Evaluation of the utilisation of National Professional Officers (NPOs) Report and Appendices

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The evaluation of the utilisation of National Professional Officers (NPOs) was conducted by an Independent Evaluation Team (IET) on behalf of the WHO Evaluation Office.

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ACRONYMS

AFRO	WHO Regional Office for Africa
AMRO	WHO Regional Office for the Americas
BCA	Biennial Collaborative Agreement
CCS	Country Cooperation Strategy
CEB	Chief Executives Board for Coordination
DAF	Director, Administration and Finance
DPM	Director, Programme Management
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
GPG	Global Policy Group
GPW	General Programme of Work
GSC	Global Service Centre
GSM	Global Management System
HLCM	High-Level Committee on Management
HR	Human Resources
ICSC	International Civil Service Commission
IP	International Professional
IET	Independent Evaluation Team
IST	Intercountry Support Team
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NPO	National Professional Officer
NPPP	National Professional Project Personnel
PAHO	Pan American Health Organization
PIP	Performance Improvement Plan
ePMDS	electronic Performance Management and Development System
RO	Regional Office
SDG	Sustainable Development Goal
SEARO	WHO Regional Office for South-East Asia
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United National Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCO	WHO Country Office
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific
WR	WHO Representative

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EXECUTIVE SUMMARY

BACKGROUND TO THE EVALUATION OF THE UTILISATION OF NPOS

Accelerating WHO's impact at the country level is pivotal to achieving the Sustainable Development Goals (SDGs) as a whole and, in particular, "Ensure healthy lives and promote well-being for all at all ages". The importance of country-level impact is reinforced by the 13th General Programme of Work (GPW13) and, to enable its Programme of Work, WHO is currently undergoing a transformation to strengthen its country-based operations and focus on country-level impact.

Within WHO, the WHO Country Offices (WCOs) often employ large numbers of National Professional Officers (NPOs). The NPO role was introduced in 1995 following the Director-General's EB95/46 Report to the Executive Board, suggesting that WHO should introduce this category of staff, which was already in place at several other agencies. NPOs are 1) nationals of the country in which they are to serve, 2) recruited locally, and 3) currently not subject to reassignment to any official stations outside their home country. NPOs were to be employed in accordance with the revised recruitment criteria of the International Civil Service Commission (ICSC). The ICSC compendium specified that *"the **intention** would be to hand them [i.e. NPOs] over to the host government (or appropriate institutions of the country) when the government so wished. The duration of national professional functions should thus be limited"*. Limited amendments to these criteria were adopted by the ICSC General Assembly in 2017, allowing organizations to recruit NPOs taking into account their operational needs, and allowing short-term duty assignments. Also, the ICSC did not repeat the initial criterion that career prospects of NPOs are necessarily limited.

In order to ensure the most effective and rational utilisation of NPOs, WHO must understand the specific role that NPOs play within the Organization, the value NPOs currently add in WHO Country Offices and the potential impact that NPOs can make in the future. There had, however, not been any systematic evaluation of this role to date.

The WHO-wide evaluation work plan for 2018-2019, approved by the 142nd session of the Executive Board, required an evaluation of the utilisation of NPOs at the country level. **The purpose of the evaluation was to assess the role played by NPOs in WHO offices in terms of the effective delivery of WHO's mandate at country level in support of Member States to achieve their national health targets.**

The evaluation was framed around four key questions, as set out below.

EVALUATION QUESTIONS:

1. How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level?
2. What are the specific contributions and added value of NPOs in countries in relation to achieving results at country level?
3. What are the main overlaps and complementarities between the roles of NPOs and International Professionals (IPs) in countries?
4. As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?

Throughout the evaluation, care was taken to consider the impact of gender as a crosscutting dimension within the analysis of the NPO role.

A multi-dimensional evaluation was conducted, including two online surveys (one with NPOs and a second with their supervisors), interviews and focus group discussions involving WHO staff, managers, partners and Ministry of Health (MoH) representatives. There were also site visits to India, Nigeria, and Senegal, and a quantitative human resources (HR) and financial analysis based on Global Management System (GSM) and data from the electronic Performance Management and Development System (ePMDS).

KEY FINDINGS AND CONCLUSIONS

1. HOW RELEVANT IS THE CURRENT ROLE PLAYED BY NPOS IN FULFILLING WHO'S MANDATE AT THE COUNTRY LEVEL?

The **relevance of NPO staff** in fulfilling WHO's mandate can be assessed through multiple lenses:

- *As a proportion of staff at country level*: NPOs represent 15% of WHO's workforce. This is slightly above the UN average, but the actual figure varies from one agency to the next. Some 90% of WHO NPOs operate at country level, where they represent 27% of WHO country level staff. Moreover, 5% of NPOs are also found at Regional Office (RO) level and the remaining 5% essentially in the Global Service Centre (GSC) under the HQ Major Office.
- *In terms of the experience and expertise they bring*: The NPO age distribution is similar to that across WHO and their tenure at WHO is not markedly different to that of IPs. NPOs typically have high academic achievements and previous work experience, often in their home country's MoH.
- *In terms of their contribution to a variety of WHO programmatic outcomes and outputs*: NPOs work across a wide range of categories, most notably Communicable Diseases (for 28% of NPOs) and Polio Eradication (for 19% of NPOs). The programmatic focus varies greatly from one Country Office to the next, however.
- *In terms of the function they fulfil*: At country level NPOs play a key role in facilitating policy implementation, capacity-building and monitoring activities, whereas they fulfil enabling services and corporate functions at RO and HQ major office levels.

With regard to the **relevance of the role itself as defined by the ICSC**, the evaluation found that WHO practice in using NPOs has evolved since the creation of the role. In a number of respects, current practice constitutes a departure from the eligibility criteria. Although similar inconsistencies with the ICSC eligibility criteria exist in other UN agencies, this departure questions whether the role as defined by the ICSC is fit for purpose to meet WHO's objectives.

In analysis of NPO demographics as part of this evaluation question, the evaluation noted that there is lower female representation amongst NPOs than there is among IPs (37% vs 45%), and the NPO **gender parity varies** across regions and programmes.

2. WHAT ARE THE SPECIFIC CONTRIBUTIONS AND ADDED VALUE OF NPOS IN COUNTRIES IN RELATION TO ACHIEVING RESULTS AT COUNTRY LEVEL?

NPOs are deemed to make a unique contribution to WHO, providing specific value-add in support of WHO operations. They can be considered in many cases to be a cost-effective resource solution, although there are constraints and limitations on how they can be utilised.

- *The unique contributions of NPO staff*, as identified by stakeholders, can be classified into seven key attributes: language; cultural fit; geographical knowledge and access; institutional knowledge of the country's health system; network within MoH, government and society at large; continuity of presence in a country; and social proximity to national health outcomes: translated into a specific commitment and dedication to the role. These attributes provide a potential value-add in terms of service orientation towards the MoH, access to key national health forums, access to affected populations and areas, situational awareness and relevance, and an overall ability to tailor WHO's response to the country context. Overall, this contributes to improving WHO's overall effectiveness and impact at country level.
- *The cost-effectiveness* of the NPO role was assessed in terms of: (1) the NPO role's work content relative to the grade requirements, and (2) cost relative to equivalent positions in a country. NPOs perform tasks that are beyond those defined in the Master Standard for the classification of Professionals, at a cost that was consistently found to be significantly less than the equivalent IP role. However, the evaluation also showed that the NPO salaries are significantly higher than local salaries for comparable jobs, which can create inadequate incentives for NPOs to return to their previous employers or pursue mobility outside of WHO.
- There are also *considerations for and restrictions on the utilisation of the NPO role*, notably relating to:
    - the need for clear boundaries between the MoH and WHO;
    - the perceived credibility of NPOs in the eyes of the MoH;
    - the importance of bringing fresh thinking to WHO and the MoH, which a long tenure and lack of international exposure might not provide;
    - the importance for WHO to maintain its global, multilateral nature;
    - the duty of care for staff in security compromised settings; and
    - the potential attrition of talent ("brain drain"), although this issue is not specific to the NPO role.

3. WHAT ARE THE MAIN OVERLAPS AND COMPLEMENTARITIES BETWEEN THE ROLES OF NPOS AND IPS IN COUNTRY OFFICES?

There are areas of overlap between the roles of NPOs and IPs, which have emerged organically. It is possible that some level of overlap is advantageous, alongside the key areas of complementarity that these roles offer.

- The *arbitration* of these roles should be guided by a clear framework based on WHO's operational resource needs. However, in the absence of such guidance the choice is typically based on judgement and on budgetary considerations. This represents a considerable risk, given the constraints on NPO utilisation and the lost opportunities to optimise the resource solution for WHO's needs.
- There are *notable complementarities* between the NPO and IP roles in countries, which highlight the benefits of a mixed-resource model and collaborative working between staff groups.
- There is more *permeability between staff roles* (GS and those on Special Service Agreements, or SSAs, NPO and IP) than originally anticipated by ICSC, despite WHO policies thus far being relatively restrictive of such transitions as well as the absence of systematic WHO-wide facilitation of such moves.

4. As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?

NPOs have a key role to play in WHO's future, as WHO pursues more focus on country-level impact. In order to realise the potential of this part of the workforce and deliver sustainable contributions to WHO's role in improving national health outcomes, the NPO role and its requisite skills and competencies will need to evolve, overcoming organisational barriers and leveraging management enablers.

- An analysis of WHO policy instruments identified five relevant factors that should shape the nature and ways of working in WHO Country Offices (WCOs): 1) WCOs are pivotal in demonstrating results orientation and accountability; 2) WHO's role and WCO presence should be tailored to specific country needs and priorities; nonetheless, 3) some crosscutting needs can be identified to strengthen the WHO's response in areas of priority; 4) in a context of reform and transformation, WCOs need more capabilities in the areas of external and internal collaboration, coordination and integration; and 5) WCOs are essential in promoting principles-based approaches.
- These five drivers, which affect the future of WCOs, have implications for the NPO roles, skills and competencies. The changing job profile requirements were corroborated by NPOs, NPO supervisors and WRs, although there were differences in the perspectives of the NPOs and NPO supervisors regarding the relative importance of improvements in specific areas of skills. NPOs have the potential to contribute significantly to the changing context of the WCOs, e.g. in tailoring WHO's response to country-specific needs, but some adaptation is required if the NPO role's strengths are to remain relevant and role limitations are to be mitigated.
- People management and HR practices present both barriers and opportunities for the optimisation of the NPO workforce segment. Recruitment can be improved to ensure the right mix of competencies and candidates. Whilst there are positive practices in promoting diversity and inclusion, a continued focus is needed in this area. Performance management is a key challenge for WHO and professional development could hold the key to addressing it. There are opportunities to review and strengthen career progression and mobility practices specifically for this part of the workforce. There are mixed views about the best training and development approaches; however, the growing practice of short-term assignments outside the home country seems particularly beneficial. Performance management is not well utilised currently; it is not leveraged to build on high performance or used to address low performance. Finally, there were contrasting results concerning the extent to which WHO provides an "enabling environment" for NPOs, with some potential to review the experience of "fairness" and equal opportunities.

Recommendations

This evaluation has brought to light a number of areas of opportunity for WHO in terms of improving the utilisation of NPOs. The IET has developed a set of recommendations organised into five main recommendations for short-, medium- and longer-term improvements, the overarching intention being to enable WHO to:

- develop a coherent, consistent and relevant strategy and policy framework for the use of NPOs across the Organization;
- implement requisite talent management practices to improve the potential impact on the contribution of NPOs to WHO; and
- improve diversity and inclusion, notably from a gender perspective, from recruitment to staff development, promotion and the provision of an enabling working environment.

The five recommendations are to:

1. **Define a WHO-wide policy framework and guidelines for the utilisation of NPOs:** WHO should align the NPO role definition and eligibility with actual practice and future requirements. This will allow WHO to make strategic use of NPOs. Toward this end, the Global Policy Group (GPG) should acknowledge that a number of adaptations are needed. On this basis HRD should facilitate the redefinition of a "fit-for-purpose" NPO role, accompanied by a WHO-wide framework and policy guidance for the utilisation of NPO roles**.**
2. **Renew and coordinate advocacy efforts with other UN agencies on ICSC updates to NPO role definition and compensation:** WHO has a margin of action and interpretation within current ICSC criteria and rules. This will not address the root causes of some of the challenges identified in this evaluation, however. The ICSC in 2017 represented a missed opportunity to modernise the definition of the NPO role and related approach to compensation. As part of renewed efforts on the reform of the UN system, WHO should engage with sister agencies through inter-agency coordination mechanisms such as the United Nations Chief Executives Board for Coordination (CEB), the High-Level Committee on Management (HLCM) or HR network to share the findings of this evaluation and align on the extent to which the modernization of contractual arrangements and compensation models is a key success factor of the ongoing reform of the UN system. On this basis, renewed advocacy with the ICSC to modernise contractual frameworks and compensation models should be undertaken.
3. **Ensure NPOs are considered as part of Strategic Workforce Planning:** In the context of the WHO transformation, the NPO workforce needs to be managed strategically. Managing the NPO workforce strategically means: (1) clarifying the NPO requirements of each country in terms of number of NPOs, grades and profiles as part of the workforce planning for the implementation of WHO's operating model; (2) ensuring a more robust and more diversified recruitment; and (3) promoting the internal and external mobility/career progression of NPOs.
4. **Improve performance management including Learning and Development of NPOs** through the elaboration of a learning and development strategy for NPOs and improvements in the performance management of NPOs, most notably in the coaching provided to NPOs.
5. **Promote a culture of independence, inclusion, fairness and collaboration** in Country Offices, based on the WHO Values Charter and reinforced by managers and staff at all levels to optimise the working environment.

Whilst some of these recommendations are specific to NPOs and call for specific actions, **the implementation of many recommendations relating notably to talent management and enabling environment should to be mainstreamed** in existing WHO policies and practices, in order to ensure coherence, commonality and equity with the management of other staff categories.

INTRODUCTION

CURRENT CONTEXT OF THE EVALUATION

Accelerating WHO's impact at the country level is pivotal to achieving the Sustainable Development Goals (SDGs) as a whole and, notably, the goal to "Ensure healthy lives and promote well-being for all at all ages".

The importance of country-level impact is reinforced within the 13th General Programme of Work (GPW13)[1], which sets out the following three strategic priorities for WHO for the period 2019-2023:

1. Achieving universal health coverage – 1 billion more people benefitting from universal health coverage
2. Addressing health emergencies – 1 billion more people better protected from health emergencies
3. Promoting healthier populations – 1 billion more people enjoying better health and well-being

GPW13 provides a new framework for impact and accountability, which will allow WHO to work effectively on these strategic priorities. This framework was designed based on the following guiding principles: 1) "Impact and outcome focused", 2) "Ensuring organisational flexibility and accountability", 3) "Putting countries at the centre" and 4) "Fostering collaboration".

In order to enable its Programme of Work, WHO is currently undergoing a transformation to strengthen, focus and improve its effectiveness and impact at country level. This includes, in particular, the re-definition of priorities based on the country context and redeployment of resources.

Within WHO, the Country Offices often employ large numbers of National Professional Officers (NPOs). NPOs at the country level support the Organization by translating WHO's advice into the national agenda and priorities of the various local Ministries of Health (MoH) by contributing to implement the strategic health priorities identified by WHO and the national authorities through the Country Cooperation Strategies (CCSs) or Biennial Collaborative Agreements (BCAs, in EURO only). As such, the NPO workforce is a critical part of how WHO makes an impact at country level today, and NPOs have been providing a critical role in achieving the country MDG targets and goals. In the future, they will have an impact on the achievement of the SDGs and the strategic priorities of GPW13.

WHO therefore needs to ensure the most effective and rational utilisation of NPOs. For this, WHO must understand the specific role that NPOs play within the Organization, the value NPOs currently add in the various WHO Country Offices, the additional contribution that NPOs can provide through the WHO Country Offices and the potential impact that NPOs can have in the future.

BACKGROUND INFORMATION ON THE NATIONAL PROFESSIONAL OFFICER ROLE

NPOs are 1) nationals of the country in which they are to serve, 2) recruited locally and 3) currently not subject to reassignment to any official stations outside their home country. NPOs had been used by UNICEF and UNDP with good results, which led the International Civil Service Commission (ICSC) to create the NPO staff contracting modality in 1994 in response to the demand to increase local knowledge and experience within field offices. WHO decided to introduce the NPO category in 1995.[2]

[1] WHO (2018) "Draft Thirteenth General Programme of Work, 2019-2023"
[2] Report by the Director-General on National Professional Officers EB95/46 of 18 November 1994, https://apps.who.int/iris/bitstream/handle/10665/172170/EB95_46_eng.pdf?sequence=1

NPOs are staff members of the Organization and are subject to the Staff Regulations and Rules of WHO. They perform functions of a professional nature requiring local knowledge, expertise and experience of a national - as opposed to an international - dimension.

Prior to 1995, WHO did not employ NPOs. Instead, WHO engaged a large number of national professionals as National Professional Project Personnel (NPPP)/National Experts under Special Service Agreements (SSA) for specific projects requiring a national capability and for predetermined periods. These members of staff complemented International Professionals (IPs) and General Service (GS) staff.

In its Report EB95/46[1] to the Executive Board, the Secretariat considered that, due to the short-term nature of their contracts, NPPPs might not be able to ensure the sustainability of long-term projects, provide continuity for the activities of the Organization when international staff are reassigned to other countries and be given an adequate level of protection. The report suggested that WHO should create a National Professional Officer (NPO) staff category, as was already in place at several other agencies. Resolution EB95/R20[2] was passed, setting out the creation of NPOs within WHO and, starting 1 March 1995, WHO started employing NPOs on a trial basis for three years, at the recommendation of the Director-General.

The intention in 1994 was that NPOs were to be employed in accordance with the revised recruitment criteria issued by the International Civil Service Commission (ICSC), which included the following aspects:

(a) *employment of NPOs by a given UN common system organisation should be grounded in **a policy framework** established by that organisation's legislative body;*

(b) *NPOs should **not be subject to assignment to any duty station outside the home country;***

(c) *work performed by NPOs should have a **national content** (…) The functions of all National Professional Officer posts should be justified within the overall efforts of the United Nations system to **increase national development** and other related categories. [NPOs] should bring to bear in the job **national experience and knowledge of local culture, language traditions and institutions;***

(d) *Organisations employing NPOs should maintain a **balance** between international and local Professionals appropriate to their needs, bearing in mind the need to preserve the **universal character and the independence of the international civil service**;*

(e) *[NPO] posts should be graded on the basis of the **Master Standard for the classification of Professional posts** (…) Their conditions of service should be established in accordance with the principle of the best prevailing conditions in the locality for nationals carrying out functions at the same level, through the application of the NPO salary methodology promulgated by ICSC;*

(f) ***The career prospects of NPOs are necessarily limited**, given (i) the continued employment of international staff in senior management positions, (ii) the number of grades in the category and (iii) the fact that the functions they perform may be finite. Organisations should make NPOs aware of these limitations … [but] endeavour to develop the potential of NPOs as a matter of sound personnel policy.[3]*

[1] Report by the Director-General on National Professional Officers EB95/46 of 18 November 1994, https://apps.who.int/iris/bitstream/handle/10665/172170/EB95_46_eng.pdf?sequence=1

[2] Resolution of the Executive Board of the WHO EB95.R20, Confirmation of amendments to the Staff Rules, of 27 January 1995, creating the National Professional Officer category for a trial period of three years.

[3] As quoted in document EB95/46

No intentional forced distribution of NPOs was envisaged: The creation of NPOs responded to a need for locally recruited staff at country level. The ICSC compendium 2.1.110 specified that, with regard to NPOs, *"the **intention** would be to hand them over to the host government (or appropriate institutions of the country) when the government so wished.; The duration of national professional functions should thus be limited*[1]*".*

Limited adaptations to these criteria were adopted by the ICSC General Assembly in 2017 following the conclusions of an ICSC workgroup that looked at options to 1) maintain the initial criteria with minor revisions, or 2) increase the flexibility with regard to certain aspects, including the stipulations as nationality and national content. Although the ICSC recognised the need for some flexibility in the employment of NPOs, most proposals were not adopted. The ICSC General Assembly validated the limited amendments (with in ***bold*** the distinct differences to the previous ICSC guidance) as follows:

1. *Recalling the requirement to preserve the universal character of the organizations of the UN common system embedded in the Charter of the UN, **organizations shall recruit NPOs in accordance with their mandates, taking into account their operational needs**.*
2. *The employment of NPOs should be grounded in a policy framework established by that organization's legislative body, as required.*
3. *NPOs should be nationals of, and be locally recruited within, the country of their employment. In their capacity as NPOs, they may be **subject to short-term duty assignments** outside the country of their employment when this does not involve a change of duty station.*
4. *The same standards of recruitment qualifications and performance as are required for IP staff should apply to NPOs. NPOs bring national experience and knowledge to the work of their organization in their country of employment.*
5. *NPO posts are graded on the basis of the Job Evaluation Master Standard for the Professional and higher categories. Conditions of service are established in accordance with the principle of the best prevailing conditions in the locality for functions at the same level, through the application of the local salary survey methodology promulgated by ICSC.*
6. *The organizations of the United Nations common system should not recruit NPOs in the eight headquarters duty stations of the common system.*[2]

EVALUATION PURPOSE, OBJECTIVES AND SCOPE

The WHO-wide evaluation work plan for 2018-2019, approved by the 142nd session of the Executive Board, required a corporate evaluation of the utilisation of NPOs at the country level.

The purpose of the evaluation was to assess the role played by NPOs in WHO offices with regard to the effective delivery of WHO's mandate at country level in support of Member States to achieve their national health targets.

The target audience for this evaluation is Senior Management.

The evaluation considered the relevance, effectiveness, efficiency and sustainability dimensions of the role of NPOs at the country level in achieving the goals of the GPW. It assessed the specifics of the NPO

[1] ICSC Compendium, Section 2.1.110, Page 1 National Professional Officers (and extended General Service Levels), 11th and 12th sessions (1980)

[2] ICSC, Report of the International Civil Service Commission for the year 2017, General Assembly, New York, A/72/30*, Annex II Guidelines for the employment of National Professional Officers

role and the contributions, skills, competencies and overall added value of NPOs in countries in line with the outputs and outcomes identified by WHO's key strategic instruments, i.e. GPW13 and the Country Cooperation Strategies (CCS) and Biennial Collaborative Agreements (BCA) in the case of EURO.

The evaluation aimed to capture and document the roles and responsibilities, successes, challenges and best practices in applying the NPO role, how to strengthen the role of NPOs within Country Office teams and the potential for NPO mobility and career development as well as how the utilisation of NPOs compares with that of IPs.

The evaluation aimed to meet both **accountability and learning objectives**:

- Accountability: to gain an understanding of and insights on the role and utilisation of NPOs at country, regional and global levels, including the consideration of dimensions such as gender diversity, role and impact, and make recommendations as to how NPOs could be utilised more effectively in the future;
- Learning: to support WHO senior management 1) to strengthen Country Office capacity to improve WHO's performance at country level through the empowerment and development of a motivated workforce, and 2) to learn for future planning. This evaluation supports this learning by documenting successes, lessons learned, challenges and best practices.

It was conceived to be forward-looking, aiming to provide useful and actionable recommendations to facilitate future policy and decision-making with respect to NPOs.

This evaluation was commissioned by the WHO Evaluation Office and undertaken by an Independent Evaluation Team (IET) from PricewaterhouseCoopers (PwC), selected through a competitive tender process. A five-member, ad hoc Evaluation Management Group (EMG) consisting of senior experts from all three levels of the Organization, as well as a representative from the United Nations Evaluation Group (UNEG), provided guidance at key steps of the evaluation.

EVALUATION QUESTIONS

The Terms of Reference for the evaluation were framed around four key questions, which have the following implications for the evaluation:

Evaluation question:	Implications for the evaluation:
1. How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level?	• Analyse the different roles of NPOs at country level; • Review the application of the eligibility criteria used during the recruitment of NPOs in the past ten years and of the changes in the definition of the role over this period (envisaged vs actual roles); and • Analyse the role of NPOs in terms of country needs, organisational priorities, policies and practices.
2. What are the specific contributions and added value of NPOs in countries in relation to achieving results at country level?	• Identify and document the contributions and added value, successes and best practices; • Assess the cost-effectiveness of NPOs' contributions against the outputs and outcomes identified by WHO's key strategic instruments; and • Identify challenges and limitations in relation to the roles played by NPOs.
3. What are the main overlaps and complementarities between the roles of NPOs and International Professionals in countries?	• Assess the overlaps between NPO and IP roles; • Assess the complementarity of these roles in delivering results at country level; and • Assess the links and transitions between roles.
4. As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?	• Identify future NPO needs and roles, and opportunities for career development; • Assess required NPO skills/competencies and related development needs; and • Identify barriers and enabling conditions to improve NPOs' effectiveness and contributions.

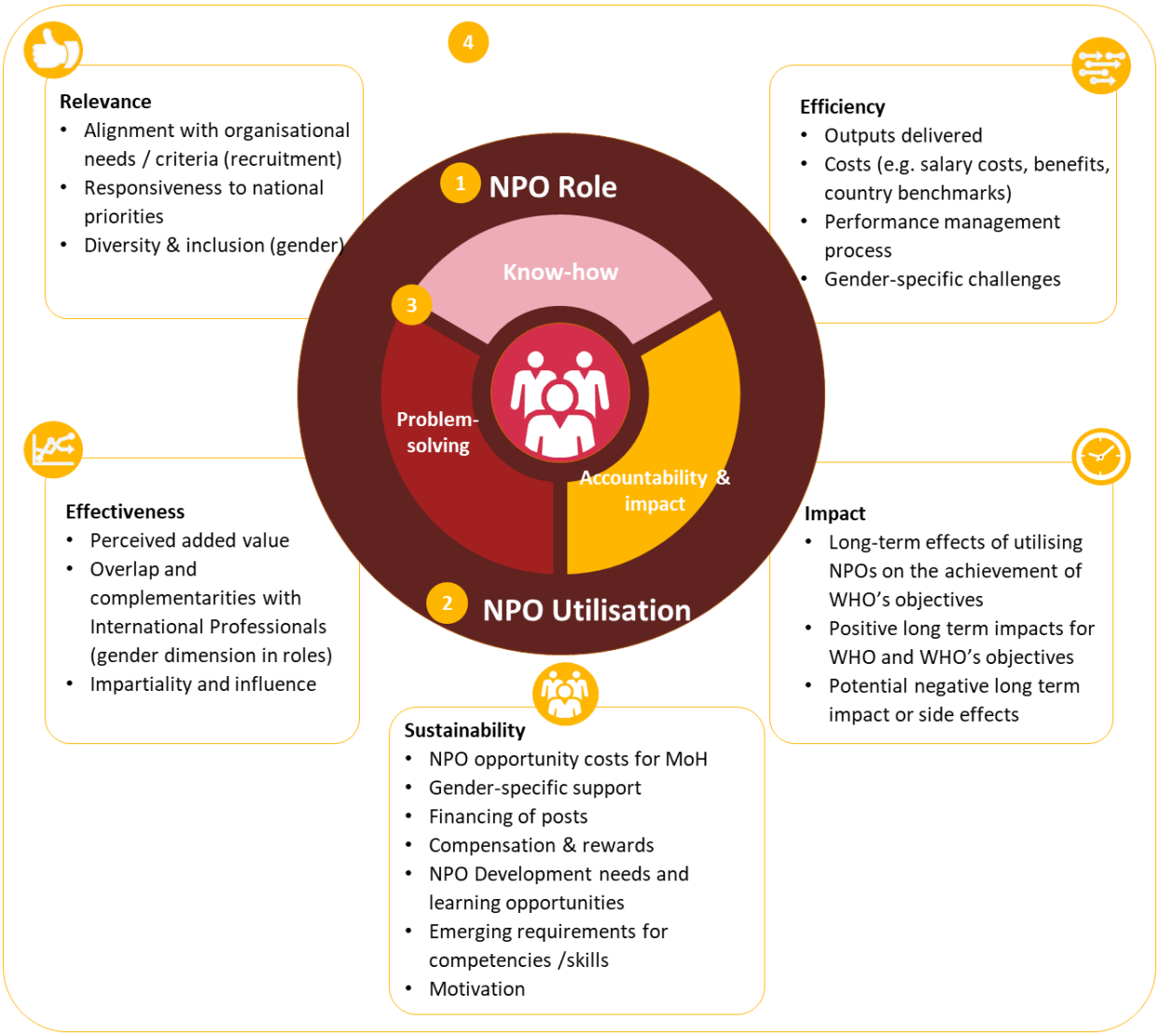
Beyond these key questions, the evaluation aimed to provide recommendations on:

- The future role of NPOs at country level;
- The recruitment of NPOs with regard to a potential "brain drain" at the Ministry of Health;
- Skills and competencies required for the future NPO role and opportunities for improvement to support NPOs in the development of these skills and competencies.

Throughout the evaluation, care was taken to consider the impact of gender, as a crosscutting dimension within the analysis of the NPO role.

EVALUATION FRAMEWORK & APPROACH

The conceptual framework used for the evaluation is illustrated and explained below.



The core elements of the conceptual framework are:

1. **Role:** the role of the NPO is defined as envisaged by the ICSC, complemented with WHO guidance, policies and the online e-manual on NPOs.
2. **Actual utilisation:** how NPOs are utilised in practice in different programmes and countries today, and individuals' experiences of being an NPO.
3. **Position evaluation:** a job rating of both the NPO role and actual NPO utilisation; the methodology covered the following elements of the role: "Know-how", "Problem Solving" and "Accountability & Impact".
4. **Evaluation dimensions:** the evaluated criteria relating to the relevance, efficiency, effectiveness, impact and sustainability dimensions of using NPOs at the country level.

