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WHO presence in countries, territories and areas. Report 2019

Decision WHA69(8) requests "the Director-General and the Regional Directors to provide the biennial WHO country presence report for review by the Regional Committees…". In line with this decision, the WHO Regional Committee for Europe is invited to review "WHO presence in countries, territories and areas. Report 2019". This information document contains the executive summary of the report and an erratum to the full report. The full report can be found at https://www.who.int/country-cooperation/publications/who-presence-report-2019/en/.

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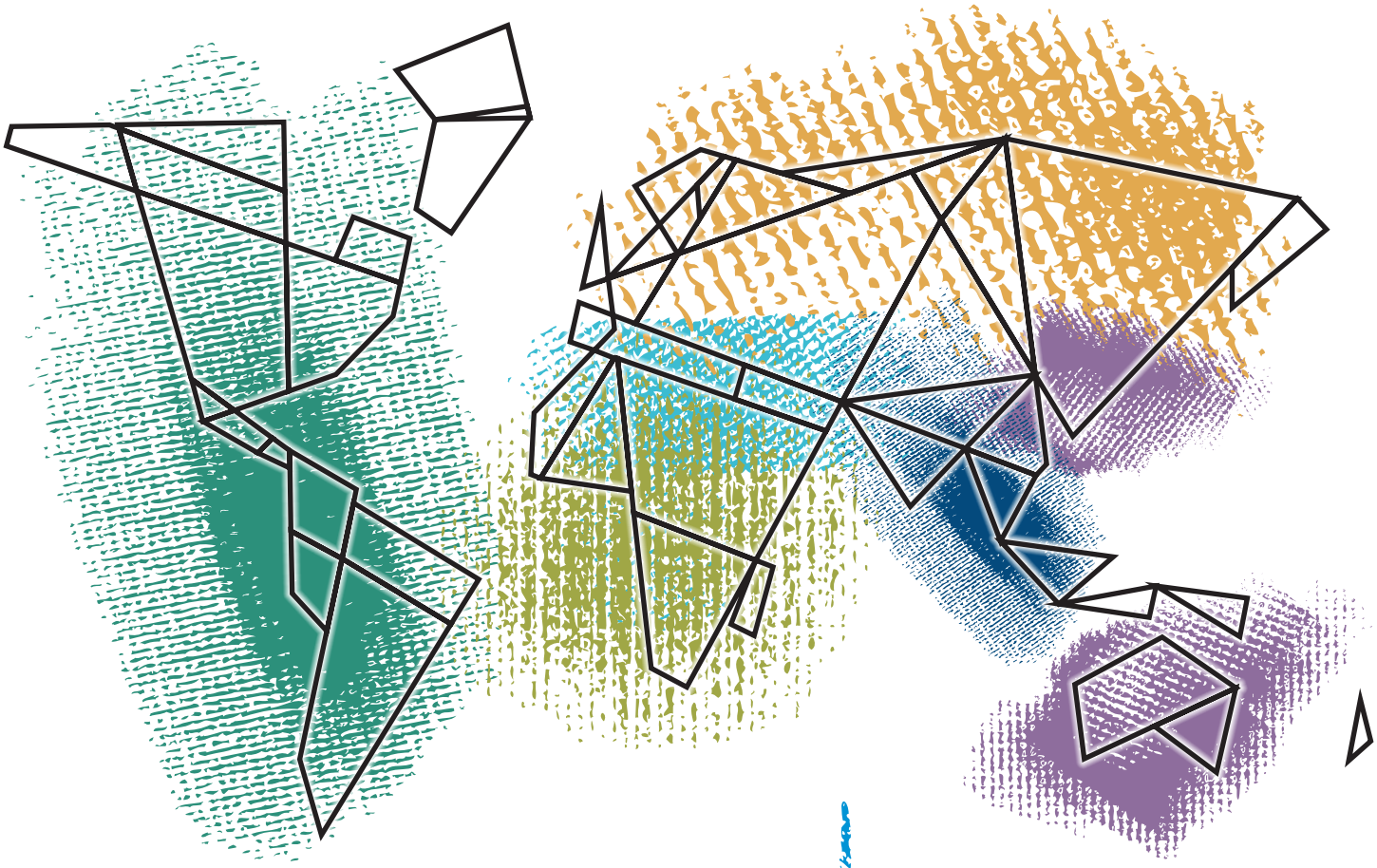

