in general, incorporated into corporate reporting mechanisms and tools. Attention to human rights, equity and “leaving no-one behind” underpins the organisation’s strategy (GPW13) and plans, as well as thematic strategies. There are encouraging examples of how human rights approaches have permeated different areas and aspects of WHO’s work, but there is less evidence that this happens systematically across the board including at country level. The same is true of gender. As a positive example, WHO has developed a range of programme-specific gender strategies such as polio (2019-23) and health emergencies (2022-26).

In 2023, WHO issued a policy on gender parity in its workforce, with concrete targets, accompanied by a roadmap for achievement to 2030. Progress over the preceding five years was limited, especially at senior level (D1, D2, heads of country offices), where women are still underrepresented. WHO reports to the United Nations System-wide Action Plan (UN-SWAP) on 17 gender indicators, demonstrating progress in several areas. WHO increased its UN-SWAP score from 63% in 2022 to 81% in 2023 of indicators meeting or exceeding requirements.

WHO is in the process of overcoming gaps in leadership and resourcing for gender equality that were noted, documented, and reported during the assessment period. An evaluation report on GER in 2021 noted that, while senior leadership was supportive and WHO’s expertise was recognised and utilised by national ministries of health,

FIGURE 8: SURVEY RESPONSES TO THE STATEMENT “WHO’S STRATEGIES AND OPERATIONS SUFFICIENTLY PROMOTE GENDER EQUALITY.”



“hindering factors included low and decreasing levels of investment and insufficient Human Resources dedicated to this area” and that “GER was not adequately supported by flexible funding and sufficient Human Resources at the three levels of the organisation”. However, from 2022 onwards, senior leadership has committed to, and taken steps towards strengthening the allocation and tracking of financial and human resources to gender mainstreaming. The Gender, Equity and Human Rights (GER) Unit has been upgraded to the Department of Gender, Rights and Equity (GRE), which also houses the Diversity, Equity and Inclusion unit. Resources have been made available to further build the department and technical leads for all the units have been hired. The GER network of focal points has been re-invigorated, enabling integration of activities across departments and a Roadmap for the WHO Secretariat on Advancing Gender Equality, Human Rights and Healthy Equity 2023-30 has also been finalised.

The oversight of the response by the DG’s office for the protection from SEA and for diversity, equity and inclusion has been key to driving change in the organisation.

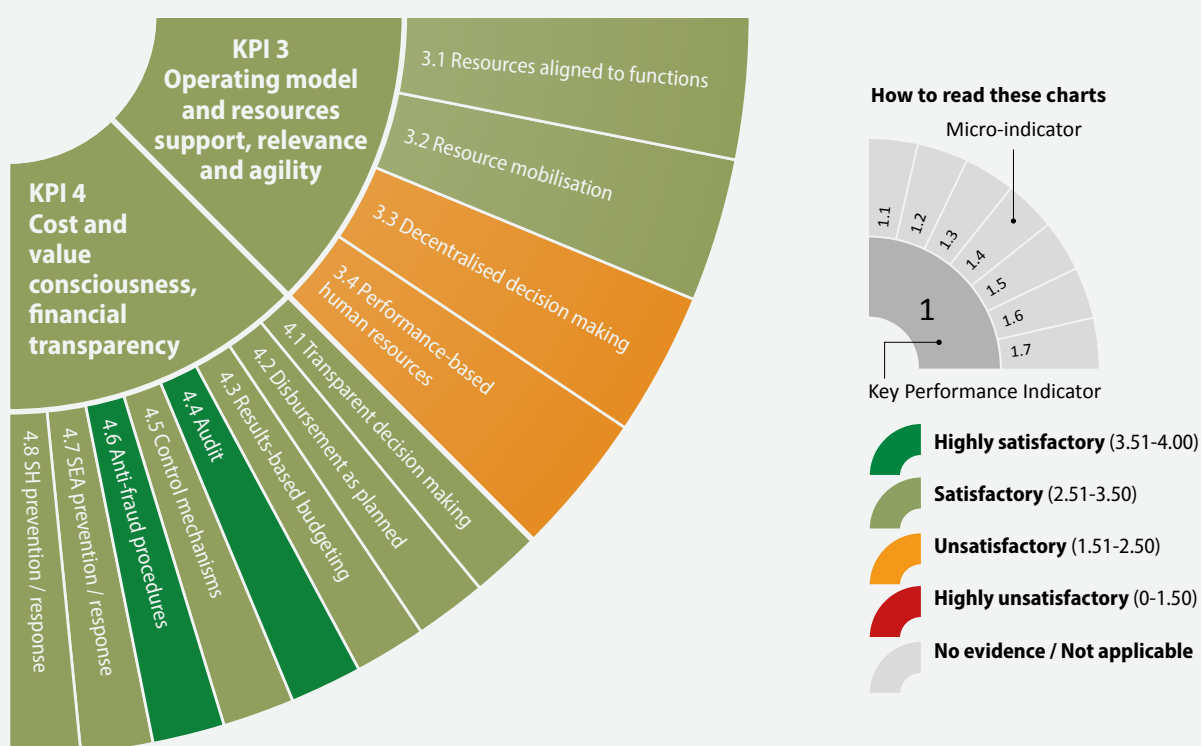
WHO has demonstrated substantial leadership at global and, to varying degrees, regional levels in convening, advising and formulating links between health and climate change, Water, sanitation and hygiene (WASH) and environmental sustainability, and laying out the linkages and contributions towards achieving the SDGs (with some progress in measuring these). Technical support is provided through regional offices to countries heavily affected by climate change, although resource and capacity constraints have inhibited taking this to scale.

A climate change unit within the Department of Environment, Climate Change and Health is mandated with technical leadership, advocacy, partnership building, involvement in climate negotiations, monitoring, and provision of technical advice and mainstreaming across the organisation. A WHO Environmental and Social Safeguards Framework for the organisation has been launched. Likewise, each regional office and country office has designated staff with varying degrees of technical and resource capacity. The budget allocated to climate change activities is comparatively small at HQs level and insufficient to respond adequately to these broad responsibilities and needs. There is no data available to determine the level of resources allocated to climate change and environmental sustainability across the whole organisation, including country level. Overall, from the limited evidence available to the assessment team and from feedback in the staff and partner interviews, it appears that lack of resources, both human and financial, hampers wider implementation of the climate change agenda, particularly the provision of technical support to country offices to support mainstreaming.

In summary, **while cross-cutting issues are well-integrated into WHO's strategies and there is progress on mainstreaming in some specific programmes, the overall resource situation, including limited technical and financial capacity, is hampering sufficient implementation, particularly in countries.**

OPERATIONAL MANAGEMENT

FIGURE 9: WHO'S OPERATIONAL MANAGEMENT (OPERATIONAL EFFECTIVENESS) – KEY FINDINGS



WHO's Transformation Agenda will take time to implement and will require a number of strategic decisions about how human and financial resources are deployed. WHO has learned from the rapid changes required during the COVID-19 pandemic and revitalised a focus on strengthening country offices and financing at country levels. While progress transforming country level operations was delayed by COVID-19, recent progress in defining the Core Predictable Country Presence (CPCP) aims to establish effective capacity in country and to increase local delegated authority. The CPCP aligns with the GPW13 and the Triple Billion targets and will ensure that key staff are in place to support those priorities. Making a staff mobility policy work will be necessary to build country capacity. While this policy has been extensively discussed, progress stalled with the COVID-19 pandemic and has only been revived in 2023. The work of the Health Emergency Department has been greatly expanded during the pandemic response.

Resource allocation across the Triple Billion is clearly defined in the PB and aligned to organisational goals and priorities. In May 2023, the Seventy-Sixth WHA adopted a resolution to increase member states' assessed contributions. This was consistent with earlier plans from the 2022 WHA that aspire to AC being 50% of WHO's base PB by 2027-28 or latest by 2029-30. This should assist in making WHO more financially agile and increase its ability to align funding with corporate objectives. WHO's organisational systems allow for financial transparency and accountability. WHO's PB outlines resource allocation for a biennial period and is aligned to strategic priorities in line with GPW13. It is public and online.

WHO has strong internal controls, including risk-based due diligence processes, mandatory staff training, an accountability framework, as well as fraud and corruption risk assessment processes. Audit and compliance functions conduct their work in accordance with the International Standards for the Professional Practice of Internal Auditing and UN standards. Progress over the last five years has been slow in achieving gender parity at senior level (only 36.8% of country heads are female). The provision of oversight in the DG's office for the prevention of SEA and for diversity, equity and inclusion has been a positive development. WHO has made strong progress since 2021 strengthening its approach to sexual misconduct, which – while being work in progress – is building the foundations for a strong system. Since 2022, WHO also has established a more transparent system for reporting on PRSEAH activities to various bodies and audiences. While it is too early to gather evidence of compliance rates, WHO has clearly demonstrated its commitment to tackling sexual misconduct across the organisation from leadership to field-level.

This **operational management** performance area gauges the extent to which the assets and capacities organised behind strategic direction and intended results ensure relevance, agility and accountability. This area is assessed through the two KPIs specified below:

KPI 3: Operating model and human and financial resources support relevance and agility

Performance rating: Satisfactory

2.68

The overall structure of the organisation has been reorganised so that its functions and departments are grouped or align under the Triple Billion targets set out in GPW13 (2018-23, extended to 2025). Most regional offices also following this structure. The focus of GPW13 is on strengthening the work of WHO at country level, and the accompanying Transformation Agenda 2018 emphasises the country level. There is recognition that the Transformation Agenda will take time to implement and will require a number of strategic decisions about how WHO deploys its human and financial resources, but will ultimately make WHO a more agile, adaptive and accountable organisation. Through the transformation, it was expected that the geographical distribution of WHO's workforce would be adjusted, and mobility would be aligned accordingly. However, this is the weakest area of the Transformation Agenda and was significantly delayed by the COVID-19 pandemic. There has been recent progress in defining the CPCP, which PCP aligns with the GPW13 and the Triple Billion targets and will ensure that key staff are in place to support those priorities. The work of the health emergency department has been greatly expanded during the pandemic response and subsequent national health emergencies, with an agile model developed to enable rapid deployment of both financial and human resources to countries. The success of the organisation in mobilising resources during the COVID-19 pandemic may have hampered the work in other areas and the agile model has yet to be taken up by the organisation as a whole. Significant progress in strengthening systems has been made. WHO has set up a dashboard on the member states portal and is also developing a new Business Management System (BMS) that will increase transparency and accountability when it is fully implemented in 2024.

As part of the Transformation Agenda, the DG called for a strengthened corporate approach to resource mobilisation in line with the organisational priorities set out in GPW13. WHO recognises the need to diversify its funding sources and continues to seek flexible and predictable funding from member states and non-state actors, as well as through the establishment of a pooled fund and contingency fund for emergencies. WHO established a working group on sustainable financing and aims to extend its investment round beyond a biennial cycle, beginning late 2024. Based on a recommendation from the working group, in May 2023, the Seventy-Sixth WHA adopted a resolution to increase member states' assessed contributions. This was consistent with earlier plans that AC should be 50% of WHO's base budget by 2027-28 or latest by 2029-30. The resource mobilisation strategy aims to increase both the quantity and quality of funding, with a view to increased flexibility and predictability, and considers the various funding that can be solicited (government partners, philanthropic partners, multilateral development banks,

innovative financing). More bilateral donors are now giving flexible funds and the FENSA ensures that funding received from non-state actors is in line with WHO's organisational principles.

Resource allocation across the Triple Billion is clearly defined in PBs and aligned to organisational goals and priorities. A bottom-up resource-allocation approach allows countries to set out their priorities. While there has been an increase in resource allocation to countries, it is only with the WHA76 resolution in May 2023 on assessed contributions that the DG has been able to allocate an additional USD 100 million of core funding to country offices. To effectively use these resources, there needs to be commensurate delegation of authority. There is a policy on delegation of authority at different levels of the organisation, and this is set out in WHO manual. However, spending authority at country level needs to be further enhanced through greater flexibility in resource reallocation/programming, despite improvements during the pandemic. Following a recommendation by the ARG, in June 2023 the DG and five regional directors signed the increased delegation of authority to WRs/heads of WHO country offices. This will need to be accompanied by the appropriate compliance and accountability mechanisms.