The evaluation used qualitative and quantitative data collection methods. In this regard, the IET:

- **Conducted two online surveys**, one with NPOs and one with their supervisors, including WHO representatives. All NPOs in all of WHO's Major Offices (i.e. AFRO, AMRO/PAHO, EMRO, EURO, HQ, SEARO and WPRO) were invited to participate, and all direct supervisors of NPOs were contacted. The surveys elicited 811 responses including 707 fully completed questionnaires from NPOs (55% of NPOs) and 166 responses including 133 fully completed questionnaires from their supervisors (39% of NPO supervisors).
- **Held interviews and focus group discussions** involving more than 125 WHO staff, managers, partners and MoH representatives.
- **Conducted three site visits** to India (two days in the Country Office and one day in the RO), Nigeria (three days in the Country Office), and Senegal (two days in the Country Office) to gain a deeper understanding of the country and regional NPO context.
- **Developed nine case studies**, which included seven Country Offices (Brazil, India, Nigeria, Montenegro, Senegal, Vietnam and Yemen), one Regional Office (SEARO) and the Global Service Centre (GSC). These were selected based on specific criteria such as the number of NPOs employed, the nature of the work and roles of the NPO, and took into consideration regional representation as presented in Appendix H.
- **Performed a quantitative HR and financial analysis** based on GSM data (e.g. payroll, resource cost, NPOs roles and locations) and ePMDS data (performance management data).

LIMITATIONS

Key limitations pertaining to this evaluation relate to:

1. The **focus of the evaluation is on WHO** NPOs. Although system-wide UN statistics on NPOs were used and limited interviews with selected **UN agencies** at country level were organised, the evaluation did not intend to do a systematic comparison of the utilisation of NPOs across the UN system.
2. The **focus of the evaluation is on NPOs** and did not aim at a comprehensive review of other staff and non-staff categories (e.g. GS and IP, SSAs). It was therefore not possible to systematically assess the extent to which the challenges identified in the evaluation are specific or more acute for NPOs. Whilst some of the challenges identified in this evaluation also apply to other staff categories, the evaluation only comments on those in so far as they apply to NPOs.
3. The approach for the **evaluation did not include salary benchmarking** and the IET did not have access to ICSC benchmark studies per country. This limited the IET's ability to perform a thorough cost-effectiveness assessment.
4. The evaluation did **not include an independent skills evaluation of individual NPOs** versus their position description. Therefore, this evaluation cannot conclude on whether NPOs are individually suited for the national roles as designed.
5. A **limited number of regional and country office visits** were organised. During these visits interviews were held at head-office and no field visits or 'live' observations of NPOs at work were included. The IET relied on phone interviews with additional country offices and the contributions of NPOs and NPO supervisors in the two quantitative surveys obtain additional perspectives.

1. HOW RELEVANT IS THE CURRENT ROLE PLAYED BY NPOS IN FULFILLING WHO'S MANDATE AT THE COUNTRY LEVEL?

Summary of findings and conclusions

The **relevance of NPO staff** in fulfilling WHO's mandate can be assessed through multiple lenses:

- *As a proportion of staff at country level*: NPOs represent 15% of WHO's workforce. This is slightly above the UN average, but the actual figure varies between agencies. 90% of WHO NPOs operate at country level, where they represent 27% of WHO country level staff. 5% of NPOs are also found at RO level and a the remaining 5% essentially in the Global Service Centre (GSC) under the HQ Major Office.
- *In terms of the experience and expertise they bring*: The NPO age distribution is similar to that across WHO and their tenure at WHO is not markedly different to that of IPs. NPOs typically have high academic achievements and previous work experience, often in their home country's MoH.
- *In terms of their contribution to a variety of WHO programmatic outcomes and outputs*: NPOs work across a wide range of categories, most notably Communicable Diseases (for 28% of NPOs) and Polio Eradication (for 19% of NPOs). The programmatic focus varies greatly however between Country Offices.
- *In terms of the function they fulfil*: at country level NPOs play a key role in facilitating policy implementation, capacity building and monitoring activities, whereas they fulfil enabling services and corporate functions at regional and HQ major office levels.

With regard to the **relevance of the role itself as defined by the ICSC**, the evaluation found that WHO practice in using NPOs has evolved since the creation of the role. In a number of respects, the current practice constitutes a departure from the eligibility criteria. WHO is not unique in this positions. Similar inconsistencies with the ICSC eligibility criteria exist in other UN agencies. Nevertheless, this questions whether the role as defined by the ICSC is fit for purpose to meet WHO's objectives.

In analysis of NPO demographics as part of this evaluation question, the IET noted that there is lower female representation amongst NPOs than there is among IPs (37% vs 45%), and the NPO **gender parity varies** between regions and programmes.

OBJECTIVES

This chapter focusses on the assessment of the **relevance** of the current role played by NPOs with regard to WHO's mandate at country level. Relevance was assessed in terms of:

- the "weight" represented by NPOs across WHO's operations;
- the nature of NPO work in terms of the contribution to programmatic areas of work and WHO core functions; and
- the actual contribution and utilisation of the NPO role vs the role as defined in the ISCS eligibility criteria.

Who are the NPOs? NPO demographics

From the GSM statistical data and the survey we conducted, the IET was able to draw up a typical profile of the NPO: a male in his late forties with an advanced university degree, coming from the country's Ministry of Health (MoH), who has been with WHO for more than five years. There are however significant variations in the profiles of NPOs, from country to country and from region to region.

In 2018, women made up 37% of the NPO workforce. The figure below shows the percentage of female NPOs by Major Office (WHO's six ROs and its Headquarters[1]) for 2009 and 2018, compared with the proportion of females in the IP and GS staff categories. It shows:

- The NPO gender balance is significantly lower than among IPs, which was 45% in 2018;
- A modest improvement of four points compared with 2008, i.e. less than a 0.5 point improvement per year on average, with some Major Offices making substantial progress (HQ +23 points, EURO +6 points) while others saw a decrease (SEARO −4 points; WPRO −3 points); and
- Contrasted results across Major Offices, with some regions exceeding/at parity (HQ: 64%, WPRO and EURO 60%, PAHO 57%) while the Major Offices that employ the most NPOs still lag significantly behind parity (AFRO: 29%, SEARO 34%, EMRO 37%). The high percentage of females observed at HQ does not necessarily reflect a positive trend, as it relates to administrative positions in the GSC and reflects a gender bias.

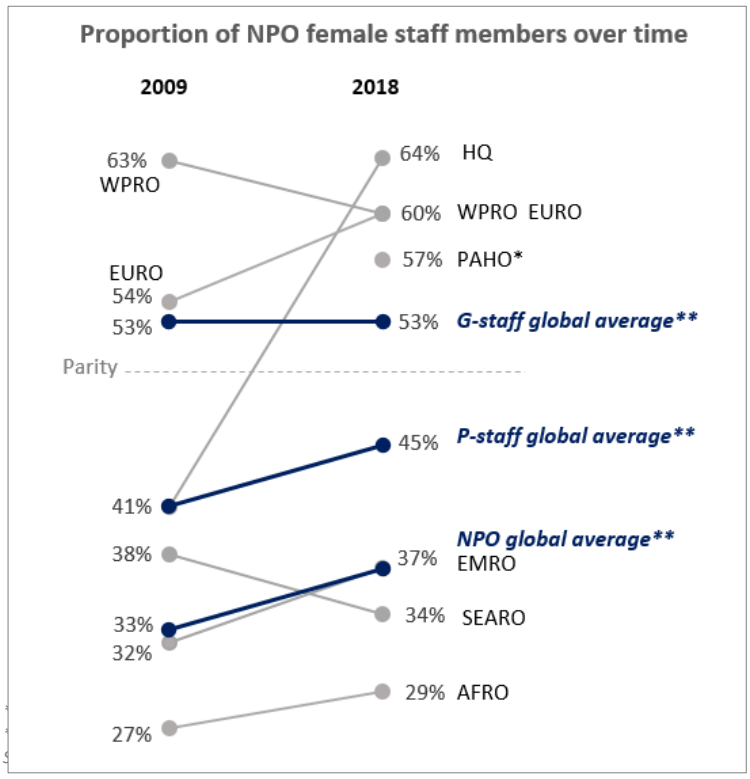
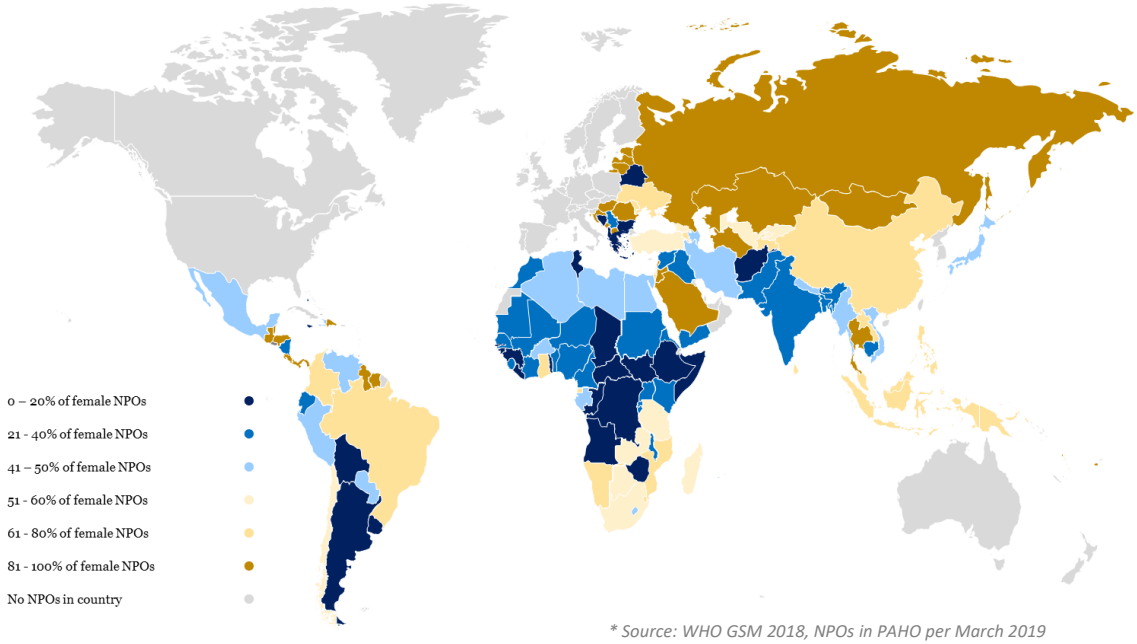


Figure 1.1: Gender distribution of NPOs 2009-2018

[1] Outposts such as the Kuala Lumpur Global Service Centre, the Kobe Centre and the services provided in Budapest are included in the Headquarters Major Office.

The following map shows that gender parity among NPOs differs significantly per region and country.



** Source: WHO GSM 2018, NPOs in PAHO per March 2019*

Map 1.1: Gender distribution of NPOs by country

With the interpretation of the above map, it should be noted that the number of NPOs per country is not equal as will be discussed in the next section, specifically map 1.2.

The age distribution of NPOs is not materially different from the overall distribution for WHO staff. On average, NPOs are 47.5 years old, with around **45% of NPOs older than 50**. Appendix I shows a map with the average age distribution per country.

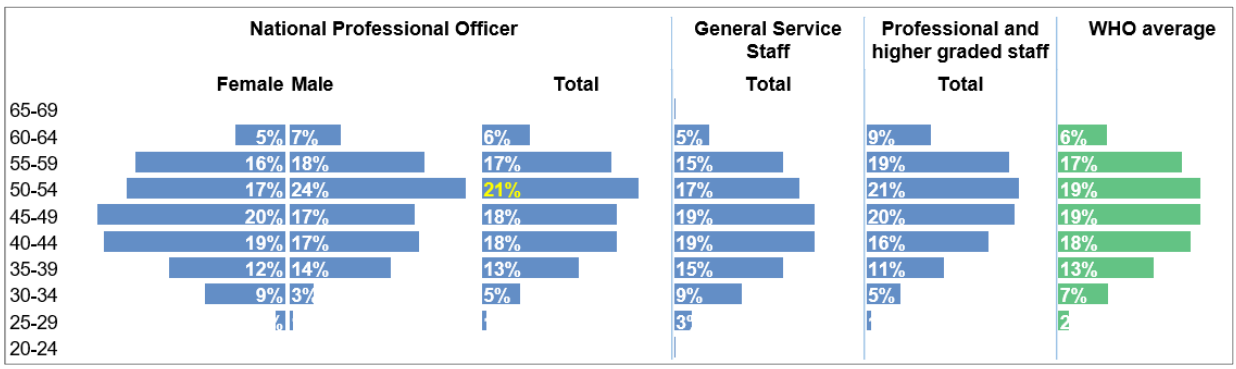


Figure 1.2: Age distribution by staff type (2018)

Similarly, WHO HR data shows that **53% of NPOs have worked for WHO for five years or more**, and 33% for 10 years or more, excluding any previous non-staff contracts with WHO, such as SSA contracts. NPOs have been with WHO on average for 6.7 years compared with an average 7.1 years for international staff. In the online survey with NPOs, NPOs indicated that on average they have been with WHO for 9.7 years (in staff and/or non-staff roles). Appendix I shows a map with the average length of employment per country. This longevity contrasts with the statement outlined in WHO's resolution that "*career prospects of NPOs are necessarily limited*". At a minimum, it raises the question of the career and personal development management of NPOs. This question is further discussed in section 4 of this report.

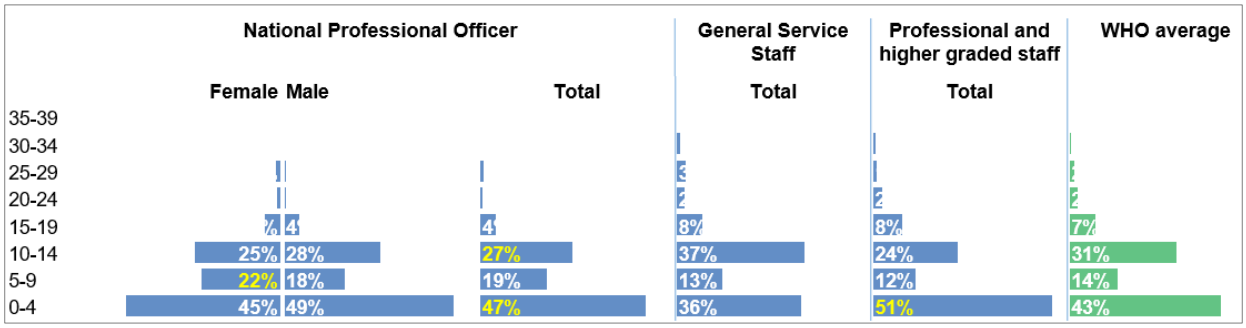


Figure 1.3: Length of employment at WHO by staff type (2018)

Unsurprisingly, NPOs report a high level of academic achievement. 67% report having a master's degree or advanced university degree and 15% a PhD. Section 2 discusses the advantages and the potential "side effects" of drawing such highly educated local personnel from a country's local workforce.

In terms of prior work experience, the evaluation survey shows that 49% of NPOs have worked previously **for their country's MoH**. The work experience of NPOs, however, is varied and includes, in addition:

- Health systems, such as hospitals and clinics (30%);
- Not-for-profit organisations, such as NGOs (35%) and the UN System (15%);
- Academic institutions, such as universities (17%) or research institutes (9%); and
- Other organisations (27%), including notably the private sector.

Section 2 and 3 below discuss the advantages and limitations that this profile generates.

Where are the NPOs? NPO distribution by Major Office and levels of the Organization

As of early 2019, 1,304 NPOs were working for WHO. This represents 15% of WHO's global staff and 27% of WHO staffing at country level. The table below shows the distribution of NPO staff across Major Offices and the levels of the Organization:

Major Office/level	Number of NPOs	Total staff in Major Office	NPO as % of WHO staff in Major Office	NPOs as a % of Total WHO NPO population	Staff as a % of total WHO staff
By Major Office					
AFRO	653	2'443	27%	50%	28%
EMRO	188	1'203	16%	14%	14%
EURO	96	610	16%	7%	7%
HQ	66	2'375	3%	5%	27%
SEARO	145	693	21%	11%	8%
WPRO	91	633	14%	7%	7%
PAHO	65	779	8%	5%	9%
By level					
Country Office	1'178	4'373	27%	90%	50%
Regional Office	60	1'988	3%	5%	23%
HQ[1]	66	2'375	3%	5%	27%
Total	1'304	8'736	15%	100%	100%

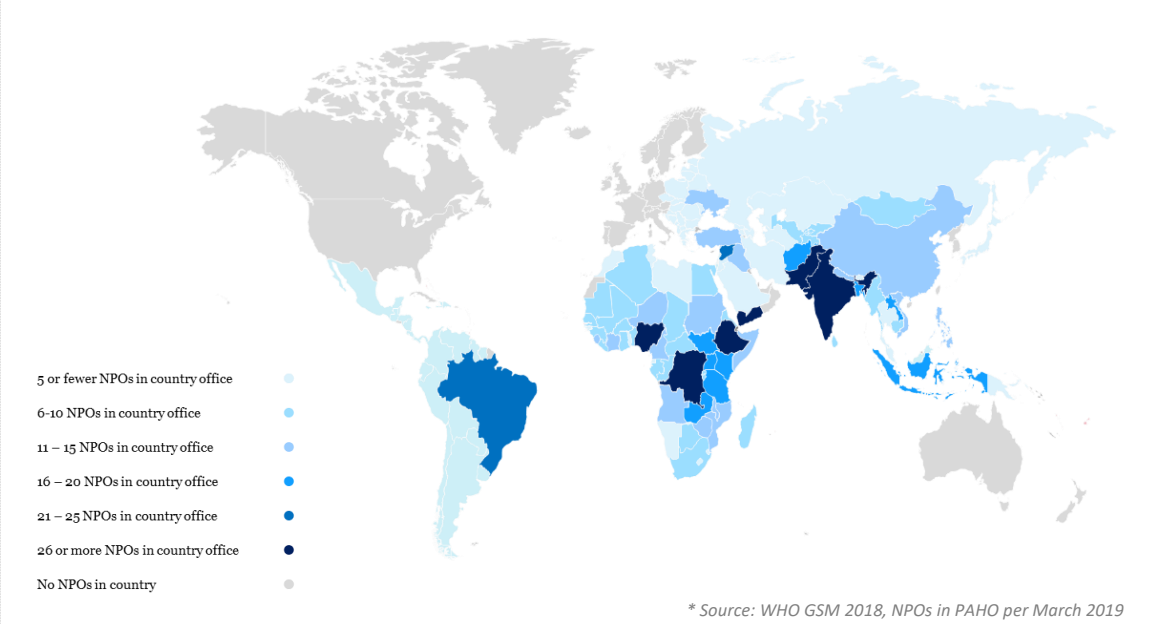
Table 1.1: Distribution of NPOs by Major Office and level of the Organization (2018)

Four main observations stand out:

- NPOs form a substantial proportion of overall staff at country level: they represent 27% of staff at country level, and even 34% of country office staff in AFRO, including 50% of the Zambia and Malawi country offices;
- The majority of NPOs are operating at country level (90%). However, 10% do not work in a Country Office (5% at HQ Major Office level, essentially in the GSC, and 5% at RO level), which is at odds with the initial criteria for NPO deployment;
- NPOs are present in every region but concentrated in AFRO: half of the 1,304 NPOs are employed in AFRO, while AFRO represents only 28% of WHO's staff;
- The utilisation of NPOs is uneven across regions: whilst NPOs represent 27% of AFRO's total staff and 21% of SEARO staffing, they represent only 8% of PAHO's staff and 14% of staff in WPRO. Part of this relates to the nature of the programmes in each region where AFRO, EMRO and SEARO still running major Communicable Disease programmes (e.g. Polio Eradication).

The following map show the geographical distribution at country level for NPOs in WHO's Country Offices.

[1] HQ includes the HQ in Switzerland/Geneva, and centres in Malaysia/Kuala Lumpur (GSC), Japan and Budapest



Map 1.2: Distribution of NPOs by country office (2018)

The above map show that that NPOs are not evenly distributed globally, and that there are high concentrations of NPOs in certain countries (e.g. India, Pakistan, Nigeria, DRC, Ethopia and Yemen).

The representation of NPOs as a proportion of all staff shows a small increase from 12% to 15% between 2009 and 2018. However, the proportion of NPOs nearly doubled during that period in SEARO (11% to 21%), EMRO (9% to 16%) and WPRO (8% to 14%), highlighting the growing presence of NPOs in certain regions. Only EURO saw a slight decrease in the proportion of NPOs (17% to 16%).

What do NPOs do? Understanding NPOs' contribution to WHO's mandate, results and functions

In evaluating NPOs' contribution to WHO's work, we sought to identify, on the one hand, which area of work, outcomes and outputs NPOs primarily contribute to and, on the other hand, how their work aligns with WHO's core functions.

On average, NPOs reported working primarily in 1.2 categories. The survey shows that **NPOs work across all categories and functions, with a higher representation in the prevention and treatment of Communicable Diseases and Polio Eradication**, as illustrated by the distribution below:

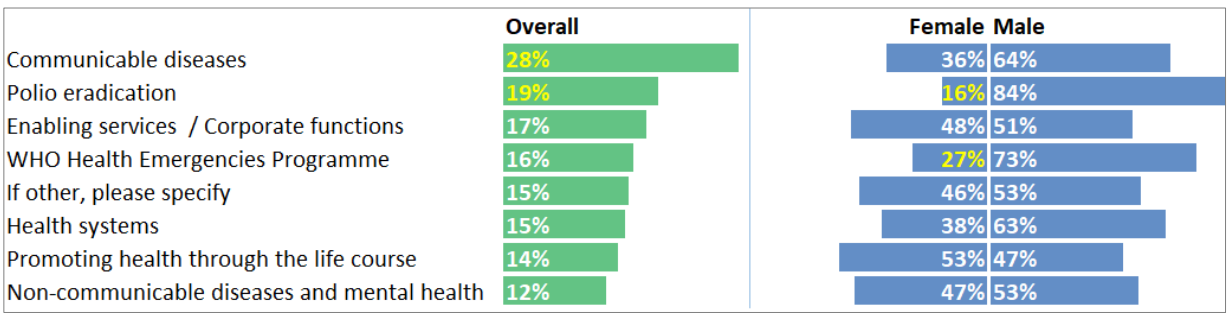


Figure 1.4: Distribution of NPOs per category (766 respondents, 2018)

The distribution of males and females shows stark differences, with females at, or near, parity in the areas of Promoting Health through the Life Course (53%), Enabling Services (48%), Non-Communicable Diseases and Mental Health (47%), but under-represented in Polio Eradication (16%) and the Health

Emergencies Programme (27%). Interviews at country level surfaced a rationale and bias relating to culture, e.g. in Nigeria, vaccination is a male-dominated. Security risks were also mentioned as a cause of less interest from qualified women. The Organization is seeking to correct this imbalance, e.g. through a policy that mandates that at least one qualified female is shortlisted for every recruitment. The figure below presents for each category the distribution of NPOs by Major Office per category.

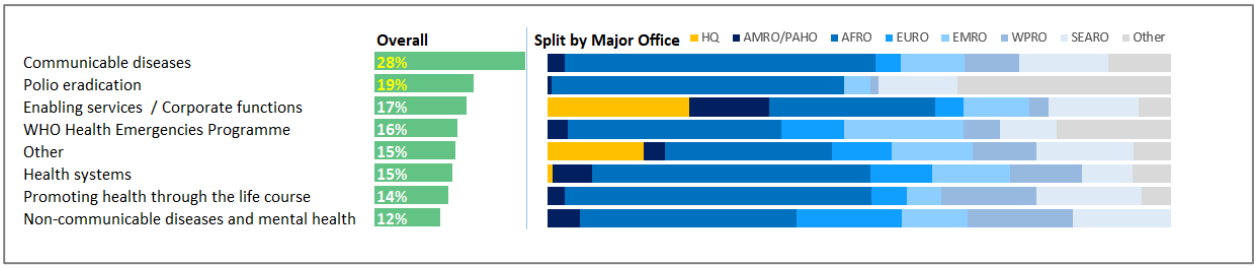


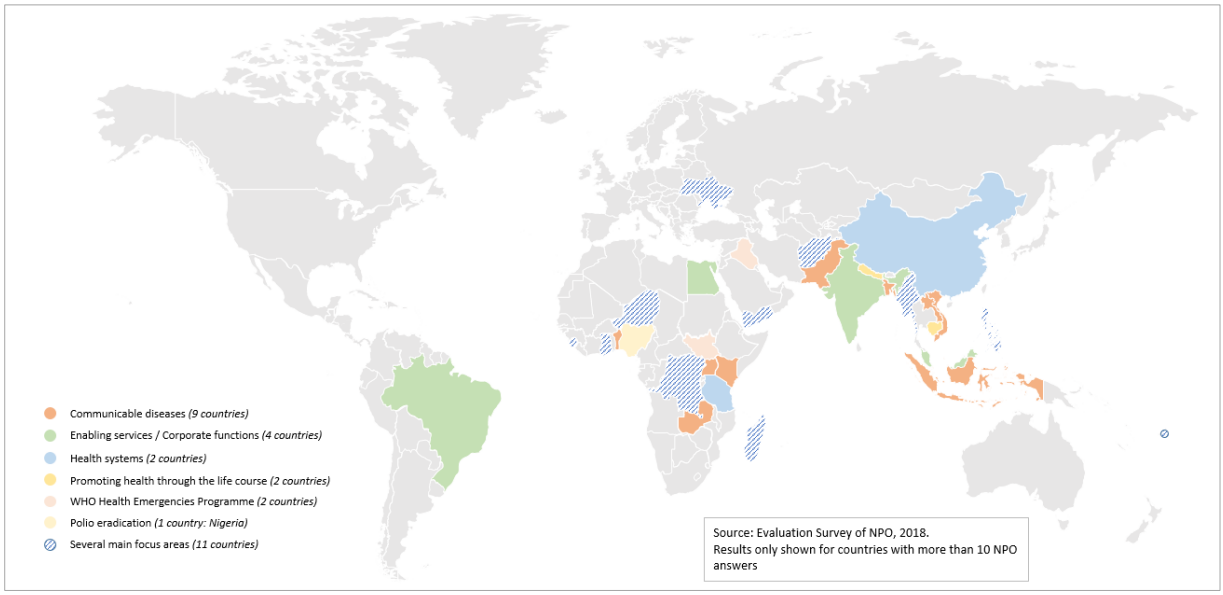
Figure 1.5: Distribution of NPOs per category in each Major Office (766 respondents, 2018)

The table below shows for each category the top output to which NPOs indicated that they contribute.

Category	Top output in category	Count	% of total respondents	% of respondents category
Polio eradication	Technical assistance to enhance surveillance and ensure high population immunity to the threshold needed to maintain polio-free status, especially in at-risk areas	129	16.8	90.2
Communicable diseases	Implementation and monitoring of the global vaccine action plan with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines	79	10.3	36.4
Corporate services/Enabling functions	Indirect management and administration of Management and administration	66	8.6	50
Health systems	Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a “Health in All Policies” approach and equity policies)	62	8.1	55.4
Non-communicable diseases	Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants	61	8	64.2
WHO Health Emergencies programme	Accurate information about emergency events reported in a timely manner	58	7.6	48.3
Promoting health through the life course	Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths), with a particular focus on the 24-hour period around childbirth	53	6.9	50

Table 1.2: Top output per category as reported by NPOs (online NPO survey, 766 respondents in total, 2018)

The **programmatic focus of NPOs varies between Country Offices**, as illustrated in the map below, which shows the main category focus for the 31 duty stations from which 10 or more NPOs responded to the survey:



Map 1.3: Map of main category focus reported by NPOs (766 respondents in total, 2018)

The map illustrates the variety of focus of NPOs which ties in with the specific context of WHO's programmatic objectives at country level.

Turning to the functions fulfilled by NPOs, the vast majority of NPOs report working essentially on technical cooperation (82%), monitoring and evaluation (81%) and policy, norms and standards (70%). Only 32% of NPOs report working on research. We observed marginal differences in the technical focus of each region but less contrast than with programmatic areas.

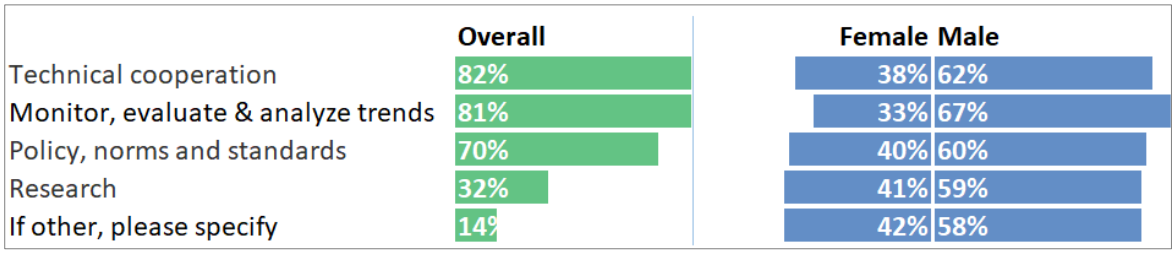


Figure 1.6: Distribution of NPOs per activity type reported (587 respondents, 2018)

The table below describes the activities and sub-activities most commonly performed by NPOs:

Rank	Sub-Activity type	Activity type	WHO Core Function	Count	% of total
1	Facilitate implementation and adaptation of policies	Monitoring of implementation	Policy, norms and standards	*416*	*71%*
2	Promote application of best practices: Facilitate implementation and adaptation of norms, standards, guidelines and tools	Capacity building	Technical Cooperation	*405*	*69%*
3	Organise trainings at regional and/or national level	Capacity building	Technical Cooperation	*365*	*62%*
4	Support to strengthen national disease prevention, M&E, surveillance, control and response systems	Capacity building	Technical Cooperation	*363*	*62%*
5	Monitoring and evaluating national policies and programmes	Data management and analysis	Monitor, evaluate & analyse trends	*355*	*60%*
6	Support to strengthen health system, health facilities, health workforce capacity and public health security	Capacity building	Technical Cooperation	*350*	*60%*
7	Support national strategy and health legislation with government (Ministry of Health, Ministry of Finance)	Monitoring of implementation	Policy, norms and standards	*340*	*58%*
8	Monitor the implementation of norms and standards in the countries of the regions	Monitoring of implementation	Policy, norms and standards	*339*	*58%*

Rank	Sub-Activity type	Activity type	WHO Core Function	Count	% of total
9	Support the (real-time) collection, analysis, dissemination and use of data for monitoring the national health situation	Data management and analysis	Monitor, evaluate & analyse trends	*330*	*56%*
10	Be the trainer	Training	Technical Cooperation	*317*	*54%*

Table 1.3: Top 10 activity types reported by NPOs (587 respondents in total, 2018)

The table shows the key role played by NPOs in translating and facilitating the implementation of policies at country level, capacity building and monitoring activities.

