

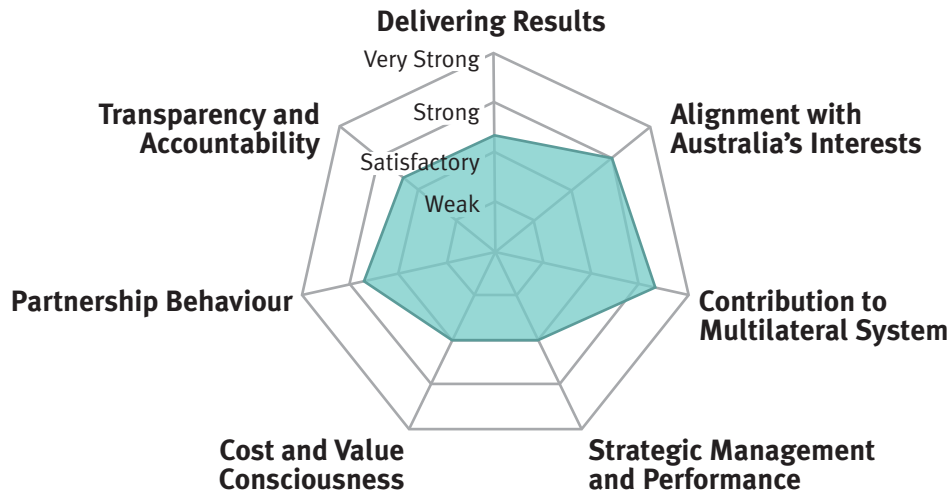


Australian Multilateral Assessment March 2012

# World Health Organization (WHO)



## OVERVIEW OF ORGANISATION RATINGS



## ORGANISATION OVERVIEW

The World Health Organization (WHO) is the United Nations (UN) agency responsible for setting global norms and standards for health.

WHO's main functions, as outlined under its eleventh *General Programme of Work 2006–2015*, are to: provide leadership on matters critical to health and engage in partnerships where joint action is needed; shape the research agenda; set norms and standards and promote and monitor their implementation; and articulate ethical and evidence-based policy options. WHO also provides technical support designed to build sustainable institutional capacity and monitors the health situation and trends.

The World Health Assembly is WHO's supreme governing body. It comprises 194 member states and meets every year. WHO's executive board of 34 members usually meets twice a year—in January to prepare for and advise the World Health Assembly, and in May, immediately after the assembly's meeting, to handle more administrative matters.

The Department of Health and Ageing leads on Australia’s engagement with WHO, in close collaboration with AusAID. Australia participates in WHO’s global and regional governing bodies.

Australia and WHO have a partnership framework (2009–13). This includes a commitment to provide \$64 million in core voluntary contributions over four years through the Australian aid program. In 2010–11 Australia provided \$68.6 million to WHO, comprising \$18.0 million in voluntary core contributions, \$9.1 in assessed contributions, and \$41.5 million in non-core funding. Australia is currently WHO’s eighth largest government donor.

<b>RESULTS AND RELEVANCE</b>	
<b>1. Delivering results on poverty and sustainable development in line with mandate</b>	<b>SATISFACTORY</b>

WHO provides vital technical knowledge and international coordination for public health policy in all countries. In a development context, WHO’s key roles of translating health norms and standards, providing leadership on technical health issues at the country-level, and supporting the implementation of assistance from other partner all make valuable contributions to addressing poverty.

Both global and regional reports contain extensive and informative descriptions of results achieved in the relevant periods and of their contexts. These reports contain a mix of narratives and reporting against agreed performance indicators, arranged by strategic objectives (as set out in the medium term strategic plan). However, while this form of reporting makes clear the outputs and outcomes in which WHO has played a part, it does not make it clear what results are attributable to WHO itself. The 2010 Multilateral Organization Performance Assessment Network (MOPAN) assessment commented that WHO reporting on its own contribution to outcomes is an area that could be improved.