FIGURE 10: SURVEY RESPONSES TO WHO HAVING SUFFICIENT STAFF TO DELIVER ITS INTENDED RESULTS

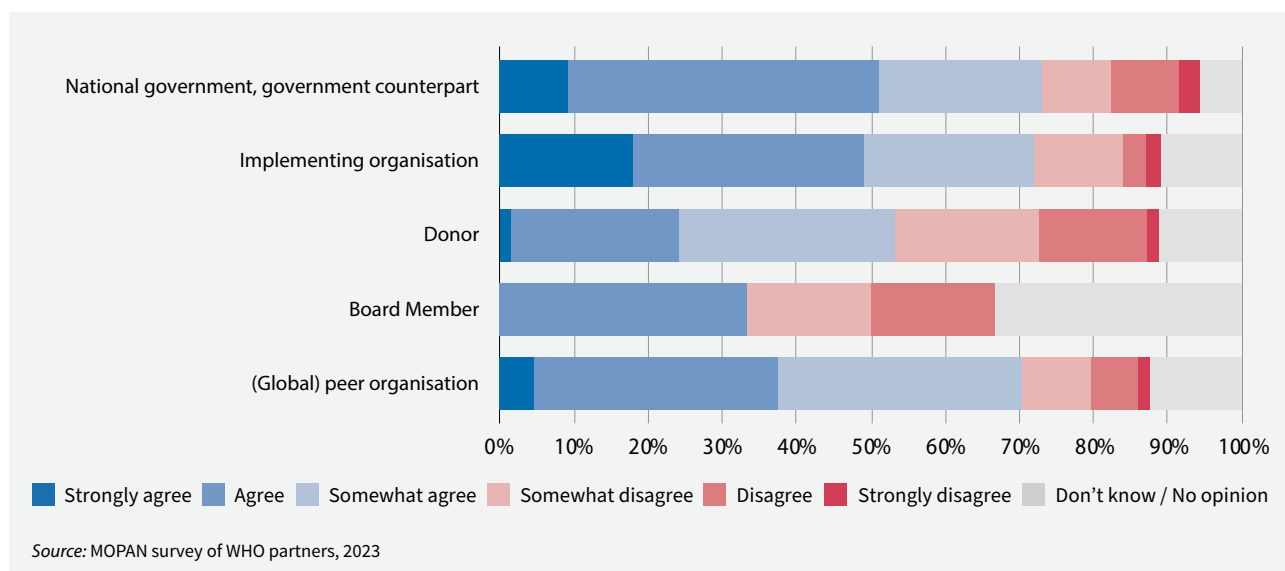
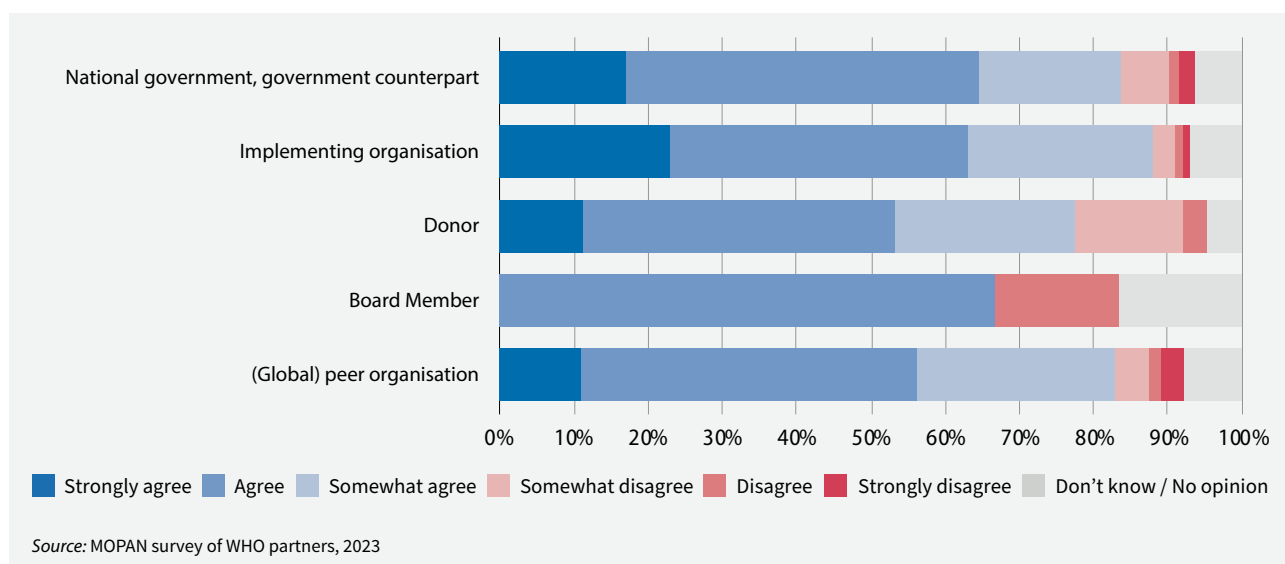


FIGURE 11: SURVEY RESPONSES ABOUT STAFF EXPERIENCE DELIVERING WORK IN ALL CONTEXTS WHERE WHO WORKS



Improving staff mobility is a key issue for WHO, to create a more agile workforce in line with the Transformation Agenda. While this has been extensively discussed, progress stalled with the COVID-19 pandemic and has only been revived in 2023. WHO's updated global geographic mobility policy was issued in June 2023, and phase one of implementation (on a voluntary basis) launched immediately thereafter. The first compendium contained a higher proportion of positions at the regional and country levels compared to headquarters. The staff association in its newsletter of June 2023 noted "if not prudently managed, mobility poses several risks. These include potential loss of unique institutional and specialised knowledge, disruptions to ongoing projects or initiatives, and possible reduced efficiency as key staff members with specialised knowledge are rotated."

KPI 4: Organisational systems are cost- and value-conscious and enable transparency and accountability

Performance rating: Satisfactory

3.33

The organisational systems allow for financial transparency and accountability. WHO PB outlines resource allocation for a biennial period and is aligned to strategic priorities in line with GPW13. It is public and online. Since 2020 the development process for the PB has been re-designed to be more bottom-up and outcome oriented. At the country level, the priorities in CCSs are used to match budgets to work plans. Budget expenditure is monitored and reported through the PB's implementation report. The 2020-21 implementation report states that WHO focused on financing outcomes defined as priorities by member states, with high priority outcomes being allocated 87% of the total budget (for country offices where information was available). At country level, more strictly earmarked resources are used first, with more flexible resources used to address underfunded areas. WHO also has a PB web portal that provides quarterly financial information on the use of funding. A heatmap on the web portal shows WHO's regional and HQ financing gaps and the degree to which its strategic priorities in various regions have been achieved. The programme, budget and administration committee (PBAC) reviews the budget income and expenditure on an annual basis. The PB presents costing for each category of work, which is reviewed by a global policy group. The current biennium (2022-23) report has financial status, contributions, special programmes and shows the breakdown of budget by strategic objective. It is very comprehensive, and it is possible to link expenses at management level to overarching objectives. This is a very positive development towards results-based budgeting.

The COVID-19 pandemic led to WHO revitalising efforts to strengthen country offices and its financing of country level activities. The COVID-19 response allowed WHO to demonstrate its ability to be agile across the organisation, especially in regional and country offices. There is also evidence of flexibility in funding to respond to emergencies in line with the emergency response framework.

To monitor and ensure compliance with international financial regulations, WHO has both external and internal Audits. The external audit complies with international standards, and the office of independent oversight service reports directly to the DG and conducts its work in accordance with the international standards for the professional practice of internal auditing, as promulgated by the Institute of Internal Auditors and adopted for use throughout the UN system, and with the Uniform Principles and Guidelines for Investigations endorsed by the 10th Conference of International Investigators.

WHO has strong internal controls, including risk-based due diligence processes, mandatory staff training, accountability framework, fraud, and corruption risk assessment processes. It has a code of ethics and professional conduct (2017), which is publicly available and is being updated in September 2023. The code outlines the conduct, competence and performance expected of all WHO staff members. There is also a publicly available policy on prevention, detection and response to fraud and corruption (2022). To facilitate detection and reporting of fraud and corruption, the policy on fraud and corruption states that regular monitoring of programme results is conducted through compliance reviews, internal control assessments, audits, and other assurance activities. In 2022,

WHO launched an updated anti-fraud and anti-corruption policy to strengthen the fraud risk management cycle and introduce contemporary definitions of fraud that extend beyond financial perimeters. Although there is a policy on preventing and addressing retaliation (against whistle-blowers), it does not provide sufficient information on the rights and protection of accused staff and there are legal concerns over the scope of the policy.

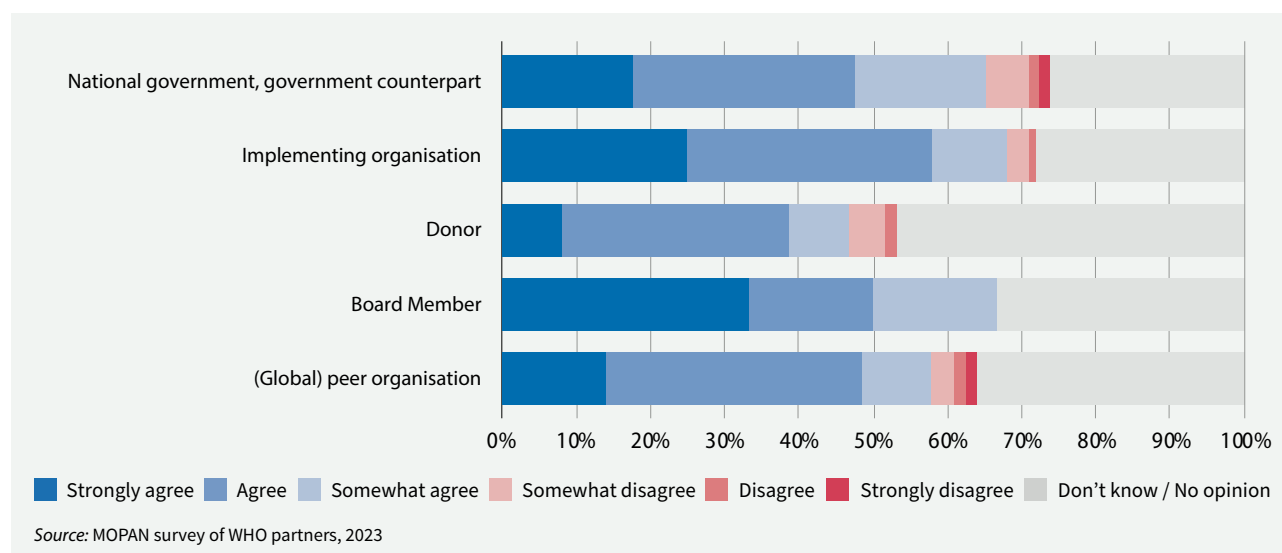
WHO has made real progress in the last three years strengthening its approach to sexual misconduct. While it remains a work in progress, WHO has put in place the foundations for a strong system. A department for prevention and response to sexual misconduct (PRS) was created in 2022 to coordinate organisation-wide efforts on PRSEAH, with a documented budget of USD 50 million, of which a large proportion is allocated to country operations. There have been efforts to improve expertise in specific areas. In interviews, the collaborative relationship between departments was highlighted as a strength. In 2023, the policy for preventing and addressing sexual misconduct came into force, which covers PSEA and PSH under the banner of sexual misconduct. It aligns with UN requirements and protocols, outlining the responsibilities of staff members, collaborators, managers, supervisors and the organisation. The policy on preventing and addressing sexual misconduct (PASM) is accompanied by a 2023-25 strategy, an annual action plan, and a monitoring and evaluation framework with an implementation plan. These efforts create a new singular policy framework and plan and aim to ensure future consistency and eliminate ambiguity. Given the recency of these improvements, we did not find evidence of the new policy framework permeating the organisation, however, staff were instructed to reaffirm their commitment to the code of conduct during the 2022 WHO Goals Week. WHO has a public PRSEAH dashboard where activities on key policy areas, such as case reporting and field-based outreach activities, are updated regularly. In terms of recruitment, HR at HQ level ensures the use of ClearCheck to check for previous sexual misconduct but where HR is decentralised, there have been challenges in implementing and monitoring the use of ClearCheck and there are still risks associated with the recruitment of local staff and volunteers. According to the WHO 2023-25 strategy, the next three years represent an institutionalisation phase, after which WHO sees itself implementing a two-year consolidation phase which considers the lessons learned and challenges faced before meeting the standards it has set for itself by 2028.