Are there differences in the roles of NPOs at country level, regional level and global level?

90% of the NPOs work at country level. The survey results indicate that NPOs in Country Offices focus primarily on the prevention and treatment of communicable diseases, with the other categories distributed evenly, except Enabling Services, which is the least common area of work at Country Office level (13%). In terms of the type of work, Country Office NPO staff focus primarily on technical cooperation and on monitoring and evaluation.

As mentioned earlier, 10% of NPOs do not work at country level. These NPOs typically deliver on a different set of outputs and core activities than observed at country level. NPOs in ROs and the HQ primarily focus on Enabling Services and on Corporate Functions. There are NPOs in Inter-country Support Teams (ISTs) in AFRO, who are considered to be operating in RO Major Office. These NPOs focus on monitoring and evaluation.

At the HQ Major Office level, the majority of NPOs are found in the Kuala Lumpur GSC (62 NPOs out of 247 staff) and, to a lesser extent, in Kobe (two NPOs working on research) and Budapest (two NPOs working on HR). The use of NPOs in the GSC constitutes a departure from the eligibility criteria, since the content of GSC NPO roles is global in nature rather and does not require local country-specific knowledge. The practice of using NPOs in the GSC stemmed from the need to provide a promotional track for administrative staff at G-level, who had remained at the same grade for a long time, had managerial and decision-making responsibilities and succeded in the (internal) competitive hiring process for an NPO role. In a sense, the NPO role in the GSC is used as a locally recruited professional position with roles for which there is adequate workforce supply on the local market.

The figure below shows the difference in the NPOs' main Programme area and core functions at Country Office level, RO level and HQ level.

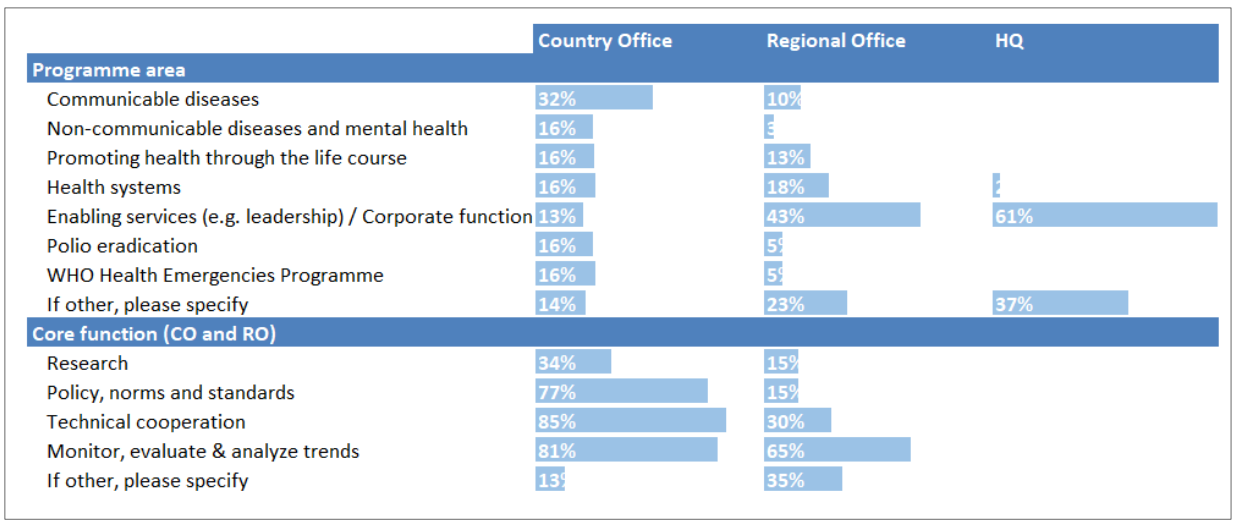


Figure 1.7: Programme area and core function reported by NPOs per level of the Organization (2018)

How does WHO utilisation of NPOs differ from other UN agencies?

NPOs make up slightly more of WHO's staff population (15%) than the weighted average of 13% across all UN agencies[1]. However, the proportion varies widely from one agency to another – NPOs are only half as prevalent in UNHCR (8%) as in WHO, but twice as prevalent in UNICEF (32%) as in WHO.

The graph below shows the utilisation of NPOs in selected UN agencies:

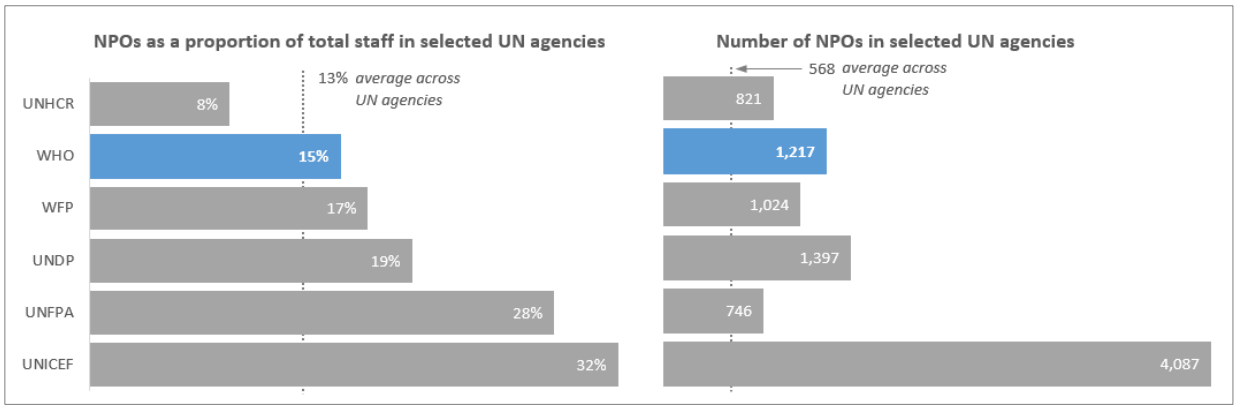


Figure 1.8: Utilisation of NPOs in selected UN agencies (2017)

As presented above, the largest employer of NPOs is UNICEF, which has been recruiting NPOs since the 1960s. During the country visits, the IET spoke with country representatives of UNICEF (India, Nigeria and Senegal), UNFPA offices (Nigeria and Senegal) and UNDP (India), who mentioned the following:

- **NPO focus and areas of work**: Agencies reported NPOs working in diverse technical and administrative roles, with a UNDP representative noting that WHO NPOs appear to focus more on the technical advisory role to the MoH, whereas UNDP[2] utilises NPOs for both technical and managerial roles at country level.
- **Career and talent management** practices differ widely between agencies and between Country Offices in the same agency, with UNICEF reporting a more systematic approach to workforce planning. WHO NPOs also stated that NPOs have the best possibilities for career development in UNICEF. This manifest itself through:
  - Recruitment that appears to tap into more diverse talent and from a wider pool of candidates;
  - Career management that encourages NPOs to move to international positions over time;
  - Personal development approaches that include developmental assignments in connection with open vacancies for international positions for which the selection process is ongoing, with NPOs shadowing the work of IPs in different domains to build up their capabilities. This enables NPOs to gain the required experience. UNFPA Nigeria reported a similar effort to strengthen the skills of local staff and position them for international positions.

[1] The United Nations System Chief Executive Board for Coordination provided HR statistics for 16 UN agencies. https://www.unsystem.org/content/un-system-human-resources-statistics

[2] Interview UNDP India

UNICEF : Recruitment of international positions

"At UNICEF, you do not need to have international experience in order to apply for international positions. Often the nationals have a better chance of getting the role because they may have more depth in the subject. The nationals go to all the meetings. They can follow a subject for a long period of time. As an international staff member, you spend also more time managing. So, depending on the role, they may prefer somebody with experience at the national level."

Source: UNICEF interviews

How does the NPO role as observed compare with the eligibility criteria?

The table next page summarises the level to which the NPO role as currently used by WHO and the original intention match. It shows that whilst the initial conditions are by and large adhered to, the practice has evolved and challenges the initial scope anticipated for the role. The IET noted that there are similar inconsistencies with the ICSC eligibility criteria in the other UN agencies.

The contribution of NPOs to Country Offices' delivery of WHO programmes of work and core functions, as outlined earlier in this section, shows how relevant they are to WHO's mandate. However, in a number of respects, the current practice constitutes a departure from the initial eligibility criteria, which raises a question as to whether the role as initially defined in 1994 and adapted in 2017 remains relevant and "fit for purpose". This point is discussed further in section 4 below.

ICSC Eligibility criteria 1994	Identified practice consistent with eligibility criteria	Identified practice inconsistent with eligibility criteria
Employment of NPOs should be grounded in **a policy framework** (1994 and 2017).	• Resolution WHO EB95.R20 confirmed amendments to the Staff Rules, effective 1 March 1995, creating the National Professional Officer category for a trial period of three years. • WHO e-manual defines the rules and regulations for NPOs.	• NPOs are used across all levels and all work areas. There is no policy framework that guides the Organization in setting objectives for utilising NPOs, notably when the use of NPOs is advisable or to be discouraged.
NPOs should **not be subject to assignment to any duty station outside the home country** (1994). NPOs are subject to **short-term duty assignments** (2017).	• NPOs work in the country they are from (nationality). • NPOs participate in short-term developmental assignments outside of home territory.	• Some NPOs work in ISTs.
Work performed by NPOs should have a **national content (1994).** Organizations shall recruit NPOs in accordance with their mandates, taking into account their **operational needs** (2017).	• 90% of NPOs work at country level on country-level programmes. • 10% of NPOs work at HQ Major Office level (however not in the Geneva duty station) or RO level. • They usually work on areas of global or regional relevance.	
Professional Officer posts should be justified within the overall efforts of the United Nations System to **increase national development** (1994).	• 82% of NPOs report working on technical cooperation, 81% on monitoring and evaluation and 70% on policy, norms and standards. • The top 10 sub-activities performed by NPOs relate to work facilitating national adoption of norms and standards and capacity building activities.	• Employment by WHO as an NPO does not seem to function as a "training ground" for MoH staff: 44% of NPOs are older than 50, and the average length of service at WHO of NPOs is the same as WHO's international staff (about seven years).
NPOs should bring to bear in the job **national experience and knowledge** of local culture, language traditions and institutions (1994 and 2017).	• 49% of NPOs previously worked with the country's MoH, 30% in a national health system. • On average NPOs report 15 years of work experience. • 67% of NPOs have an advanced university degree and 15% a PhD.	• In the WHO e-manual, staff rules have evolved from the original ICSC rules, allowing also the recruitment of administrative NPO staff in non-Country Office locations. • Also see section 2.
Organisations employing NPOs should maintain a **balance** between International and local Professionals (1994).	• NPOs represent 15% of WHO staffing. • NPOs represent 27% of country office staffing.	• As presented in map 1.2, the practice of using NPOs is heterogeneous and some countries have a high % of NPOs, e.g. in 36 countries NPOs make up at least 80% of professional staff.
Career prospects of NPOs are necessarily limited (1994) The same standards of recruitment qualifications and performance as are required for IP staff should apply to NPOs (2017).	• Up to March 2019, years of experience as an NPO did not qualify as international experience, limiting career prospects of NPOs.	• Average tenure at WHO is seven years • A level of mobility is observed between NPO and GS and IP categories (refer to section 3) • Since March 2019, from the third year of employment as WHO staff, every year is counted as international experience, opening up opportunities to apply for international positions in WHO
Need to preserve the **universal character and the independence of the international civil service** (1994).	• NPOs are in principle not assigned to roles with accountability (e.g. head of Country Office). • For roles where independence could be challenged (e.g. Procurement Officer), WHO puts in place internal controls to ensure accountability by a non-national.	• 49% of NPOs previously worked for the MoH. • Refer to section 2.

Table 1.4: The level to which the NPO role as currently used by WHO and the original intention match the ICSC eligibility criteria.

How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level?

Case study: Nigeria

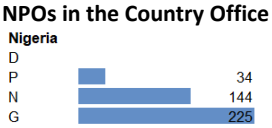
NPOs provide strong delivery capacity, notably in Polio and Communicable Diseases

Region	AFRO
Office type	Country Office
World Bank income category	Lower middle income
Population size in millions (World Bank, WDI 2018)	190.9
Number of NPOs	144
% NPOs of total professional staff	81%
Number of physicians per 1'000 population[1]	0.38 (2013)

Context – Country Cooperation Strategy

As per the CCS brief, Nigeria health outcome indicators are still unacceptably high, in spite of modest improvements. A significant disparity in health status exists across States & geopolitical zones as well as across rural/urban divide, education & social status. Communicable diseases still constitute a major public health problem, whereas non-communicable diseases are on the rise. The strategic priorities are: 1) Achieving and sustaining UHC through a revitalised primary health care approach and sustainable service delivery through strengthening of health systems, 2) Promote health and scale up priority interventions through the life-course, 3) Scale up priority interventions for communicable and non-communicable diseases, towards universal health coverage, 4) Scale up national capacity for preparedness and response to public health emergencies, including polio eradication and crisis management, and 5) Promote partnership coordination and resource mobilisation in alignment with national, regional and global priorities.

NPOs in the Country Office



In Nigeria, WHO has a presence in Abuja (WCO) and in 14 states. In Abuja, the WCO has 20 IPs (including one acting WR), 52 NPOs and 85 G-staff. In addition, at the state level WHO has 14 IPs, 92 NPOs and 140 G-staff. In total, the NPOs make up 36% of WHO's total workforce in Nigeria and 81% of WHO's professional staff in Nigeria. In addition, Nigeria employs 231 SSAs and various APWs to manage the Polio programme. Of the 53 NPOs who participated in the survey, 47% indicated to be working on the following area(s): 47% on Polio, 30% on Communicable Diseases, 17% on Enabling Services, 13% on the WHO Health Emergencies Programme, 6% on Health Systems, 6% on other, 4% on Promoting Health through the Life Course, and 2% on Non-Communicable Diseases and Mental Health.

Successes & best practices

- **NPOs are highly relevant in the delivery of technical cooperation programmes:** Nigeria is one of only three countries in the world endemic to wild poliovirus. Since its discovery, WHO and partners have held multiple vaccination campaigns to raise population immunity and prevent spread of the virus. Activities in the area continue to focus on reaching every child with vaccines, especially in identifying and vaccinating missed children and closing immunity gaps in populations that have previously been inaccessible[2]. NPOs have been playing an instrumental role in the vaccination campaigns and surveillance, and have enabled WHO to go deep into the country. NPOs have been critical in supporting emergencies preparedness and responses of epidemics such as EVD, Lassa Fever, Meningitis, Cholera, Measles among others.
- **Cultural diversity:** In Nigeria, the WCO has made improvements in the diversity of staffing, mixing within teams different ethnic backgrounds and creating a better environment for women though further improvements are needed: still only 26% of the NPOs in Nigeria are women. In Abuja, 31% of the NPOs are women. However the improved ethnic diversity already has an impact on both the internal working environment and the effectiveness of teams.

Challenges

- With about half of the NPOs working on Polio (as per survey respondents), WHO will have a staffing challenge once polio has been fully eradicated in terms of contractual liability and for the NPOs themselves as their work will stop. There is a Polio Transition Plan approved by the inter Agency Coordination Committee (ICC) to deal with this challenge and to sustain the long-term investment made in this critical mass in the country.
- WHO would ideally like NPOs to step up to managerial or strategic level, where increased contextual experience outside the country, "outside thinking abilities" and professional independence from politics are more required from NPOs.
- Improving gender diversity among the professional staff in the WCO is a prerequisite for gender mainstreaming in programmes: For WHO to design effective interventions, it needs to understand needs of different population groups (girls, boys, men, women and elderly). Because of the high impact on effectiveness, gender mainstreaming is also high on the donor agendas.

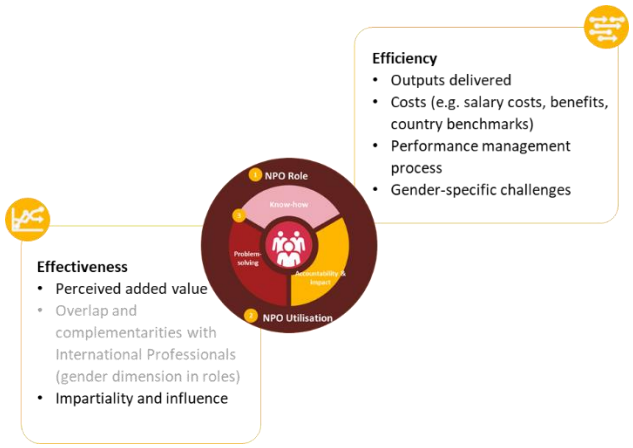
[1] The 2018 update, Global Health Workforce Statistics, World Health Organization, Geneva (http://www.who.int/hrh/statistics/hwfstats/).

[2] http://polioeradication.org/where-we-work/nigeria/

2. WHAT ARE THE SPECIFIC CONTRIBUTIONS AND ADDED VALUE OF NPOS IN COUNTRIES IN RELATION TO ACHIEVING RESULTS AT COUNTRY LEVEL?

Summary of findings and conclusions

NPOs are deemed to make a unique contribution to WHO, providing specific value-add in support of WHO operations. They can be considered in many cases to be a cost-effective resource solution, although there are constraints and limitations on how they can be utilised.



- *The unique contributions of NPO staff*, as identified by stakeholders, may be classified in seven key attributes: language; cultural fit; geographical knowledge and access; institutional knowledge of the country's health system; network within MoH, government and society at large; continuity of presence in a country; and, commitment and devotion to the role. These attributes provide value-add in terms of service orientation towards the MoH, access to key national policy forums, access to affected populations and areas, situational awareness and relevance, and overall an ability to tailor WHO's response to country context. Overall, this contributes to improving WHO's overall effectiveness and impact at country level.
- *The cost effectiveness* of the NPO role was assessed in terms of (1) the NPO role's work content relative to the grade requirements and (2) cost relative to equivalent positions in a country. NPOs perform tasks that are beyond those defined in the Master Standard for the classification of Professionals, for a cost that was found to be consistently significantly less than the equivalent IP role. However, the evaluation also showed that the NPO salaries are significantly higher than local salaries for comparable jobs, which can create inadequate incentives for NPOs to return to their previous employers or pursue mobility outside of WHO.
- There are also *considerations for and restrictions on the utilisation of the NPO role*, notably relating to: The need for clear boundaries between the MoH and WHO; The perceived credibility of NPOs in the eyes of the MoH; The importance of bringing fresh thinking to WHO and the MoH which a long tenure and lack of international exposure may not provide; The importance for WHO to maintain its global, multilateral nature; The duty of care for staff in security compromised settings; and the potential drain of talent ("brain drain") although this issue is not specific to the NPO role.

OBJECTIVES

In this chapter, we analyse the specific contributions and added value of NPOs in countries in relation to achieving results at country level. This includes:

- Identifying and documenting NPOs' contributions and added value, successes and best practices;
- Assessing the cost-effectiveness of NPOs' contributions against the outputs and outcomes as identified by WHO's key strategic instruments; and
- Identifying the limitations and challenges in relation to the roles of the NPOs.

How do stakeholders see the contribution and added value of NPOs at country level?

Having outlined in section 1 the nature of the work performed by NPOs, this section seeks to evaluate the specific contribution and potential value add of NPOs with respect to programme delivery at country level.

In order to do this, the IET sought to identify, on the one hand, the characteristics that make NPOs unique and, on the other hand, the potential value attributed to these characteristics by stakeholders. This was achieved through interviews with Country Office management and the MoH, as well as by a survey of NPO supervisors. This was then used as an input towards defining a theory of change of NPOs regarding how they contribute to WHO's impact at country level.

These attributes, the related value and the overall impact this enables WHO to achieve at the country level are outlined in the table below.

	Potential NPO value add				
	Service orientation towards MoH	**Access to national health forums**	**Access to affected populations and areas**	**Situational awareness & relevance**	**Ability to tailor WHO's response to national context**
NPO unique contribution					
Local language	✓	✓	✓		
Cultural fit			✓	✓	
Geographical knowledge and access			✓		
Institutional knowledge of the country's health system		✓		✓	✓
Network within government, MoH and society at large		✓		✓	✓
Continued presence in the country				✓	✓
Social proximity to national health outcomes: translated into a specific commitment and devotion to role	✓				
Impact of NPOs at country level					
Relevance	✓			✓	✓
Effectiveness (through influence)	✓	✓	✓	✓	

Table 2.1: Mapping of NPO unique contribution to NPO value add

NPOs' unique contribution to WHO's results can be classified in seven key attributes:

1. **Language**: NPOs possess a mastery of local languages that international staff do not possess, which proves especially useful in countries where WHO officials' languages are not (fluently) spoken by government officials, local authorities and local populations.
2. **Cultural fit**: NPOs bring cultural traits or awareness of social and cultural symbols, values, beliefs and norms that are critical in shaping communication and gaining access.
3. **Geographical knowledge and access**: in security-compromised settings (e.g. "red zones") NPOs operate under a different level of security clearance than IPs, enabling them to go where international staff cannot go.

4. **Institutional knowledge of the country's health system**: with their backgrounds, NPOs bring a working understanding of the specifics of a country's health systems.
5. **Network within the government, MoH and society at large**: NPOs are "rooted" in the country's MoH and health systems, and they have access to formal and informal networks otherwise not available to WHO.
6. **Continued presence in the country**: As noted in the original 1995 EB document, WHO needs a level of continuity in its country operations that it is less likely to have with international staff subject to mobility.
7. **Social proximity to national health outcomes: translated into a specific commitment and devotion to role**: NPOs expressed that they are proud to make a contribution via WHO to improving the health situation in their home countries. Stakeholders interviewed during site visits were unanimous in stressing the high level of commitment and devotion of WHO staff, in general, and NPOs, in particular.

When combined, the above attributes materialise in the following potential value adds:

- **Service orientation towards MoH**: the MoH representatives interviewed during the three site visits stressed the "can do" and proactive attitude of NPOs and the value this brings to the functioning of the MoH.
- **Access to national policy-making meetings**: the close interaction of NPOs with their peers in the MoH as well as their mastery of the local language are a contributing factor that facilitates WHO's participation in national meetings.
- **Ability to unlock situations**: NPOs' local knowledge, network and languages are key to smooth WHO operations at country level. Interviewees reported a number of situations when logistical issues were solved thanks to NPOs, e.g. medication held up at customs.
- **Access to populations and geographical areas**: the NPOs' geographical knowledge, understanding of population groups (age, gender) and how to communicate with them (e.g. when going to different zones/ethnic groups/religious groups/demographic groups) are key to enable WHO's response on the ground. This is especially important to the Polio, Emergency and Vaccination programmes.
- **Situational and cultural awareness**: as collaboration with the MoH is instrumental to success for WHO, cultural understanding is critical to influence the MoH and achieve results together.
- **Tailor WHO's response to national context**: NPOs' institutional knowledge of health systems and their legacy as well as their continued presence in the country contribute to WHO's guidance and advice to be tailored better.

Note that because NPOs have the potential to provide such value add does not necessarily mean that WHO priority at country level aligns with this value add, e.g. "access to populations and geographic areas" may only be relevant in emergency contexts.

Overall, this contribution can translate into both relevance and influence, thus improving WHO's overall effectiveness and impact:

- **Relevance**: through the improved tailoring of WHO's interventions, NPOs may play an instrumental role in ensuring that a fit-for-purpose response is provided.

- **Influence**: through access to societal and political networks, NPOs can play a key role in increasing WHO's sphere of influence to execute its mandate at country level, from national planning and policy-making to the implementation of programmes and surveillance.

Is the utilisation of NPOs cost effective?

In 2018, NPOs accounted for 11% of WHO staff costs while they represent 16% of the WHO workforce (in HQ, AFRO, EMRO, EURO, SEARO and WPRO).

	TOTAL COSTS (2018)	% OF TOTAL COSTS	TOTAL NUMBER OF STAFF BY 31 DEC 2018	% OF TOTAL STAFF
NPO	96,216,762	11%	1,239*	16%
IP	618,084,221	68%	2,772	36%
GS	198,100,202	22%	3,763	48%
Total	**912,401,185**	100%	**7,774**	100%

Source: GSM Staff expenditure data 2018 for WHO; HR GSM Position Management report (31.12.2018)

** Total number of NPOs in WHO including the 65 NPOs in PAHO is 1'304.*

Table 2.2: Total costs of WHO staff NPO, IP and GS categories (2018, excluding PAHO)

These figures however are influenced by:

- The distribution of grades within each category of staff: the majority of IPs are P3-P4-P5, whereas the majority of NPOs are NO-B/NO-C;
- The mix of NPO/IP staff in each country office: countries with higher compensation have a different mix of NPO/IP staff than some countries with lower compensation, which skews comparisons.

Thus, the figures do not give a reliable indication as to whether NPOs are cost effective or not.

In order to answer the above question, we assessed the cost effectiveness of NPOs in terms of the cost compared with equivalent positions at country level as well as the actual content of NPO work compared with grade requirements.

Cost analysis

Each WHO Country Office is represented by a single dot in the graph below. The horizontal axis represents the average cost of NPOs in each country based on 2018 actuals, while the vertical axis is the average percentage difference compared with equivalent IP grades (i.e. NO-A average costs in each country were compared with average P-1 costs in the same country, NO-B to P2, etc.).

The graph shows that in all cases but one (Egypt), using NPOs is always less costly than using corresponding international staff. In 32 out of 49 countries where NPOs and IP staff of corresponding grades are used, the cost differential is at least equal to the NPO's salary. In the most extreme cases (Sierra Leone), NPOs cost five times less than a corresponding IP. Although there are limitations to the desirability and effectiveness of using NPOs in a specific context, in light of the actual seniority and nature of the work carried out by NPOs (as described in section 1) and of the value add outlined earlier in this chapter, this cost comparison can be thought provoking.

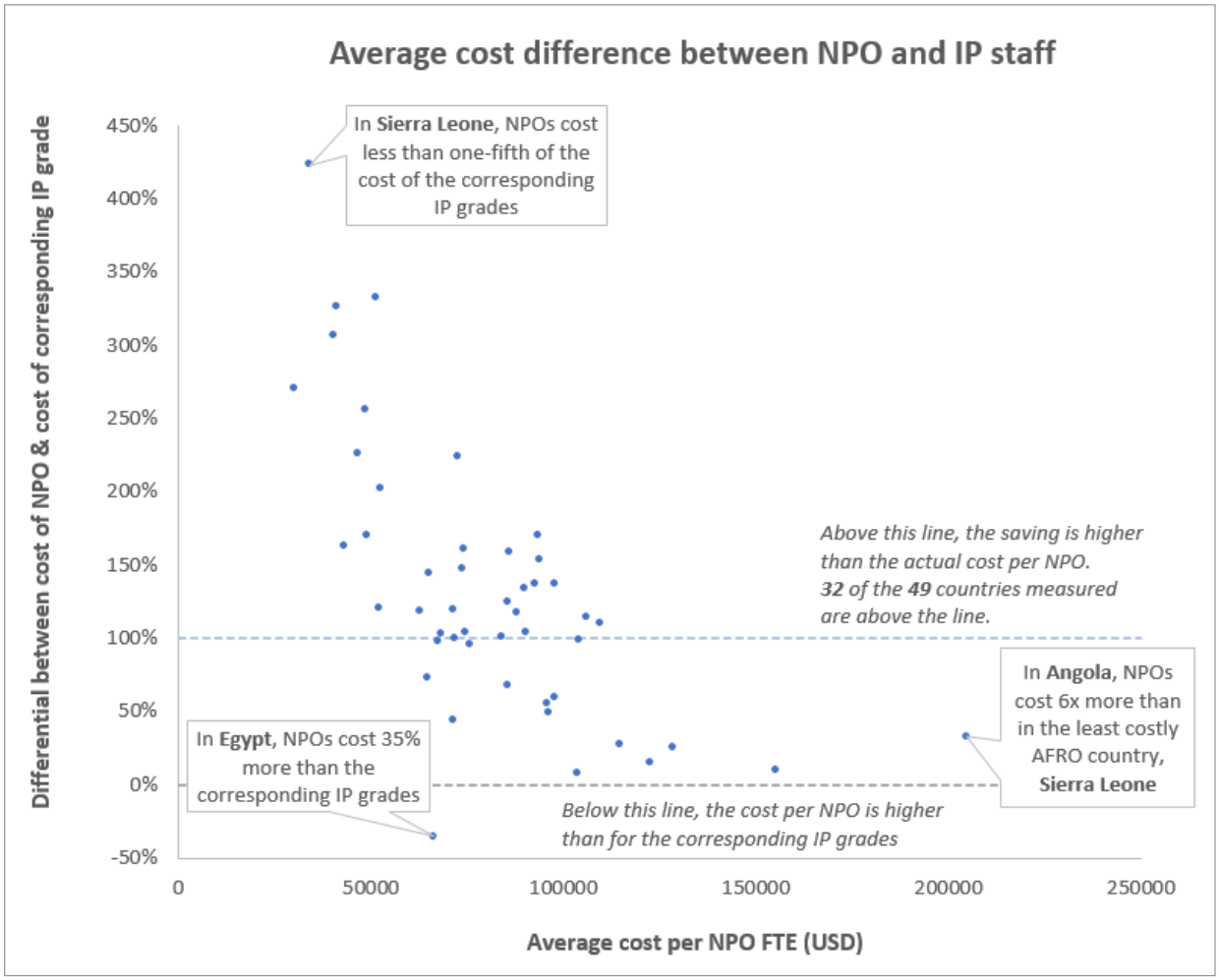


Figure 2.1: Average difference in cost between NPO staff and corresponding IP staff (2018)

In terms of setting NPO salaries, salaries of locally recruited staff, such as NPOs and G-staff, are established in accordance with the Flemming Principle, which provides that the conditions of service for locally recruited staff should reflect the best prevailing conditions found locally for similar work. At country level, local salaries are established on the basis of salary surveys, which facilitate the identification of the best prevailing conditions in accordance with a comprehensive methodology approved by the ICSC.[1] The benchmark was initially designed for General Service staff, and was extended to the National Professional staff when this staff category was introduced in 1994. The salary survey and the evaluation of its results are carried out by the Local Salary Survey Committee (LSSC) composed of representatives of the local staff and the local administration of UN agencies.[2]

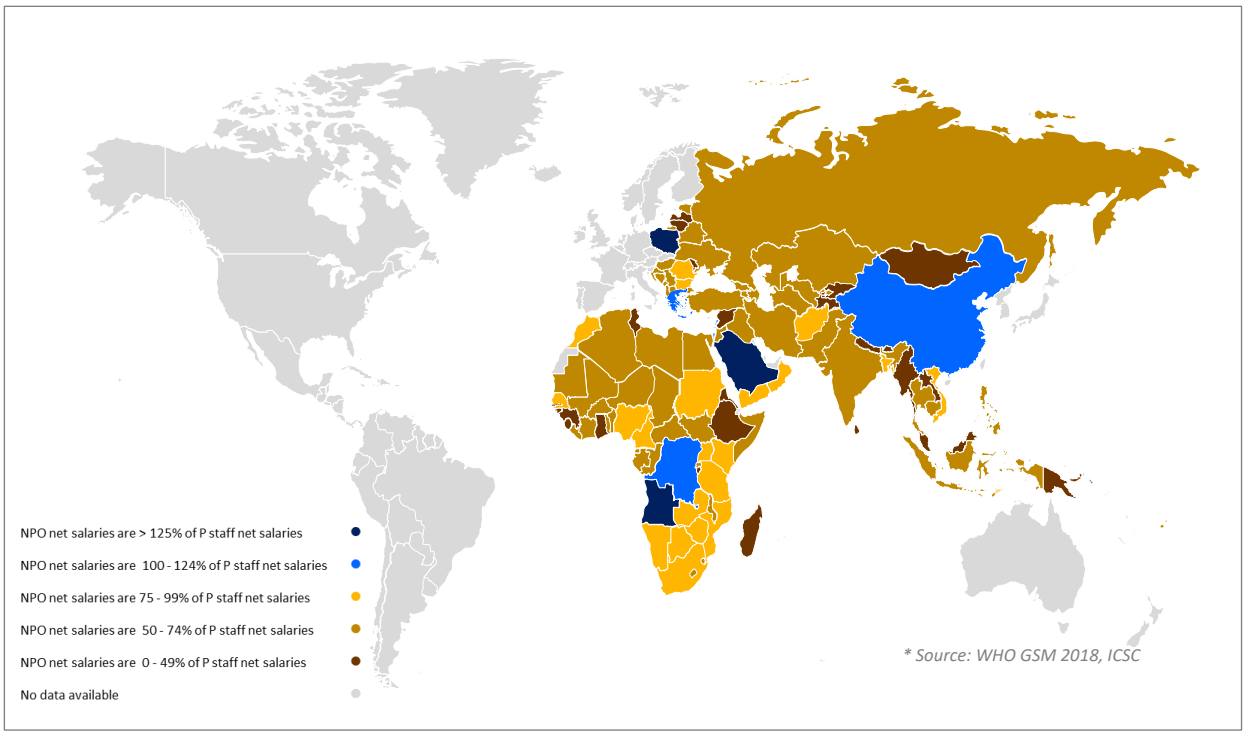
In contrast, the International Professional staff are compensated based on the Noblemaire Principle which states that the international civil service should be able to recruit staff from its Member States, including the highest-paid. Therefore, the salaries of Professional staff are set by reference to the highest-paying (i.e. New York) national civil service.