The current WHO reform agenda being led by the Director General shows that WHO is willing to look critically at its program and organisational management and to take steps to address weaknesses in its reporting of results. This includes the formulation of a clear results chain, a more robust monitoring and evaluation system and better alignment of resources to country priorities.

Targeting the poorest is not a systematic priority of WHO, given its mandate, however, WHO’s work makes a valuable contribution to addressing poverty by translating health norms and standards and providing leadership on technical health issues at country-level. WHO also makes valuable contributions to the poorest in various aspects of its activities such as advising on providing affordable health care in low income countries or disadvantaged areas of countries.

<b>a) Demonstrates development or humanitarian results consistent with mandate</b>	<b>STRONG</b>
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WHO provides vital inputs of technical knowledge and international coordination for public health policies, at global, regional and country-levels.

It also provides member states with advice and technical assistance on many other health aspects of development, and on preparedness and response for health emergencies.

In a development context, WHO's key roles of translating health norms and standards, providing leadership on technical health issues at country-level, and supporting the implementation of assistance from other partners all make valuable contributions to addressing poverty. This reflects the clear contribution that good health makes to development, economic growth and poverty reduction. Healthier adults are more able to work, and children free of disease are better able to learn at school and gain the skills needed to break out of poverty.

<b>b) Plays critical role in improving aid effectiveness through results monitoring</b>	<b>SATISFACTORY</b>
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WHO produces a report on its global results every two years. In addition, reporting of results is done at regional level in annual reports by regional directors—for example, the most recent reports of the regional directors for South-East Asia (for calendar year 2010) and for Western Pacific (for July 2010 to June 2011).

Both global and regional reports contain extensive and informative descriptions of results achieved in the relevant periods, and of their contexts. These descriptions are narratives, arranged by program and so mostly not by country.

These reports contain a mix of narratives and reporting against agreed performance indicators, arranged by strategic objectives (as set out in the medium term strategic plan). However, while this form of reporting makes clear the outputs and outcomes in which WHO has played a part, it does not make it clear what results are attributable to WHO itself. Moreover, while results are presented within a framework of expected global regional outcomes, since those outcomes are stated in general terms there is no precision about how well the actual outcomes correspond to operational plans.

The 2010 MOPAN assessment commented that WHO reporting on its own contributions to outcomes is an area that could be improved:

Its bi-annual performance assessment report provides a review of progress with respect to its Organisation-Wide Expected Results, but due to the mix of outputs and outcomes in these result statements it is difficult to identify WHO's contributions to outcomes.

In response, WHO management has said that for the upcoming biennium 2012–13, they are paying particular attention to refining the indicators for program outcomes and outputs, and improving their clarity.

The current WHO reform agenda being led by the Director General shows that WHO is willing to look critically at its programmatic and organisational management and to take

steps to address weaknesses in its reporting of results. This includes the formulation of a clear results chain, a more robust monitoring and evaluation system and better alignment of resources to country priorities.

<b>c) Where relevant, targets the poorest people and in areas where progress against the MDGs is lagging</b>	<b>SATISFACTORY</b>
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Given its mandate, targeting the poorest is not a systematic priority of WHO. However, WHO’s work makes a valuable contribution to addressing poverty by translating health norms and standards and providing leadership on technical health issues at the country-level. Good health contributes to other development goals, such as economic growth and poverty reduction. Healthier adults are more able to work and children free of disease are better able to learn at school and gain the skills needed to break out of poverty. Providing affordable health care also helps to avoid the catastrophic ‘out-of-pocket’ fees that push millions of people into poverty every year.

WHO also targets the poorest members of society through some programs. One example is in the Philippines, where WHO is leading an activity for the UN Joint Program called Unang Ukap (First Hug)—changing health workers’ practices during the first hour of a baby’s life to improve neonatal health outcomes. Unang Ukap has been successfully piloted in eleven hospitals in the poorest areas, and is to be rolled out nationally.