WHO presence in countries, territories and areas

2019 Report

EXECUTIVE SUMMARY

WHO/CCU/19.06

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Executive summary

The 2030 Agenda for Sustainable Development views health as vital for the future of our world. With a commitment to achieving Goal 3, which calls on all stakeholders to "ensure healthy lives and promote well-being for all at all ages", the World Health Organization (WHO), as a specialized agency of the UN system, leads and coordinates global health, and supports countries in reaching all health-related SDG targets.

WHO as an intergovernmental organization has a governance system that comprises the World Health Assembly, the Executive Board and Regional Committees. The WHO Secretariat is headed by the Director-General and comprises country and regional offices, headquarters and associated offices. The six regional offices are headed by regional directors.

WHO has one of the largest field presences within the UN system. Working with 194 Member States across six regions and from 149 offices in countries, territories and areas, WHO through its large network of staff, provides support to countries through policy dialogue, technical assistance in strategic areas as well as operational support, depending on the country context.

WHO has placed countries squarely at the centre of its work. Through its transformation programme, WHO is stepping up efforts to continue strengthening its country office leadership, ensure a fit-for-purpose staffing structure, and provide optimal tools and processes for enhanced effectiveness and efficiency. In addition, other levels of the Organization have been supporting country offices to strengthen their capacity to achieve greater impact in each country. WHO's engagement with Member States and partners ensures that a robust technical platform is in place and that the Organization acts as an impartial convenor and coordinator of health in support of national authorities.

To highlight WHO's work in countries as envisioned by the Director-General, the 2019 country presence report provides information on: who we are as WHO, what the Organization does, with whom it works and with what resources. Compared to the 2017 country presence report, this year's report provides additional information on: the role of the WHO country offices in supporting governments and partners in implementing the SDGs; support for South-South and/or triangular cooperation initiatives; WHO`s collaboration with the United Nations system; and selected country stories categorized by the strategic priorities of the Thirteenth General Programme of Work 2019–2023 (GPW 13) from countries where WHO teams are contributing in making a difference in systems and in the lives of people.

The information contained in this report was obtained through an online country presence survey administered to all 149 Heads of WHO offices (HWOs) in 2018, the WHO Global Management System and other internal and external information systems and sources.

As of January 2019, WHO opened a new country office in Greece and eight subnational offices in different countries to strengthen its field presence. The Organization is represented across the six regions by 123 Heads of WHO offices in countries, territories and areas and by 26 acting HWOs, indicating the continuing need to improve succession planning. Gender and geographic diversity is increasing among WHO leadership. In 2017, the Director-General announced a new management team at HQ with 60% women leaders. At country level, a similar growing trend is being observed as the proportion of women

HWOs has increased to 39% from the 33% reported in the 2017 country presence report. In five of the six regions there has been an increase in the proportion of HWOs serving outside their region of origin. The proportion of HWOs serving outside their region of nationality has increased from 18% in 2010 to 28% in 2019 – which falls just short of the 30% target. Over 60% of HWOs in WHO are aged 56 years and above. From 2019 until 2025 an average of nine HWOs are expected to retire each year.

With the increasing focus on country impact, the WHO workforce is also increasing, including professional and support staff as well as others recruited on non-staff contracts. As of 31 December 2018, WHO had a total of 3956 staff members working at country level across the six regions. This figure represents a 9% increase on that of the 2015 country presence report. Of the country level workforce, 20% are professional and higher graded staff (1% higher compared to the 2017 report), 30% are national professional officers (a 2% increase compared to the 2017 report) and 50% are general service staff members (3% less than in the 2017 report), continuing a trend towards a higher proportion of professional staff.