Whilst a discussion of the ICSC methodology is not in scope of this evaluation, the IET noticed that **due to the two different principles for compensating professional staff there are high variations between countries as to salary differences between NPO and P-staff.**

[1] https://www.un.org/depts/OHRM/salaries_allowances/salary.htm

[2] WHO e-manual section III.13.4.90, National Professional Officers.

The map below illustrates the level of salary differences for professional staff within the countries. NPOs earn on average less than 50% of the corresponding P-staff in 28 countries (colored in dark brown on the map), whereas they earn the same or more in 7 countries (colored in blue shades on the map). Some NPOs expressed a feeling of unfairness in relation to this situation.



Map 2.1: Differences in professional staff net salaries at the country level: Comparison between NPO net base salary and IP salary (base salary and post-adjustment)[1]

The IET also sought to understand whether WHO NPOs are cost effective in relation to local market conditions. Interviews during country visits pointed towards major salary differences between NPOs and government officials/physicians. Demonstrating this assertion proves challenging given the scarcity of relevant and reliable salary benchmark data in most of the countries where WHO NPOs are present, and the fact that the IET did not have access to ICSC country level benchmark data.

In order to test this assertion, the IET sought to combine several data sources to compare NPO salaries to:

- GDP per capita based on data from the World Development Indicators database (World Bank, 2017)
- Average physician salaries expressed as a multiplier of the GDP per capita. The IET relied on secondary data produced by WHO staff for a study by the World Bank on *"Global health worker salary estimates: an econometric analysis of global earnings data"*[2]. The study used 2010 ILO salary data for three categories of health workers (physicians, nurses and midwives, and other health workers). The study expressed average salaries for each category as a multiplier of the average GDP per capita. This was classified by country income group as defined by the World

[1] IP salary includes the net base salary and post-adjustment calculated as per ICSC guidance for 2018. NPO net base salary was calculated by using the payroll elements for Q4 2018, indicating that the net base salary is 63% of total NPO payroll expenses, and the GSM payroll expenditure 2018 data. Based on the actual number of NPOs and their respective grades, a calculation was made to mirror this staff structure with corresponding P-staff to calculate the difference in average expenditure per staff member.

[2] Serje et al (2018) *Global health worker salary estimates: an econometric analysis of global earnings data,* Cost Effective Resource Allocation, 2018; 16: 10. Published online 2018 Mar 9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5845154/

Bank. The study concluded that lower income countries pay their health workers relatively more than higher income countries. The study acknowledges a number of limitations, notably relating to availability of sufficient data. In relying on this study, the IET assumed that the multipliers obtained in 2010 were still relevant in 2017/18.

The IET then combined the above data with WHO salary data for 2018, extracted from GSM. For the purpose of the comparison, the net base salary, dependant allowances and field allowances for NPOs were retained. Retirement pension fund, health insurance, post occupation charge, termination payments (TP), overtime and other elements were not included.

The outcome of this analysis is summarised in the graphs below. They express NPO average salaries per country as a multiple of GDP per capita, compared to NPO average salary. They read as follows:

- "Poland belongs to the WB high income country group. On average, physicians earn 1.9 times the average GDP in this income group. In Poland, the average NPO salary was 97,696 USD in 2018. This is 7.1 times the GDP per capita in Poland in 2017."
- "Ethiopia belongs to the WB low income country group. On average, physicians earn 7.8 times the average GDP in this income group. In Ethiopia, the average NPO salary was 32,081 USD in 2018. This is 42 times the GDP per capita in Ethiopia in 2017. Ethiopia is one of the five countries where WHO has the most NPOs, as illustrated by the choice of a red dot."

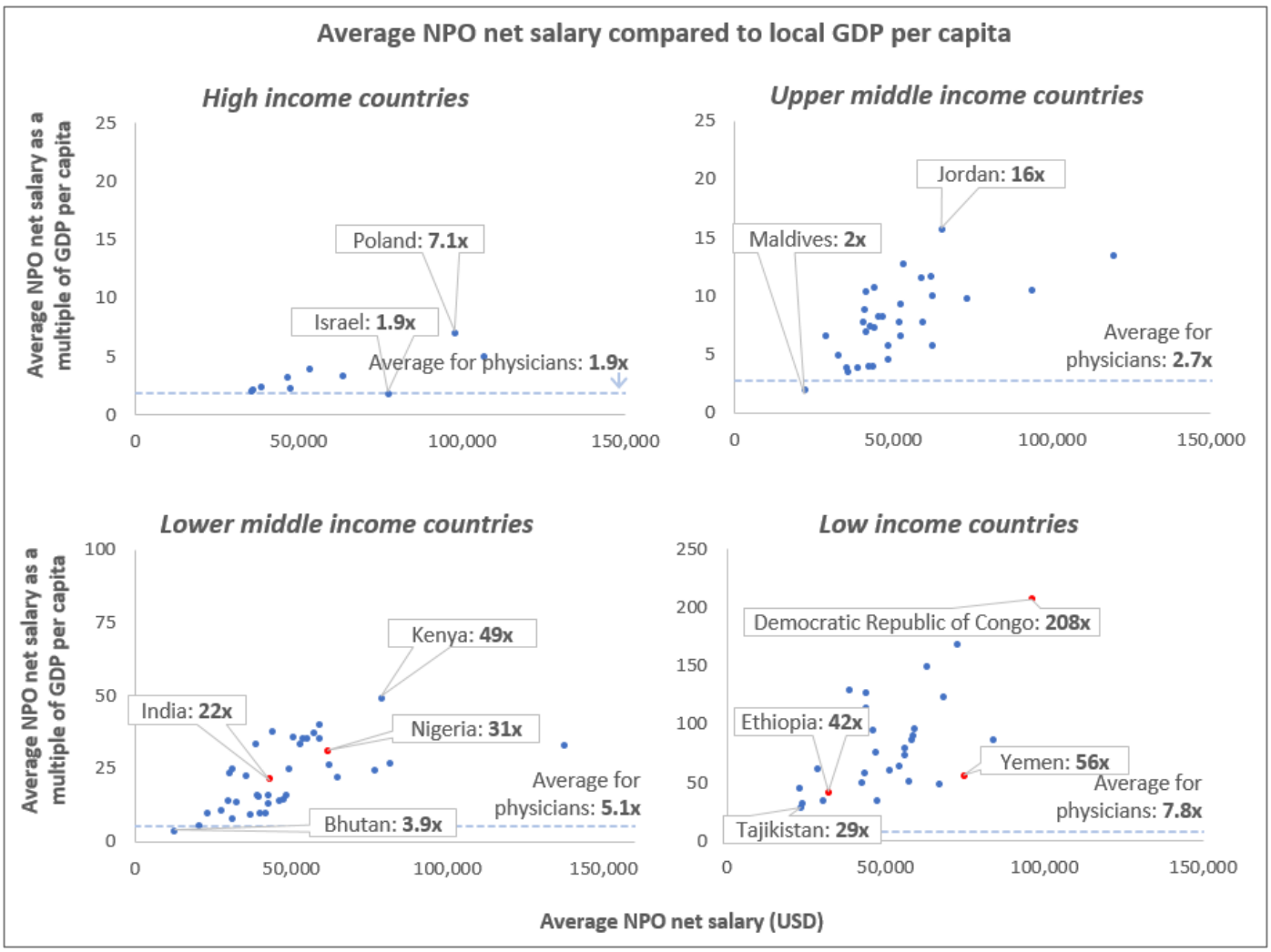


Figure 2.2: Average NPO net salary (2018) compared to local GDP per capita (2017), with average salary of physicians (2010) per country income type for comparison

The comparison mirrors the World Bank finding that income disparities are higher in lower income countries. In the case of NPOs, these differences are even more pronounced. In the top 5 countries by number of NPOs (marked in red in Figure 2.2), the NPO net salary multiple is at least 22 times local GDP per capita when physicians earn on average only 5 to 8 times this.

This situation is not unique to WHO. It results from the application of ICSC compensation model. Whilst this comparison should be interpreted with care, it raises questions as to:

- Whether WHO is sourcing capacity in a cost effective way, most notably in lower middle or low income countries.
- The distorted incentives that such a gap represents in terms of likelihood that NPOs would elect to go back to the health system or MoH they came from, and impact on the broader health system and partner ecosystem.

Comparison of job grading to actual practice

The IET also sought to compare the value that NPOs at different grades bring to WHO as defined with actual practice. The method consisted in grading positions according to a position evaluation methodology based on the following dimensions:

Main category	Dimensions	Elements
Know-how	Professional know-how	• Relevant education, relevant work experiences
	Organisational awareness	• Methods for: *Planning, Organisation, Control*
	Social competence	• Communication: *Presentation, Negotiation, Coaching, Motivation*
Problem Solving	Scope of thinking	• Thinking requirement: *Routine, Guidance, Analysis, Judgement, Creativity, Innovation*
	Degree of difficulty	• Problem solving based on: *Given solutions, Known facts, Assumptions, Scenarios, Ability to define new strategies*
Accountability & Impact	Autonomy of decision	• *Standard situations, Situational adjustment of methods, Assessment and selection of methods, Operational goals, Strategic goals*
	Area of influence	• Size of the organisation unit, area of job's impact
	Intensity of influence	• *Supportive contribution, Consulting, Shared responsibility, Full responsibility*

For each role or position evaluated, a score of 1 to 5 was given to each dimension. The sum of these scores provided an overall rating for the position.

As a starting point, two WHO HR experts were asked to rate the standard NPO and IP grades based on the Master Standard for the classification of Professionals. These ratings were used as the reference against which to benchmark actual positions. Secondly, NPO supervisors were identified and surveyed as to how they perceive the NPO positions they manage using the above model. It should be noted that the position evaluation exercise evaluated the role/position and therefore not the person filling the role concerned. The country visits were used to corroborate the ratings.

The IET then compared:

- The reference rating for NPO grades against the corresponding IP grades: the comparisons showed that **for NO-A, B and C the content of the grade is rated higher than the corresponding P1, P2 and P3 grades**. This means **there is no strict equivalence between NOP grades and IP grades.**

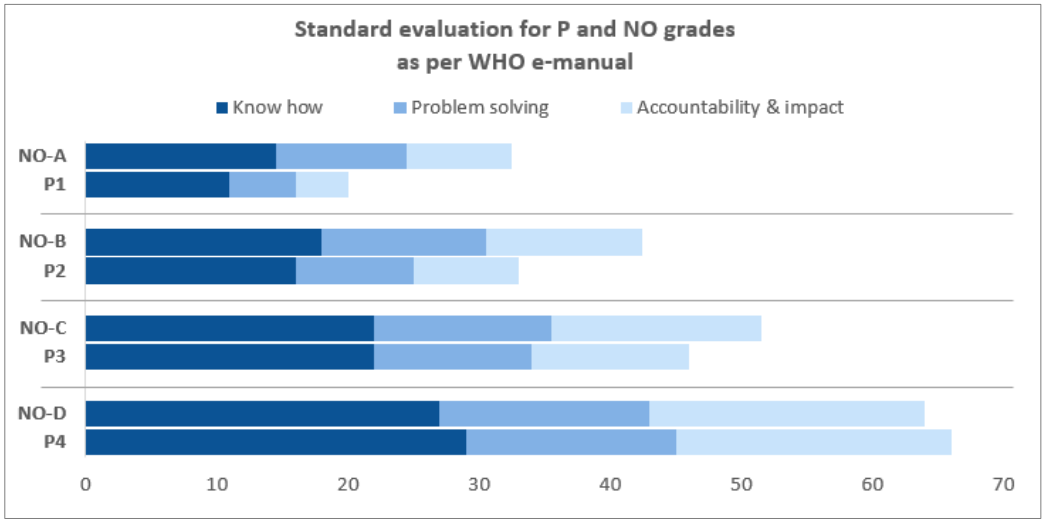


Figure 2.3: Standard evaluation for P and NO grades as per WHO e-manual

- The actual rating of NPO grades given by the supervisors against the reference model defined with HR: the comparison showed that **the actual content of the job as graded by NPO supervisors is higher than the reference model defined with HR**. This means **supervisors consider NPO roles to be "richer" in practice**. This is most notably the case for NO-A, NO-B and NO-C grades.

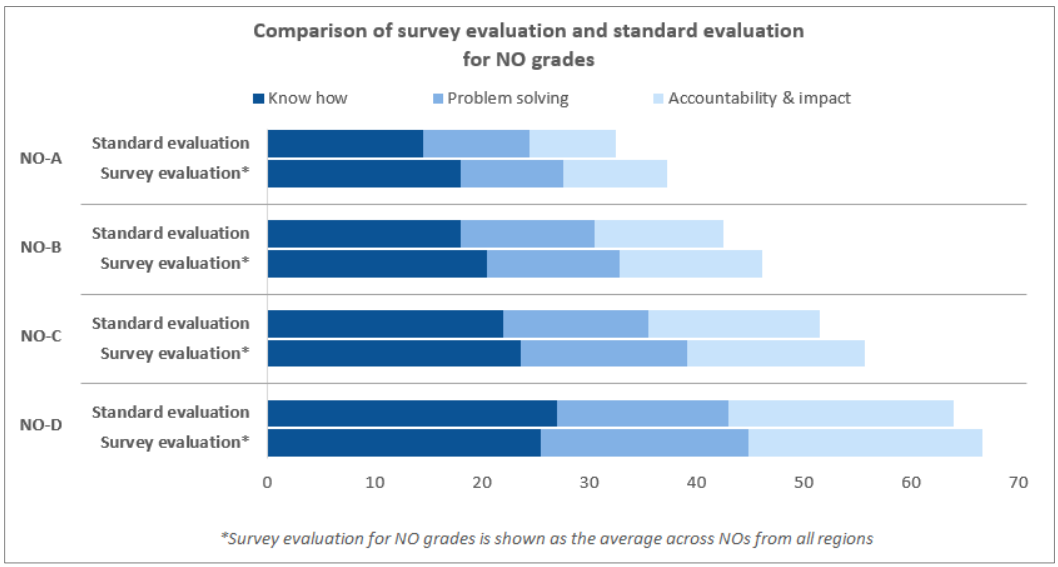


Figure 2.4: Comparison of survey evaluation and standard evaluation for NO grades (based on the responses of 151 Supervisors, 2018)

The actual rating of NPO grades between regions: the comparisons showed **significant differences in how regions assess the actual content of NPO grades**. However, no region was found to evaluate consistently all NPO grades above or below the standard evaluation. The country visits also revealed many variations in job ratings within a region. The India and Nigeria WCOs consistently rated NPO grades higher than the standard evaluation, for instance.

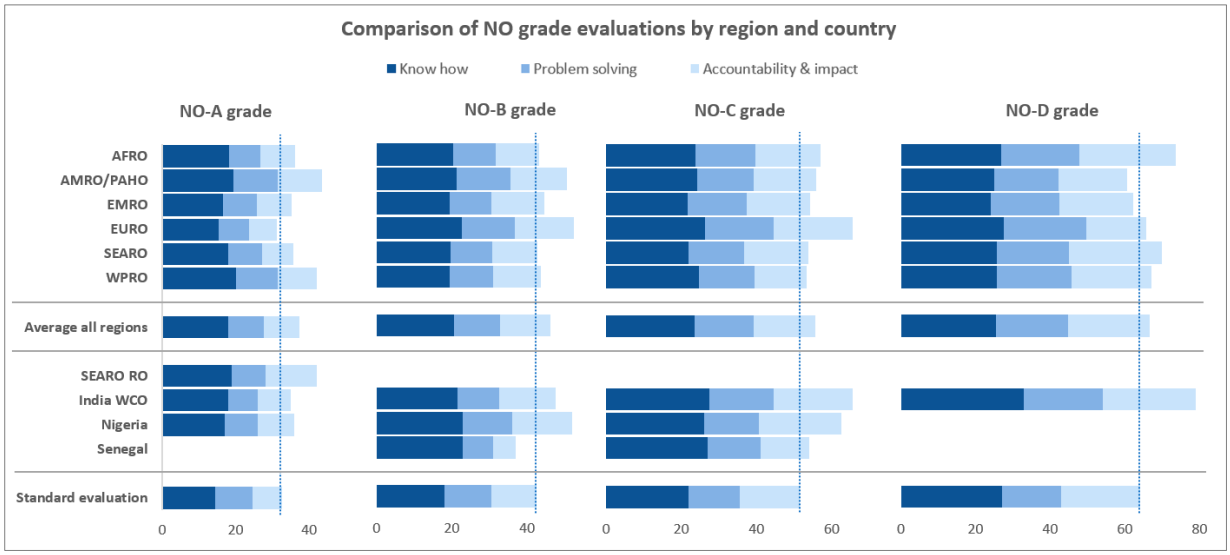


Figure 2.5: Comparison of NO grade evaluations by region and country (133 respondents)

The above analysis suggests that not only do NPOs cost comparatively less than IP staff, they also perform tasks that are beyond those described in the Master Standard for the classification of Professionals.

What are the limitations of the NPO role and of the actual utilisation of NPOs?

Given the key role, contribution and value-add of NPOs in achieving the WHO's results, as described in the preceding sections of this report, one might wonder why NPOs only make up 15% of the WHO workforce.

There are, however, a number of constraints and risks to the relevance, effectiveness and sustainability of the NPO role, which place limitations on its use. These are described below.

Boundaries between MoH and WHO, and requirement to manage WHO's independence and conflicts of interest

The fact that 49% of NPOs had previously worked with the MoH and the co-location of many WHO country offices in the local MoH premises creates strong proximity between WHO NPOs and the MoH. Both the MoH officials and the NPOs independently stated that they feel part of the same team. Whilst this proximity reflects the strong service ethos of NPOs, it also means that the boundaries between WHO and the MoH are at times blurred. A WR mentioned that **"***NPOs are not able to distinguish their roles from their colleagues of the MoH".*

This can have several adverse consequences:

- **Ineffective and inefficient work**: not being able to say "no" to certain requests from the MoH can result in the scope of work increasing to include tasks that should primarily be the responsibility of the MoH, e.g. organising travel for officials from the MoH to attend WHO conferences. This can have a detrimental impact on the achievement of WHO's objectives. Further, interviewees reported how difficult it can be for NPOs to reach out to other ministries than the MoH. An example mentioned was a multi-sectoral programme on health promotion in schools, whereby NPOs had to contact the Ministry of Education via the MoH, whereas international staff could make direct contact.
- **Decreased impartiality and conflicts of interest**: NPOs have strong incentives to maintain and cultivate close relationships with national authorities. This proximity can also create a risk of

conformance and impair impartiality. In such situations, communicating difficult messages to the MoH can be a challenge, putting WHO's impartiality at risk. Information can also be reported inaccurately, threatening WHO's surveillance role. These risks are further compounded by the political pressure experienced at times by WHO representatives to recruit persons with political influence. A number of comments in the survey of NPOs, corroborated in interviews, alluded to the situation that, in some countries, NPOs are recruited under the influence/recommendation of the MoH.

Conflicts of interest can stretch beyond the MoH and risks are higher in countries with a high corruption index. Whilst internal controls have been improved in recent years, managing risk in administrative processes (procurement, finance, HR etc) and in the technical and operational leadership area can prove challenging in such situations.

A 2012 Joint Inspection Unit (JIU) review of WHO's management and administration recommended in this respect that WHO gradually reduce NPOs from leading the operations of Country Offices, notably in EURO[1]. Following the JIU advice, WHO has began phasing out the practice of appointing NPOs as Head of WCO, and at the time of this evaluation, there are only 3 such country offices headed by NPOs. The case study of Montenegro (Appendix F) provides an example of an NPOs heading a Country Office.

Credibility in the eyes of the MoH and the donor community

NPOs can play a key role in tailoring WHO's response and influencing national agendas. There are contexts, however, in which NPOs are not seen as credible advisors to the MoH, which reduces their effectiveness. One interviewed government official was critical about NPOs who leave the MoH, move to WHO and start advising their old unit. In WPRO, interviewees also mentioned that some MoH value an international perspective and see international staff as a requisite for policy dialogue. In such situations, NPOs may play only a supporting role, albeit an important one. A WR mentioned the extent to which "NPOs report to International Professionals and are, at times, in their shadow".

NPOs have less exposure to the distinctive donor landscapes in different countries and therefore might find it more difficult to assess, understand and adapt to the frameworks and rules of engagement set by different international donors.

Need for "outside-in thinking" achieved through mobility or international exposure

As shown in the survey, NPOs often have a similar education and professional background to that of their MoH counterparts. This may limit their ability to bring fresh perspectives and innovative approaches.

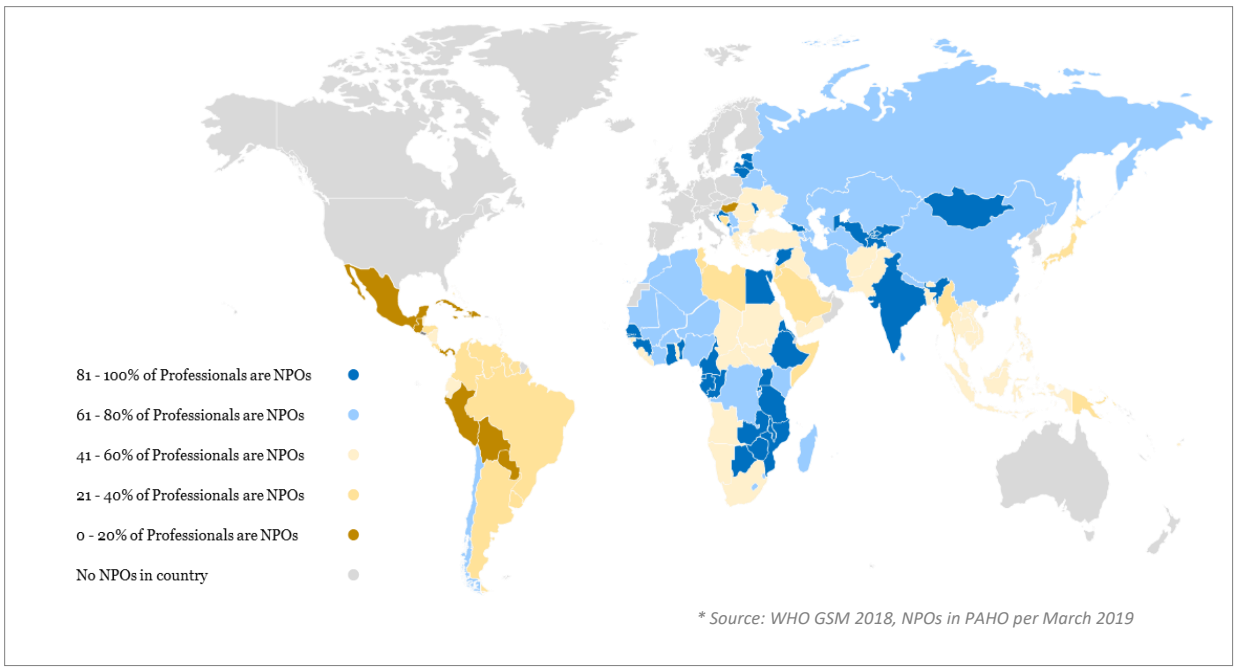
The fact that NPOs stay in their roles for many more years than originally envisaged by the ICSC further compounds this challenge. Interviews with senior management (DAFs, DPMs, WRs) and with some NPOs confirmed the fact that NPOs become less motivated and effective after having been in the same role for a number of years. A WR mentioned, *"The NPOs are not part of the solutions but part of the problems, as often they get bogged down in routine and don't come [any] more to innovate and create".*

A further limiting factor can be NPOs' level of English, which can constrain their ability to take part in technical meetings outside their home country, notably for NPOs coming from countries where English is not the dominant working language.

[1] JIU (2012 Review of Management, Administration and Decentralization in the World Health Organization – Part II Review of decentralization in WHO. Document JIU/REP/2012/7.: https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2012_7_English.pdf

Need to maintain the global, multilateral nature of the Organization

WHO's credibility is intrinsically related to its multilateral nature and neutrality, which is grounded as much in the diversity and multi-country exposure of the expertise it brings as in WHO's ability to understand and serve national priorities. The UN needs to appear as neutral to all parties and maintain its capacity to act when power shifts from one side to another. From a global, institutional perspective, NPOs' relations with stakeholders and decision makers represent both an asset and a risk for the Organization and its ability independently to assess, design and implement its specific contribution to national challenges, particularly in times of crisis.



Map 2.2: NPOs as percentage of WCO professional staff (2018)

The above map shows that there are significant differences in the representation of nationals in different countries: in 36 countries NPOs make up at least 80% of the professional staff in the office. WHO needs to ensure it remains a global, multilateral organisation and not a collection of local chapters, particularly given the federal governance of the Organization. A disproportionate share of NPOs at country level could undermine the distinctive value of the Organization compared with other national or regional organisations.

Also WHO's ROs should balance the nationalities they hire in order to ensure an adequate geographical distribution. A disproportionate number of nationals in a RO, either recruited as NPO or as IP with the respective nationality, could impair WHO's independence.

A key challenge at country level is to find the optimal balance of international and national skill sets, knowledge and networks to support the specific set of objectives and during the period defined by the government.

WHO's duty of care and security-compromised settings

Overall, NPOs working in high security-risk countries mentioned that being a national officer gives them an advantage in terms of their mobility within the country. Compared with international staff, NPOs tend to be able to obtain low-profile security clearance more easily, allowing them to go to various regions where international staff is not allowed to go.

We received positive feedback in certain countries where NPOs mentioned that the level of support they receive from WHO in case of incidents is sufficient to make them feel sufficiently protected. In the survey, NPOs in PAHO, AFRO, EURO, WPRO and SEARO reported feeling that they are no more at risk in their line of work than other categories of staff.

In EMRO, however, nearly half of the respondents considered that they are more at risk compared with international staff. This shows that the Organization's duty of care towards its employees is a careful balancing act when seeking access to security-compromised settings.

Avoiding a "brain drain" in countries with weak administration and health systems

In the survey, only 21% of NPOs agreed or strongly agreed that they would go back to the MoH or their previous employer if a relevant position were to become available. This means that, once an NPO joins WHO, they intend to stay for the long term. Given their high academic achievements (82% report either a PhD or a university/master's degree) and level of seniority (average age of 47), this can create a drain on key talents in countries where the government does not have sufficient capacity in the Ministry itself and/or where health systems are weak. The IET however notes that brain drain can also happen when nationals move outside the country to take up international positions. The issue of brain drain is therefore not specific to the NPO role.