WHO also plays a key role in progressing the health MDGs. MDG 5 on reducing maternal mortality and ensuring universal access to reproductive health is not on track to meet its 2015 target. Support for maternal health is a key focus of WHO’s work.

<b>2. Alignment with Australia’s aid priorities and national interests</b>	<b>STRONG</b>
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WHO support for implementing the international health regulations and coordinating international responses to health emergencies, are closely aligned with Australia’s public health interests.

WHO has been only partly responsive to efforts by Australia and other donors to ensure it funds adequately its work on maternal and child health, health system strengthening and health financing. It has also been only partly responsive to paying adequate attention to the needs of the Asia-Pacific region.

WHO’s core work is aligned with the Australian aid program’s strategic goals of saving lives and promoting opportunities for all. WHO reforms should result in an increased focus on: gender, equity and human rights; health financing; and, health systems strengthening.

The main functions of WHO are directly related to achieving health Millennium Development Goals and, more broadly, to improving global and regional health indicators. It also improves health systems and addresses emerging health issues.

According to the 2010 MOPAN report, WHO performs well in mainstreaming the crosscutting thematic priorities of HIV/AIDS, gender equality and human rights

approaches, although Australia has concerns about its performance in implementing its gender strategy.

WHO has shown leadership on disability by cooperating with the World Bank to produce the *World Report on Disability*.

WHO has no specific policy on work in fragile states, but it plays an important role in leading the health cluster in emergency situations.

<b>a) Allocates resources and delivers results in support of, and responsive to, Australia's development objectives</b>	<b>VERY STRONG</b>
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WHO's work in supporting the implementation of the international health regulations is of great value to Australia's regional and domestic public health interests. That work, along with WHO's coordination in health aspects of emergency response, is important for the containment and management of public health threats that could otherwise impact on the health of Australians.

WHO has been responsive to collaborative proposals by Australia's Department of Health and Aging in several areas, including aspects of the international health regulations, virus-sharing for vaccines and tobacco control, as well as in coordination on health aspects of emergency response.

However, WHO has been only partly responsive to efforts by Australia and other donors to ensure that it funds adequately its work on maternal and child health, health system strengthening and health financing, and that headquarters gives adequate attention to the Asia-Pacific region.

<b>b) Effectively targets development concerns and promotes issues consistent with Australian priorities</b>	<b>STRONG</b>
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The core role of WHO is directly related to achieving the health MDGs, and more broadly to improving global and regional health indicators, as well as improving health systems and addressing emerging health issues. This is directly aligned with the priorities in Australia's aid program of saving lives and alleviating poverty.

The partnership framework between WHO and Australia reflects the close correspondence between WHO's medium term strategic plan and AusAID's health priorities. The shared objectives of the partnership are to:

- > improve health services through better governance, financing, staffing and management informed by reliable and accessible evidence and research
- > ensure improved access, quality and use of medical products and technologies
- > reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for individuals
- > reduce the health, social and economic burden of communicable diseases
- > combat HIV/AIDS, tuberculosis and malaria, and

- > reduce the health consequences of emergencies, disasters, crises and conflicts and minimise their social and economic impact.

As an example of this correspondence of objectives at country-level, the Australian overseas mission in Beijing noted the close alignment between WHO and Australia in the priorities they have agreed with the Chinese authorities—including health system strengthening, emerging infectious diseases, non-communicable diseases, and addressing underlying social and economic determinants of health to enhance health equity and integrate pro-poor approaches.

Australia and other donors have strong concerns about the chronic underfunding in WHO’s program budget for strategic objective 4, the one most closely aligned to maternal and child health. This calls into question the extent of WHO’s commitment and ability to help deliver against MDG 4 and MDG 5. WHO’s funding for the critical areas of health system strengthening and health financing are also below Australia’s expectations.

<b>c) Focuses on crosscutting issues, particularly gender, environment and people with disabilities</b>	<b>STRONG</b>
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According to the 2010 MOPAN report, WHO performs well in mainstreaming the crosscutting thematic priorities of HIV/AIDS, gender equality and human rights approaches. However, Australia has concerns about WHO’s performance in implementing its gender strategy, particularly with regard to supporting the gender disaggregation of health data.