To get staff rapidly up to speed, WHO established strong mandatory and optional training packages at HQ level. In 2023, a new training framework was created that includes specific, tailored pathways for managers and PRSEA focal points. WHO was also one of the UN entities that developed the online portal for the UN capacity assessment scheme for implementing partners, implementing it in priority countries. In the 2023 PASM, WHO acknowledges that PRSEA standards and due diligence for partners is a weaker area, describing a decreased sphere of control for implementing partners that will take system-wide change to improve. This is a notable challenge, as much of the SEA risk lies within WHO's supply chains, and this needs monitoring beyond the initial capacity assessment stage.

Whilst commitments have been made to a victim-centred approach, an environment of trust has yet to be established at WHO to allow victims to feel safe in reporting and confident in receiving support from the organisation. This is starting to improve for staff, whilst remains a challenge for government and non-government implementing partners. Whilst the 2018 policy lacked detail on assistance for victims, including support and resources, the new 2023 PASM and strategy explicitly commits to a victim- and survivor-centred approach (VCSA), provides a definition, and lists ways in which victims will be supported, including a safety plan and communications regarding support services, mainly through inter-agency referral mechanisms. In addition, WHO has a dedicated survivor assistance fund that can be drawn on by any office for victim support. However, the VCSA is still at an early stage of implementation and not yet embedded in the organisation. WHO is beginning to map support services with the aim of embedding a VCSA.

Regarding SH, WHO has strengthened its framework by launching the revised preventing and addressing sexual misconduct policy, which brings SH under the umbrella term of sexual misconduct. WHO uses the terms sexual misconduct and SEA interchangeably, suggesting that the term is easier to communicate and translate. It also has an

FIGURE 12: SURVEY RESPONSES TO THE STATEMENT “WHO PARTICIPATES IN JOINT/INTER-AGENCY EFFORTS TO PREVENT, INVESTIGATE AND REPORT ON ANY SEXUAL MISCONDUCT BY PERSONNEL IN RELATION TO THE HOST POPULATION (SEXUAL EXPLOITATION AND ABUSE).”



UN-aligned definition of SH which is described on the online WHO PRSEAH dashboard. Prior to 2023, SH was covered by the WHO Policy on Preventing and Addressing Abusive Conduct. The 2023 Accountability Framework recognises that there were loopholes, gaps and lack of clarity in previous policy documents, and the new PASM policy aligns WHO’s approach to SH with UN requirements and protocols, outlining the responsibilities of staff members, collaborators, managers, supervisors and the organisation. WHO regularly reports publicly and to its governing bodies on the topic of sexual misconduct, and distinguishes in its reporting between SEA and SH. The public dashboard on sexual misconduct is updated monthly and includes the outcomes of substantiated allegations. Overall, this suggests strong progress over the past two years. However, sustained effort will be required to ensure that the new systems are embedded into the organisational culture and for staff to develop a sense of trust in the reporting and response mechanisms. In this assessment, references to victims in the context of SEA and SH refer to both terms victims and survivors.

UKRAINE: delivering critical health supplies – February 2023.

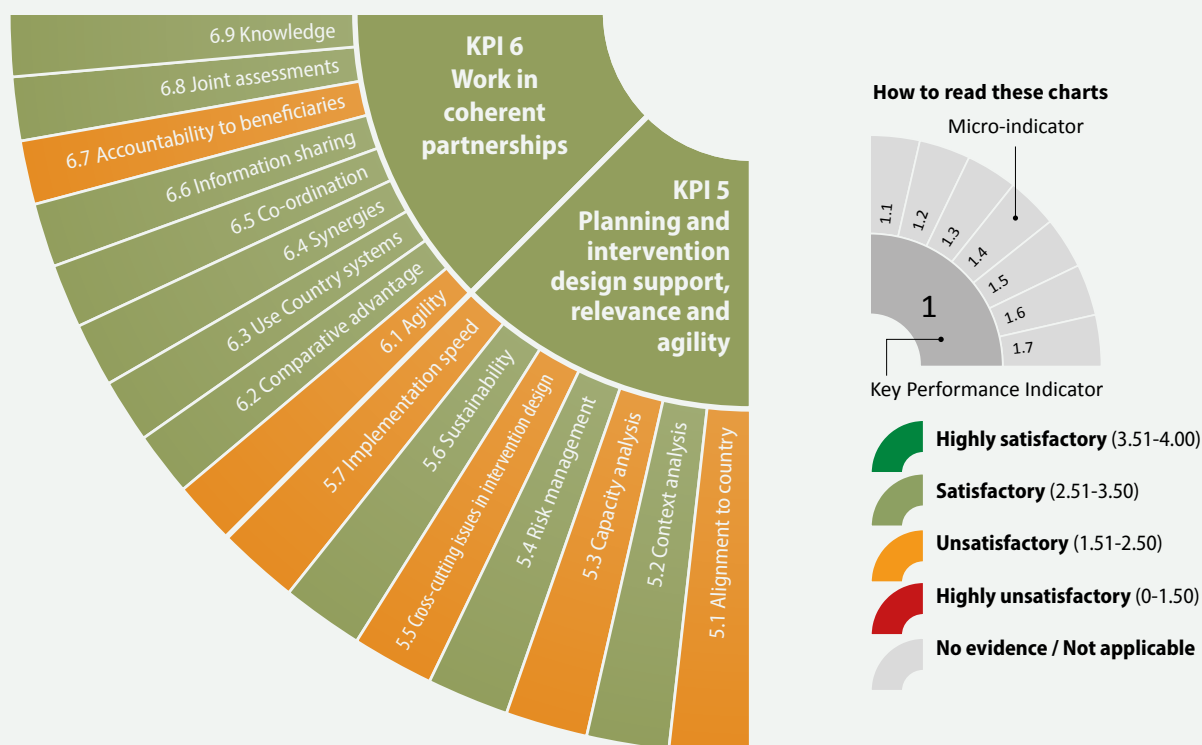
WHO delivered critical medical supplies to health authorities in Kryvyi Rih, Ukraine on 21 February 2023. The shipment included trauma and emergency medical supplies as well as medications necessary to treat people living with noncommunicable diseases.

Photo: © WHO/
Christopher Black



RELATIONSHIP MANAGEMENT

FIGURE 13: WHO'S RELATIONSHIP MANAGEMENT – KEY FINDINGS



While the COVID-19 pandemic demonstrated WHO can be agile and adjust in emergency conditions, funding modalities constrain agility under normal conditions. WHO and member states have recognised that increased delegation to country offices is required. The country co-operation strategy (CCS) is WHO's mechanism to implement its GPW 13 vision alongside country needs and priorities. Strengthening WHO's presence in countries has been core to the Transformation Agenda over the past five years but made only limited progress during the COVID-19 pandemic. CCS are informed by analysis of country context, including the top ten causes of death/burden of disease, and health issues, gender, equity and human rights. While an independent evaluation of the results-based management (RBM) framework noted that CCSs are better aligned to the current GPW results framework than previously, there is still work to be done in clearly defining results, and the majority of WHO's CCS are not up to date. The speed of tracking and reporting implementation is poor. Risk management is being developed but is not yet mature. A new risk management strategy and risk appetite framework has been launched and WHO reported that a new risk management tool that is in development will establish a direct link between the risk identification, workplans and mitigation measures. The FENSA serves to protect and preserve WHO's integrity, reputation, and public health mandate. WHO has acknowledged SEAH as an increasing risk for the organisation, its staff and beneficiaries. The office of compliance, risk management and ethics continues to support WHO programmes to develop context-specific risk-management tools and guidance, as was done for the prevention of sexual misconduct. There is a recognition across many parts of WHO that accountability to beneficiary populations needs to be strengthened. WHO participates in joint performance assessments at national level and with regional partners. WHO participates in many types of multi-stakeholder dialogue.

The **relationship management performance** area looks at whether and to what extent the organisation has engaged in inclusive partnerships to support relevance, leverage effective solution and maximise results. This area is assessed through the two key performance indicators specified as follows:

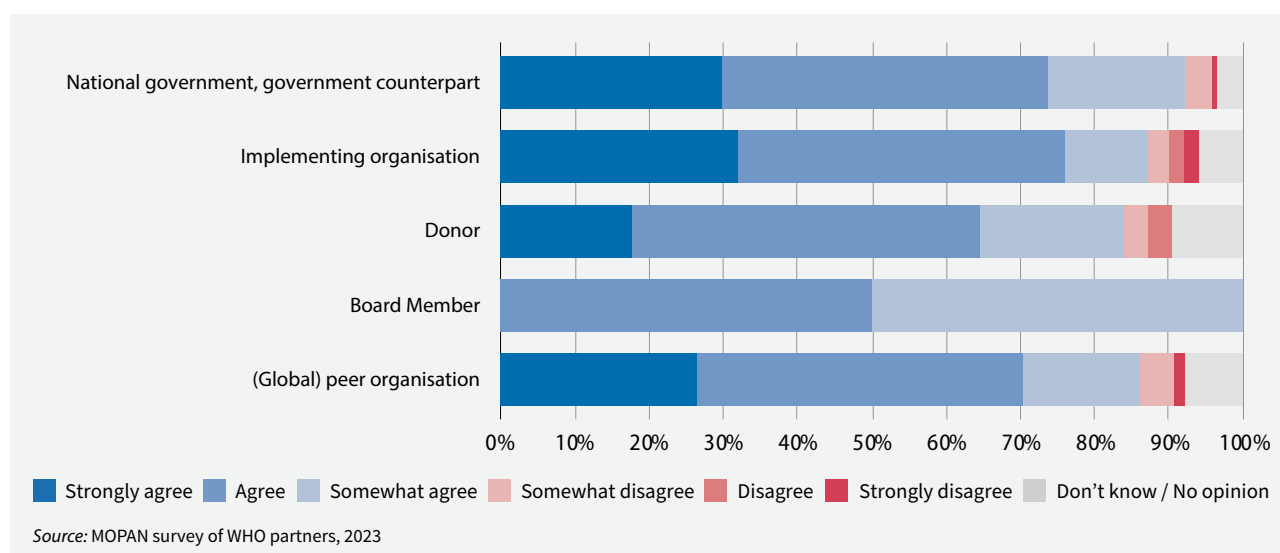
KPI 5: Operational planning and intervention design tools support relevance and agility in partnerships

Performance rating: Satisfactory

2.60

The CCS is WHO's strategic framework to guide the organisation's work in and with a country. It responds to that country's national health and development agenda and identifies a set of agreed joint priorities for WHO collaboration, covering those areas where the organisation has a comparative advantage to assure public health impact. The CCS is WHO's corporate framework strategy to implement GPW13 with a response to country needs and priorities and addresses the Sustainable Development Agenda in health-related SDGs. WHO's role in any national development plan process varies from country to country and can mean a lead role, role as an active partner and/or a contributor. The preparation of the CCS, which is usually a five-year strategy, is aligned to national government strategies (e.g., national development strategy) and priorities, and is done in close collaboration with government. On a biennial basis, the development of the PB practically sets out WHO's expected outputs and outcomes. Strengthening WHO's presence in countries has been core to the Transformation Agenda over the past 5 years, but progress was limited during the COVID-19 pandemic. This has been recognised through the formation of the ARG and the development of a roadmap for strengthening country offices through the Core Predictable Country Presence (CPCP). The CPCP is informed by systematic analysis of country context, based on capacity, complexity, and vulnerabilities. For instance, small island developing states have special arrangements. Under this mechanism, criteria such as development indices or income classification are applied to define what WHO's country presence should be. The COVID-19 pandemic highlighted weaknesses in national capacities, particularly related to pandemic preparedness and response. A majority of survey respondents considered WHO's response to the needs of its partners during COVID-19 successful (Figure 14). WHO is supporting countries to strengthen their capacity for preparedness, and the CPCP's predictable funding should facilitate this.

FIGURE 14: SURVEY RESPONSES TO THE STATEMENT “WHO SUCCESSFULLY USED NEW AND EXISTING MECHANISMS TO RESPOND TO THE NEEDS OF ITS PARTNERS DURING THE COVID-19 PANDEMIC.”