What are the specific contributions and added value of NPOs in countries in relation to achieving results at country level? Case study: India

Well-educated local workforce results in an increased scope of work for NPOs

Region	SEARO
Office type	Country Office
World Bank income category	Lower middle income
Population size in millions (World Bank, WDI 2018)	1,339.2
Number of NPOs	48
% NPOs of total professional staff	83%
Number of physicians per 1,000 population (WHO)	0.78 (2017)

Context – Country Cooperation Strategy

In the CCS, the India WCO highlighted the following strategic priorities for 2019-2023: 1) accelerate progress on UHC, 2) promote health and wellness by addressing determinants of health, 3) better protect the population against health emergencies, and 4) enhance India's global leadership in health.

NPOs in the Country Office

In India, the WHO Country Office has 1 D-staff (WR), 9 P-staff (incl. Deputy WR), 48 NPOs, and 30 G-staff. Of the 26 NPOs who participated in the survey, 56% of the NO-As indicated they are working on Enabling Services as at least part of their duties. The NO-Bs and NO-Cs often indicated they are working in multiple areas, predominantly in Communicable Diseases and Polio. In India, the WCO has two offices, with the WR's desk located in the office that is in the same building as the MoH.

Successes and best practices

- **High quality contributions:** India has a strong, well-educated workforce. NPOs bring a wealth of technical expertise and continuity. They are the "eyes and ears" to the WR, informing WHO of the political context relevant for WHO to achieve results at country level. With 92% of the NPOs (as per survey respondents) holding at least a master degree, they are a well-educated part of the workforce. The results of the position evaluation workshops confirmed this and demonstrated that the NPOs in India are contributing at a higher level than expected in the reference model.
- **Cost savings:** Over the past years, because of budget pressure, the NPOs have started taking over work from IPs and they now make up 83% of professional staff. To ensure independence, an IP holds the Administrative Officer role.
- **Strengthening NPO skills and competencies:** The work of the NPOs is supervised by international staff, who coach the NPOs to increase their competencies and who enable the NPOs to step up. NPOs are keen to take up such opportunities.
- **Managing organisational liabilities:** In India, the WCO uses three type of contracts: 1) staff (including NPOs), 2) SSAs and 3) outsourcing. To execute the National Polio Surveillance Project (NPSP) throughout the country, WHO employs:
  1. Staff: NPOs +23 (10 in New Delhi and 13 in field)
  2. SSAs: NPO A + B about 250 (N.B. SSAs are contracted "at the NPO level", however these SSAs do not have NPO entitlements/contract), GS-staff (AA) about 300, Drivers about 280
  3. Outsourced Field Monitors (G-level employment) – about 900
- Through a minimal number of staff / NPOs, WCO India managed to minimise the organisational (staff-related) liability related to NPOs working on Polio. The Government of India plans to continue to fund the NPSP network and to leverage these assets to support priority health activities across the country beyond polio.

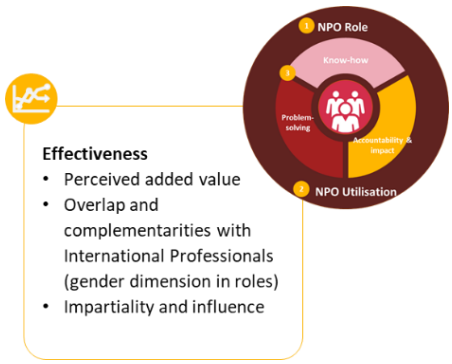
Challenges

- **Meeting the MoH expectations and credibility:** WHO's counterpart, the MoH, also has a well-developed human resource capacity and expects high-quality NPOs as interlocutors. If NPOs do not have the required credibility, they do not receive a "license to operate". As the IET observed in other Country Offices as well, the majority of the NPOs who interact with the government are NO-Cs (28 or 58% of WCO's NPO) with some NO-Bs (6 or 13%) who have at least 5-10 years of experience and a level of seniority that enables them to be an effective and credible interlocutor with the government. This structure is comparable to UNICEF's India Office, where of the 255 NPO roles, 38% are at the NO-B level, 53% at NO-C level and 6% at NO-D level. Only 3% of UNICEF's NPOs operate at NO-A level.
- **Recruitment:** The MoH informed the IET that it is not necessarily perceived positively for staff from the MoH to take up a role as an NPO at WHO. However, it would be different if NPOs were to return to the Ministry. In states, frequently NPSP colleagues (SSAs) move (back) to the MoH to take up relatively high senior post. In that sense WHO contributes to capacity building in the country.
- **Maintaining independence:** The proximity to the MoH in terms of location combined with 83% of professional staff being NPOs (source GSM) puts WHO in a situation where maintaining technical independence on all fronts can become challenging, because the span of control is large for international staff to guard WHO's independence.

3. WHAT ARE THE MAIN OVERLAPS AND COMPLEMENTARITIES BETWEEN THE ROLES OF NPOS AND INTERNATIONAL PROFESSIONALS?

Summary of findings and conclusions

There are areas of overlap between the roles of NPOs and IPs, which have emerged organically. It is possible that some level of overlap is advantageous, alongside the key areas of complementarity that these roles offer.



- The *arbitration* of these roles should be guided by a clear framework based on WHO's operational resource needs. However, in the absence of such guidance, the choice is typically based on judgement and budget considerations. This represents a considerable risk given the constraints on NPO utilisation and the lost opportunities to optimise the resource solution for WHO's needs.
- There are *notable complementarities* between the NPO and IP roles in countries, which highlight the benefits of a mixed resource model and collaborative working between staff groups.
- There is more *permeability between staff roles* (GS/SSA, NPO and IP) than originally anticipated by ICSC, despite WHO policies being relatively restrictive to date of such transitions and the absence of systematic WHO-wide facilitation of such moves.

OBJECTIVES

This chapter addresses the relationship between IPs and NPOs at country level:

- Assesses the **overlaps** between IPs and NPOs;
- Identifies **complementarities** of the IP and NPO roles to deliver results at country level;
- Evaluates **mobility** between roles.

ANALYSIS

Are there overlaps between IPs and NPOs?

In sections 1 and 2, we described:

- The high level of academic achievement and local experience of NPOs;
- The broad set of programmatic areas and functions NPOs work on;
- The attractiveness of NPOs in terms of their contribution and cost;
- The fact that grade comparisons show that NPO roles are comparatively richer than equivalent IP grades.

On this basis, it is not surprising that overlaps in the roles of IPs and NPOs have emerged over time. It is unclear, however, whether these overlaps are desirable or not, and how best to manage them.

In principle, the arbitration between IP or NPO status for a given position should be based on an assessment of fitness for purpose, which is essentially contextual, rather than a strict division of labour according to the international staff category.

The IET noted however that in the absence of a clear policy, framework and guidance on the desirable use of the respective categories of staff to meet the Country Cooperation Strategy (CCS) objectives, a number of managers interviewed conceded that the decision is essentially judgemental. This translates in practice into different staffing mixes in countries that have a similar programmatic focus.

A key contributing factor to these overlaps relates to funding pressure. A number of WHO representatives and NPO supervisors noted that **on a number of occasions the decision to staff an IP or an NPO for a specific position was based on the available budget rather than the requirements of the job**.

Given the inherent limitations of the NPO role outlined in section 2, a number of interviewees mentioned their unease with the level of substitution of IP positions by NPO roles taking place outside of a clear policy framework guiding such decisions. This was also noted in the evaluation of WHO's presence in countries, which emphasised that "*about a third of partners surveyed think that WHO has insufficient technical capacity*" and "*some country teams observe [that] the lack of internationals affects their capacity negatively*".

The dilemna in arbitrating between recruiting IPs or NPOs is also illustrated by the AFRO Transformation. Whilst management recommended to increase the IPs by 83%, the mid-term assessment of the functional reviews of WCOs in AFRO stressed that *"there was a sense among WRs that the functional review came up with very optimistic resource mobilization assumptions without often giving sufficient consideration to the funding landscape of each country".*[1]

In this context it is key to provide clarity on the areas where NPOs comparative advantage is greatest. The figure below shows that majority of supervisors who responded to the survey indicated that NPOs are at an advantage in technical areas when implementing programmes, facilitating meetings, conducting surveillance and other technical work. Supervisors were more divided on the negotiation with government officials.

In the administrative areas, most supervisors see advantages for NPOs over international staff when managing teams with local staff, for work requiring local expertise, in programme support and in transactional functions. However in the management & control functions, the opinions of supervisors are more divided on whether NPOs are at an advantage or disadvantage.

[1] Mid-term Assessment of the functional reviews of WHO country offices in the African Region, Executive Summary, February 2018, WHO Evaluation Office.

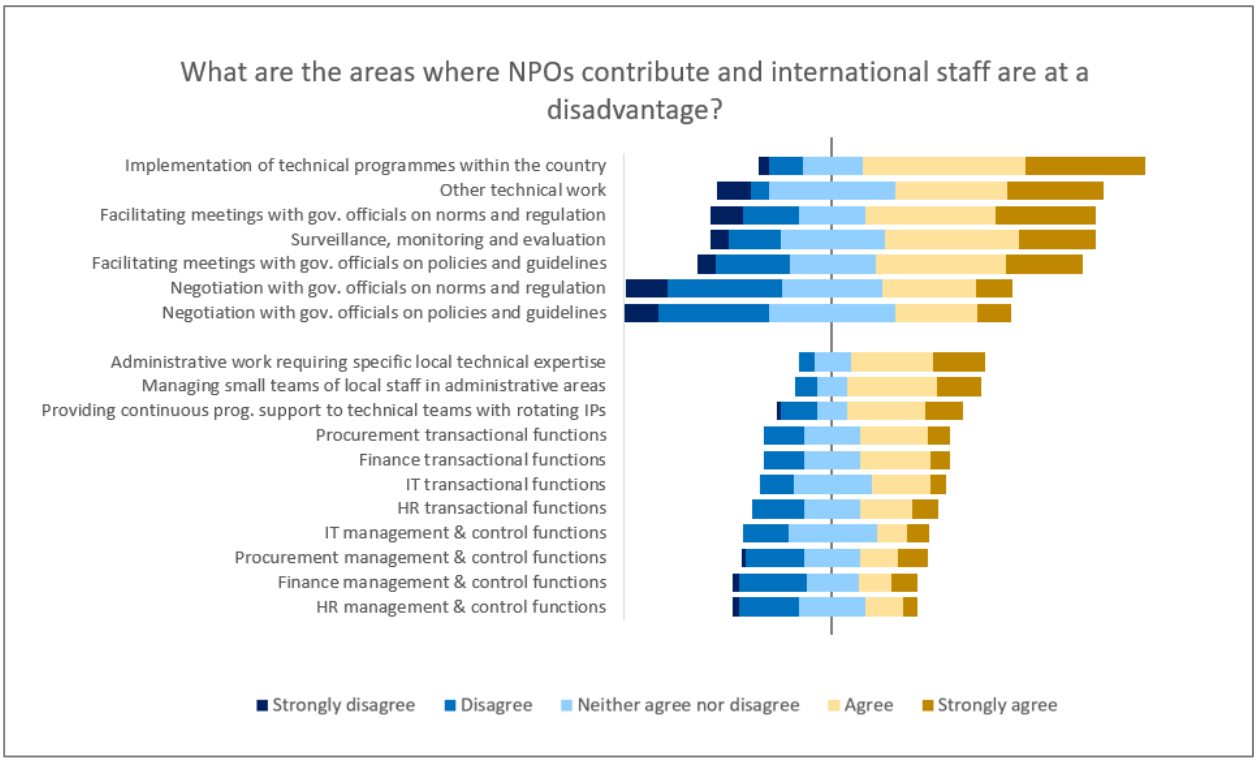


Figure 3.1: Comparison between NPOs and international staff (source: Survey of NPO Supervisors)

What are the complementarities between IP and NPO roles?

The IET assessed the complementarities between roles based on the relative strengths and limitations of each one. Building on section 2 the table below summarises the complementarities between professional staff categories. The table shows that debating the merits of one staff category over another is futile.

Role limitation	Complemented/offset by
NPO	**IP**

• Unclear boundaries between MoH and WHO can lead to inefficiencies, threaten WHO's independence and create conflicts of interest
• NPOs are not consistently seen as credible in the eyes of MoH and donors
• A long tenure without mobility or international exposure can lead to a lack of "outside-in thinking" from NPOs
• Using NPOs in security-compromised settings created a challenge to WHO's duty of care
• In countries with weak administration and health systems, the attractiveness of NPO positions can create a "brain drain"
	• "Outside-in" perspective:
	  • School of thought differs from national practices
	  • Experience from other countries enables them to guide policy dialogue and advice
	  • Access to international network of technical experts inside and outside WHO
	• Independence from national interests and local influence networks
	• International "posture" may have a higher credibility with the government, facilitating access and influence
	• Potentially sharper technical expertise in specific fields and stronger experience in health diplomacy
	• Experience of donor engagement in different setting/environments

IP	**NPO**
• Limited familiarity with and access to local culture, societal networks, local language, geographical areas and culture • Limited institutional knowledge due to lack of permanent establishment in country • Security clearance is more difficult, restricting international staff's travel to certain locations • Limited duration of engagement with country • Expensive	• Intimacy with local language, culture and networks in MoH, government and society at large • Institutional knowledge of the country's health system • Ongoing/continued presence in the country • Geographical knowledge and access • Less expensive

Table 3.1: Complementarities between NPOs and IP

Given these complementarities, **collaboration between staff categories is essential to the delivery of WHO's results**. Interviews and country visits showed that there are improvements possible in this area, especially in terms of encouraging NPOs to avoid replicating within WHO the programmatic "silos" found in many MoH. The survey also showed that only 39% of NPOs agree or strongly agree that they are treated fairly vis-à-vis IP staff members in the office. This aspect is something that management can improve and it is influenced strongly by the culture in the respective Country Offices.

Is there mobility between staff categories?

The NPO role was initially defined by the ICSC as having a "limited career perspective". An analysis of the transition between various staff categories shows that there is more permeability between roles than anticipated. Despite WHO policies to date being rather restrictive in terms of facilitating such transitions compared with agencies such as UNICEF, a number of staff are transitioning from GS or SSA contracts to NPO, and from NPO to IP, as illustrated in the diagram below:

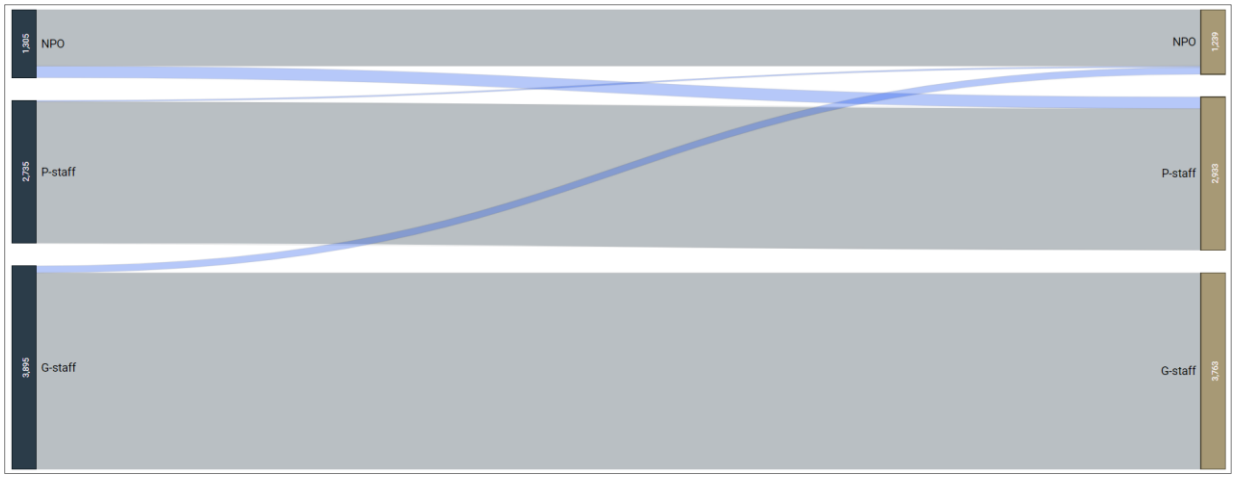


Figure 3.2: Movement from one staff category (left-side) to another staff category (right-side): NPO, G-staff and P-staff categories, 2008-2018 (source: GSM)

The majority of transitions to NPO grades occur at NO-A and NO-B level, while the majority of transitions from NPO grades to IP grades occur at NO-C level, as illustrated below:

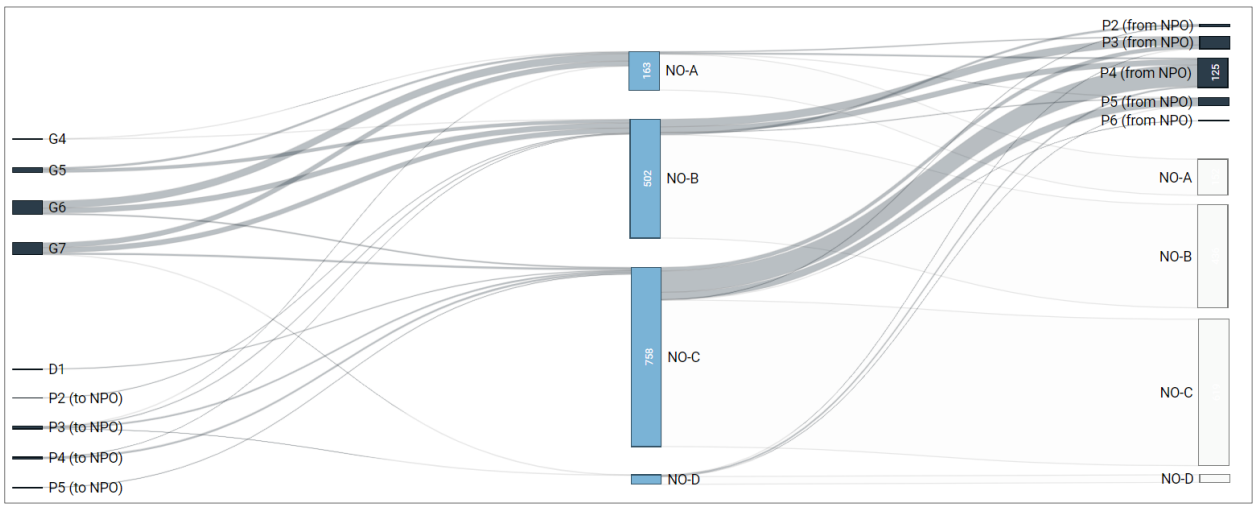


Figure 3.3: Movement to and from NPO staff by grade, 2008-2018 (source: GSM)[1]

Note: figure 3.3 does not include movements of NPO staff from one NPO grade to another

The above graph also shows certain cases where P-staff moved to a NPO role, although this happened anecdotally. Such situation can notably happen when:

- A particular P-level position is abolished (e.g. due to lack of funds and/or strategic re-alignment) and a professional may decide to apply for an NPO role.
- An NPO position is open in the home country of an IP staff and the IP staff decides to apply.

Overall, the IET noticed a stronger desire from NPOs to become IP than visa versa.

[1] N.B. The cases where GS staff move to P staff are not presented in this graph.

Mobility from SSA and GS-staff to NPO roles

On the administrative side, there is a significant number of internal transitions from General Service staff roles to NPO positions:

- **In the GSC, 39 out of the 62 NPO positions (62%) were previously GS-staff.**
- **In ROs there have been 28 moves from GS-staff to NPO roles**, notably 15 NO-A in SEARO, 4 NO-B in EMRO, and 4 NO-B in AFRO alone. The position evaluation focus group exercise in SEARO showed that supervisors evaluated the work performed by NO-As above the Master Standard classification for the NO-A position. The average years of service of NO-As in SEARO is 18 years, well above the two-year minimum formal requirement for that grade.

For technical roles, NPOs are frequently recruited as SSA first as these roles have similar responsibilities but a non-staff contracting modality. The years spent as SSA are not captured in the total years of service as staff. It was not possible therefore for the IET to quantify the number of transfers from SSA to NPO.

Mobility from NPO to IP

Since 2006, there have been 227 transitions from NPO to IP staff worldwide[1]. This represents 18% of the current total number of NPOs. The table below shows the percentage of moves per region.

Major Office	Count of movers	% of movers out of total movers	Count of NPO	% count of movers / count of NPO
AFRO	111	49%	653	17%
EMRO	26	11%	188	14%
EURO	37	16%	96	39%
HQ	8	4%	66	12%
SEARO	31	14%	145	21%
WPRO	14	6%	91	15%
Grand Total	**227**	**100%**	**1239**	**18%**

Table 3.2: Mobility from NPO to IP grades by Major Office, 2008-2018 (source: GSM)

In AFRO, SEARO and WPRO the majority of the transitions have been from NO-C to P4. However, in EMRO, EURO and the HQ Major Office, the prevailing type of transfer has been from NO-B to P3, from NO-C to P5 and from NO-C to P3, respectively. These differences are indications that the Master Standard classification framework may not be used consistently across countries and regions.

These transitions illustrate the level of permeability between staff categories despite the absence of a systematic WHO-wide approach to facilitating such transitions. In interviews, NPOs, NPO supervisors, WRs and DAFs/DPMs frequently quoted success stories about talented NPOs who had made the transition to international professional staff with support to develop the relevant skills and coaching to step up into their new roles. Other best practices were mentioned in regard to NPOs taking over the roles of international professional staff and positioning themselves credibly with the local government.

[1] Source: List of National Professional Officers as of 26112018. This dataset excludes PAHO countries.

A notable success story for the development of NPO careers is the “Developmental Assignment”, whereby NPOs (and other staff) can contribute their expertise, both in the administrative and technical areas, in a different country. NPOs enjoyed the exposure to different cultures and the fact that they were being challenged. It was clearly noticed that these types of assignment had given the NPOs a boost, and they returned to their home countries with new enthusiasm, experiences and learnings. Supervisors noticed improved NPO performance as a result. Although it was not always easy for Supervisors to let their staff go, given the sudden fall in resource capacity in the home country, it was clear that such assignments have been a success so far.

What are the main overlaps and complementarities between the roles of NPOs and International Professionals in countries?

Case study: Senegal

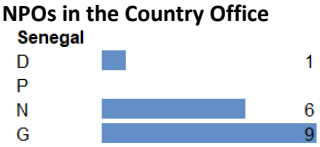
A Country Office where NPOs have a large scope of work

Region	AFRO
Office type	Country Office
World Bank income category	Low income
Population size in millions (World Bank, WDI 2018)	15.9
Number of NPOs	6
% NPOs of total professional staff	86%
Number of physicians per 1'000 population[1]	0.069 (2016)

Context – Country Cooperation Strategy

In the context of Senegal's CCS, the main goals and focus areas are (i) the Strengthening of the Health System, (ii) Mother and child health and reproductive health, (iii) Health and Environment and (iv) Disease control. The key challenge for the Office is to find adequate resources to fund its staff and activities.

NPOs in the Country Office



In Senegal, the WHO Country Office has 1 WR, 6 NPOs and 9 G-staff. NPOs make up 86% of the professional (or higher graded) staff. Of the NPOs, there is 1 NO-B (Operations Officer) and 5 technical NO-Cs (Immunisation, Surveillance, AIDS/TB/Malaria, Disease control and Health financing. In the envisaged staffing (budget), more roles were planned (including IPs); however, the office does not have the financial resources to recruit staff for these vacancies.

Successes and best practices

- There is no overlap between international staff and NPOs in a small WCO with 86% NPOs, which results in NPOs' technical contributions being more visible than in larger Country Offices
- The NPOs are regularly on-site at the MoH and work with the government on translating the WHO agenda into the national context (e.g. national plans, policies and guidelines, programmes and surveillance). The MoH highlighted that they highly value the work of NPOs. NPOs are able to understand cultural nuances, open doors, be the "eyes and ears" of WHO and bring items to the government agenda at a pace that suits the government.

Challenges

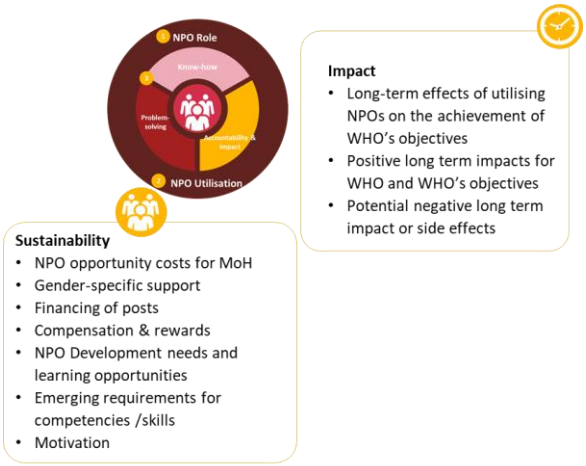
- The WR has to provide strategic leadership, organisational independence, technical guidance, administrative control and individual coaching to all staff, which is a stretch.
- When it comes to conveying certain critical points to the MoH, NPOs are culturally not able to provide certain inputs or feedback, and for those discussions having independent, experienced international staff enables WHO to challenge constructively the MoH and bring a different perspective that is fresh and insightful. Depending on the situation, sometimes the best person to push the agenda forward is a national and sometimes an international staff member.
- Due the close collaboration between MoH and NPOs, the MoH can request tasks that are outside the scope of normal NPO duties (e.g. arranging travel for meetings), resulting in the inefficient use of the NPO resource.
- The heavy workload on NPOs and the absence of IPs in coordinating roles (below the WR) leads to a highly "siloed" programmatic approach, whereby NPOs are sent individually to the respective MoH department and they feel part of the MoH team. As a result, there is little cohesion between the NPOs themselves and the respective WHO programmes. In this respect, WHO is foregoing the opportunity for more innovative health programming and there is little peer reviewing of the quality of work between NPOs.
- The limited collaboration also means that NPOs cannot step in for each other when an NPO is on a developmental assignment.
- The Office has been keeping its head above water, due to a lack of funding, and maximising the use of NPOs, due to budget constraints. For a well-functioning WHO Country Office, a minimum level of funding is required that allows for recruitment to fill all basic vacancies, a basic level of job security (to avoid talented NPOs leaving WHO) and an adequate balance of IPs and NPOs.

[1] The 2018 update, Global Health Workforce Statistics, World Health Organization, Geneva (http://www.who.int/hrh/statistics/hwfstats/).

4. AS WHO MOVES TOWARDS MORE FOCUSED AND EFFECTIVE COUNTRY-BASED OPERATIONS, WHAT IS THE FUTURE ROLE OF NPOS? WHAT SKILLS AND COMPETENCIES ARE REQUIRED FOR THIS ROLE?

Summary of findings and conclusions

NPOs have a key role to play in WHO's future, as WHO pursues more focus on country-level impact. In order to realise the potential of this part of the workforce and deliver sustainable contributions to WHO's role in improving national health outcomes, the NPO role and its requisite skills and competencies will need to evolve, overcoming organisational barriers and leveraging management enablers.



- An analysis of WHO policy instruments identified five relevant factors that should shape the nature and ways of working in Country Offices: 1) Country Offices are pivotal in demonstrating results orientation and accountability; 2) WHO's role and Country Office presence should be tailored to specific country needs and priorities; nonetheless, 3) some crosscutting needs can be identified to strengthen the WHO's response in areas of priority; 4) in a context of reform and transformation, Country Offices need more abilities in the areas of external and internal collaboration, coordination and integration; and 5) Country Offices are essential in promoting principles-based approaches.
- These five drivers, which impact the future of WHO Country Offices, have implications for the NPO roles, skills and competencies. The changing job profile requirements were corroborated by NPOs, NPO supervisors and WRs, although there were differences in the perspectives of the NPOs and NPO supervisors regarding the relative importance of improvements in specific areas of skills. NPOs have the potential to contribute significantly to the changing context of the Country Offices, e.g. in tailoring WHO's response to country-specific needs, but some adaptation is required if the NPO role's strengths are to remain relevant and role limitations are to be mitigated.
- People management and HR practices present both barriers and opportunities for the optimisation of the NPO workforce segment. Recruitment can be improved to ensure the right mix of competencies and candidates. Whilst there are positive practices in promoting diversity and inclusion, a continued focus is needed in this area. Retention is a key challenge for WHO and professional development could hold the key to this. There are opportunities to review and strengthen career progression and mobility practices specifically for this part of the workforce. There are mixed views on the best training and development approaches, but the growing practice of short-term assignments outside the home country seems particularly beneficial. Performance management is not well utilised currently; it is not leveraged to build on high performance or used to address low performance. Finally, there were contrasting results concerning the extent to which WHO provides an "enabling environment" for NPOs, with some potential to review the experience of "fairness" and equal opportunities.

OBJECTIVES

This chapter looks ahead to:

- The future role that NPOs could play in the context of WHO's country focus;
- The required skills and competencies and related NPO development needs;

- The organisational barriers and requisite enablers.

The section starts with a working definition of the likely future of WHO's Country Office focus, against which the future role of NPOs can be evaluated.

ANALYSIS

What are the key drivers impacting the future of WHO's Country Offices?

The future role of the NPOs needs to be framed in the context of the evolving role of the WHO Country Offices. Appendix E describes the key external and internal drivers that will impact the role and functioning of WHO's Country Offices going forward.

These include:

- Externally, four interrelated drivers relating to changes in global health, evolving country needs, the 2030 agenda and the Sustainable Development Goals (SDGs), and the ongoing reform of the UN Development System.
- Internally, two drivers that seek to address the above: the Global Programme of Work 2019-2023 and the ongoing WHO transformation process.

On the basis of this evaluation, five relevant factors were identified that should shape the nature and way of working in Country Offices going forward:

- Country offices are pivotal in demonstrating results orientation and accountability;
- WHO's role and Country Office presence should be tailored to country-specific needs and priorities;
- Some crosscutting needs can be identified;
- In a context of reform and transformation, Country Offices need to improve their abilities in relation to external and internal collaboration, coordination and integration;
- Country Offices are essential in promoting principles-based approaches.