WHO has shown leadership on disability by cooperating with the World Bank to produce the *World Report on Disability*, but could give higher prioritisation to work on disability. WHO reforms should result in an increased focus on: gender, equity and human rights; health financing; and, health systems strengthening.

<b>d) Performs effectively in fragile states</b>	<b>SATISFACTORY</b>
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WHO has no specific policy on work in fragile states, but it plays an important role in leading the health cluster in emergency situations.

Its health cluster guide provides guidance for stakeholders dealing with emergencies, and includes guidance on conducting situational analysis. Its institutional knowledge includes experience gained in a range of conflict and post-conflict situations, including the occupied Palestinian Territories and, in the Asia-Pacific region, Afghanistan, Burma, Indonesia (western Sumatra), Nepal, Pakistan, the Philippines and Sri Lanka.

<b>3. Contribution to the wider multilateral development system</b>	<b>STRONG</b>
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WHO plays a key coordination role in global health which contributes to the achievement of the health-related MDGs, as well as effective responses to humanitarian emergencies and emerging health issues and increased aid effectiveness in the health sector.

WHO contributes to coordination through the international health partnership, a group of international partners with a common interest in improving health services and health

outcomes by putting the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action principles on aid effectiveness into practice. It also coordinates health clusters or sub-clusters in immediate and protracted emergencies. However, the 2010 MOPAN report, and reporting from Australian overseas missions, suggests that WHO varies in how well it fulfils these coordination functions at country-level. Strengthening of the both the leadership and coordination roles of country offices is a key priority in the current WHO reform process.

Development of norms and standards, specialist expertise and technical advice in global health are the comparative advantages of WHO.

WHO's knowledge products, and its sharing of them, are generally of high standard. In particular, WHO plays a vital role in the rigorous development of global guidelines on a wide range of health issues that support and inform the work of other development partners.

WHO's technical expertise and rigorous development of global health guidelines lay an essential platform for the work of other development partners. Feedback from Global Fund headquarters staff and from Australian overseas missions confirms the value of WHO's technical inputs at country-level. The Burnet Institute—an Australian non-government organisation has commented positively about its partnership with WHO in Papua New Guinea where innovative approaches to health service delivery have been implemented.

**a) Plays a critical role at global or national-level in coordinating development or humanitarian efforts**

**STRONG**

WHO plays a key coordination role in global health. One of WHO's main functions as outlined under the eleventh *General Programme of Work 2006–2015* is that of providing leadership on matters critical to health and engaging in partnerships where joint action is needed. This is an important contribution to achievement of the health related MDGs. It also contributes to the effectiveness of responses to humanitarian emergencies and emerging health issues.

WHO's role in the international health partnership is an example of its contribution to increased coordination in the health sector. The partnership is a group of international partners who share a common interest in improving health services and health outcomes by putting Paris and Accra principles on aid effectiveness into practice.

Particular credit should also be given to WHO for the role it has developed at country-level in conjunction with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). WHO is an enabler, helping health ministries to situate needs for Global Fund assistance in a context of national health needs, to form proposals, to implement Global Fund grants properly, and to report on results. WHO does this by providing technical assistance to national HIV/AIDS, tuberculosis, malaria and health systems strengthening activities through each stage of the life-cycle of Global Fund grants. The Australian Multilateral Assessment team received confirmation from Global Fund headquarters staff, from field visits and from Australian overseas missions, of the value of the technical inputs which WHO makes at country-level in conjunction with Global Fund supported programs.

WHO has a parallel enabling role at country-level, though on a smaller scale, in relation to GAVI's role of funding vaccine supplies.

WHO also plays an important role in coordinating health clusters, or sub-clusters in both immediate and protracted emergencies.