Sixty-nine per cent of WHO office premises across the world are made available to the Organization at no cost to it. There are 28 country offices in common UN premises (19%), with 10% of country offices being independently owned or rented by WHO.

WHO corporate communication capacity is gradually being enhanced with the proportion of full-time communication staff increasing from 41% to 44% between the 2010 country presence report and the 2019 report. WHO is also increasingly using digital media to extend its outreach to stakeholders as 89% of WHO country offices reported having a country-specific website and 49% reported using the social media platform, Facebook.

WHO delivers its technical cooperation based on biennial workplans developed through country cooperation strategies and biennial collaborative agreements (European Region only) – country support plans have been developed for the Programme budget 2020–2021. Currently, there are 83 valid country cooperation strategies and 26 valid biennial collaborative agreements in place, while a further 24 countries, territories and areas are in the process of developing or updating one, in line with the GPW 13 strategic priorities. Joint WHO and government mechanisms are used to enhance implementation, monitoring and reporting on WHO technical cooperation, and are reported to be present by 89% of WHO country offices, an increase from 83% in the 2017 country presence report.

WHO country offices are supporting governments and partners in implementing the Sustainable Development Goals by contributing to national SDG coordination platforms, advocacy, resource mobilization, coordinating the setting of national targets and monitoring and evaluation. A high proportion of WHO country offices reported being engaged in providing technical support for the mainstreaming of SDGs into national plans, policies and programmes (89%). Such support is in line with WHO's engagement strategy to promote health in the 2030 Agenda for Sustainable Development.

During the reporting period, WHO was able to successfully respond to public health and humanitarian emergencies and support countries in enhancing their national capacity for preparedness, which is key to mounting effective responses. In 2017–2018, a total of 901 new health emergency events occurring in 162 countries, territories and areas were reported to WHO. All WHO country offices reported having provided at least one form of support to national authorities and partner organizations for emergency preparedness, prevention, detection and response during this period. Following events that occurred over this period such as Hurricane Irma in the Caribbean and Cyclone Donna in the Pacific as well as the Ebola outbreak in the Democratic Republic of the Congo, WHO country offices in the Bahamas, Cuba, Vanuatu, Nigeria and the Democratic Republic of the Congo among others, reported providing multifaceted support for the emergency response and preventing disease outbreaks.

Since 2010, all 196 States Parties to the international Health Regulations (IHR 2005) have reported

at least once to the Secretariat using the State Party Annual Reporting (SPAR) questionnaire. Globally, progress has been reported across the 13 core capacities, particularly in respect of surveillance, laboratory and IHR coordination, but the overall average scores suggest that further and sustained efforts are urgently needed in the areas of chemical events, capacities at points of entry and radiation emergencies. Throughout 2016–2018, joint external evaluations of IHR (2005) core capacities were completed in a total of 91 countries 39 in the African Region; 4 in the Region of the Americas; 8 in the South-East Asia Region; 13 in the European Region; 16 in the Eastern Mediterranean Region; 11 in the Western Pacific Region.

To augment WHO country office capacity for effective and responsive technical cooperation, WHO regional offices and HQ have been increasingly providing technical backstopping to its country offices to better support Member States towards the implementation of their national health policies, strategies and plans. With the focus on putting countries at the centre of WHO's work, the demand for technical support is also growing. A total of 5870 missions were reported between January 2017 and 31 July 2018 to support WHO country offices in all six regions. A total of 68% of these missions were initiated by WHO country offices, which indicates an increasing trend of demand-driven backstopping. Between the 2015 and 2019 country presence reports, a 17% increase was observed in backstopping missions initiated by country offices. Communicable diseases and health systems/universal health coverage were the most frequently mentioned focus areas of such backstopping missions, covering 54% of all missions.