Country Offices are pivotal in demonstrating results orientation and accountability

The GPW sets three key strategic priorities that are aligned with the SDGs and measured through the WHO Impact Framework. Achieving the "triple billion" goals will require an increased focus on CCSs, whilst the contribution of the Secretariat will call for increased performance orientation and accountability by both the Secretariat and individuals.

In this context, Country Offices have a key role to play in prioritising and focussing WHO's assistance, in measuring the results and in implementing a culture of high performance in WHO teams and individuals.

WHO's role and Country Office presence should be tailored to country-specific needs and priorities

There is broad recognition that the structure and composition of Country Offices should be context-specific. The need to maintain and develop a broad set of competencies and functions to meet the variety of health challenges at country level needs to be balanced with an imperative for cost-effective delivery.

The delivery models outlined in the GPW (policy dialogue, strategic support, technical assistance and service delivery coordination) can serve as a basic set of patterns **to focus and tailor WHO's role and Country Office presence based on each country's needs and priorities.**

In a growing number of middle-income countries, WHO's response is most likely to take the form of an **increased focus on strategic policy dialogue, brokering of international perspectives and an adapted programmatic focus** in CCSs.

In the most vulnerable settings and in emergency situations, this is most likely to take the form of **active technical cooperation and coordination at the country and sub-national levels.**

Some cross cutting needs can be identified

Irrespective of the above, the SDGs and their translation into the GPW13 call for some particular areas of increased focus:

- Strengthening domestic financing for health and promoting **health-friendly fiscal and regulatory environments**. This will require **more support of political processes** and assistance in justifying, designing and implementing fiscal and regulatory instruments.
- Strengthening the **monitoring, evaluation and accountability systems** to improve the collection, reporting, analysis, use and dissemination of health data at country level, which requires **strengthened capacity building** and technical cooperation.

In a context of reform and transformation, Country Offices need to improve their abilities in relation to external and internal collaboration, coordination and integration

The SDGs, UN reform and the GPW's focus on universal health coverage all call for multi-sectoral, coordinated and integrated approaches that go beyond the traditional technical focus of country offices on the MoH. Shaping health decisions involves increased outreach and collaboration with other UN agencies, partners and other ministries in the host governments at the highest political levels.

This shift also calls for an improved ability of Country Offices to "pull in" and coordinate the required expertise from ROs or HQ and to go beyond the silos traditionally observed between programmatic areas. This calls for **improved collaboration** across programmatic areas within a country and across the three levels of the Organization.

Country Offices are essential in promoting principles-based approaches

A principles based approach is central to GPW13. Country offices have a major role in asserting **a principles-based approach** based on the promotion of human rights, universality and equity, as well as the integrity and independence of WHO staff. They will prove essential in upholding the five core values of "Trusted to serve public health at all times", "Professionals committed to excellence in health", "Persons of integrity", "Collaborative colleagues and partners", and "People caring about people".

What are the implications for the NPO roles, skills and competencies?

The IET evaluated the impact of the above drivers on the evolution of the professional roles at country level (International and National Officers), the unique value add of NPOs and the limitations identified in the NPO role. This analysis was also compared with the survey of NPO supervisors.

The assessment is summarised in table 4.1 below. The table shows how the changing role of the Country Office has an **impact on job profiles** for professional staff at country level, irrespective of whether they are international or national officers.

- The areas linked to "know-how" are the most impacted, ranging from **changing technical skills** (e.g. fiscal, regulatory) to **strengthened organisational skills** (coordination and planning in a multi-stakeholder and cross-sectoral environment) and **social competence** (diplomatic, negotiation and influencing skills to promote a results focus, drive political advocacy and promote principles-based approaches).
- An **increased focus on problem-solving skills** is required to articulate and assess policy options and deliver innovative, integrated, cross-sector and multi-stakeholder approaches.
- Changes in the professional staff roles in terms of accountability and impact, with an increased focus on shared results and increased scope of influence beyond immediate counterparts in the MoH.

This assessment is largely **corroborated by NPOs**, as illustrated in figure 4.1, which lists the various skills ranked by NPOs and their supervisors as the most critical for NPOs to improve. Interviews with WRs also confirmed that there is frequently a gap in the competencies of the recruited NPOs with respect to the areas of strategic thinking, agility and innovative thinking and that this is the area in which the Organization tries to coach the NPOs to step up. **To a lesser extent, it is also corroborated by NPO supervisors**. In the survey, supervisors mentioned the need to strengthen the following as a priority:

- Written and oral communication;
- Monitoring and evaluation;
- Problem solving, data and evidence analysis;
- Project management and coordination.

Dimensions		Demonstrating result orientation and accountability	Tailored to country needs and priorities	Crosscutting needs	Increased ability for external and internal collaboration, coordination and integration	Promoting principles-based approaches
Professional jobs at country level						
Know-how	Professional know-how *Relevant education, Relevant work experiences*		High impact	High impact		
	Organisational awareness *Methods for Planning, Organization, Control*	High impact	High impact		High impact	
	Social competence *Communication: Presentation, Negotiation, Coaching, Motivation*			High impact	High impact	High impact
Problem Solving	Scope of thinking *Thinking Requirement: Routine, Guidance, Analysis, Judgement, Creativity, Innovation*					High impact
	Degree of difficulty *Problem solving based upon: Given solutions, Known facts, Assumptions, Scenarios, Ability to define new strategies*	High impact			High impact	
Accountability & Impact	Autonomy of decision *Standard Situations, Situational adjustment of methods, Assessment and selection of methods, Operational goals, Strategic goals*	High impact				
	Area of influence *Size of the organization unit, Area of job's impact*				High impact	
	Intensity of influence *Supportive contribution, Consulting, Shared responsibility, Full responsibility*	High impact		High impact	High impact	
	Potential NPO value add					
	Service orientation towards MoH	Relevant				
	Access to key policy forums				Potentially relevant	
	Access to affected populations and areas		Relevant			Relevant
	Situational awareness & relevance		Relevant		Relevant	
	Cost effectiveness	Relevant				
	Ability to tailor WHO's response	Relevant	Relevant	Relevant		
	NPO limitations					
	Boundaries between MoH and NPOs *risks linked to inefficiencies, independence and conflicts of interest*	Key		Key	Key	Key
	Credibility in the eyes of MoH and the donor community		Key			
	Need for "outside in thinking", e.g. through mobility or international exposure	Key		Key	Key	
	Duty of care		Key			
	Avoidance of a "brain drain" in countries with weak administration and health systems					Key

Table 4.1: High-level impact assessment of the evolution of Country Offices on NPOs

The graph below illustrates the **difference in perspectives between NPOs and their supervisors**. NPOs tend to focus on the skills required for their career development, which are in line with skills required for the evolution of Country Offices. By contrast, NPO supervisors focus on developing the operational skills required to improve current service delivery. It is unclear if supervisors believe NPOs are able to evolve into the types of roles that NPOs aspire to. This point is further discussed below in the context of the enablers to reposition the role of NPOs.

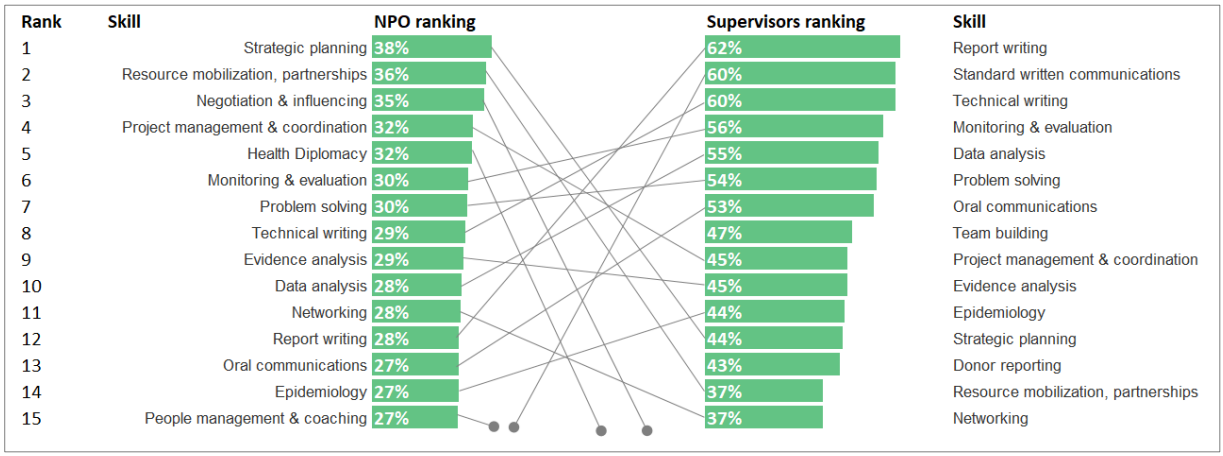


Figure 4.1: Most critical skills to improve reported by NPO and their supervisors (based on the responses of 680 NPOs and 135 Supervisors, 2018)

Table 4.1 also shows that NPOs have a significant value add to contribute in the changing context of the Country Offices, but some adaptations are required for these strengths to remain relevant and for the inherent limitations of the role to be mitigated going forward.

A Country Office's **results orientation** can usefully be enabled by NPO's service orientation, the cost-effective means of delivery they represent and their ability to adapt WHO's response to the local context. A prerequisite, however, is to ensure a more effective allocation of NPOs' capacity to those areas in which their impact can be highest. This involves doing away with some of the negative consequences of the close proximity of NPOs with the MoH. It also involves ensuring that NPOs' performance and career development is managed to ensure they are also part of a culture of high performance.

NPOs have a unique contribution in **tailoring WHO's response** to a country's needs:

- In settings where WHO's role consists of policy dialogue, NPOs can leverage their understanding of national health systems, institutional networks and the country's legacy approaches. However, their limited international experience and novel ways of tackling problems as well as (sometimes) their lack of credibility in the eyes of their government or key donors are limiting factors that can constrain the further expansion of the NPO role.
- In emergency settings, NPOs' situational and cultural awareness, as well as the access they have to populations and remote areas are a key enabler of an appropriate response by WHO. Care needs to be taken, however, not to put NPOs' safety unduly at risk.

Regarding the Country Offices' need to strengthen their **assistance with regard to fiscal and regulatory instruments as well as improve governments' capacity to measure**, monitor, analyse and report data, the NPOs value appears more limited given their health systems and MoH backgrounds.

Given the **increasing multi-sectoral, multi-stakeholder** environment that Country Offices find themselves in, NPOs' situational awareness and the access they have to local policy-making forums and governmental processes can be a key asset for multi-sectoral approaches. The India WCO indicated in

its CCS brief that *"a multi-sectoral approach is key to effective CCS implementation. As the lead UN agency for health, one of WHO's important roles is to lead collaborations and partnerships with a range of health and non-health partners to maximise synergies and ensure health goals are at the forefront.[1]"* However, the current profile of NPOs and their focus on the MoH does not give them an advantage to play this role. In Country Offices, national staff are encouraged to strengthen connections across the three levels. However their limited exposure outside their home country does not necessarily provide them with the required understanding, network and cultural awareness across the Organization and across the UN system. The leadership of the Senegal Country Office indicated that its ideal staffing profile would encompass more diverse backgrounds than just "medical doctors with a degree in public health", and that the Senegal Country Office would benefit from having approximately 50% of IP staff with different professional backgrounds (e.g. public health, health economists, project managers, communication specialists, resource mobilisation).

Finally **WHO's principles-based approach** to ensure equal access to WHO services and the promotion of inclusive policies can be usefully enabled by NPOs' access to populations and geographies as well as their cultural awareness. Several limitations would need to be mitigated, however. Firstly, the lack of gender balance in the composition of the NPO population increases the likelihood of bias in NPOs' approaches to gender matters. Secondly, the recruitment pool of NPOs (primarily from the MoH and health systems) may not ensure the adequate representation of all sections of the society, including those marginalised. Thirdly, there is an acute need to foster a culture of independence of NPOs from "their" ministry, which is difficult to achieve in practice. The Nigeria case study highlighted the importance of diversity with respect to ethnic groups, gender and religion, and it showed that a diverse and inclusive culture will help NPOs work together more effectively and "break the silos".

Gender lens to increase effectiveness

"We need to do better on gender, both in our own Organization and by mainstreaming gender in programmes. With a gender lens, you can see things differently. For example, in some parts of Nigeria girls do not go to school, whereas in other parts boys do not go to school – for different reasons. You need to understand these population groups (girls, boys, men, women and the elderly) in societies to design effective interventions. Diversity in our own Organization is imperative to understand this and to make an impact."

Source: an NPO in Nigeria

Overall, the above assessment shows that NPOs have a major contribution to make to Country Offices going forward. However, it is necessary to ensure that NPOs:

- Are recruited based on required skills and competences to deliver what is expected based on their respective Position Descriptions;
- Are recruited from a more diversified pool in terms of gender, ethnicity, prior work experience and skillsets;
- Are exposed to international perspectives to improve their credibility with key stakeholders through knowledge and their motivation to grow in their careers;
- Demonstrate more independence from the host government in their daily work with the respective government departments so that they can grow towards managerial and strategic roles (e.g. negotiating on behalf of WHO) which requires a high level civil servant independence;

[1] India Country Cooperation Strategy Brief 2012-2017, https://apps.who.int/iris/bitstream/handle/10665/136895/ccsbrief_ind_en.pdf?sequence=1

- Develop transversal ways of working - across levels, across programmatic areas, across partners and across ministries; and
- Can further improve their skills and performance through career development and performance management.

What are the barriers and requisite enablers to improve the utilisation and performance of NPOs?

Barriers and enablers can be traced back to workforce planning and talent management. The main factors are described below, leveraging the quantitative and qualitative input gathered through the surveys.

The graph below shows the challenges NPOs reported they are facing.

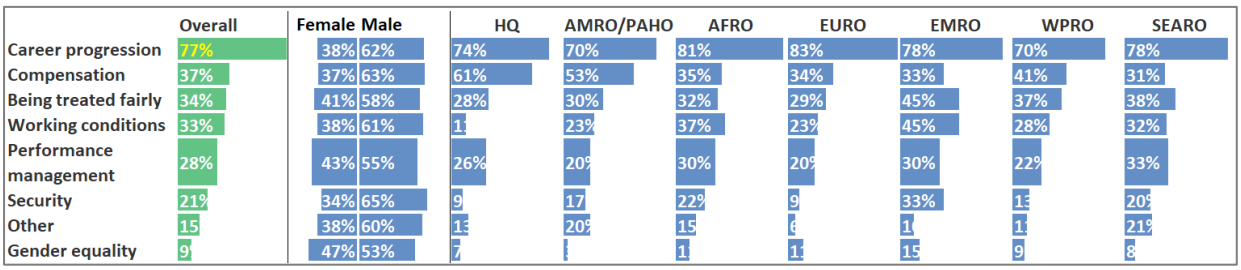


Figure 4.2: Challenges reported by NPOs, by gender and Major Office (658 respondents, 2018)

Career progression is clearly the key challenge for NPOs and 77% of the NPOs indicated this. There is no difference between male and female responses in this repect, because 38% of the WHO workforce is female. Although gender equality is cited only by 9% of the respondents, there are relatively more women who consider this a challenge (47% of respondents stating that this is a challenge were women, whilst they represent only 38% of NPOs).

Recruitment

Recruitment was mentioned by 32% of NPO supervisors as needing attention in order to ensure the right mix of competencies and individuals is found. The main comments received related to:

- The length of the process;
- In some countries, the challenge to find suitably qualified candidates (e.g. in vulnerable settings) and provide attractive conditions for talent (e.g. in Malaysia where the labour market is particularly dynamic);
- Political influence in recruitment decisions in favour of or against specific candidates.

Regarding gender diversity, the Harmonised selection processes[1] state WHO's commitment to equal opportunities, to increasing the representation of women and to improving geographical distribution. It provides concrete guidance on shortlisting at least one qualified women.[2]

In addition, interview findings and desktop research showed **positive practices in promoting diversity and inclusion,** including:

- HR Managers ensure a balanced gender mix in the short list; they send the short list back to the hiring manager if the list is insufficiently balanced;
- Selection panels presented with candidates of equal competency shall push to hire the female candidate in locations where women are underrepresented;
- Vacancy announcements shall mention that WHO commits to a diverse workforce or encourages women (and nationals of non-Member States and underrepresented Member States) to apply;
- NPO positions are advertised globally on the WHO career portal.

Survey findings however indicate only 54% of NPOs find that WHO has achieved good gender parity among NPOs in their respective offices. They stress the **need to continue to encourage and push for greater diversity and inclusion within WHO**, notably through opportunities for career progression (38%), opportunities for personal development (34%), flexible working opportunities (32%) and the NPO recruitment process (29%). The NPO supervisors confirmed even more strongly the need to improve diversity through recruitment (64%), flexible working opportunities (56%) and opportunities for career progression (56%). It should also be recognised that gender parity between regions is quite different (as detailed in section 1) and that different approaches may be needed to achieve a greater impact.

Retention

Retention is seen as key challenge by 46% of supervisors and 47% of NPOs in the surveys. 51% of NPOs had considered applying for an international position in other UN agencies, and this figure rose to 90% in the case of GSC respondents. When asked about the reasons for potentially leaving the Organization, 86% of NPOs mentioned professional development in the future, followed by broadening of expertise (54%) and the desire to move to another country (45%).

A related challenge to retention is the stability of job positions. 21% of NPO positions are Temporary Appointments, whereas 26% of IP positions are Temporary. There is significant regional variation in the type of contracts provided: In the GSC, WPRO and AFRO relatively few NPOs hold temporary contracts (3%, 3% and 12% respectively), whereas in SEARO and EMRO respectively 46% and 47% of NPOs have temporary contracts. Whilst this is not specific to NPOs, the **lack of predictable funding** specifically impacts the type of contracts that are given to NPOs. In such situations, this means short-term contracts are issued for long-term work, which can put undue stress on NPOs' job security, motivation and focus,

[1] *"The selection process will pay particular attention to the decisions/resolutions of the World Health Assembly on diversity. Due regard shall be paid to the Organization's commitment to increasing the representation of women in the professional and higher categories, and to the importance of recruiting staff on as wide a geographical basis as possible. WHO is committed to providing* ***equality of access to employment, advancement and retention in the Organization****, recognising that it is in the Organization's interest to recruit and maintain a diverse and skilled workforce that is representative of the diverse nature of society, for example persons with disabilities." From:* WHO (2014) Harmonised selection process, Longer-term positions in the professional and higher-level categories

[2] *"Without compromising on the quality of staff selected, every effort will be made to ensure that decision makers are presented with a diverse set of qualified candidates. When establishing a* ***short list****, due diligence must be observed with a view to ensuring that* ***at least one qualified woman*** *is included." From:*WHO (2014) Harmonised selection process, Longer-term positions in the professional and higher-level categories, p.15

impacting the effective achievement of results. This came across clearly in interviews and survey comments.

Career progression and mobility

Career progression is a challenge for NPOs by design. A number of comments were made by NPOs and their supervisors about a lack of a clear career path for NPOs. It is therefore no surprise that **85% of NPOs and 83% of their supervisors listed career progression as a key challenge**. Interviewees and survey participants were unanimous in stressing the need to promote career development and mobility for NPOs.

Besides the changing role of Country Offices, career development for NPOs is all the more important given that:

- Only 51% of NPOs agree or strongly agree that their career development so far is in line with what they expected when they joined WHO;
- 73% plan/wish to stay with WHO for the next six years or more.

Beyond the natural progression through NO levels, internal mobility to International positions and external mobility were listed as two areas where more could be done.

Firstly, **NPOs have mobility opportunities to move to international positions**, as described in section 3, but this is not within an enabling context:

- 57% of the 720 NPOs answering this question in the survey mentioned having applied for one or more international positions at WHO;
- 53% of the 691 NPOs who responded this question indicated subsequently that they would like to move to an international position in the next two years. Only 9% of NPOs indicated that they do not intend to move. Whilst this response should be interpreted with care, it indicates that NPOs are generally open to international careers;
- Supervisors also mentioned in their survey comments that the progression to international positions is a career path that should be facilitated. However, they also mentioned barriers relating to the lack of international experience (80%), language skills (62%) and multi-country awareness (48%).

In light of this, the announcement in March 2019 by the Director-General that, from the third year of employment, the additional years of employment would count as international experience is a step in the right direction.

Secondly, mobility outside WHO is proving much more contentious. A number of supervisors stressed in their comments the need for NPOs to return to a government position after a certain length of time, e.g. 5-7 years, and 52% of them suggested that this could be a means to balance NPO recruitment needs with sustaining the human resource capacity of the MoH. However, only 21% of NPOs agreed or strongly agreed that they would consider moving back to the MoH/their previous employer should a relevant position be available. The disincentives to go back to a Ministry position range from loss of salary to less attractive pension plans.

Training and development

98% of NPOs consider they have adequate skills/competencies to deliver what is expected in their current role. Just as they have differing views on development needs (see above), **NPOs and their supervisors also diverge on the best means to support NPOs' personal development**, as shown by the figure below. NPOs prioritise formal training through e-learning and regional training. On the other hand, their supervisors prioritise on-the-job learning. Training organised at global level is the least favoured of approaches.

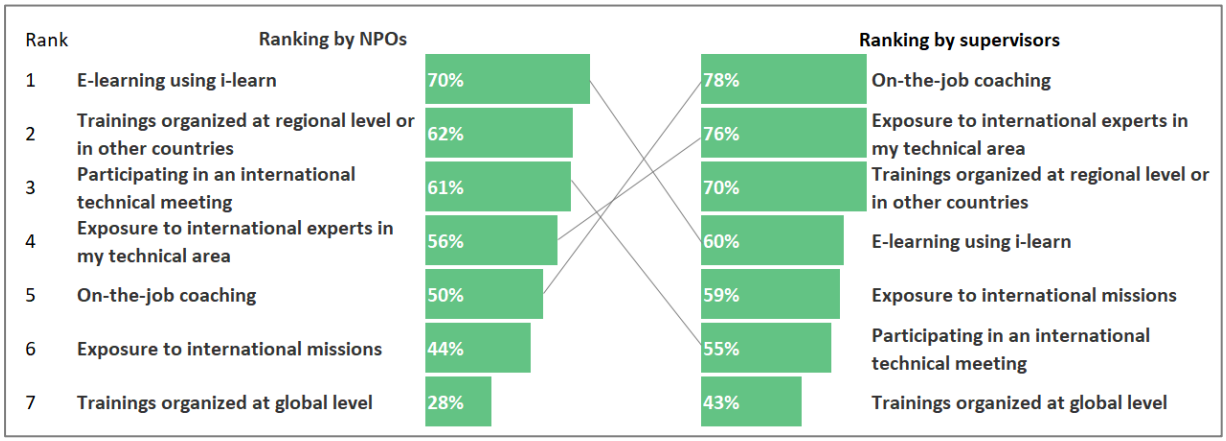


Figure 4.3: Best means to support NPOs' personal development as reported by NPOs and their supervisors (based on the responses of 721 NPOs and 136 supervisors, 2018)

In terms of preparing NPOs to take on more responsibility, we also identified a growing **practice of encouraging short-term developmental assignments outside the home country**, e.g. in the case of a surge in capacity during emergencies, as was the case for AFRO and SEARO staff during the 2014-15 Ebola outbreak in AFRO and in polio outbreaks (e.g. from Nigeria to Cameroon or Niger). NPOs who had the opportunity to get international exposure reported positively on the experience and their supervisors mentioned that, upon their return, the NPOs make better decisions (due to increased organisational awareness) and deliver better quality (due to exposure to other ways of working). Developmental assignments can be important enablers for strengthening language skills, as they force the NPO to acquire the relevant (technical) vocabulary and require the NPO to use the language actively.

Performance management

The divergence observed between NPO staff and their supervisors with regard to development objectives and methods, as well as the low score given by NPO staff to on-the-job coaching as a key tool for personal development are illustrative of a broader challenge to performance management.

This challenge is further illustrated by:

- The fact that only 59% of NPOs agree or strongly agree that their supervisor coaches them to develop their career within WHO;
- The limited adoption of the electronic Performance Management and Development System (ePMDS) system. According to the 2018 data, only 68% of the NPOs completed the ePMDS with a rating;
- When it is used, the ePMDS data show that a performance rating of "unsatisfactory" is hardly ever used. In EURO, WPRO, SEARO, EMRO and HQ, the ratings are strongly skewed towards "fully satisfactory"/"outstanding performance".

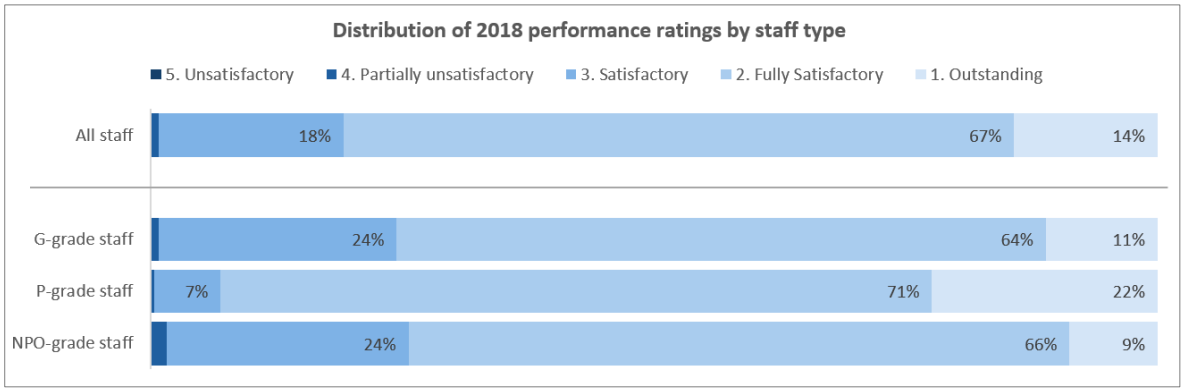


Figure 4.4: Distribution of performance ratings by staff type (2018)

Source: ePMDS: WHO without PAHO

Interviewees mentioned that good performance is not properly captured in the performance management cycle and it is not linked to a career path or rewards. Supervisors expressed a reluctance to identify low performance. The IET notes that this factor is not specific to NPOs. This is illustrated by the fact that within WHO (all Major Offices except PAHO) only 8 NPOs (0.6% of NPOs) and 5 IP staff (0.2% of IPs) received a Performance Improvement Plan (PIP) in 2018.

Enabling environment

In terms of an enabling environment, the survey shows some **contrasting results**. "Working conditions" and "being treated fairly" were considered by 33 and 34% of NPOs, respectively, as current challenges; however, these were far behind "career progression" (77%).

On a positive note, 74% of female NPOs believe that men and women have equal access to professional development opportunities at WHO, and only 25% think that their gender has an impact on their access to opportunities. Also, 74% of NPOs say they are treated fairly vis-à-vis colleagues of other gender in the office. However, only 60% of female NPOs believe they are treated fairly compared with 71% of male NPOs. Also 44% of female NPOs believe they can access flexible working support that fits their personal situation compared with 58% of male NPOs.

The survey also shows there is room for **improvement in the relationship between NPOs and international staff**. Only 66% of NPOs agree or strongly agree that they are treated fairly vis-à-vis other international staff in the office. An NPO mentioned that "if WHO could change the office environment to an enabling and complementing [one] - rather than competing between supervisor and NPO - it will help [the] effective utilisation of NPOs today and for future". Only 57% of male NPOs and 51% of female NPOs agree or strongly agree that they feel they can speak up freely without fear of repercussions if there is an ethical issue.

How have local roles without a national character evolved in the Organization and what is their future role? What are the needs for competency building and career development?

Case study Yemen

NPOs in security-compromised settings

Region	EMRO
Office type	Country Office
World Bank income category	Low income
Population size in millions (World Bank, WDI 2018)	28.3
Number of NPOs	29
% NPOs of total professional staff	53%
Number of physicians per 1,000 population[1]	0.31 (2014)

Context – Country Cooperation Strategy

Yemen is a security-compromised setting. There is a heavy reliance on nationals to represent the Organization and to operate in this environment. The Yemen CCS brief of 2013 indicated that WHO's strategic agenda focused on Health system strengthening, Life course and Communicable Diseases.

NPOs in the Country Office

By 31 December 2018, the Yemen Country Office has 1 D-staff, 25 P-staff, 29 NPOs and 62 G-staff. NPOs make up 53% of all professional staff. Of the 11 NPOs who responded to the evaluation survey conducted in February/March 2019, 5 NPOs (45%) indicated they are working on Polio, 3 NPOs on Communicable Diseases, 2 NPOs on Emergencies and 2 NPOs on NCDs and 1 on Enabling Services. Several NPOs indicated they are working in multiple areas.

Successes and best practices

- **Access, local knowledge and commitment under extreme circumstances:** NPOs who work on epidemic containment (Cholera, Communicable Diseases, Polio, Emergencies) often have to go deep into the country as the virus is spread in very distant areas. Notably the cholera outbreak in Yemen is an outbreak that started in 2016 and is the worst in recorded history. WHO has continued to support clinical care delivery, including supervision and monitoring of case management in cholera treatment centres. NPOs win over the populations in these areas. The NPOs/SSAs/APWs enable WHO to go where IPs otherwise would not be able to go. Compared with international staff, NPOs tend to be able to get low profile security clearance more easily. The NPOs are WHO's "eyes and ears" in order to deliver services and they are the "backbone" of the Organization. In Yemen, which has one of the world's largest and most complex humanitarian crises, highly dedicated NPOs work under extreme conditions to improve the country's health situation and fight epidemics.

Challenges

- **Security risks for NPOs:** In Yemen, NPOs mentioned that their security is at risk because NPOs are perceived as serving both sides of the current conflict, which is not well received. Conflicted parties do not understand impartiality and sometimes retaliate, which creates further risks for NPOs. There were no gender-specific risks mentioned by NPOs in relation to security; however, there are risks of kidnapping, ransom and murder. The recognition for this line of work is not systematic. Polio has a "hero award". There is a need to acknowledge, reward and promote staff who are "going the extra mile", notably in security-compromised settings.
- **Career management:** NPOs are often located at a distance geographically and, as a result, they receive limited training and induction about WHO's strategy and they feel WHO does not support them with the right resources and tools. There is a clear need for a career pathway to support talented and dedicated NPOs in exploring territories other than their own country. To improve the utilisation of NPOs, 73% of the NPO respondents indicated that recruitment is a key priority, as is career development (55%). NPOs also mentioned the duration of contracts as a challenge. However, the NPOs indicated that the main reason for leaving WHO (hypothetically) would be for future professional development (82%).