However, the 2010 MOPAN report, and reporting from Australian overseas missions, suggests that WHO varies in how well it fulfils these important coordination functions at country-level. Feedback from Australian overseas missions suggests WHO plays a useful role in coordination in countries including the Philippines, China and Cambodia but has room to significantly improve its role in coordination in countries including Burma, Nepal and Vanuatu. Strengthening of the both the leadership and coordination roles of country offices is a key priority in the current WHO reform process.

<b>b) Plays a leading role in developing norms and standards or in providing large-scale finance or specialist expertise</b>	<b>STRONG</b>
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Development of norms and standards, specialist expertise and technical advice in global health are the comparative advantages of WHO.

WHO's knowledge products, and its sharing of them, are generally of high standard. In particular, WHO plays a vital role in the rigorous development of global guidelines on a wide range of health issues that support and inform the work of other development partners. Guidelines developed in 2011 include, for example, those regarding optimal feeding of low birth weight infants in low and middle income countries and neonatal vitamin A supplementation.

WHO's technical staff are specialist experts and often leaders in their fields. Importantly, WHO's specialist health expertise complements and supports Australia's health investments at global, regional and country-level. Without the role that WHO plays in providing technical assistance to developing countries, Australia would need to invest significantly more in the direct provision of these services in the Asia-Pacific region. However, Australia would like to see stronger leadership demonstrated at country-level.

<b>c) Fills a policy or knowledge gap or develops innovative approaches</b>	<b>VERY STRONG</b>
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WHO's knowledge products are of a high standard and widely used by health partners. WHO's technical expertise and rigorous development of global health guidelines lay an essential platform for the work of other development partners. The Burnet Institute—an Australian NGO—has commented very positively about its partnership with WHO in Papua New Guinea where innovative approaches to health service delivery have been implemented.



There is room for WHO to improve its strategic management performance.

The 2010 MOPAN report noted several weaknesses in strategic planning, including the proliferation of priorities (81 organisation-wide expected results) and the lack of distinction between outputs and outcomes in much of its system for reporting results. The current reform process includes improved approaches to priority setting and the strategic management of WHO's work at global, regional and country-levels. Nevertheless, the momentum on organisational reform needs to continue for some time to ensure sustained improvements.

MOPAN noted that weaknesses in WHO's governance arrangements make it difficult to ensure effective management, including the organisation's reliance on consensus decision making among 194 member states and weaknesses in the way its executive board operates. A proposal to develop elements of governance reform, including greater coherence between WHO's governing bodies, was approved recently by the executive board, but it is too early to judge the impact of this.

WHO generally performs adequately in this respect, but there is room for improvement in monitoring and evaluation systems and in managing underperforming programs, departments and offices. The 2010 MOPAN report pointed out shortcomings in evaluation coverage and accessibility of evaluations. The executive board recently approved the development of an evaluation policy for WHO and implementation of an initial independent evaluation.

The 2010 MOPAN report identified problems with WHO's human resource profile and management of staff, including slow and poorly managed recruitment and selection practices, limited flexibility in the workforce, the need for an improved skills mix among staff and poor performance management (particularly of underperforming staff). The Director General has the executive board's agreement to move forward on managerial reforms, including with human resource management, and there are expectations of improvement.

WHO's Western Pacific Region stands out for its leadership on human resource reforms at regional and country-levels, including its processes for reviewing position descriptions to ensure an appropriate balance between technical and non-technical skills, developing a strategic human resource plan for the region and initiating an executive coaching program in transformational leadership capacity for senior staff.

<b>a) Has clear mandate, strategy and plans effectively implemented</b>	<b>SATISFACTORY</b>
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The 2010 MOPAN report pointed to several areas of weakness in WHO in terms of its strategic planning and policy framework, including:

- > the proliferation of priorities (81 organisation-wide expected results)
- > lack of distinction between outputs and outcomes in much of the system for reporting results, and
- > work still to be done on the management information system.

The current WHO reform process includes improved approaches to priority setting and the strategic management of WHO's work at global, regional and country-levels. Nevertheless, the momentum on organisational reform will need to continue for some time to ensure sustained improvements.