In accordance with the vision of the Director-General as expressed in GPW 13 regarding the transfer of more resources to countries, resources allocated to countries are also gradually increasing. A total of US$ 2.48 billion was made available for WHO country-level work under the WHO programme budget, representing 79% of the total planned costs for the 2018–2019 biennium, which indicated some gaps between the planned budget and actual funds made available to countries. However, almost 60% of these funds were allocated for polio, outbreak and crisis response and special programmes, leaving 42% (US$ 1.036 billion) for technical cooperation executed through base programmes. As of 31 December 2018, 55% of the funds distributed for the 2018–2019 biennium had been spent at country level; it should be noted that this date marks the midpoint of the biennium. The Government of the United States of America, the European Union, Gavi, the Vaccine Alliance, the Government of the United Kingdom (DFID) and the Government of Japan are among the key donors of WHO at country level.

As part of the UN Country Team, WHO has been proactively engaged in the UN reform at country level to enhance the effectiveness of UN presence in countries in support of their efforts to achieve the SDGs. With the global plan of action on SDG 3, WHO will be more involved in coordinating health, especially among UN agencies at country level. WHO's engagement as part of UNCT within the UN Resident Coordinator system includes: participating in initiatives such as joint national/United Nations steering committees; joint thematic/results groups; the Business Innovations group; development; implementation and evaluation of the United Nations Development Assistance Framework (UNDAF) within the purview of the SDGs. One hundred and twenty-eight (128) WHO country offices reported having participated in the development of UNDAF in their country of assignment. Most of the priorities of the country cooperation strategies are reflected in the UNDAF, which echoes the synergies between these two strategic frameworks and the work of WHO and the UN. However, 24% of WHO offices in the field reported that the UNDAF of their respective countries reflected all the priorities identified in the CCS. Compared to the 2017 country presence report, an increase of 11% percentage points was observed (70% in the 2017 and 81% in 2019) in the WHO offices in the field reporting participating in at least one of the United Nations common business operations and services.

WHO country offices are increasingly involved in the health thematic/results group, with an increase of 11 percentage points compared to

the 2017 report, of WHO office staff who chair or co-chair this group, indicating an increasing level of cooperation.

Integration and cooperation in the field have become of paramount importance in the SDGs era and WHO continues to lead or co-lead donor coordination mechanisms with governments. WHO country offices reported increasingly playing a leadership role in 70% of the countries, territories and areas in such mechanisms. These coordination platforms provide a hub for dialogue among multilateral, bilateral and nongovernmental agencies. United Nations Multi-Partner Trust Funds, such as One Fund/MDTF and the Sustainable Development Goals Fund are partnerships whereby the United Nations system, national authorities and funding partners establish a joint fund that uses the "pass-through fund management model". WHO country offices in 24 countries, territories and areas receive financial support from such funds.

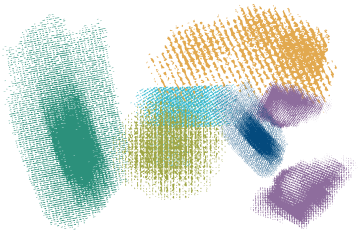
In 2018, WHO and the Global Fund signed a new strategic framework for collaboration to strengthen the coordination and effectiveness of joint support to countries. WHO country offices in all 113 countries, territories and areas which are eligible for Global Fund grants have been active in at least one significant aspect relating to the grant process. Fifty-two (52) country offices reported acting as subrecipients of Global Fund grants to strengthen national programmes and systems to address HIV, TB, Malaria and relevant areas of work. The level of involvement in providing technical support and capacity building for accessing, implementing and reporting Global Fund grants has generally risen among WHO country offices, particularly the number of countries which are active members of the country coordination mechanism.

WHO and Gavi, the Vaccine Alliance, are partners in improving access to new and underused vaccines for children. Between the 2017 and 2019 country presence reports, the number of WHO country offices reporting contributing to accessing and implementing Gavi grants has remained stable at 73 (49%). Engagement in certain elements of the funding process has generally remained the same. However, an almost 50% increase in WHO country offices channelling funding for cash grants was observed.