CCS are informed by an analysis of country context, including the top ten causes of death/burden of disease, and health issues, gender, equity and human rights. Additional considerations are included in the CCS guide for countries in fragile situations, including additional analysis of service delivery, governance, health information systems, human resources, health financing, and pharmaceutical products. Key considerations when preparing a new CCS include country context, including the feasibility of developing the CCS and the presence of any immediate competing government priorities. Capacity is a key consideration in the formulation of CCSs. This includes elements such as the

capacity of the country office to undertake CCS development; international health regulations (IHR) capacity and health emergency preparedness, and health financing in fragile states. However, there are limitations to CCSs: “At country level, given that the CCS timeframe is not aligned to the GPW, implementation in some countries is still around disease areas rather than expected outputs and outcomes.” The independent evaluation of the RBM framework noted that although new CCSs are better aligned to the current GPW results framework, even those monitoring frameworks are not fully aligned to the output level. Operational plans at country level implement the PB.

Regional processes for integrating risk management with operational planning were put in place for the 2022–23 biennium; however, they remain manual and resource intensive. A new risk management strategy and risk appetite framework has been launched. A new risk management tool that is being developed in the context of the enterprise resource planning system will establish a direct link between the risk identification interface and the workplans where mitigation measures are defined and resourced, which will greatly facilitate monitoring of mitigation measures during the implementation of operational plans. The office of compliance, risk management and ethics continues to support WHO programmes to develop context-specific risk-management tools and guidance, as was done for the prevention of sexual misconduct. For example, work is ongoing to develop risk management guidance and tools in the context of WHO’s Environment and Social Framework agenda. Similar initiatives are planned for prioritised principal risks in line with the proposed PB for 2024–25.

There is evidence that the new risk-management tools cover reputational risk. Due diligence and risk assessments, particularly for reputational risks, are conducted when proposing new partnerships. The organisation has increased its engagement with non-state actors, based on due diligence and risk assessments designed to preserve the integrity of WHO. The FENSA from 2016 outlines the principles for partnering with non-state actors. FENSA serves to protect and preserve WHO’s integrity, reputation, and public health mandate. Engagement with non-state actors must not compromise WHO’s integrity, independence, credibility, or reputation.

WHO has acknowledged that SEAH is a growing risk for the organisation, its staff and members of the communities it serves, and has added PRSEAH as a principal risk for the organisation in 2022 and in 2023. WHO’s 2023 Policy on Preventing and Addressing Sexual Misconduct (PASM) explicitly commits to prioritising a range of risk management approaches to safeguard from sexual misconduct. In line with the Policy, WHO has rolled out tools for SEA risk assessment and mitigation, which are mandatory for Country Offices and monitored at least annually. WHO also collaborates at the inter-agency level to manage SEA risk through joint mitigation measures. These efforts are supported by the Accountability Framework published in August 2023, which details the responsibilities and accountabilities of WHO staff in relation to the management of WHO’s principal risks, including risks of sexual misconduct. However, these SEAH risk management initiatives were yet to be implemented during the course of this assessment.

KPI 6: Working in coherent partnerships directed at leveraging and catalysing the use of resources

Performance rating: Satisfactory

2.85

WHO has procedures that enable agility in partnerships when conditions change. The COVID-19 pandemic demonstrated that it can adjust in emergency conditions (see Figure 17), but funding modalities constrain agility under normal conditions. WHO and member states have recognised that increased delegation to country offices is required. WHO has a mandate to provide the technical lead in the UN system on health issues, provide knowledge products and convene countries and organisations, a role strengthened during the COVID-19 pandemic. Resources available to deliver WHO’s mandate are being realigned. Member states and WHO support the aims of the GPW13 Transformation Agenda so that human and financial resources, structures, and operational changes are better aligned to deliver WHO’s comparative advantage. WHO operates to apply the UN Management and Accountability Framework in practice. WHO focuses much of its work on strengthening the response to health challenges in the countries where it works; this is codified in WHO



KENYA: Cholera response – August 2023.

Felister administers the oral cholera vaccine (OCV) to a young mother in Mashuuru, Kajiado. The OCV campaign was part of the response to a cholera outbreak first reported in Kenya in October 2022.

Photo:
© WHO/Billy Miaron

policy and guidance. WHO supports South-South and Triangular Cooperation to achieve the Sustainable Development Goals (SDGs). WHO's country planning guidance does not explicitly set out how it will use country systems but provides that it should where possible work to support and strengthen them. It is not clear how WHO in fact incentivises the use of country systems for its work. WHO regularly consults and coordinates with international, country and non-state actor partners to ensure coherence and complementarity, but fragmentation of financing needs to be reduced. Many strategies and designs clearly articulate responsibilities and scope of the partnerships. WHO strategies and activities seek to promote external coherence in response to global health challenges. WHO sets out how to engage with non-state actors through its FENSA process, including how to leverage benefits and finance in response to global health challenges. It participates in multiple joint planning, coordination, monitoring and evaluation exercises at global, regional and country levels to coordinate around shared issues, not least COVID-19. WHO participates in joint monitoring and evaluations of programming, particularly at the country level, though this process could be further improved. WHO uses shared information to improve the efficiency of its operations. WHO joined International Aid Transparency Initiative (IATI) as of 1 November 2016 and has made explicit commitments to increased transparency. It implements the IATI standard by publishing country pages with all the relevant information such as budget, expenditures and funding up to the output level. WHO has an Information Disclosure Policy (2017) that sets out the categories of information that are publicly available, which information is available on request and what it classifies as confidential information.

FIGURE 15: SURVEY RESPONSES TO THE STATEMENT “WHO PROVIDES HIGH-QUALITY INPUTS INTO THE GLOBAL POLICY DIALOGUE.”

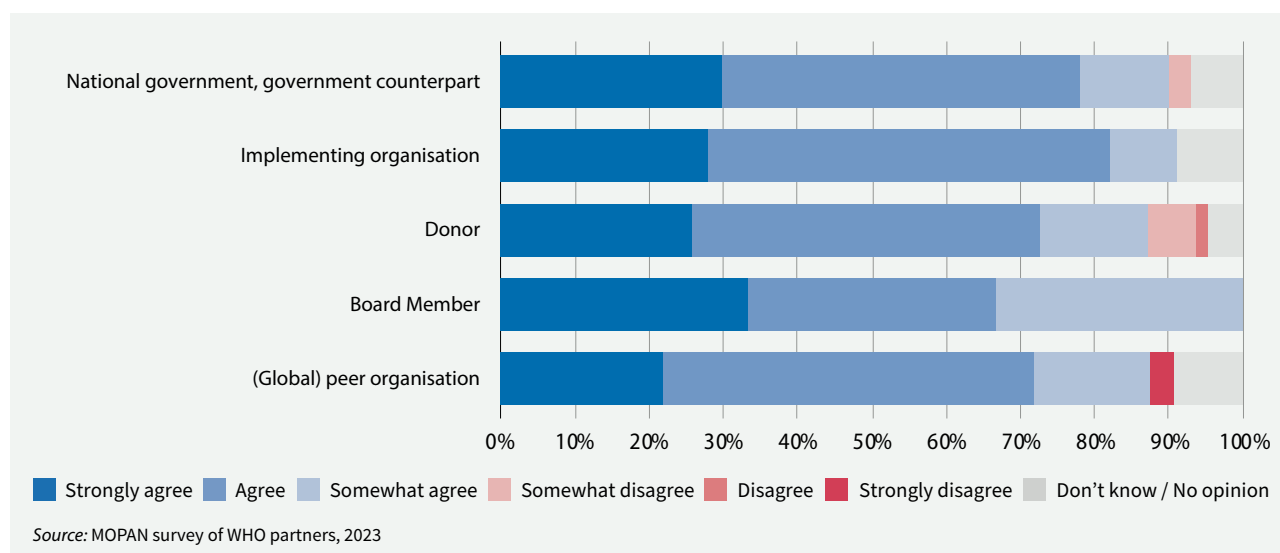


FIGURE 16: SURVEY RESPONSES TO THE STATEMENT “WHO SHARES KEY INFORMATION WITH PARTNERS ON AN ONGOING BASIS.”

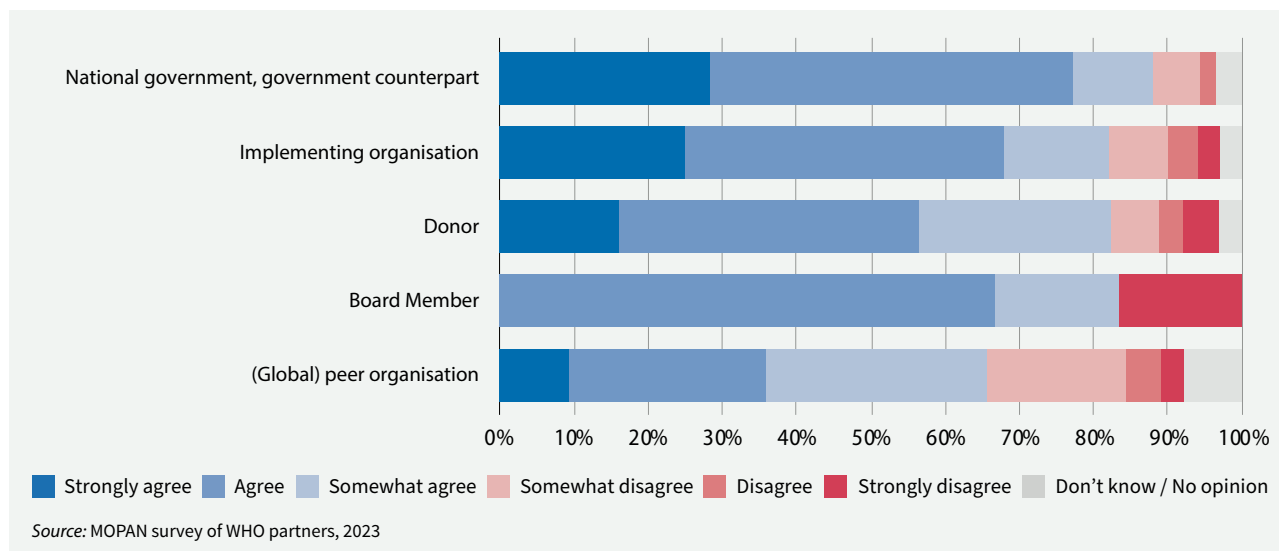
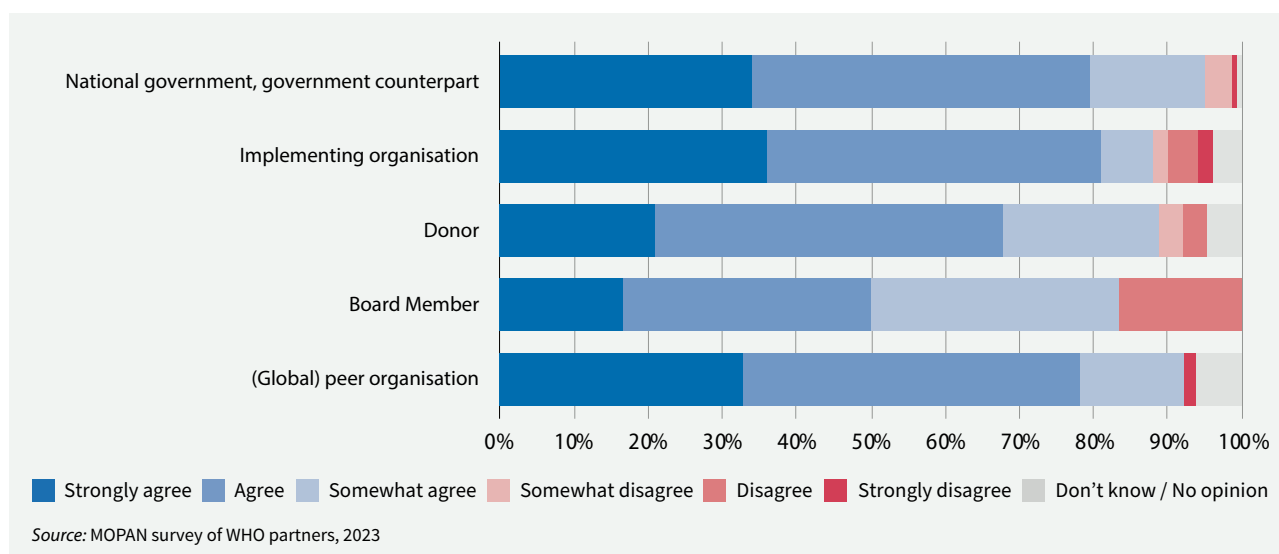