<b>b) Governing body is effective in guiding management</b>	<b>SATISFACTORY</b>
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WHO's governance arrangements make it difficult to ensure effective management of the organisation. The 2010 MOPAN report cited:

- > reliance on consensus decision making among 194 member states
- > the manner of operation of the executive board, and
- > the system of politically appointed regional directors.

Governance reform is one of the key pillars of the current WHO reform process. A proposal to develop elements of governance reform, including greater coherence between the governing bodies of WHO, was approved recently by the executive board.

<b>c) Has a sound framework for monitoring and evaluation, and acts promptly to realign or amend programs not delivering results</b>	<b>SATISFACTORY</b>
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WHO generally performs adequately in this respect, but there is room for improvement in monitoring and evaluation systems and in management of underperforming programs, departments and offices.

The 2010 MOPAN report pointed out shortcomings in evaluation coverage and the accessibility of evaluations. The executive board recently approved a process for the development of an evaluation policy for the agency, and implementation of an initial independent evaluation.

**d) Leadership is effective and human resources are well managed**

**SATISFACTORY**

The WHO secretariat has capable and effective senior management, but human resources management needs improvement.

WHO has a number of problems in its human resources profile and management of staff. Evidence gathered for the 2010 MOPAN report indicated that it was not performing well in this respect, a serious concern in an organisation that spends a large proportion of its budget on staff. The key human resource issues include:

- > variable quality among WHO staff, with some excellent staff but an uneven spread of these staff across headquarters, regional and country offices
- > a workforce and contracting model which has created long-term staffing commitments despite highly variable and unpredictable funding
- > slow and poorly managed recruitment and selection practices
- > limited flexibility within WHO's workforce, including a high degree of specialisation and a lack of mobility
- > the need for an improved skills mix among staff, particularly at country-level, to ensure that technical skills are complemented by skills in strategic planning, convening and policy dialogue, and
- > poor performance management, particularly management of under-performing staff.

The Director General has the executive board's agreement to take forward a range of managerial reforms, including human resource management reforms, and there are expectations of improvement.

The Western Pacific region of WHO stands out for its leadership on human resources reforms at both regional and country-levels. Under the WPRO strategy for enhanced performance at country level a number of initiatives have been implemented including:

- > a review of position descriptions to ensure an appropriate balance between technical and non-technical skills
- > development of a strategic human resource plan for the region, and
- > an executive coaching program for senior staff in transformational leadership capacity.

**5. Cost and value consciousness**

**SATISFACTORY**

WHO has not paid close attention to cost and value consciousness, but has recently formed an Independent Expert Oversight Advisory Committee to strengthen the ability of its Programme Budget and Administration Committee (PBAC) to scrutinise finance and risk issues. Further strengthening of PBAC was also recently approved as part of WHO's reform process. This is a positive development.

WHO's current reporting allows only an approximate identification of the links between expenditure and results. For example, tables annexed to each regional director's annual

report show budget implementation by budget centres but it difficult to identify value for money in comparative terms across country offices or programs.

The introduction of WHO’s global management system is an improvement in tracking costs, but is a limited tool for assessing cost effectiveness. For member states, WHO has developed tools to help them get better value for money from their health investments. Tools include: the 2010 *World Health Report* on health financing; guidelines on analysis of cost effectiveness in public health programs; and regional databases on the costs, impact on population health and cost effectiveness of key health interventions.

<b>a) Governing body and management regularly scrutinise costs and assess value for money</b>	<b>SATISFACTORY</b>
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The Programme Budget and Administration Committee (PBAC) is the main forum in which member states have opportunities to challenge WHO management on financial issues such as cost control and value for money. In practice the quality of PBAC oversight on this has been mixed, with a key issue being the timing of its meetings in relation to executive board and World Health Assembly meetings.

The need for a stronger role for PBAC in overseeing WHO’s financial management has been acknowledged in the current reform agenda, and this is one of the governance changes approved by the executive board.