The 2030 Agenda reaffirms the need to enhance South-South and triangular cooperation as well as regional and international cooperation on access to science, technology and innovation for the achievement of the Sustainable Development Goals. Globally, half of the WHO offices in countries, territories and areas in the six regions reported supporting a total of 241 South-South and/or triangular cooperation initiatives.

GPW 13 focuses on driving impact in countries – while its implementation started in January 2019, an effort was made to collect country experiences, stories and achievements to highlight WHO's contribution in terms of protecting and promoting health and serving the vulnerable. Over 200 stories of achievements and progress made by WHO country offices and interagency collaboration with other UN agencies were shared by these offices as part of the data collection exercise for the 2019 country presence report.

Among the WHO country success stories collected in 2018, over a third referred to contributions made to the expansion of universal health coverage and the strengthening of health systems at country level, demonstrating the level of the work being carried out, which is key to meeting the triple billion goal of having 1 billion more people benefitting from universal health coverage, 1 billion more people protected from health emergencies and 1 billion more people enjoying better health and well-being under GPW 13. Over 60% of stories of interagency collaboration and partnership were related to promotion of health through the life-course. This reflects the fact that efforts outside the health sector are required to ensure effective implementation of the third billion, which is to improve the health of populations to achieve the goal of 1 billion more people enjoying better health and well-being.



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WHO presence in countries, territories and areas. Report 2019

1. Page vi – Correction: The official launch date of the WHO Country Office in Greece should be stated as July 2018.

2. Page 8, Figure 2 – Additional information in the sidebar "Outpost offices managed by regional offices": *Five outpost offices are managed by the WHO Regional Office for Europe as follows: four geographically dispersed offices located in Bonn, Germany; Venice, Italy; Almaty, Kazakhstan; and Moscow, Russian Federation; as well as an outpost office in Barcelona, Spain.*

3. Page 10, Table 2 – Additional information relating to the WHO European Region should be added: *The WHO Country Office in Turkey, based in Ankara, is covering the response to the crisis in north-western Syrian Arab Republic through its sub-office in Gaziantep*.

4. Page 13, Table 5 – Correction: The table indicates that the European Region had only 13 WRs and 16 HWOs. It should state that there were 24 WRs and 4 HWOs, and include information on countries with acting WRs, namely Kyrgyzstan, Latvia and Tajikistan.

5. Page 15, Table 6 – Correction: The WHO European Region has 31 country offices (including one WHO field office in a territory or area), with only one WR serving outside his/her WHO region of origin.

6. Page 33, Figure 24 – Correction: The figure incorrectly states that only 17 of the country offices in the European Region report on a semi-annual basis and only six on an annual basis, whereas all 30 country offices and the field office in Kosovo (in accordance with United Nations Security Council Resolution 1244 (1999) report on a monthly, mid-term and annual basis.

7. Page 62, Table 11 – Additional information relating to the number of WHO country offices reporting participation in UN common business operations and activities: *It is indicated that the WHO European Region has 31 country offices. This figure includes one WHO field office in a territory or area.*

8. Page 101, Annex 2 – Correction: In the table for the European Region, Pristina is incorrectly listed as the "Country, territory, area" name. This office should be listed as being located in Pristina, with the "County, territory, area" name stated as "Kosovo (in accordance with United Nations Security Council Resolution 1244 (1999)".

9. Page 107, Annex 3 – Correction: In the table for the European Region, Pristina is incorrectly listed as the "Country, territory, area" name. It should instead be listed as "Kosovo (in accordance with United Nations Security Council Resolution 1244 (1999)".

In addition, the total number of staff in the country offices of Boznia and Herzegovina, Turkey and Ukraine should read as follows: Boznia and Herzegovina 8, Turkey 52 and Ukraine 48.

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