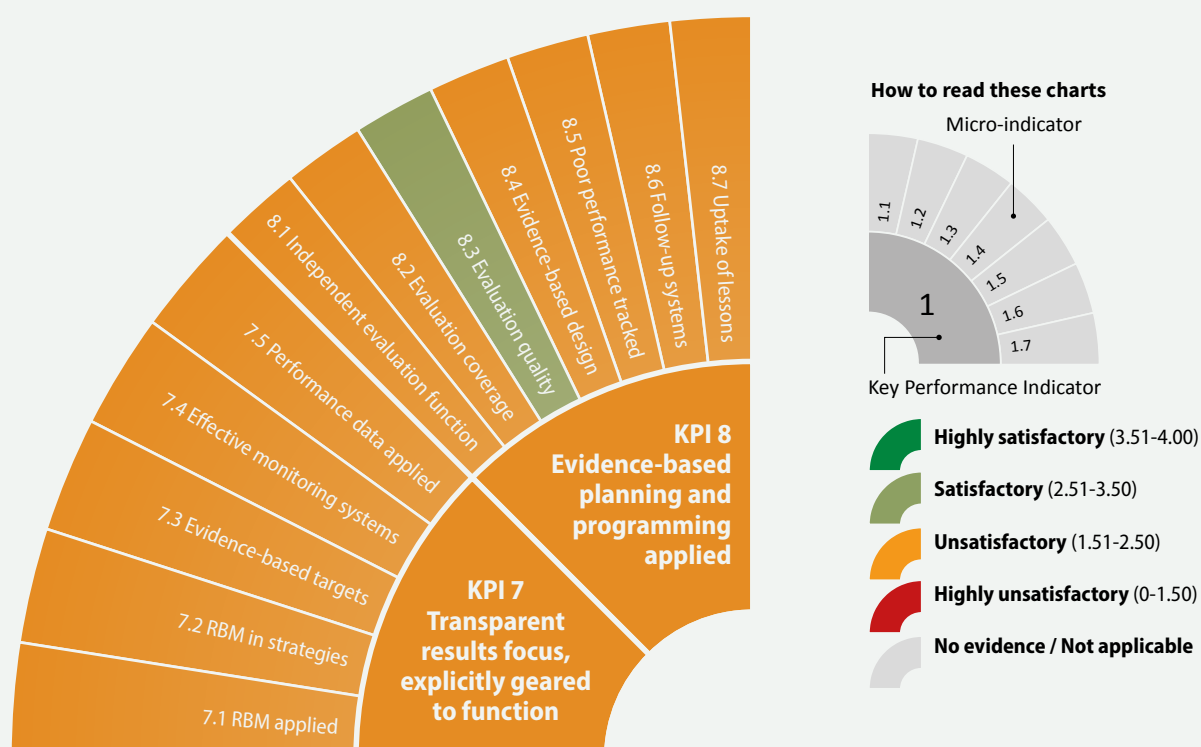
FIGURE 17: SURVEY RESPONSES TO THE STATEMENT “WHO HAS BEEN ABLE TO ADAPT ITS PROGRAMMING AND ACTIVITIES IN RESPONSE TO COVID-19 IN AN AGILE AND RESPONSIVE WAY.”



There is a recognition across many parts of WHO that accountability to beneficiary populations needs to be strengthened. WHO participates in joint performance assessments at national level and with regional partners. The organisation participates in many types of multi-stakeholder dialogue. It uses surveys and other feedback mechanisms to consult with stakeholders when devising strategies. WHO explicitly recognises its global role in knowledge production. Its products are used by partners to inform action across the globe. WHO’s knowledge products seek to inform policy changes at country, regional and global level. Partners report that WHO is able to produce high quality knowledge products (Figure 15), and the organisation is improving how it communicates to users to enable better dissemination (Figure 16). However, we have seen no evidence evaluating the coherence of WHO’s knowledge products with partners’ needs.

PERFORMANCE MANAGEMENT

FIGURE 18: WHO'S PERFORMANCE MANAGEMENT – KEY FINDINGS



WHO's commitment to implementing a results culture is to be applauded, and while progress on the production of information has been significant, a results-based culture has yet to emerge fully. WHO integrates its results into planning and programming through the budgeting process and has developed new results dashboards and score cards. Although WHO is now generating a significant amount of output data, stakeholders report that it remains difficult to identify how WHO's outputs make a plausible contribution to development outcomes. The data provided does not readily allow WHO's contribution to be assessed, though this is being addressed increasingly.

Independent assessments report that not all programming sufficiently uses performance data for planning. Dashboards are used increasingly to report on performance (e.g. in the monitoring of program budget implementation). There is no centrally mandated process whereby projects flagged as problematic or underperforming are required to undergo more frequent supervision, although this approach may be used across WHO's federated structure. At the same time, WHO has put in place a comprehensive tracking system to report on how recommendations and management actions have been taken forward against audit and other reports.

WHO's corporate lesson learning remains inhibited because the evaluation function is underfunded in comparison with its own, and the UN's, published norms. WHO has lacked a sufficiently strategic approach to evaluation, though progress is now being made. Evaluation was not sufficiently valued during the period under review, apparently being seen primarily as a compliance function. A new head of evaluation has been appointed, and efforts to make the function more strategic are in their early stages. However, the shift to more core contributions will make WHO's funding depend substantially on its ability to demonstrate that its outputs contribute plausibly to outcomes, which can be informed by evaluation. A more strategic and comprehensive approach to evaluation will also help strengthen WHO's corporate learning.

This fourth performance area of MOPAN **performance management** assesses the existence of systems geared to managing and accounting for development and humanitarian results and the use of performance information, including evaluation and lesson-learning. This area is assessed through the two KPIs specified below.

KPI 7: Strong and transparent results focus, explicitly geared to function

Performance rating: Unsatisfactory	2.39
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WHO has made clear that it is committed to implementing a results culture, and while this has yet to fully emerge, progress has been significant. Staff are not yet fully clear on how to develop indicators or set results targets, although efforts are being made to improve awareness. While tools for measuring results are available, supported by an online data hub, WHO has yet to allocate sufficient resources to results-based management (RBM). There is no mandatory requirement for WHO staff to be trained in RBM, though more are being trained than in the past.

Organisation-wide plans, such as the GPW13 and PB, link to high-level organisational results and are regularly updated. WHO's DG formally presents a results progress report against the SDGs, GPW13, and other high-level targets to the annual WHA and results are also reported separately to the WHA as part of the PB reporting system. Such annual reporting shows progress against high-level targets overall.

WHO generates a significant amount of data at output level, but how its outputs contribute to the outcomes it seeks to achieve, is less clear. While WHO considers outcomes to be largely under the responsibility of member states. Stakeholders report that it remains difficult from the data provided to identify how WHO's outputs make a plausible contribution to outcomes. Targets and indicators are not yet adequate to clearly capture causal pathways between what WHO does and the outcomes it is seeking to contribute to. While new interventions and programmes are often required to identify baseline measurements, this is not done across the board, and the team did not find WHO to be applying quality standards to results indicators consistently. It updates core sector indicators periodically to reflect new strategic directions and changes in context, including the specific identification of a suite of indicators related to COVID-19. WHO reflects this as a work in progress and changes are planned for GPW14 that may streamline its management and reporting of results. It is strengthening its standards and oversight of data quality.

While much information is available to staff, independent assessments report that not all programming sufficiently uses performance data for planning. WHO's activities are monitored through their implementation, though evaluations indicate that data need to be presented in simpler ways, not least to assist with decision-making. WHO is making better use of corporate results information, but building an approach and capacity that draws lessons from that information needs further work. WHO uses multiple channels to report to member states and other stakeholders on progress against global health targets which together provide a platform for active discussions around the collective achievement of targets.

KPI 8: Evidence-based planning and programming applied

Performance rating: Unsatisfactory	2.14
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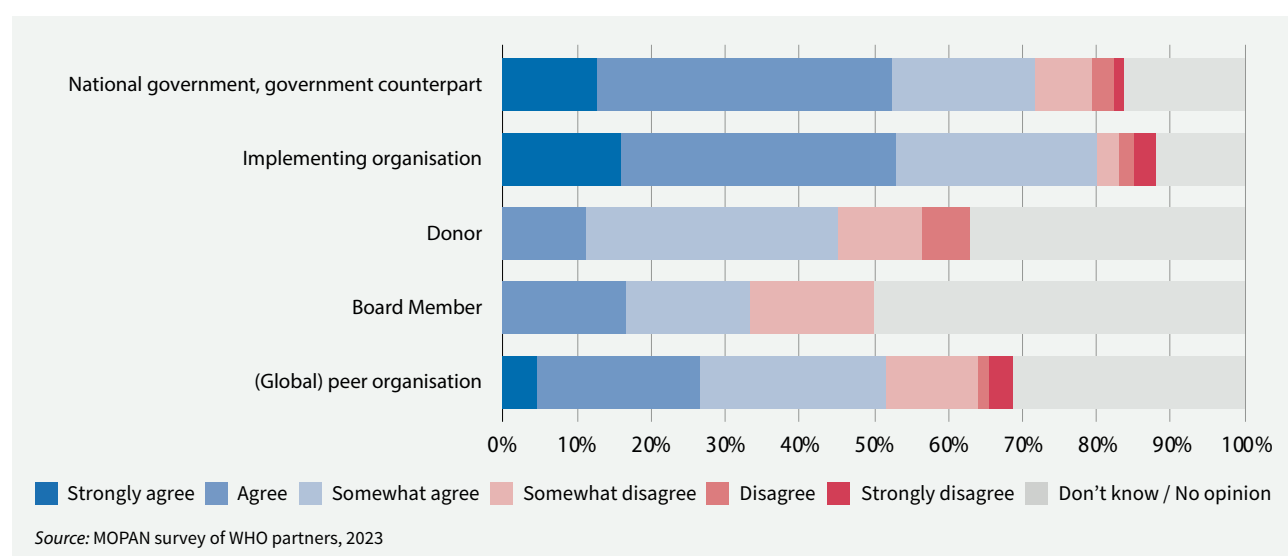
WHO's central evaluation office has a clear mandate set out in policy. WHO's 2018 evaluation policy sets out a series of principles defining how evaluation in WHO should be conducted. The head of evaluation reports both to the EB and the DG. We found no evidence of undue influence over the conduct of reports. However, stakeholders note that the administrative independence of the evaluation function has not been sufficiently strong. The evaluation office's mandate gives it the autonomy to commission evaluations independently (which it does through consultations with relevant offices and on request). In practice, however, the programme of evaluations has been constrained by the

resources allocated. In comparison with the other organisations and the benchmarks set out in WHO's own policy, the function has been underfunded. While evaluations are conducted across WHO, there is no policy or practice to ensure coverage of all WHO priorities and areas of work. The evaluation office's published work plan has, in recent years, been a summary of its evaluation activities rather than a forward-looking, strategically oriented programme of all evaluation work linked to WHO's priorities. Efforts are being made to overcome this, and a new head of evaluation is seeking to take a more structured approach in the future. The evaluation office and function of WHO would benefit from a more regular cycle of external/peer reviews.

New interventions are required to take into account previous learning, though the extent that they do in practice beyond tracking management responses has not been systematically assessed. There are no formal incentives, for instance, linking whether lessons have been addressed to financing approvals, to encourage the application of past lessons to future activities. Some systems exist to identify and report on poorly performing WHO activities based on how, for instance, audit findings have been responded to. Survey respondents do not consistently report WHO addressing issues of poor performance well in practice (though in several cases they put forward no opinion or did not know, see Figure 19).