An independent expert oversight advisory committee was established in 2010 to provide additional scrutiny and advice on issues such as financial and audit reports and risk management. It made its first report in 2011.

<b>b) Rates of return and cost effectiveness are important factors in decision making</b>	<b>WEAK</b>
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Cost and value consciousness have not been areas of significant attention within WHO itself. Current reporting allows only an approximate identification of links between expenditure and results—for example, in tables annexed to the regional directors’ annual reports which show budget implementation by budget centres, including country offices, regional programs and some units of the regional office. This makes it difficult to identify value for money in comparative terms across country offices or programs.

The introduction of the global management system is an improvement in tracking costs, but is a limited tool for assessing cost effectiveness.

<b>c) Challenges and supports partners to think about value for money</b>	<b>STRONG</b>
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For its member states, WHO has developed a set of guidelines on analysis of cost effectiveness in public health programs. WHO-CHOICE is designed to provide policy makers with a basis in evidence for deciding on programs which maximise health benefits for given amounts of resources. The *World Health Report 2010 Health Systems Financing: the Path to Universal Coverage* is also a key tool in guiding member states to get better value for money from their health investments.

In support of this advice, WHO assembles regional databases on the cost, impact on population health and cost effectiveness of key health interventions. It also provides a contextualisation tool which makes it possible to adapt regional results to the country-level.

<b>6. Partnership behaviour</b>	<b>STRONG</b>
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For the most part, WHO is a willing and effective partner for vertical funds, multilateral banks, bilateral donors and other stakeholders in the health sector. Its relations with other UN agencies are generally good, but are characterised by difficulties common with UN agencies with overlapping mandates.

WHO hosts the secretariats of a number of global health partnerships, generally to good effect, but there are challenges with some relationships.

In most countries, WHO has close and fruitful working relations with health ministries, although in some instances the organisation could be better aligned with national health plans and/or play a stronger convening role in the sector.

Engagement with a broad range of relevant stakeholders in developing health standards and strategies at different levels is one of WHO’s strengths. However, greater formal engagement by non-member state actors in the governance of WHO remains a contentious issue. As part of the WHO reform agenda, the executive board has asked the Secretariat to further analyse proposals to promote engagement with other stakeholders.

<b>a) Works effectively in partnership with others</b>	<b>STRONG</b>
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WHO’s work is an important ingredient in the successes of the Global Fund and GAVI. WHO is also a willing and effective partner for multilateral banks.

WHO’s relations with other UN agencies working on health—most notably UNICEF, UNAIDS and UNFPA—are characterised by cooperation and complementarity. There are, however, instances where overlapping mandates lead to unconstructive competition and duplication at country-level. For example, the Australian overseas mission in Cambodia noted some competition between WHO and UNICEF in the areas of developing norms and standards for maternal and child health improvements and in developing a common approach to addressing malnutrition problems.

Respondents to the 2010 MOPAN survey noted that WHO’s harmonisation and coordination with other UN agencies and development partners is not as strong as they would like it to be and an area for improvement.

WHO hosts the secretariats of a number of global health partnerships, including the Partnership for Maternal, Neonatal and Child Health; Stop TB; and the Global Polio Eradication Initiative. But how WHO’s core mandate and its existing departments relate to these partnerships remains unclear in many instances, creating competition and limiting opportunities for harmonised efforts.

The working relationships between WHO and its partner governments and civil society organisations depend to a large extent on the role that WHO plays in particular countries,

and on the staff who are operating at country-level. This is underlined by the broad range of comments about WHO partnership behaviour received on our field visits and in reports from Australian overseas missions.

<b>b) Places value on alignment with partner countries' priorities and systems</b>	<b>STRONG</b>
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In most countries, WHO resident staff, with support from visiting colleagues from the regional officers and headquarters, have close and fruitful working relations with health ministries.