[1] The 2018 update, Global Health Workforce Statistics, World Health Organization, Geneva (http://www.who.int/hrh/statistics/hwfstats/).

RECOMMENDATIONS

The key recommendations from this evaluation of the utilisation of National Professional Officers are presented in this section. They include some short-/medium-term improvements as well as some long-term recommendations. The overarching intention with these recommendations is to enable WHO to:

- Develop a coherent, consistent and relevant strategy and policy framework for the utilisation of NPOs across the Organization;
- Implement requisite talent management practices to improve the potential impact on the contribution of NPOs to WHO;
- Improve diversity and inclusion, notably from a gender perspective, from recruitment to staff development, promotion and the provision of an enabling working environment.

Whilst some of these recommendations are specific to NPOs and call for specific actions, the implementation of **many recommendations relating notably to talent management and enabling environment should to be mainstreamed** in existing WHO policies and practices, in order to ensure coherence, commonality and equity with the management of other staff categories.

1. Define a WHO-wide policy framework and guidelines for the utilisation of NPOs

Who should align the NPO role definition and eligibility with actual practice and future requirements. This will allow WHO to make strategic use of NPOs. To this end, WHO should consider:

1.1. **The Global Policy Group (GPG) establishing its position on the type of coherence it wants to see**: WHO leadership should recognise that the original ICSC criteria of employing NPOs have lost their relevance, are not consistently applicable in practice and need to be adapted to suit the strategic needs of the Organization today and in the future. On this basis the GPG should acknowledge that a number of adaptations are needed.

1.2. **Redefining a "fit-for-purpose" NPO role and related eligibility criteria:** within the flexibility currently allowed by the ICSC, WHO should consider adapting the purpose of NPO roles from increasing "*national development and other capabilities*" to roles that "*support the execution of the WHO's mandate at country level or for which local employment markets provide suitably qualified capacity*." The e-manual should be updated to reflect the fact that not all NPOs work in a national content (e.g. GSC and staff working at RO/IST level) and that, in specific instances, local knowledge and experience are not required;

As part of this undertaking, the following considerations should also be brought to bear:

- Reasserting a selection based on competence, experience and merit, outside of undue political influence;
- Lifting the restriction on eligibility for NPO roles to nationals, so suitably qualified local resources of foreign nationality or NPOs from neighbouring WHO Country Offices can apply to NPO positions. Other than respecting the parameters for achieving the representation of Member States, the fact that an individual belongs to a specific group (or nationality, race or religion) should play no role in recruitment and mobility at WHO. This is all the more relevant in an age of migration and as an enabler of NPOs' internal mobility;
- Establishing in principle a maximum tenure in the same role, e.g. 5-7 years, after which international mobility within WHO or mobility outside WHO should be actively encouraged. Specific circumstances should be taken into account, as it is understood that such mobility might not be feasible in all cases, e.g. considering factors such as duty of care and Country

Office requirements. However, these cases should represent exceptions to the rule. The intention is to enable cycles of experience, thus enriching the organisational impact and personal development.

1.3. **Establishing a WHO-wide framework and policy guidance for the utilisation of NPOs: O**n the basis of the "refined" NPO role, HRD should provide guidance on the utilisation of NPOs. This guidance should be flexible enough to allow for the tailoring of NPO utilisation to specific country contexts. However, it should **outline the parameters, or "golden rules", to follow when defining the mix of staffing of Country Offices**, e.g.:

- How the notion of a "desirable balance" between IP and NPO staff should be assessed in different contexts;
- What criteria should be used to identify situations where the use of NPOs:
  - Should be prioritised;
  - Could be considered, pending specific mitigations;
  - Is discouraged, e.g. where the risk of conflict of interest and threat to independence are greatest.
- What key mitigation strategies should be enforced, e.g. diversification of the NPO pool, rotation, level of supervision or additional support from international staff required, scope of activities or active performance management;

The guidance should stress the **recognition that the career progression of NPOs must be considered**, and that in specific circumstances NPOs can be assigned temporarily outside the home country, e.g. through development assignments.

It should also outline how diversity and inclusion, talent management and career evolution should be monitored and enabled for the NPO workforce.

2. Renew and coordinate advocacy efforts with other UN agencies on ICSC updates to NPO role definition and compensation

WHO has a margin of action and interpretation within current ICSC criteria and rules. This will however not address the root causes of some of the challenges identified in this evaluation.

As the UN Joint Inspection Unit put it in its 2016 system-wide review of administrative services : "*The phenomenon of organizations in effect going their own way if they believe policy does not keep up with their operational needs underscores the need to critically probe the rules at issue so as not to erode the common vision of the international civil service*". In this light the review of the compensation package for locally recruited staff performed by the ICSC in 2017 represented a missed opportunity to modernise the definition of the NPO role and related approach to compensation.

To this end:

2.1. **As part of renewed efforts on the reform of the UN system, WHO should engage with sister agencies through inter-agency coordination mechanisms such as the UN CEB, HLCM or HR network** in order to:

- Share the findings of this evaluation;
- Discuss what these findings mean for agencies' ability to effectively and efficiently meet their mandates;

- Align on the extent to which the modernization of contractual arrangements and compensation models is a key success factor of the ongoing reform of the UN system.

2.2. On this basis, **renewed advocacy with the ICSC to modernise contractual frameworks and compensation models should be undertaken**, notably to make the NPO eligibility criteria more flexible and to review if the benchmark approach currently used to determine NPO compensation requires adaptation to align it with market practice, avoid inadequate incentives and meet agencies' goals. We understand a Working Group for new contractual arrangements is being setup by the UN HR network. The opportunity for this group to tackle the above challenge should be assessed.

3. Ensure NPOs are considered as part of Strategic Workforce Planning

In the context of the WHO transformation, the NPO workforce needs to be managed strategically.

Managing the NPO workforce strategically means:

3.1. **Clarifying the NPO requirements of each country in terms of number of NPOs, grades and profiles as part of the workforce planning for the implementation of WHO's operating model:** the realignment of WHO's operating model offers an opportunity to **perform a workforce planning exercise and identify the required staffing profiles of each Country Office**. This would need to be a joint exercise involving HR and Operations to formulate and implement a consistent approach that is both pragmatic and informative.

This exercise should take into account:

- The requirements stemming from the CCSs, WHO's Plan and Budget, and UNDAFs;
- The refined division of labour between HQ, regions and Country Offices, which was meant to be presented in April 2019;
- The revised NPO role and policy framework;
- Local conditions such as the availability of required capacity in the local employment market and the political context;
- Realistic or scenario-based funding parameters to avoid an inflationary approach to staffing as well as predictable and sustainable financing of positions.

A gap analysis should then be performed, relative to the current workforce projections, to identify areas where the number and proportion of NPO staff needs to be adjusted. These **adaptations should be factored in to job (re)profiling, recruitment and mobility plans.**

3.2. **Ensuring a more robust and more diversified recruitment:** based on the outcome of workforce planning, recruitment practices should be adapted in order to ensure the increased diversity of NPOs in terms of:

- Gender: whilst a number of enablers for gender diversity were identified, specific attention should be paid in those regions (EMRO, AFRO) and categories (prevention and treatment of communicable diseases and WHO Health Emergency Programme) to address areas of gender imbalance;
- Ethnicity: WRs should ensure adequate representation of ethnic groups in the short list of candidates;

- Age: An age pyramid should be pursued with the goal of ensuring an adequate balance and where needed attracting younger talent to the NPO workforce;
- Professional experience: Expertise and previous work experience should be considered with the aim of diversifying beyond a MoH-centric talent pool to include other parts of government or civil society.

Care should be taken to ensure the process is free of political influence and unconscious bias.

3.3. **Promoting the internal and external mobility/career progression of NPOs:** NPOs and their supervisors stressed the need to provide more systematically opportunities for career progression in order to ensure the continued motivation and relevance of NPO staff. To this end, WHO should consider:

- Implementing a **maximum tenure for NPOs**, e.g. 5-7 years, beyond which mobility should be actively promoted (as explained in recommendation 1);
- **Articulating potential career pathways for NPOs** and related skills and experience requirements;
- **Facilitating internal mobility/career progression, e.g.** through policies that:
  - Allow NPOs to move from one country to an NPO position in a neighbouring country
  - Allow NPOs to more easily qualify for international positions outside their home countries; the announcement by the DG in March 2019 of new rules concerning the qualification of years of experience is a step in the right direction.
- **Facilitating external mobility** through:
  - A more proactive stance on returning NPOs to their previous employer, e.g. through facilitated transition and financial measures to soften the impact on income and pensions;
  - Proactive dialogue with UN partners on opportunities for NPO mobility across UN agencies, as part of reinvigorated UN Country Teams.

Care should be taken to ensure women have equal access to mobility opportunities, informed by monitoring of the gender balance of the mobility channels, and identifying and removing potential barriers to mobility.

4. Improve performance management including Learning and Development of NPOs

4.1. **Elaborating a learning and development strategy for NPOs:** in order to ensure the ongoing relevance of NPOs and adequately support their career aspirations, WHO needs to strengthen its approach to NPOs' learning and development. The focus of this approach should be four-pronged:

- **Timely and relevant NPO induction**, notably in terms of fostering the required understanding of independence and neutrality imperatives for WHO staff, and equipping NPOs with an adequate understanding of WHO's mandate, values, structure, access to expertise and knowledge bases. A "new joiner package", including instructions for GSM, award management, a course guide with mandatory e-learnings, etc. should be handed out on the first day of work;

- Strengthening the skills required of NPOs to operate effectively in their **current roles**, especially communication skills (written and oral), analytical skills and project management skills;
- The skills required of NPOs to operate effectively in the **changing context** of global health and Country Office work, notably the management of inter-sectoral and multi-stakeholder initiatives, e.g. influencing and negotiation skills;
- The skills required of NPOs successfully to **progress to international positions**. This should include, in particular:
    - International experience (actively scaling up opportunities for short-term development assignments)
    - Management of an intercultural workforce
    - Language skills

The above could be **formalised through a specific NPO curriculum, aligned with the potential career pathways** mentioned in the previous recommendation.

4.2. **Improving the coaching and performance management of NPOs:** NPOs' and supervisors' expectations with respect to coaching and performance management need to be aligned:

- **Supervisors should be briefed on the people management expectations** of their role and trained on key management enablers, such as how to mitigate unconscious bias when dealing when NPOs. Supervisors should pay equal attention to the development of NPOs and international staff. They must also reconcile their view of NPOs' development needs with what NPOs themselves aspire to develop. Based on the outcome of recommendation 4.1, **a toolkit should be provided to supervisors to help them guide NPO staff through their development**.
- **Effective performance management should be prioritised for NPOs** as a key enabler for Country Office operations and NPOs' personal development. This should include (but not be limited to) the consistent documentation of performance and development plans in the ePMDS. As part of this broader undertaking to improve performance management at WHO, **a culture of regular and open feedback should be encouraged**. This coaching and feedback should address, in particular, the delicate balance of service orientation and the effective use of WHO resources when collaborating with the MoH.
- Performance management and development are common areas of "hidden" gender imbalances, which can be manifested in the underrepresentation of women in specific roles and teams. To mitigate this risk in NPO populations, WHO should monitor gender metrics in these process areas and identify opportunities to improve gender parity, e.g. NPO supervisors' behaviour and development opportunities such **as mentoring programmes.**

5. Promote a culture of independence, inclusion, fairness and collaboration

A number of elements in the NPO survey show the need to improve inclusion, collaboration and mutual appreciation between NPOs and international staff, whilst interviews revealed a need to ensure an adequate level of independence of NPOs from the MoH concerned. The **new WHO values charter offers an opportunity to drive this agenda forward in Country Offices.**

As part of the roll-out of the values charter to Country Offices, specific attention should be paid to **ensure management and staff are engaged around the "few critical behaviours" that will have the biggest impact for WHO,** relating especially to encouraging:

- Respect and appreciation for colleagues irrespective of their background, characteristics or type of contract;
- More collaborative practices between international and national staff, notably on coaching and technical work, e.g. through team building exercises;
- The courage to speak up, demonstrate independence and hold each other accountable.

In order to achieve the above objectives, the attitude of senior management, particularly the WR, can have a fundamental impact on office behaviours:

- The definition of objectives for WRs and the annual global meeting of WRs offer key mechanisms to **promote the right "tone at the top".** It is important that this be cascaded subsequently to NPO supervisors and the NPOs themselves, so the whole management channel understands what these objectives mean for them and how they can align in their day-to-day roles.
- In terms of inclusion, **efforts should be made by WRs to enable a working environment** that provides adequate openness and flexibility to accommodate the diverse needs of all NPO staff and potential NPO candidates. In this way, the whole NPO workforce will be able to deliver its potential to accelerate WHO's impact at the country level.

APPENDICES

RFP 2018/DGO/EVL/02 – Annex 7

Evaluation of the utilization of National Professional Officers at country level

Terms of Reference

Background

1. National professional officers (NPOs) are nationals of the country in which they are to serve, are recruited locally and are not subject to assignment to any official station outside the home country. They are staff members of the Organization and are subject to the Staff Regulations and Rules of WHO. They perform functions of a professional nature requiring local knowledge, expertise and experience of a national as opposed to an international dimension.[1] Several UN agencies employ NPOs, including UNICEF (since I960), UNDP (since 1975) and WHO (since 1995).

2. Prior to resolution EB95/R20, WHO employed a large number of national professionals as National Professional Project Personnel/National Experts. Following this resolution, WHO started employing NPOs on a trial basis for 3 years, at the recommendation of the Director-General.[2] Since then, NPOs have been an important component of the WHO workforce at country level (and at regional offices and other outposts) to support and/or lead critical functions. In 2001, a review[3] noted an increasing number of NPOs in WHO country offices, varying across the regions. Three WHO regions (Africa, Europe and South-East Asia) employed 200 NPOs, with the majority (164) in the African Region. By 2012, the total number of NPOs had increased to 894 (13% of a total of 7,817 WHO staff, excluding the Region of the Americas).[4] Most recently (2017), 974 NPOs form over 12% of WHO's total staff, and 28% of its country staff.[5] The majority of NPOs (62%) are employed in the African Region,[6] with the remaining NPOs in other regions and headquarters outposts (such as the WHO Centre for Health Development in Kobe and the Global Service Centre in Kuala Lumpur). The majority of NPOs are concentrated in a few large country offices. The WHO Regional Office for the Americas also employs around 75 NPOs.[7]

Rationale

3. Since the introduction of NPOs into WHO's workforce in 1995, there have been no internal reviews or independent evaluations to assess how WHO has been utilizing the skills and competencies of NPOs in delivering its mandate at the country level. To our knowledge, no other UN agency which employs NPOs has conducted an evaluation to this effect.

4. International Civil Service Commission (ICSC) regulations regarding NPOs have evolved since the recruitment of NPOs in WHO in 1995. In 1994, ICSC criteria for employment of NPOs at non-headquarters duty stations included: (a) *employment of NPOs by a given UN common system organization should be grounded in a policy framework established by that organization's*

[1] WHO e-manual section III.13.4.10, National Professional Officers.
[2] WHO (1994). National Professional Officers – Report by the Director-General. Document EB95/46.
[3] JIU (2001). Review of Management and Administration in the World Health Organization (2001). Document JIU/REP/2001/5.
[4] JIU (2012). Review of Management, Administration and Decentralization in the World Health Organization – Part I Review of management and administration of WHO. Document JIU/REP/2012/6.
[5] WHO (2017). Who Presence in Countries, Territories and Areas (http://apps.who.int/iris/bitstream/10665/255448/1/WHO-CCU-17.04-eng.pdf).
[6] WHO (2018). Human resources: update – workforce data as at 31 December 2017.
[7] As of December 2016. See: WHO (2017). Who Presence in Countries, Territories and Areas (http://apps.who.int/iris/bitstream/10665/255448/1/WHO-CCU-17.04-eng.pdf).

legislative body; (b) NPOs should not be subject to assignment to any duty station outside the home country; (c) *work performed by NPOs should have a national content* [and] *NPOs should bring to bear in the job national experience and knowledge of local culture, language traditions and institutions; (d) Organizations employing NPOs should maintain a balance between international and local Professionals appropriate to their needs, bearing in mind the need to preserve the universal character and the independence of the international civil service;* (e) NPO posts should be graded on the basis of the Master Standard for the classification of Professional posts; (f) *career prospects of NPOs are necessarily limited, given (i) the continued employment of international staff in senior management positions, (ii) the number of grades in the category and (iii) the fact that the functions they perform may be finite. Organizations should make NPOs aware of these limitations, [but] endeavour to develop the potential of NPOs as a matter of sound personnel policy.*[8] The ICSC guidelines, as well as practices, have evolved since 1994 and, as of 2017, ICSC guidelines for the employment of NPOs[9] require, inter alia, that NPOs are entitled to the same allowances and benefits as General Service staff, except for language allowance and overtime compensation.

5. Several recent independent reviews and evaluations refer to the role of NPOs at country level; these findings and recommendations should also inform this current evaluation. A 2012 JIU review[10] considered the appointment of NPOs as heads of WHO country offices (in 16% of the country offices) as an issue of concern due to its potential for conflict of interests, and issues of WHO's independence. The review recommended that the practice of assigning NPOs to lead operations of country offices be gradually discontinued, even if it proved more cost-effective than appointing an international staff member as head. Other recent evaluations in WHO, such as the WHO Reform evaluation[11] and the Evaluation of WHO's Presence in Countries,[12] highlighted the need for matching country team capacity to country needs. The latter recommended to consider the balance of international and national staff in order to support WHO country offices' capacity to lead and deliver the WHO functions effectively.

6. WHO's Thirteenth General Programme of Work (GPW) is the strategic plan for the next five years (2019-2023) which aims to contribute towards the achievement of the sustainable development goals (SDGs) and to drive public health impact at country level.[13] In this regard, WHO will become more focused and effective in its country-based operations, working closely with partners, engaging in policy dialogue, providing strategic support and technical assistance, and coordinating service delivery, depending on the country context. Thus, NPOs will continue to have a role in realising the goals and targets of the Thirteenth GPW in particular and, beyond that, in the achievement of the SDGs at country level.

7. The findings and recommendations of this evaluation will therefore help inform the effective utilization of NPOs as part of WHO's workforce at country level.

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[8] As quoted in document EB95/46

[9] United Nations (2017). United Nations Common System of Salaries, Allowances and Benefits (https://icsc.un.org/resources/pdfs/sal/sabeng17.pdf, p.19.)

[10] JIU (2012). Review of Management, Administration and Decentralization in the World Health Organization – Part II Review of decentralization in WHO. Document JIU/REP/2012/7.

[11] WHO (2017). Leadership and management at WHO; Evaluation of WHO Reform (2011-2017), third stage (http://www.who.int/about/evaluation/stage3evaluationofwhoreform25apr17.pdf?ua=1).

[12] WHO (2015). Evaluation of WHO's Presence in Countries (http://www.who.int/about/evaluation/prepublication-country-presence-evaluation.pdf?ua=1).

[13] WHO (2018). Thirteenth General Programme of Work 2012-2023. (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1).

Purpose and objectives

8. The overall purpose of the evaluation is to assess the role played by NPOs in WHO country offices, towards the effective delivery of WHO's mandate at country level in support of Member States to achieve their national health targets. The evaluation will specifically focus on the role NPOs play and how WHO has been utilizing NPOs, and explore the ways in which the skills and competencies of NPOs could be utilized more effectively in the future. The evaluation will also document successes, challenges and best practices, and will provide lessons learned and recommendations for future use by management to inform policy and decision-making. The evaluation meets accountability as well as learning objectives.

Target audience and expected use

9. The principal target audience of this evaluation are WHO senior management (the Director-General, regional directors, directors of programme management, directors of administration and finance at regional level) and heads of WHO country offices. The main expected use for this evaluation is to support WHO senior management to strengthen country office capacity to improve WHO's performance at country level, enhance accountability and learning for future planning.

10. Member States and other partners also have an interest in understanding the role of NPOs and their added value in contributing to achieving WHO's mandate at the country level, as well as in improving the national critical mass in countries.

Scope and focus

11. The evaluation will consider the relevance, effectiveness and efficiency (and, where feasible, the impact and sustainability) dimensions of using NPOs at the country level. It will assess the specific contributions and added value of NPOs in countries in relation to delivering results in response to the outputs and outcomes identified by the key WHO strategic instruments, i.e. the GPW, the Country Cooperation Strategies and the biennial programme budgets.

12. The evaluation will also consider the evolution of the main functions of NPOs since the introduction of NPOs in WHO and the eligibility criteria used during the process of recruitment of NPOs, with a focus on the past ten years. However, the evaluation will be forward looking and should provide useful and actionable recommendations to facilitate future policy and decision-making.

Evaluation questions

13. High-level evaluation questions and the corresponding indicative areas for investigation are presented below:[14]

Evaluation questions	Indicative areas of investigation
EQ1: How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level?	Analyse the specific roles played by the NPOs; explore challenges associated with the roles envisaged and the actual roles played by the NPOs; issues in relation to the roles played by the NPOs such as independence; role of NPOs vis-à-vis country needs, organizational priorities, policies and practices.
EQ2: What are the specific contributions and	Assess the added value of employing NPOs within

[14] Detailed evaluation sub-questions will be finalized as part of the evaluation matrix at the inception phase in agreement with the WHO Evaluation Office.

added value of NPOs in countries in relation to achieving results at country level?	WHO; and effectiveness and efficiency aspects, including cost-effectiveness.
EQ3: What are the main overlaps and complementarities between the roles of NPOs and International Professionals in countries?	Assess the complementarity of roles of International Professionals and NPOs to deliver results at country level.
EQ 4: As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?	Assess: decision-making processes that define the role and deployment of NPOs and the changes in the processes over time; current NPO skills/competencies mix; future NPO needs and roles; opportunities for career development.

Approach and deliverables

14. The evaluation team at the inception stage will develop an **inception report**, following the principles set forth in the WHO Evaluation Practice Handbook and the United Nations Evaluation Group's Norms and Standards for Evaluation and Ethical Guidelines for Evaluation. The inception report will include a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The evaluation team will adhere to WHO cross-cutting evaluation strategies on gender, equity, vulnerable populations and human rights and include to the extent possible disaggregated data and analysis. In addition, gender-specific sub-questions will be developed at the inception stage and included in the inception report. These include aspects of recruitment of women, their inclusion, retention and recognition of their contribution. The inception report will also include an evaluation matrix as per WHO guidelines, detailing information needs, sources and methods for all evaluation questions.

15. **The evaluation methodology** will demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information from various stakeholder groups gathered through a variety of means. The evaluation will rely mostly on document review, key informant interviews and online surveys. In particular, the evaluation will generate 6-8 country case studies, to highlight emerging issues and challenges and good practices. The selection of country case studies may be done after analysing the survey results, and could be done mostly through key informant interviews/desk reviews. Internal and external stakeholders to be consulted through the above means include, but are not limited to, regional directors, heads of WHO country offices, NPOs, WHO directors of administration & finance and ministry of health representatives.

16. **The evaluation report** will be based on the quality criteria defined in the WHO Evaluation Practice Handbook. It will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It should be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias.

17. The evaluation report will include an executive summary and evidence-based conclusions and recommendations directly derived from the evaluation findings and addressing all relevant questions and issues of the evaluation.

18. Once approved, the evaluation report will be posted on the WHO Evaluation Office website (www.who.int/about/evaluation/en/).

19. The management response to the evaluation recommendations will be prepared by WHO senior management and posted on the WHO Evaluation Office website alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization, as appropriate.

20. It is expected that the evaluation will start in October 2018 and be concluded within 22-24 weeks, by early 2019.

Evaluation management

21. The WHO Evaluation Office will commission and manage this evaluation. The evaluation team will report to the Evaluation Commissioner through the Evaluation Manager appointed by the WHO Evaluation Office.

22. In line with the WHO Evaluation Policy, an ad hoc Evaluation Management Group will assist the Evaluation Commissioner/Evaluation Manager in the review of the Terms of Reference and selection of the evaluation team, as well as the review of the inception report and the draft evaluation report.

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APPENDIX B. – DETAILED EVALUATION QUESTIONS

Main question	Sub-question	Detailed question as identified in inception report	Page number
1. How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level	**NPO role as designed**	1.1. How was the NPO role supposed to be applied within WHO (ICSC/WHO HR policies)?	1-3
		1.2. What was the intended NPOs distribution across countries, levels, business units, gender, thematic expertise?	3
	Who are the NPOs? NPO demographics **Where are the NPOs? NPO distribution by major office and levels of the Organization**	1.6. How are NPOs distributed across countries, levels, business units, gender, thematic expertise?	9-11
		1.10. Are there differences in the types of roles occupied by men/women? Regional/country differences?	11,13
		1.11. How have gender balances evolved over the past 10 years?	9
	What do NPOs do?	1.4. What are the different roles of NPOs at country level, regional level and global level?	13-16
	Are there differences in the roles of NPOs at country level, regional level and global level?	1.6. How are NPOs distributed across countries, levels, business units, gender, thematic expertise?	14-15
		1.15. How are NPOs utilised across programmes (areas of work) /core WHO functions (normative, implementation)?	14
	Understanding NPO's contribution to WHO's mandate, results and functions	2.6. To which results/outputs do NPOs typically contribute?	14
		1.16. To what extent do NPOs deliver on national priorities versus broader areas of work, e.g. GSC KL? Are there gender differences?	14-16
	How does WHO's utilisation of NPOs differ from other UN agencies?	1.9. How are actual NPO roles in WHO different from how NPOs are used in other UN agencies?	17
	How does the NPO role as observed compare against the eligibility criteria?	1.7. How has the application of the eligibility criteria used during the recruitment of NPOs in the past ten years evolved? What are the changes in the definition of the role over this period (envisaged versus current roles)?	18
		4.1. How did the NPO roles evolve over the last 10 years? How does WHO decide on actual NPO roles? Are there gender-specific considerations when deciding on roles?	18-19

Main question	Sub-question	Detailed question as identified in inception report	Page number
How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level? (cont.)		1.12. Are actual NPO roles compliant with the expected NPO roles as formulated in global guidelines (including ICSC, WHO HR policies)? What are the differences between NPO position descriptions and the actual roles?	18-19
		1.13. How do NPOs' actual roles align with WHO's mandate and objectives, at global and country levels?	18-19
2. What are the specific contributions and added value of NPOs in countries in relation to achieving results at country level?	**How do stakeholders see the contribution and added value of NPOs at country level?**	2.5. How do NPOs perceive their contribution to Organizational priorities? How is their contribution perceived by WRs/RDs/recipient governments/other donors?	22-24
		2.7. How strongly do NPOs contribute to the achievement of CCS in the country?	23
		2.17. How do the national health authorities perceive the NPO roles and their effectiveness?	22-24
		2.8. What are the advantages and disadvantages of employing NPOs across the Organization?	22-24
		2.9. What are some of the best practices and success stories of deploying NPOs?	22-24
	Is the utilisation of NPOs cost-effective?	2.14. What is the ratio of NPO cost v. total staff cost v. different staff categories, in different regions?	24-30
		2.15. How does the benchmarking of salary scales in-country happen?	25
		2.16. How do NPO salaries compare to other organisations/ institutions or governments?	26-30
		1.8. How do NPOs relate to national government authorities? How many NPOs were former government officials? How do they influence or impact policy decisions?	30-33
	What are the limitations of the NPO role and of the actual utilisation of NPOs?	2.8. What are the advantages and disadvantages of employing NPOs across the Organization?	30-33
		2.11. Which challenges do NPOs face? Do they face gender-specific challenges?	30-33, 50
		1.8. How do NPOs relate to national government authorities? How many NPOs were former government officials? How do they influence or impact policy decisions?	30-33
		1.17. Are there areas where NPOs are not desirable/relevant? For what reasons? (e.g. independence, expertise)	30-33

Main question	Sub-question	Detailed question as identified in inception report	Page number
What are the specific contributions and added value of NPOs in countries in relation to achieving results at country level? (cont.)	**What are the limitations of the NPO role and of the actual utilisation of NPOs? (cont.)**	3.5. Are there specific risks for NPOs in high security-risk countries? How is this different to P/G-staff? Are there gender-specific risks and risk-mitigation measures?	33
		3.6. Are there specific types of information/process responsibilities that should therefore not be assigned to national staff in order to protect them?	30-33
3. Are there overlaps or not? If so, what are they? Is it a problem? So what?	**Are there overlaps between International Professionals and National Professional Officers? What are the complementarities between IP and NPO roles?**	3.1. How do NPOs' roles compare to P-staff? Are there differences across regions? Are there gender differences?	35-38
		3.2. What are the inherent prospects / limitations for each category?	38
	Is there mobility between staff categories?	3.3. What has been the average length of NPO employment at country level v. international staff presence? How long do NPO remain on average in each level?	38
		3.4. Mobility from NPO to IP: How many international professionals are former NPO? What grade were they recruited at?	39-41
4. As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?	**What are the key drivers impacting the future of WHO's Country Offices?**	1.14. What are the staffing needs/requirements from the Country Offices today and in the future? How do NPOs fit in? How do NPOs fit in, notably from a gender perspective?	44-50
		1.3. How do WHO guidelines and other efforts at the 3 levels guide the organisation to enhance diversity & inclusion in the NPO workforce?	50-54
		4.3. What changes in the roles of NPOs are expected in view of the transformation agenda, and GPW13 and SDGs?	47
		4.8. What additional steps should WHO take to improve gender parity, including in recruitment?	50-51
		4.2. What potential externalities need to be managed going forward (e.g. brain drain)?	47,58, 59