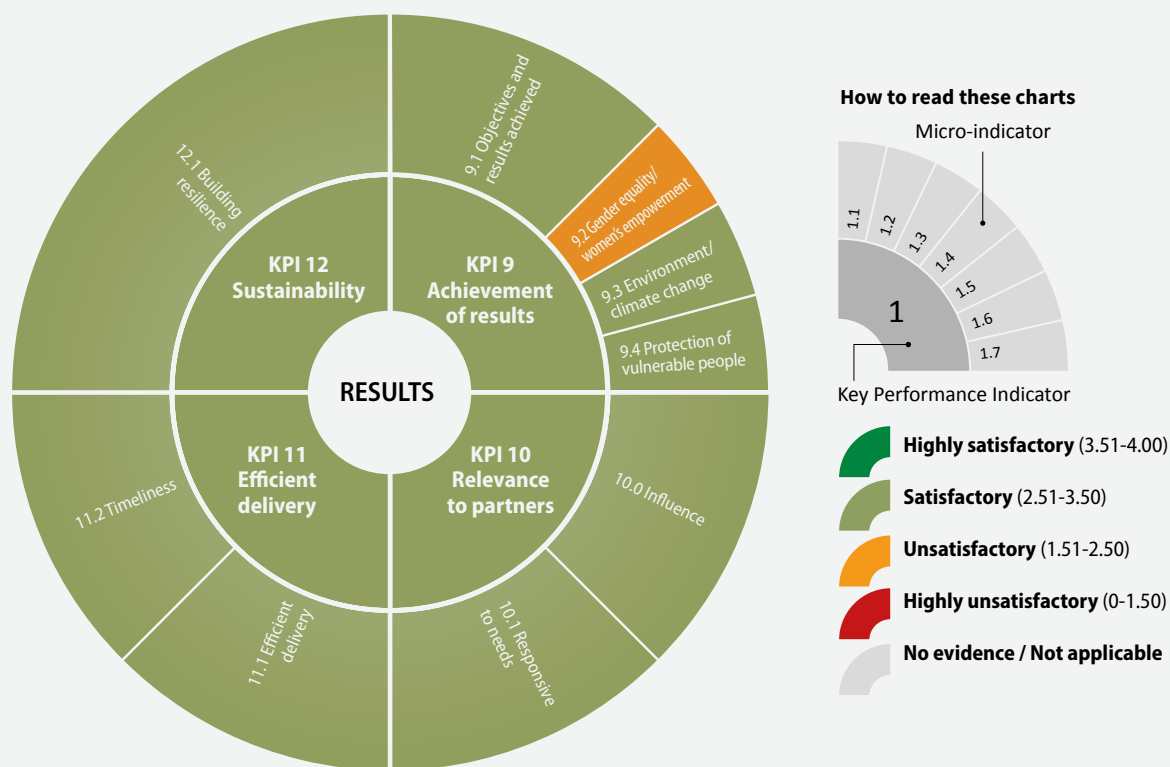
There is no centrally mandated process whereby projects flagged as problematic or underperforming are required to undergo more frequent supervision, although this approach may be used across WHO's federated structure. Responding to issues of poor performance relies on the management chain responding to performance data from dashboards or other sources, and the pressure exerted by (for instance) member states. A comparatively significant number of survey respondents were not able to confirm that WHO consistently identified under-performing interventions and responded to them effectively (Figure 19). Many (but not all) evaluation reports published on WHO's website are accompanied by a management response. The management response should, according to WHO's guidelines, set out when and how management will respond to recommendations, and who is responsible for doing so. For many, but not all, evaluations, the status of WHO's responses to evaluation recommendations is made public. Not all evaluations conducted by WHO are available in a single repository, although many corporate and some decentralised evaluations are available on the evaluation office website. A new consolidated digital platform is seen as the key tool to enable the capture and distillation of findings, but this is not yet fully used as a platform for learning; the communication of findings and lessons from evaluation is not yet a fully mature function in WHO.

FIGURE 19: SURVEY RESPONSES TO THE STATEMENT “WHO CONSISTENTLY IDENTIFIES AND RESPONDS EFFECTIVELY TO INTERVENTIONS THAT ARE UNDER-PERFORMING.”



RESULTS

FIGURE 20: WHO'S RESULTS PERFORMANCE – KEY FINDINGS



The rapid response to the COVID-19 pandemic has been well documented with WHO ramping up its systems to support countries with technical support, documentation, equipment, supplies and ultimately vaccines. WHO also responded effectively to the increased burden of emergencies. However, many of the outcome-level targets that WHO sets out under GPW13 are not being met, and more than 50% do not have recent data to allow an assessment of progress made. WHO reports that “the world is off track to reach most of the Triple Billion targets and health-related Sustainable Development Goals (SDGs)”. The team notes that WHO makes the point that the achievement of these outcomes reflects a shared responsibility among member states, the WHO Secretariat and other partners. For WHO’s specific contributions, 55% of output indicators were achieved or on track at the end of the biennium 2020-21. However, results were skewed by the COVID-19 pandemic, and the focus, efforts, and resources it consumed significantly slowed work in many other areas, not least the transformation of the organisation under GPW13. The lack of clear mechanisms to fully demonstrate how WHO’s outputs make a plausible contribution to outcomes limits this assessment, but as noted above, this is an area of increasing activity for WHO. Evaluative evidence that can plausibly assess the sustainability of outcomes for specific activities of WHO across all its work remains limited. In spite of these limitations, the assessment team is satisfied, based on the information available, that WHO’s contribution to the results it seeks to achieve is significant.

The **results performance** area explores the extent to which relevant, inclusive and sustainable contributions to humanitarian and development results are achieved in an efficient manner. This area is assessed through the four KPIs specified as follows:

KPI 9: Development and humanitarian objectives are achieved, and results contribute to normative and cross-cutting goals

Performance rating: Satisfactory

2.83

While WHO is making important contributions to achieving the health, development and humanitarian objectives detailed in GPW13, many of its outcome-level targets are not being met, and more than 50% do not have recent data to allow an assessment of progress to be made. This reflects the fact that the COVID-19 pandemic and the focus, efforts, and resources it consumed has significantly slowed work in many other areas, including further impeding progress towards universal health coverage. At output level, detailing WHO's specific contributions, 55% of output indicators have been achieved or are on track at the end of biennium 2020-21. WHO reports that the "world is off track to reaching most of the Triple Billion targets and health-related SDGs".

The results reporting available indicates that WHO makes significant contributions to both normative and cross-cutting goals. Design criteria exist (in WHO's Guideline Handbook) to include gender, equity, and human rights routinely in all new WHO guidelines and policy documents; this is, however, not required routinely for environment and climate change. WHO increasingly provides technical support in cross-cutting areas at country level.

WHO's mandate is to provide global leadership for health. There is considerable evidence it has demonstrated such leadership over the period. Examples can be found in its strategic, policy and partnership efforts, essentially in all cross-cutting areas of gender, equity, and human rights, as well as in addressing environmental sustainability and climate change. WHO has also demonstrated exemplary and much-needed leadership in confronting the COVID-19 pandemic, raised substantial amounts of resources, produced cutting-edge guidance and policy documents in record time, and provided technical support to partners and member states. This has led to a concentration of resources, including staff time, allocated to addressing COVID-19, contributing to slower progress in other health and development areas (such as livelihoods and life expectancy).

The latest edition of the World Health Statistics Report, from 2023, summarises the status of progress towards health-related SDGs. While all these efforts are commendable, it is somewhat challenging to get a clear and comprehensive understanding of what has been achieved, where and by whom. The result report contains informative country examples and feature stories, yet there are gaps in up-to-date information on a range of outcome indicators. Despite the range of accountability tools that exist, it is not possible to quantify to "what extent results directly contribute to normative and cross-cutting goals" (KPI 9).

WHO has focused increasingly on the areas of gender, equity and human rights over the last two biennia. There are many examples of WHO providing global and regional leadership, normative guidance, and evidence of efforts to enhance technical support to countries, that attest to this commitment.

WHO has also demonstrated leadership and expressed commitment to addressing environmental sustainability and to help tackle the effects of climate change. The organisation has produced cutting-edge strategies and evidence-based guidance documents. Many examples of initiatives and interventions exist that show the clear linkages between human health outcomes and environmental issues, and where countries have taken up the guidance, used WHO tools, carried out vulnerability assessments, and/or made plans to make their health system climate resilient. WHO itself has committed to becoming carbon neutral by 2030. Overall, however, results monitoring and reporting do not include clear and transparent information on the extent to which WHO's interventions across the board have consistently helped to achieve improvements of environmental sustainability or tackle the effects of climate change. It is of great concern that this area of work at WHO is severely under-resourced and therefore unable to build internal capacity and to scale up the technical support required in countries.

KPI 10: Interventions are relevant to the needs and priorities of partner countries and beneficiaries, as the organisation works towards results in areas within its mandate

Performance rating: Satisfactory	3.00
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Evidence suggests that WHO is responding to the needs and priorities of targeted audiences. However, to conclusively answer the question of whether normative products across the board were effective in influencing country policy and programmatic improvement, results from evaluations would be required. These have not been done up to now. There is a stringent process for developing guidelines that must be followed to develop a normative product within WHO, for a guideline to be internally approved and subsequently disseminated. The process has been internalised increasingly and is now used consistently by WHO staff. The quality, responsiveness, timeliness, and consistency of and among normative products has increased over the years. Consequently, the uptake of normative products by end-users has increased to a satisfactory level overall, even though WHO does not monitor this consistently across the organisation. An important requirement stipulated in the guideline development process is consultation with the end-user to establish their needs and priorities to ensure a normative product relates and responds to them as much as possible - which can be seen as a predictor for effective programme improvements and an essential ingredient in achieving outcomes and ultimately impact. As of late 2022, 68% of country offices had a CCS that was valid or at an advanced stage of development, but it was not possible from these to assess the extent to which partners, in reality, consider that the WHO's approach and plans set out in each CCS effectively respond to their needs.

KPI 11: Results are delivered efficiently

Performance rating: Satisfactory	3.00
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The concept of “value for money” is gradually being embedded in WHO. Efficient delivery of results implies both timely and cost-effective delivery. More than 133 countries increased or introduced a new health tax between 2017 and 2022, showing that member states are increasingly equipped to use fiscal measures to improve health, reduce health care costs and generate a revenue stream for development - owing in part to increased technical support and updated guidance from the Secretariat. For health emergencies during 2020, the WHO Contingency Fund for Emergencies was used for rapid responses and for the continuity of essential response in 14 emergencies. For a total of USD 43.7 million allocated, 90% of the initial releases were made within 24 hours of a request for funds. The rapid response to the COVID-19 pandemic has been well documented, with the organisation ramping up its systems to support countries with technical support, documentation, equipment, supplies and ultimately vaccines. In the assessment interviews, the anticipation is that the forthcoming BMS will be able to provide access to more data, link to results areas and enhance transparency.

COVID-19 has delayed the pace in achieving health-related SDG targets but WHO has responded well to the challenge.

The massive impact of the COVID-19 pandemic has resulted in a further delay to the achievement of the health-related SDG targets. The 2022 PB Results Report noted: “The world was off-track to reach most of the Triple Billion targets and the health-related SDGs before the COVID-19 pandemic, and it is even further off-track now.” However, in noting the time frame of results, it is important to consider the external constraints under which the organisation functions (as elucidated in the sections on financing and human resources), and the full breadth and extent of the work of the organisation. It is clear in the timeframe of the MOPAN review that the main driver of results was the COVID-19 pandemic and the organisation responded well to this challenge. With the extension of the GPW13 for a further two years to 2025, WHO has the opportunity to use the learnings from the pandemic to reset and accelerate action towards achieving the Triple Billion targets and ultimately the health-related SDGs.

KPI 12: Results are sustainable

Performance rating: Satisfactory

3.00

This indicator is taken to reflect the overall sustainability of results achieved across all of WHO's activities. **As of yet, there is insufficient evaluative evidence that would allow the assessment team to plausibly assess the sustainability of outcomes for specific activities of WHO across all its work**, though the team noted that an evaluation of the GPW13 is currently underway. It is possible to see that sustainable change has been achieved in improving global health over the period of the review across many indicators; WHO's contribution to this can be assumed, but not clearly tracked, through much of that evidence. Although COVID-19 had huge impacts in holding back progress and key indicators are off track, the global population continues to live longer and more years in good health.