However, in some countries WHO's work could be more explicitly aligned with the development, implementation and monitoring of national health plans. Similarly, WHO could also play a stronger convening role to facilitate improved coordination and effectiveness of development assistance in the health sector.

The 2010 MOPAN report observed an area of weakness in WHO in use of national systems and procedures, and the extent to which its support is recorded in national budgets. MOPAN members in-country rated WHO as inadequate on its use of country systems such as procurement, financial reporting, and auditing. But as the MOPAN report noted, these indicators have only limited applicability to WHO since it provides relatively little project funding.

<b>c) Provides voice for partners and other stakeholders in decision making</b>	<b>SATISFACTORY</b>
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Although WHO is an inter-governmental organisation, governed by its member states, other international bodies and officially designated NGOs can attend meetings of its governing bodies as observers, where they have the right to speak but not to vote.

Possible mechanisms for facilitating greater formal engagement by non-member state actors, such as the Bill and Melinda Gates Foundation which provides significant funding to WHO, is a contentious issue. As part of the WHO reform agenda, the executive board has asked the secretariat to undertake further analysis of proposals to promote engagement with other stakeholders.

Independently of WHO governance mechanisms, its engagement with a broad range of relevant stakeholders in developing health standards and strategies at different levels is one of its strengths.

<b>7. Transparency and accountability</b>	<b>SATISFACTORY</b>
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WHO does not have a formal disclosure policy but its publishing of operational and internal information is generally suitable.

Budget transparency is significantly limited by unpredictability in its resource mobilisation and by significant differences among allocated budget, budget received and actual expenditure across budget lines. Achieving better predictability is a key part of the ongoing reform discussions, with options for more multi-year agreements with key

donors/partners and a predictable collective financing approach currently being developed for consideration by member states.

WHO has sound policies and processes for financial accountability, including risk management and auditing. The 2010 MOPAN report found WHO to be very strong in undertaking external audits across the organisation.

<b>a) Routinely publishes comprehensive operational information, subject to justifiable confidentiality</b>	<b>STRONG</b>
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WHO does not have a formal disclosure policy, but its practice is generally suitable, given its mandate:

- > it is not primarily an implementing agent with service-delivery programs
- > its data on countries' health status, and its public health guidance and policy documentation, are found easily on its website
- > it produces and publishes full reports on its programs of activity, and
- > in practice, its policy is that staff members are free to speak to the press, public and other stakeholders, subject to guidance in an internal document 'Ethical Principles and Conduct of Staff', which reflects the staff regulations and rules and the standards of conduct of international civil servants.

This WHO guidance on disclosure embodies four principles:

- > active dissemination of information for protecting public health
- > guarding the safety and security of staff
- > no risk to health programs though disclosure, and
- > safeguarding the impartiality and independence of WHO.

<b>b) Is transparent in resource allocation, budget management and operational planning</b>	<b>WEAK</b>
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WHO publishes ex ante and ex post budgets which include details of all programs. However, the transparency of these budgets is qualified by two factors:

- > a lack of clarity about budget allocation practices—there are significant variances between allocated budget, budget received and actual expenditure across budget lines, and
- > the unpredictability of voluntary contributions, on which WHO depends for the majority of its funding.

The latter factor was noted in the 2010 MOPAN report. Achieving better predictability is a key part of the ongoing reform discussions, with options for more multi-year agreements with key donors/partners and a predictable collective financing approach currently being developed for consideration by member states.

<b>c) Adheres to high standards of financial management, audit, risk management and fraud prevention</b>	<b>STRONG</b>
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WHO has sound policies and processes for financial accountability, including risk management and auditing. The 2010 MOPAN report found WHO to be very strong in undertaking external audits across the organisation.

WHO's implementation of the International Public Sector Accounting Standards (IPSAS) and the addition of an Independent Expert Oversight Advisory are additional positive features.

<b>d) Promotes transparency and accountability in partners and recipients</b>	<b>N/A</b>
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In view of the small amount of finance WHO provides for partners, this criterion is not applicable.