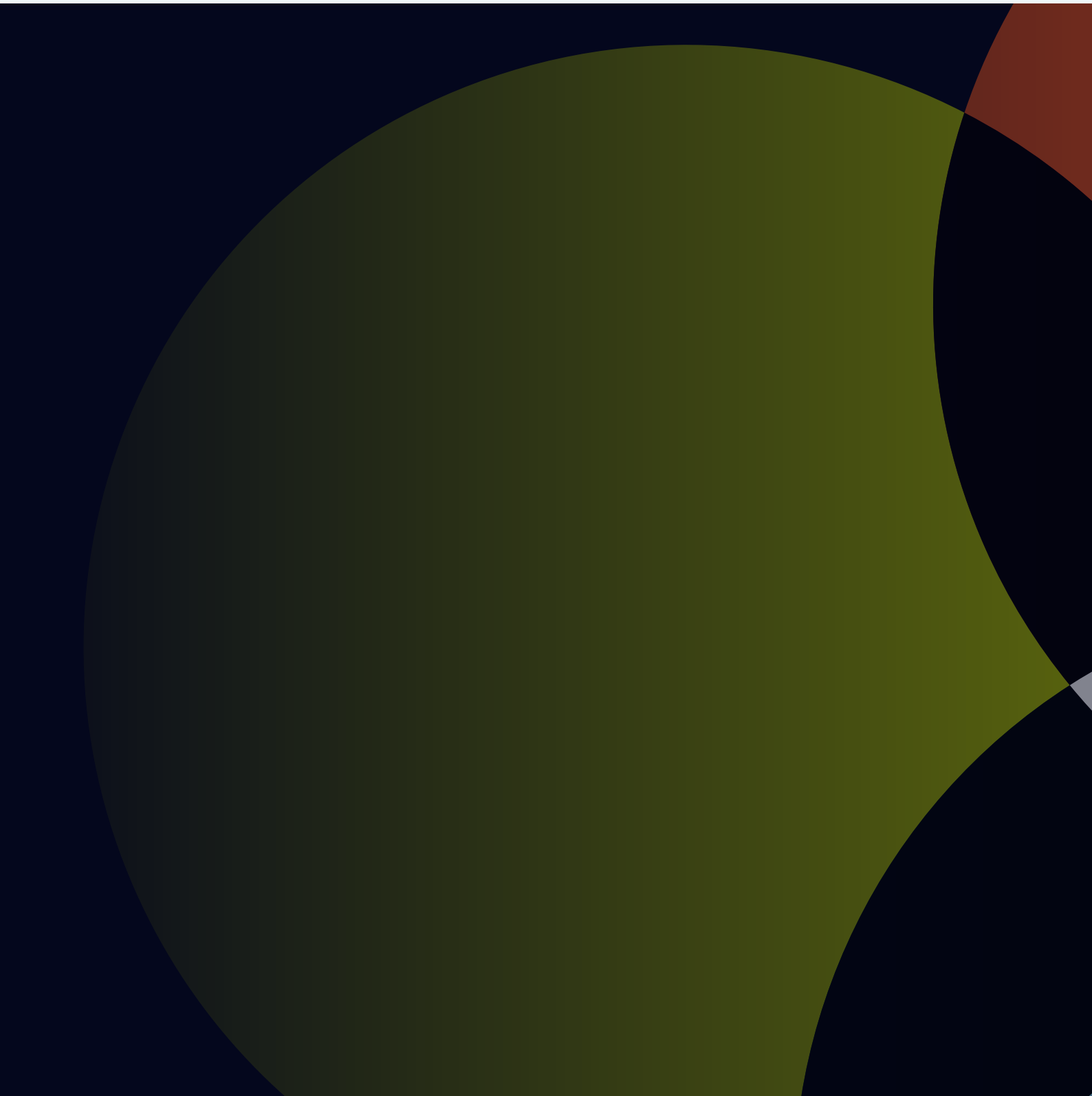
Health needs in Northern ETHIOPIA – April 2024.

Classrooms repurposed as a health centre bear the scars of damage inflicted during the region's conflict at Adi Dahro Internally Displaced Persons Camp. The camp, situated in a former school, is currently accommodating over 9 000 people.

In Ethiopia, hunger is ravaging communities exacerbated by conflict and climate crises. With over 16 million people in need of food assistance, the situation is dire.

WHO and partners are on the ground, providing life-saving health services and nutrition support yet efforts are at risk due to insufficient finance. Less than 5% of funds needed for the humanitarian response in 2024 have so far been received.

Photo:
© WHO/ Nitsebiho Asrat



ABOUT THE ASSESSMENT





Ghana: WHO Malaria Vaccine Implementation Programme visit – August 2023

Rebecca brings her child Mercy to a community health service event for parents and children in Gyabankrom, Central Region, Ghana.

WHO's Malaria Vaccine Implementation team took part in a visit across government offices, health facilities and homes in Ghana to understand how the RTS,S/AS01 malaria vaccine was being integrated into the national immunisation program, and how individuals at all levels were responding to it.

Photo: © WHO/ Fanjan Combrink

THE ASSESSMENT APPROACH

The approach to Multilateral Organisation Performance Assessment Network (MOPAN) assessments has evolved over time to adjust to the needs of the multilateral system. The MOPAN 3.1 methodology, applied in this assessment, is the latest iteration.

Starting in 2020, all assessments have used the MOPAN 3.1 methodology (MOPAN 2020), which was endorsed by MOPAN members in early 2020. The framework draws on the international standards and references points, as described in the MOPAN Methodology Manual. The approach differs from the previous 3.0 approach (used in assessments since 2015) in the following ways:

- The 2030 Sustainable Development Agenda is integrated into the framework.
- Two new micro-indicators (MIs) for the prevention and response to sexual exploitation and abuse/sexual harassment (SEA/SH) are included.
- Elements measuring key dimensions of reform of the United Nations Development System (UNDS Reform) are incorporated.
- A reshaped relationship management performance area, with updated and clearer KPIs 5 and 6 that better reflect coherence and focus on how partnerships operate on the ground in support of partner countries (KPI 5), and how global partnerships are managed to leverage the organisation's resources (KPI 6).
- The results component is refocused and streamlined.
- A change to how ratings (and their corresponding colours) are applied, based on scores defined for indicators. Compared to the previous cycles conducted under MOPAN 3.0, the threshold for a rating has been raised to reflect the increasing demands for organisational performance in the multilateral system. The underlying scores and approach to scoring are unaffected. This approach was already implemented in MOPAN 3.0* (2019 cycle).

MOPAN conducted annual surveys from 2003 to 2008 and used a methodology titled the MOPAN Common Approach from 2009-14. The MOPAN 3.0 Approach was first adopted for 2015-16 cycle of assessments.

In 2019, MOPAN 3.0 was relabelled as MOPAN 3.0* to acknowledge a change in how ratings (and their corresponding colours) were aligned with the scores defined for indicators. Compared to previous cycles conducted under MOPAN 3.0, the threshold for ratings was raised to reflect increasing demands for organisational performance in the multilateral system. The underlying scores and approach to scoring remained unaffected.

In applying the MOPAN Framework, COVID-19 is also considered from three perspectives:

1. how the organisation has leveraged its internal processes to respond to COVID-19 in an agile and flexible way;;
2. the extent to which risk management frameworks contributed to a multilateral organisation's preparedness to respond to the crisis, and
3. how COVID-19 has been reflected in the organisation's strategies, operations, and results targets.

Table 1 lists the performance areas and indicators used in MOPAN 3.1.

TABLE 2. PERFORMANCE AREAS AND KEY PERFORMANCE INDICATORS

Aspect	Performance area	Key performance indicator (KPI)
Organisational effectiveness	Strategic management	KPI 1: Organisational architecture and financial framework enable mandate implementation and achievement of expected results
		KPI 2: Structures and mechanisms support the implementation of global frameworks for cross-cutting issues at all levels in line with the 2030 Sustainable Development Agenda principles
	Operational management	KPI 3: Operating model and human and financial resources support relevance and agility
		KPI 4: Organisational systems are cost- and value-conscious and enable financial transparency and accountability
	Relationship management	KPI 5: Operational planning and intervention design tools support relevance and agility in partnerships
		KPI 6: Working in coherent partnerships directed at leveraging and catalysing the use of resources
	Performance management	KPI 7: Strong and transparent results focus, explicitly geared towards function
		KPI 8: Evidence-based planning and programming applied
Development / humanitarian effectiveness	Results	KPI 9: Development and humanitarian objectives are achieved, and results contribute to normative and cross-cutting goals
		KPI 10: Interventions are relevant to the needs and priorities of partner countries and beneficiaries, as the organisation works towards results in areas within its mandate
		KPI 11: Results are implemented efficiently
		KPI 12: Results are sustainable

Source: MOPAN 3.1 Methodology Manual, 2020 Assessment Cycle,
http://www.mopanonline.org/ourwork/themopanapproach/MOPAN_3.1_Methodology.pdf.

APPLYING MOPAN 3.1 TO THE WORLD HEALTH ORGANIZATION

Interpretations and adaptations to the methodology (when applicable)

This assessment has used the MOPAN 3.1 methodology, but the KPIs have been interpreted to be meaningful given WHO's specific mandate. These modifications were initially noted in the assessment inception report (Table 2).

TABLE 3. INCEPTION PHASE INTERPRETATIONS OF THE MOPAN 3.1 METHODOLOGY

2.4 Corporate/sectoral and country strategies respond to and/or reflect the intended results of normative frameworks for other cross-cutting issues (e.g., good governance, protection, nutrition, innovation).	One MI was removed which dealt with stand-alone cross-cutting issues. None were identified for WHO.
3.2 Resource mobilisation efforts consistent with the core mandate and strategic priorities.	For 3.2.-E2 “Resource mobilisation strategy/case for support reflects recognition of need to diversify the funding base”, the phrase “particularly in relation to the private sector” at the end of the sentence is removed. As consistent with FENSA, WHO financial rules and regulations; also, private sector equals less than 1% of WHO’s revenue.
6.6 Key information (analysis, budgeting, management, results etc.) shared with strategic/implementation partners on an ongoing basis.	Implementation partners definition: national government entities, including agencies or institutions; NGOs, and CSOs; UN system entities acting as implementing partners; non-United Nations multilateral and intergovernmental entities; and other entities, such as research and academic institutions, with which UN system organisations enter into agreements and to which they allocate resources to execute or implement programmes, projects and activities for the organisation’s beneficiaries.
9.5 Interventions assessed as having helped improve any other cross-cutting issue.	This MI was removed as there are no stand-alone cross-cutting issues defined.
10.0 Normative products and functions are effective at influencing global, regional and partner country policy and programmatic improvements.	A new MI was added to reflect WHO’s role in providing global norms and standards.
10.1 Intervention objectives and design assessed as responding to beneficiaries’ global, country, and partner/institution needs, policies, and priorities (inclusiveness, equality and Leave No One Behind), and continuing to do so where circumstances change.	This MI was modified to reflect WHO’s role in providing global norms and standards.

LINES OF EVIDENCE

This assessment relies on three lines of evidence: a document review, interviews with internal WHO staff both at HQ and in the regional and country offices, interviews with external partners, and an online partner survey. The assessment team collected and reviewed a significant body of evidence:

- **Document review:** This comprised publicly available documents published after the last MOPAN assessment and between 2019-mid-2023, as well as guidelines and policies provided by WHO. Independent evaluations and reports of the external auditor were also included. For four topics in which significant developments occurred during the assessment period, the assessment team decided to extend the cut-off to Spring 2024: evaluation, results-based management, PSEAH, and gender equality. The assessment team was granted access to the WHO intranet for relevant internal documents. Over 790 documents were reviewed. See Annex B for list of documents relied on for the assessment, which are cross-referenced in the detailed MI analysis in Annex A.

● Interviews and consultations:

- WHO staff: the team interviewed 66 WHO staff at HQ in the inception phase in March 2023. During the data collection phase between April to July 2023, the team undertook in-person interviews with 125 WHO staff at HQ, and virtual interviews with 24 WHO staff from regional and country offices. To update the assessment in four key areas - evaluation, results-based management, PSEAH, and gender equality – the assessment team conducted an additional round of four group interviews in April 2024.
- External stakeholders: While not standard MOPAN methodology, given WHO's global leadership role in the COVID-19 pandemic, it was agreed during the inception phase to conduct interviews with external stakeholders: the World Bank, GAVI, the Global Fund, UNICEF and the Bill and Melinda Gates Foundation.

- **An online partner survey:** The assessment involved an online survey of external partners. This was sent to an initial contact list of 1135 individuals, provided by WHO and MOPAN members, drawn from the 13 sampled countries. A total of 375 partners responded, yielding a response rate of 33%. The survey was administered by MOPAN and conducted over a period of 7 weeks, starting on 12 June and closing on 27 July 2023. For more details, see Part II: Technical and Statistical Annex C.

Discussions were held with representatives of the institutional lead countries of the WHO assessment (Belgium, Canada and Luxembourg) as part of the analytical process. These served to gather insights on current priorities for the organisation from the perspective of MOPAN member countries.

General information about the sequence and details related to these evidence lines, the overall analysis, and scoring and rating process as applied to WHO can be found in the MOPAN 3.1 methodology.

COUNTRY SAMPLE

The review methodology involved selecting a sample of country contexts that guided the sampling of documents for review, interviews with WHO staff outside HQ and external partners to participate in the survey. The sample consisted of 13 WHO country contexts, two from each region. The following criteria were considered in determining a balanced country sample:

- range of wealth and social indicators (different GNP/HDI strata);
- range in size of population;
- previous frequency of sampling by MOPAN;
- range of political stability/absence of violence/rule of law;
- variation in partnership landscape (government, NGO, several donors, etc.);
- recipient countries with varying degrees of aid flow;
- ability of WHO office to engage with the assessment (e.g., staffing constraints).

The 13 sampled WHO country contexts were:

- AFRO: Niger, South Africa, Uganda;
- AMRO/PAHO: Colombia, Honduras;
- EMRO: Egypt, Afghanistan;
- EURO: Tajikistan, Moldova;
- SEARO: Nepal, Indonesia;
- WPRO: Cambodia, Mongolia.



Sexual and reproductive health and rights in PAKISTAN – March 2022.

A health worker visits a woman and her 14-month-old son for a routine checkup at their home in Bara Kahu, Islamabad as part of outreach services. “Lady Health Workers” are part of a government health programme supported by WHO to provide essential primary health services.

Photo:
© WHO/Saiyna Bashir

METHODOLOGY FOR SCORING AND RATING

The approach to scoring and rating under MOPAN 3.1 is described in the 2020 Methodology Manual (MOPAN 2020), available on MOPAN’s website.

Each of the 12 KPIs contains micro-indicators (MIs), which vary in number. The KPI rating is calculated by taking the average of the ratings of its constituent MIs.

Scoring of KPIs 1-8

The scoring of KPIs 1-8 is based on an aggregated scoring of the MIs. Each MI contains several elements, which vary in number, representing international good practice. Taking the average of the constituent scores per element, a score is then calculated per MI. The same logic is pursued at aggregating to the KPI level, to ensure a consistent approach. Taking the average of the constituent scores per MI, an aggregated score is calculated per KPI.

Scoring of KPIs 9-12

MOPAN’s approach is to base scoring of KPIs 9-12 on a meta-analysis of evaluations and performance information.

Rating scales

Whenever scores are aggregated, rating scales are used to translate scores into ratings that summarise the assessment across KPIs and MIs. The rating scale used under MOPAN 3.1 is shown below.

Highly satisfactory (3.51-4.00)

Satisfactory (2.51-3.50)

Unsatisfactory (1.51-2.50)

Highly unsatisfactory (0.00-1.50)

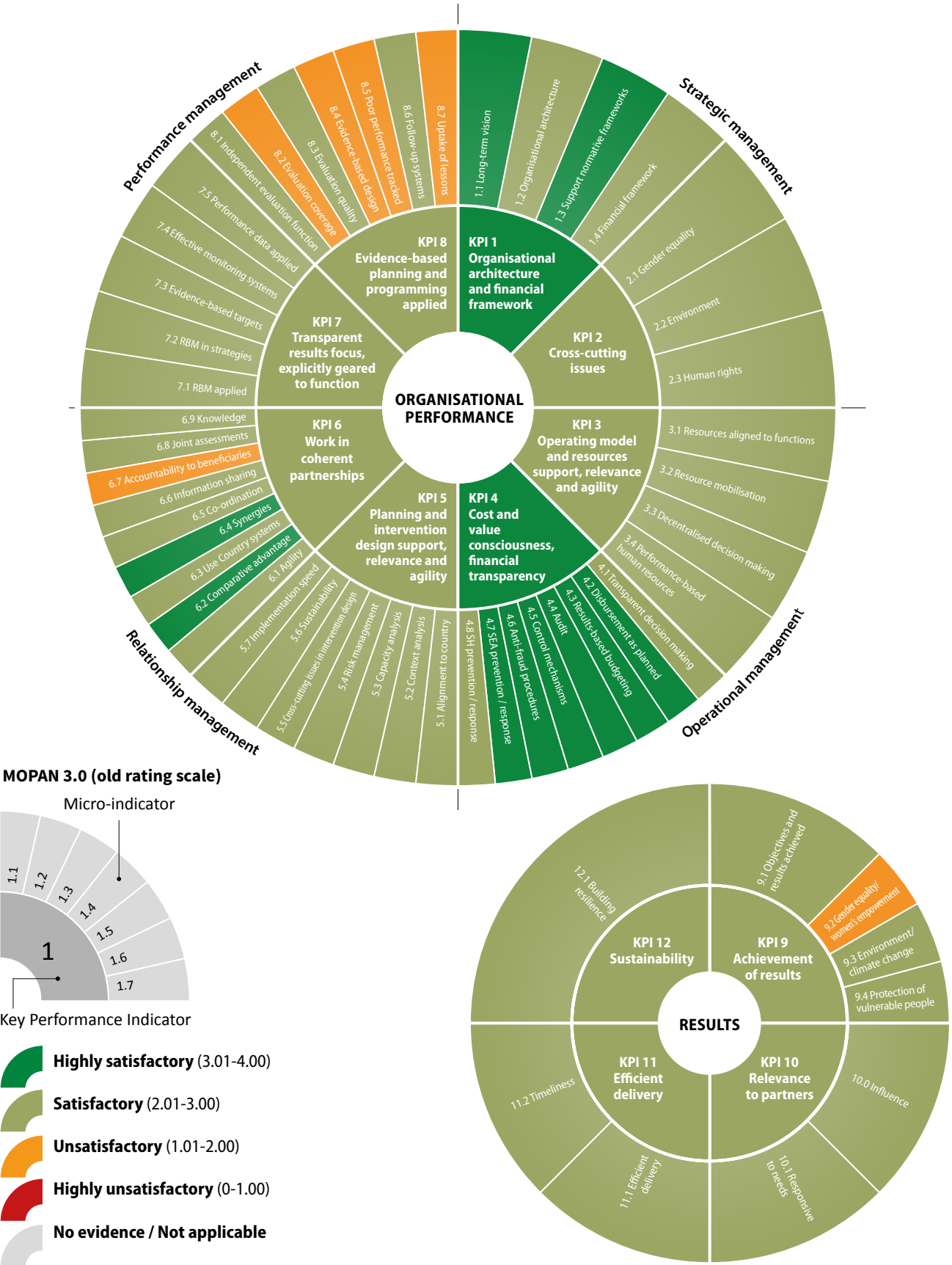
No evidence / Not applicable

High evidence confidence

Medium evidence confidence

Low evidence confidence

FIGURE 21. WHO'S PERFORMANCE RATING SUMMARY (PREVIOUS RATING SCALE)



A score of “N/E” means “no evidence” and indicates that the assessment team could not find any evidence but was not confident that any evidence was to be found. The team assumes that “no evidence” does not necessarily mean that the element is not present (which would result in a zero score). Elements rated N/E are excluded from any calculation of the average. A significant number of N/E scores in a report indicates an assessment limitation (see Limitations section at the beginning of the report). A note indicating “N/A” means that an element is considered to be “not applicable” usually owing to the organisation’s specific nature.

Changes to MOPAN’s rating system

MOPAN’s methodology is continuously evolving, and a notable change since the last assessment of WHO concerns how ratings (and their corresponding colours) are applied based on the scores at MI and KPI levels. Compared to the pre-2019 rating scale, applied (Figure 21), the threshold for each rating has been raised to reflect the increasing demands of organisational performance in the multilateral system. The underlying scores and approach to scoring are unaffected.

TABLE 4. ASSESSMENT PROCESS

ASSESSMENT PHASE	Inception: January-May 2023	Evidence Collection: May-July 2023	Analysis: August-November 2023	Reporting: November 2023 – June 2024
Key Activities	<ul style="list-style-type: none"> Adaptation of indicator framework Preparation of evidence collection – survey partners, key informants, and key documents for review 	<ul style="list-style-type: none"> Key informant Interviews Document Review Partner Survey 	<ul style="list-style-type: none"> Triangulation Learning Sessions Evidence documentation 	<ul style="list-style-type: none"> Report drafting Quality Assurance Presentations
Key Activities Timeline	<ul style="list-style-type: none"> Scoping Interviews – March 2023 Draft <i>Inception Report</i> – May 2023 	<ul style="list-style-type: none"> Interim Document Review (IDR) to MOPAN Secretariat – June 2023 Document gaps reviewed by WHO – June 2023 Key informant interviews June 2023 Document Review – May-July 2023 Partner survey launch and closure – June-July 2023 	<ul style="list-style-type: none"> Draft Summary Analysis Table (Annex A) and Evidence File shared with WHO – 20 October 2023 Preliminary Findings to WHO – November 2023, <i>Members Briefing</i> December 2023 Feedback received from WHO on Annex A and Preliminary Findings: – November–17 December 2023 	<ul style="list-style-type: none"> Draft Assessment report shared with WHO – 9 February 2023 Feedback received from WHO – 21 March–2 May 2024 Final Assessment Report – 10 May 2024 (<i>embargoed version</i>) June 2024 (<i>publication</i>)

LIMITATIONS

The assessment applies a standardised framework that provides a picture of the organisation’s performance. Thus, any general strengths and limitations of the MOPAN 3.1 methodology, which are laid out in MOPAN 3.1, Section 8, apply to this assessment as well.

In addition, there are a few limitations specific to this assessment of WHO, and subsequently to the confidence that can be ascribed to the findings.

For this assessment of WHO, the team was necessarily resource- and time-constrained; there are issues for which gathering further information was desirable but not possible. The assessment team is also conscious of having to impose the cut-off for evidence of 14 July 2023, while this report will be published after that. Consequently, some findings may be superseded by the date of publication. As noted above, the team decided at the last stage of the assessment process to allow a cut-off date of April 2024 in four specific areas (evaluation, results-based management, sexual misconduct, and gender equality) given they had significantly evolved since July, but the team was not able to update the evidence base beyond those select areas.

The assessment team is grateful that WHO was able to provide many documents, and access to its own intranet. Inevitably, there were some indicators where the level of documentation was lighter than others. While the assessment considered 13 country case studies, in practice the starting point for evidence gathering was at the HQ level. This is not uncommon for MOPAN assessments, but inevitably leads to a particular bias towards the corporate and high level in what is in fact a diverse, dispersed organisation. The assessment team is aware that a different perspective on the organisational capability of WHO would be provided had the perspective of regional and country level operations been taken as the starting point.

Finally, as in all MOPAN assessments, the assessment team wished to rely on independent evidence sources and did so where they were available. However, the lack of evaluative assessments in several key areas hampered the team's ability to draw evidenced conclusions in some areas. This is also the reason why "evidence confidence" was rated as "low" in many areas, notably KPIs 9-12.

REFERENCES

- MOPAN (2020) *MOPAN 3.1 Methodology Manual: 2020 Assessment Cycle*, Multilateral Organisation Performance Assessment Network,
http://www.mopanonline.org/ourwork/themopanapproach/MOPAN_3.1_Methodology.pdf



SOUTH SUDAN:
Emergency
response –
November 2023.

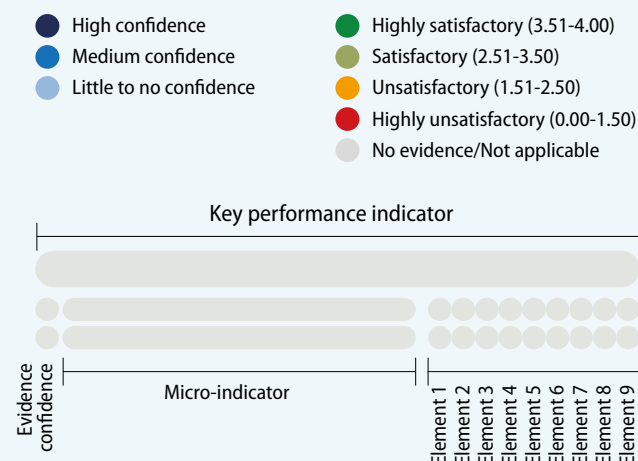
WHO and
International
Medical Corps staff
speak to refugees
and returnees from
Sudan who are in
line for medical
consultations at a
health centre at a
transit site in Renk.

Photo:
© WHO/Peter Louis Gume



TANZANIA: Disability inclusion in health – December 2023.

After a health education session on the prevention of chronic otitis media for students who have a hearing impairment at Mandaka Deaf Primary School in Moshi Municipality, 8-year-old Baraka, a class 3 pupil who is deaf, leaves school with his mother, Theresia. Photo: © WHO / Mwesuwa Ramsey



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