Main question	Sub-question	Detailed question as identified in inception report	Page number
As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role? (cont.)	**What are the implications on NPO roles, skills and competencies?**	4.4. Which key skills and competences are required at country level to support this? Which skills & competencies will NPOs need in the future?	47,48, 51
		1.5. How are the NPO skills and competencies matched with expected roles/functions and expected deliveries?	47,48
		4.5. What are the differences in global vs regional vs country perspective in required skills and competencies?	51,53
		4.6. What are the enablers and barriers for the development of these competencies?	50-54
		4.7. How are NPOs empowered to access training, WHO knowledge, experience and on-the-job learning? Are there gender-specific differences in creating access?	50
	What are the barriers and requisites enablers to improve the utilisation and performance of NPOs?	2.12. What are the support structures in place to help NPOs overcome specific challenges, including gender-specific support?	50-54
		2.10. How are the NPOs supported to better deliver the results? Are there gender differences in the support that is required for NPOs?	50-54
		2.13. What are the barriers and enablers to improve the relevance of NPOs?	50-54
		2.1. How is NPOs' performance defined and assessed? How does it compare with other categories of staff (P/G)?	53-54
		2.2. How robust are the processes and systems to assess their contribution?	53-54
		2.3. How is low performance handled?	53-54
		2.4. What are the incentives for good performance?	53-54

APPENDIX C. UPDATED THEORY OF CHANGE FOR THE NPOS' CONTRIBUTIONS TO DELIVERING WHO'S MANDATE AT THE COUNTRY, REGIONAL AND GLOBAL LEVEL

NPOs		WHO Secretariat		Member States	
Input (NPO Characteristics)	Input (Value add)	Activities	Outputs	Outcomes	Impact

Commitment and devotion to role

Local language

Geographical knowledge and access

Cultural fit

Institutional know-ledge of country's health system

Network within government and society

Continued presence in the country

Service orientation towards MoH

Access to populations and areas

Access to key policy forums

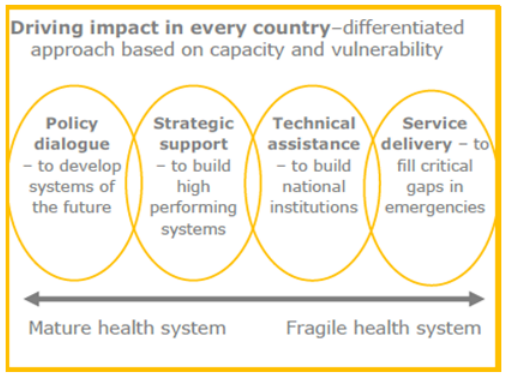
Situational awareness & relevance

Ability to tailor WHO's response

NPO core activities and outputs in Country Offices:

- Adapting WHO norms, standards, policy and guidance to national context
- Technical cooperation: Technical support and capacity building
- Monitor, evaluate and analyse trends
- Research
- Enabling WHO's strategic leadership: Facilitate dialogue with the local authorities, development agencies and civil society
- Corporate functions

Strategic shifts WHO



Increased access to health services or reduction of risk factors:

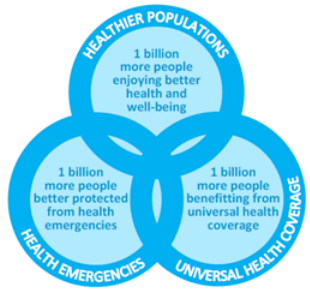
- Outcome 1 to 8 as per GPW13

Outcomes related to WHO leadership and enabling

- Outcome 9 and 10 as per GPW13

Improved health outcomes achieved, notably the GPW 3 billion targets:

- UHC
- WHO Emergencies
- Health promotion



Enabling factors

- Policy framework for the utilization of NPOs
- Strategic workforce planning
- Recruitment
- Career progression and mobility
- Performance Management

Limitations

- Boundaries with MoH
- Efficiency
- Independence
- Credibility
- Tenure
- Staff mix
- Security
- National capacity building

APPENDIX D. - INTERVIEWS

Name	Position	Stakeholder category
Abdulrahman, Aminat	NPO, HSS Nigeria	*NPO Focus Group, Nigeria*
Abhyankara, Anita	Human Resources Manager, SEARO	*Interview, Position Evaluation, SEARO*
Acharya, Shambhu	Director, CCU	*Interview*
Aditama, Tjandra Yoga	NPO Supervisor, Senior Advisor, Office of the RD, SEARO	*Interview, SEARO*
Aggarwal, Amit	NPO, Budget and Finance, SEARO	*Interview, SEARO*
Akhidenor, Julie	NPO, Nigeria	*Interview, NPO Focus Group, Nigeria*
Al Ani, Marwan	NPO, Iraq	*Phone interview*
Al-Badri, Jehan	NPO, Iraq	*Phone interview*
Al-Jasari, Adel	NPO, Yemen	*Phone interview*
Al Rubaai, Abdul Nasr	NPO, Yemen	*Phone interview*
Aliou, Diallo	NPO, Immunisation Senegal	*Interview, Senegal*
Allen, David	Director Administration and Finance, SEARO	*Interview, Position Evaluation, SEARO*
Arbid, Moeen	Finance Specialist, HQ	*Data collection*
Auer, Annella	Advisor, Human Resources for Health Development, PAHO	*Phone interview*
Awe, Ayodele	NPO, Nigeria	*NPO Focus Group, Nigeria*
Aylward, Bruce	Assistant Director General	*Interview*
Ba, Ibrahim Oumar	NPO, Disease Surveillance Senegal	*Interview, Senegal*
Bajar, Christina	NPO Supervisor, SEARO	*Position Evaluation, SEARO*
Bandjougou, Magassa	UNICEF, Chief Human Resource Services, India	*Interview, India*
Bassiri, Sussan	Director Administration and Finance, EURO	*Interview*
Bawa, Samuel	NPO, EPI Nigeria	*NPO Focus Group, Nigeria*
Bhatnagar, Pankaj	NPO, India	*Phone interview*
Bekedam, Hendrik Jan	WHO Representative India	*Interview, India*
Bhattacharji, Jiji	UNDP, India	*Interview, India*
Binyerem, Ukaire	Ministry of Health, Family Health Department, Nigeria	*Interview Nigeria*
Brajovic, Mina	WHO Representative, Montenegro	*Phone interview, Montenegro*
Bungudu, Kabiru	NPO, Budget Nigeria	*NPO Focus Group, Nigeria*
Canna, Sara	HR Specialist and focal point AFRO Transformation, HRD	*Interview*
Chauhan, Urmil	Human Resources Assistant	*Interview, India*
Chirakadani, Abraham	UNICEF, Nigeria	*Interview, Nigeria*
Choo, Shirly	NPO, Global Service Centre	*Phone interview*
Cong, Dai Tran	NPO, Vietnam	*Phone interview*
Cronin, Patrick	Coordinator, HRD	*Interview*
Da Silva Lima, Rogerio	NPO Brazil	*Phone interview*
Dao, Halima	UNICEF, Chief of Child Survival and Development, Senegal	*Interview, Senegal*
De Graeve, Hilde	NPO Supervisor, India	*Interview, India*
De Souza, Mirabelle	UNICEF, Nigeria	*Interview, Nigeria*
Diop, Mainouna	NPO, Operation Officer Senegal	*Interview, Senegal*
Donati, Giancarla	Human Resources Officer – Career Transition Advisor AFRO	*Phone interview*
El Khodary, Hatem Adel	Director Administration and Finance, EMRO	*Interview*
Eng, Mei Yee	NPO, Global Service Centre	*Phone interview*

Name	Position	Stakeholder category
Eudes Jean Baptiste, Anne	NPO Supervisor, Nigeria	*Position evaluation, Nigeria*
Fahdt, Tarek	Supervisor, Global Service Centre	*Phone interview*
Faye, Moussa	UNFPA, Assistant Representative, Senegal	*Interview, Senegal*
Francis, Paul	NPO, India	*NPO Focus Group, India*
Ganguly, Atreyi	NPO, India	*Interview, India*
Gross, Socorro	WHO Representative, Brazil	*Phone interview, Brazil*
Gupta, Gagan	UNICEF, India	*Interview, India*
Gupta, Madhur	NPO, India	*Interview, India*
Hammanyero, Kulchumi	NPO, EPI Nigeria	*Interview, Nigeria*
Hamzat, Omotayo	NPO, HSS cluster Nigeria	*Focus Group, Nigeria*
Harvey, Pauline	NPO Supervisor, India	*Position Evaluation, India*
Ibiama Sawari, George	Ministry of Health, Family Health Department, Nigeria	*Interview Nigeria*
Imboua-Niava, Lucile Marie	WHO Representative, Senegal	*Interview, Senegal*
Isiaka, Ayodeji	NPO, EPI Nigeria	*Focus Group, Nigeria*
Ismail, Osan	NPO, Yemen	*Phone interview*
Ismailov, Gabit	Senior Technical Officer, HQ/IOS	*Phone interview*
Jean Baptiste, Anne Eudes	NPO Supervisor, Nigeria	*Interview, Nigeria*
Jokodola I.D.	Ministry of Health, Family Health Department, Nigeria	*Interview Nigeria*
Joshi, Pradeep	NPO, India	*NPO Focus Group, India*
Kehinde, Adeniyi	Ministry of Health, Family Health Department, Nigeria	*Interview Nigeria*
Kimani, Andrew	Head of Operations	*Interview, Nigeria*
Kobbe, Maria	Evaluation Advisor, PAHO	*Data collection PAHO*
Kobza, Jeff	Director Administration and Finance, WPRO	*Interview*
Lahariya, Chandrakant	NPO, India	*Interview, India*
Laroussi, Mouna	Regional Human Resources Manager, AFRO	*Phone interview*
Lewis, Merle	Chief-of-Staff, PAHO	*Interview*
Mady, Ba	NPO, Disease Control Senegal	*Interview, Senegal*
Malhotra, Lokesh	DAF Office, SEARO	*Programme coordination Visit SEARO*
Mamadou, Ibrahim	NPO, Nigeria	*NPO Focus Group, Nigeria*
Maza, Rony	NPO Supervisor, SEARO	*Position Evaluation, SEARO*
Meki, Tonderai (Nicholas)	NPO, Zimbabwe IST ESA, AFRO	*Phone interview*
Meribole, E.C.	Ministry of Health, Head of Medical Department of Planning, Research & Statistics, Nigeria	*Interview, Nigeria*
Mpazanje, Rex	NPO Supervisor, OIC/CND Cluster Coordinator, Nigeria	*Interview, Position Evaluation, Nigeria*
Musani, Altaf	WHO Representative, Yemen	*Phone interview*
Mwinga, Kasonde	NPO Supervisor, India	*Position evaluation, India*
Nakagawa, Jun	NPO Supervisor, Vietnam	*Phone interview*
Namgyal, Pem	Director Programme Management, SEARO	*Interview*
Ndella, Diakhate	NPO, AIDS, Tuberculosis, Malaria	*Interview, Senegal*
Ndiaye, El Hadji Mamadou	Ministry of Health, Director for Prevention, Senegal	*Interview, Senegal*
Ndiaye, Youssouph	Ministry of Health, Directeur de la Planification, de la Recherche et des Statistiques, Senegal	*Interview Senegal*
Ndiaye, Ndeye Fatou	UNFPA, Programme Coordinator, Senegal	*Interview, Senegal*
Ndiaye, Makhtar	Career Counsellor, AFRO Transformation	*Phone interview*
N'Ganga, Salomon Omer	NPO, Gabon IST Central, AFRO	*Phone interview*
Nguyen, Thuc Anh	NPO, Vietnam	*Phone interview*
Nnawuogo, Chizoma	NPO, Nigeria	*Interview, Nigeria*
Nocquet, Françoise	Director HRD, HQ	*Interview*

Name	Position	Stakeholder category
Ogaziechi, Mary	UNFPA, Nigeria	*Interview, Nigeria*
Ohammah, Lawrence	NPO, Nigeria	*NPO Focus Group, Nigeria*
Ojo, Olumuyima	NPO, Nigeria	*Interview, Nigeria*
Okologo, Beauty Onajite	Ministry of Health, Head Pharmaceutical Service Division, Nigeria	*Interview, Nigeria*
Ongom, Moses	NPO Supervisor, HAS/HSS Cluster Coordinator, HSS Nigeria	*Interview, Position Evaluation, Nigeria*
Ovuoraye, Jill	Ministry of Health, Family Health Department, Nigeria	*Interview Nigeria*
Ozor, Lynda	NPO, Nigeria	*NPO Focus Group, Nigeria*
Padilla, Monica	Supervisor, Brazil	*Phone interview, Brazil*
Pant, Manish	UNDP, Chief Health & Development, India	*Interview, India*
Paranietharan, Navaratnasamy	WHO Representative Indonesia	*Video-conference*
Park, Kidong	WHO Representative Vietnam	*Phone interview*
Parmar, Malik	NPO, India	*Interview, India*
Payden, Ms	Deputy Head of WCO, India	*Programme coordination visit WCO*
Pendse, Razia	WHO Representative Sri Lanka	*Video-conference*
Peter Lasuba, Clement Lugala	Acting WHO Representative, Nigeria	*Interview*
Preston, Richard	Acting Director, Global Service Centre	*Phone interview, GSC*
Rady, Alissar	NPO, Lebanon	*Phone interview*
Ramachandran, Ranjani	NPO, India	*NPO Focus Group, India*
Roy, Prashanta	NPO, India	*NPO Focus Group, India*
Rurane, Aiga	WHO Representative, Slovenia	*Phone interview*
Salio, Flavio	Supervisor, Yemen	*Phone interview*
Sall, Farba Lamine	NPO, Health Financing Senegal	*Interview, Senegal*
Saluja, Manjeet	NPO, India	*NPO Focus Group, India*
Sandrasagren, Mahen	Head of Global Talent Management, HQ	*Interview, Reference model working session*
Sarawgi, Seema	NPO, Executive Assistant, India	*Interview, India*
Seerathun, Benoy Kumar	HR Specialist	*Data collection*
Seguy, Nicole	NPO Supervisor, India	*Interview/Position Evaluation, India*
Sharma, Amot Kumar	NPO Human Resources, India	*Interview, India*
Sheel, Vikas	India Ministry of Health: Joint Secretary, Ministry of Health & Family Welfare	*Interview, India*
Sidibe Pimpie, Josiane	HQ, HR Specialist, Policy and Compensation	*Phone interview*
Singh, Manjit	NPO Supervisor, Budget & Finance Officer, SEARO	*Interview, Position Evaluation, India*
Singh, Paramjeet	NPO, SEARO	*Interview, SEARO*
Takeshi, Kasai	Regional Director, WPRO	*Interview*
Taylor, Kym	EMG member, UN Peacekeeping	*Phone interview*
Thomas, Raul	Director Administration and Finance, AFRO	*Interview*
Travis, Phyllida	NPO Supervisor, SEARO	*Position Evaluation, India*
Treasure, Ana	Director of CSC	*Interview*
Tullu, Fikru	NPO Supervisor, India	*Position Evaluation, India*
Usman, Abdulmumini	Director, Programme Management, AFRO	*Video conference*
VanderLahn Smith, Michele	Administrative Officer, India	*Interview, India*
Vaz, Rui	EMG member, former WR Nigeria	*Interview*
Vazquez, Enrique	NPO, Brazil	*Phone interview*
Veyrat, Laurent	HR Data Analyst, HQ	*Data collection*
Vigil, Isabel	AMRO Senior Human Resources Advisor	*Phone Interview*

Name	Position	Stakeholder category
Wahie, Ajay	NPO, India	*NPO Focus Group, India*
Wertschnig, Brian	Classification Specialist, HRD	*Reference model working session*
Willman, Hans	Head of Classification, HRD	*Interview*
Yellajosyula, Ramani	NPO, SEARO	*Interview SEARO*

APPENDIX E. KEY DRIVERS SHAPING THE FUTURE OF COUNTRY OFFICES

The analysis below was used to inform section 4.

What are the key drivers impacting the future of WHO's Country Offices?

The future role of NPOs needs to be framed in the context of the evolving role of WHO Country Offices.

The key drivers that impact the role and functioning of WHO's Country Offices moving forward are outlined below.

External drivers: changing global health and evolving country needs, SDGs and UN reform

Four interrelated external drivers of relevance to Country Offices can be identified.

Changing global health: the world suffers from a complex and evolving mix of interconnected threats to people's health and wellbeing. This includes a disease burden where communicable diseases persist and where non-communicable disease and mental health challenges are on the rise. This also includes a trend towards multiplying concurrent severe disease outbreaks (3 Public Health Emergency of International Concern between 2014 and 2016) and protracted health emergencies (9 grade 3 emergencies as of 19 April 2019). WHO has therefore a **continuing need to maintain and develop a broad set of competencies and functions at country level.**

Evolving country needs: whilst poverty and inequality remain key sources of poor health and wellbeing, global extreme poverty declined from 44% in 1981 to less than 10% in 2015, with a positive correlation to life expectancy, child and women mortality and other key health indicators. With this comes a need to tailor WHO's approach in order to, **on the one hand, focus efforts on those countries and sub-national areas that are most vulnerable and, on the other hand, to evolve its partnership with middle income countries.** This is likely to take the form of **more strategic policy dialogue, increased focus on brokering of international perspectives and an adapted programmatic focus in Country Cooperation Strategies.**

Sustainable Development Goals (SDGs): WHO's primary focus is on the achievement of SDG 3 "Ensure healthy lives and promote wellbeing for all at all ages" and other health targets as identified in the WHO's Health Impact Framework. SDGs call for several changes in the type of assistance WHO provides at country level. SDGs:

- Apply to rich and poor countries alike, which requires adapted **flexible and cost-effective delivery models** for WHO's work at country level.
- Require **multi-sectoral, coordinated and integrated approaches that go beyond the traditional focus of a Country Office on the Ministry of Health**, e.g. across agriculture, climate, transport, economic development and other Ministries.
- Call for the **strengthening of domestic resource mobilisation**, e.g. through fiscal policies relating to health, consistent with the principle of national ownership.
- Seek to enhance international support for implementing effective and targeted **capacity building** in developing countries.
- Require a step change improvement in countries' ability to **monitor, evaluate and show accountability** to meet the objective of increased "availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts" .

Reform of the United Nations Development System: The reform of the United Nations Development System (UNDS) involves a set of far-reaching changes in the way the UNDS works to help countries around the world in achieving the SDGs. The reform includes:

- A reinvigorated Resident Coordinator system with an independent and empowered Resident Coordinator at its centre and UN Country Teams (UNCTs) tailored to context and that deliver shared results through a redesigned UN Development Assistance Framework (UNDAFs),
- Clear and more robust lines of accountability, from UNCTs to host governments, from the Resident Coordinator to the Secretary-General, as well as between Resident Coordinators and heads of UN entities at the country level;
- A more adequate support infrastructure at global, regional and country levels to support the Resident Coordinators and UNCTs, including more coherent and better-coordinated utilisation of global and regional capacities and resources, as well as streamlined operating practices and consolidation of back offices and service centres;
- A shift in donor funding towards more predictable and flexible resources, as well as joint resource mobilisation between agencies;
- Improved communication on the UNDS to Member States.

Whilst the implications of this reform on WHO's Country Offices are not fully understood, in the short term the above changes will translate into **increased cross-sectoral collaboration, coordination and integration between UN agencies, partners, and host governments**.

Internal drivers: Global Programme of Work and organisational change

WHO key strategic and policy instruments seek to address the above challenges. For the period 2019-2023 the 13th Global Programme of Work (with an optional extension to 2025) and related WHO transformation are characterised by their strategic priorities, strategic shifts and organisational shifts.

Firstly, **three interconnected strategic priorities** relating to healthier populations, universal coverage and health emergencies form the overarching objectives of the GPW. Each strategic priority is aligned to the SDGs and has a goal to save 1 billion lives.

Secondly **three strategic shifts** consisting of stepping up leadership at all levels, driving impact in every country and focusing global public goods on impact. This includes notably:

- Increased focus on **advocacy for health at the highest political levels**, increased **multi-sectoral action,** the **promotion of gender equality, health equity and human rights**, and an increased focus on **health-friendly fiscal and regulatory environments**.
- A more flexible engagement model with countries through four **delivery models** (policy dialogue, strategic supporter, technical assistance and service coordinator) **aligned to country** needs and priorities
- Driving the impact of norms and standards notably through a data revolution involving the improved ability of Member States to **collect, report, use and disseminate health data**.

Thirdly, GPW 13 articulates **five organisational shifts**, which the WHO transformation is driving :

- Measuring impact through an Organization-wide impact framework that allows **performance monitoring**, **value-for-money** analysis and **accountability by the Secretariat**;
- Reshaping the operating model including **clarified roles and responsibilities between levels of the Organization**, **rebalancing of capacity from HQ** to regions and Country Offices, new and **harmonised organisational structure,** in order to put countries at the centre and promote **"agile" working practices** that foster responsiveness and improve the quality of WHO's response;
- Transforming partnership, communications and financing to **shape global health decisions and improve health financing**;
- Strengthening critical systems and processes through the redesign and **harmonisation of 13 of WHO's core technical, external and administrative processes;**
- Fostering cultural change to **improve collaboration** across levels and teams, and to **promote a culture of high performance and impact**. This includes, among other initiatives, the definition and **promotion of five values**: "Trusted to serve public health at all times", "Professionals committed to excellence in health", "Persons of integrity", "Collaborative colleagues and partners" and "People caring about people".

What are the specific contributions and added value of NPOs in countries in relation to achieving results at country level? — Case study: Montenegro

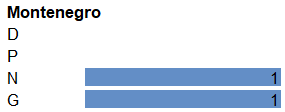
NPOs in the role of Head of Country Office

Region	EURO
Office type	Country Office
World Bank income category	Upper middle income
Population size in millions (World Bank, WDI 2018)	0.62
Number of NPOs	1
% NPOs of total professional staff	100%
Number of physicians per 1,000 population[1]	2.17 (2014)

Context – Country Cooperation Strategy

Montenegro is a small country with 0.6 million inhabitants. There is no CCS published for Montenegro.

NPOs in the Country Office



The Montenegro Country Office has 1 NPO and 1 G-staff. The Head of the Country Office is an NPO. For independence reasons, WHO normally prefers to have a non-national staff member as the Head of a WCO. The case of Montenegro illustrates the efficiency of being a national in helping to facilitate a high number of strategies, policies, actions and interventions that are implemented in line with WHO recommendations, especially in a country where the NPO can focus on finding common ground and fostering collaboration.

Successes and best practices

The NPO provides the following unique assets:

- **Local language:** It is essential to speak the language in order to speed up communication. Also, an NPO knows what "yes/no" really means, enabling WHO to be more effective in its interactions with its counterparts.
- **Integration into the social and cultural fabric of society:** Being able to tap into the national networks it critical to move things forward in an efficient way, particularly when under time pressure.
- **Professional independence:** Talented nationals, who are strongly rooted in WHO and who receive good support from regional colleagues, can bring a high level of professional independence and integrity to the table.
- **Cost effectiveness:** NPOs are well integrated in various levels of society and they provide great value for money (cost effectiveness) in helping the country develop a health system aligned with the WHO recommendations.

Challenges

An NPO in the role of the Head of a WCO, in general, results in the following risks:

- **Independence in appearance and in fact:** Even when the Head has a high professional integrity and is in fact independent in his/her actions, there can always be the risk of not appearing to be independent. Mitigating this risk is a challenge.
- **Unconscious bias and impartiality:** There may be unconscious biases as the NPO comes from the same society as the counterparts. This may result in unconsciously aligning more closely with the country's agenda than with WHO's agenda. However, this can be mitigated through close alignment with EURO colleagues and solid organisational training/regular updates.

[1] The 2018 update, Global Health Workforce Statistics, World Health Organization, Geneva (http://www.who.int/hrh/statistics/hwfstats/).

What are the main overlaps and complementarities between the roles of NPOs and International Professionals in countries? Case study: Vietnam

Increased responsibilities for NPOs

Region	WPRO
Office type	Country Office
World Bank income category	Lower middle income
Population size in millions (World Bank, WDI 2018)	95.5
Number of NPOs	13
% NPOs of total professional staff	59%
Number of physicians per 1,000 population[1]	0.82 (2016)

Context – Country Cooperation Strategy

Viet Nam has made major progress in health notably in basic health indicators, yet, the challenges that come along with rapid growth and development act as a barrier to the sustainability of the achieved progress. Non-communicable diseases mortality now accounts for 73% of total deaths. The priorities of WHO's work from 2018 to 2023 include: 1) Strengthening key health system functions to deliver the system objectives, towards universal health coverage, 2) Building sustainable national capacities and partnerships to ensure public health security and safety, and 3) Managing effectively communicable and noncommunicable diseases of public health importance.

NPOs in the Country Office

The Vietnam Country office has 1 D-staff, 8 P-staff, 13 NPOs and 23 G-staff. Today NPOs make up 59% of all professional staff. WHO staff work as a team in the office. Most NPOs are in technical teams and are responsible for the day-to-day management of the programmes. International staff handle high-level issues. The Vietnam WCO used to have many IP, and with some programmes only staffed by IPs. The Vietnam WCO used to have many international P-staff (IP). Because of the decreased funding and increased capacity of the government counterpart, the IP positions disappeared and NPOs have been taking over many of the roles previously held by IPs (in 2009, the WCO employed 17 P-staff and 14 NPOs). The office did not recruit additional IPs nor NPOs to fill the gap: the NPOs who used to support the IPs were requested to step up in their roles and the accountability of their roles increased.

Successes & best practices

- **Unique contribution of NPOs:** The WCO Vietnam experience is that NPOs are indispensable for WHO, and that it is not necessary nor preferred for all positions to recruit internationally. With their unique attributes (understanding of local language/culture/politics/geography and having local networks), NPOs are good mediators between programmes and government. NPOs can be best placed to explain the WHO rules and regulations to WHO's counterparts and transfer knowledge.
- **Limited overlap:** As described above, there have been certain roles that were taken over by NPOs due to staff workforce reduction. NPOs focus notably on the day-to-day interactions and management of programmes with the government that were previously held by IPs. Some accountability aspects of these roles were transferred to the remaining international roles.

Challenges

- **Difference in perceptions of International professionals:** For certain issues an international staff is required because the counterpart does not value the NPO equally. There is a difference in perceived credibility between IPs and NPOs. For example with high-level partner meetings, the international head of office needs to involved, even when there is a need to have an interpreter present. As such, a balanced mix between international and national staff is critical.

[1] The 2018 update, Global Health Workforce Statistics, World Health Organization, Geneva (http://www.who.int/hrh/statistics/hwfstats/).

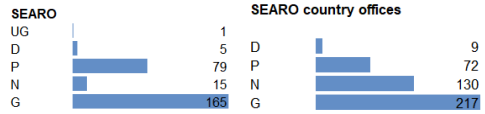
As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?

Case study: SEARO and GSC

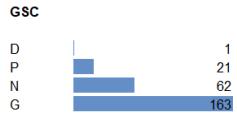
Tapping in to local labour markets for professional services roles that do not require national nor international experience

Context for NPOs in SEARO and the GSC

The RO for South East Asia, SEARO, has 1 UG, 5 D-staff, 79 P-staff, 15 NPOs and 165 G-staff. The RO serves 12 Country Offices, with a total of 9 D-staff, 72 P-staff, 130 NPOs and 219 G-staff.



The Global Service Centre (GSC) in Kuala Lumpur (KL) was created in 2008 to centralise parts of WHO's administration in a lower cost location than its HQ. The GSC focuses on delivering IT, HR, Finance and Procurement services.



WHO started employing NPOs in both the RO and in the GSC. The administrative NPO roles are different in nature from the initial focus by the ICSC for NPOs, e.g. on bringing local knowledge and national networks. In these roles, the NPOs are locally recruited because the labour market is strong and WHO is able to find the required skills on the local market, without having to bring in IPs. Sometimes it is useful in these roles to speak the local language; however, it is not as pertinent as for NPO roles in Country Offices.

Successes and best practices

- **Internal mobility boosted morale in SEARO:** In SEARO, all current NPOs previously held G-level positions. These staff had been with the Organization for a long time and enable in-and-out going international staff to get up to speed quickly on programmatic and administrative requirements. Through an internal competitive recruitment process, the best-performing G-staff were selected for the newly created batch of NO-A roles.
- **NPOs in the GSC demonstrated strong ambition to grow:** In the GSC, the NPOs are professional staff managing small to larger teams. Over the past 10 years, 39 NPOs were recruited from G-staff. The NPO role is essentially bridging the gap between P-staff and G-staff. "*They fit in the gap with no real identity*." Many NPOs do excellent work and are able to step up; others need more L&D support.
- **Competency development:** 76% of NPOs in the GSC feel that they are used to their full potential and 71% feel they have opportunities to develop (further) their competencies. The interviewed NPOs in the GSC and in SEARO used iLearn and were generally satisfied with the trainings and coaching they received.

Challenges

- **Finding (trust for) mobility opportunities:** NPOs in the GSC feel that they struggle to receive trust and opportunities from the Organization. Some staff in the GSC is able to get exposure on international projects. The opportunities for rotating are limited. As the GSC staff serves various countries, they are working with different cultures all day. The selection requirement of "international experience" for international roles was holding NPOs in KL back from being able to branch out internationally (68% of NPOs named career development as a major challenge). In the past ten years, there have been 6 NPOs from the GSC who have moved to international roles.
- Also in SEARO, 92% of the NPOs indicated that career development is their major challenge and moving to an international role is not evident due to various limiting factors (international experience, geographical distribution).
- **Strengthen performance management**: NPOs in the GSC feel that performance management should be reinforced. This is confirmed through the survey results, where 86% of NPOs find they are evaluated fairly, but only 62% believes his/her performance is evaluated through a robust process. NPOs argued that, currently, low performing staff gets the same salary increase, resulting in a culture where staff do not "go the extra mile". At the same time, 38% of the NPOs (strongly) disagreed with the statement that his/her career progression so far within WHO has been in line with expectations when he/she joined. The other major challenge that GSC NPOs indicated is compensation (74%).
- NPOs in SEARO also identified performance management (38%) and compensation (31%) as challenges. 62% of the NPOs feel they are fairly evaluated, but only 46% think their performance is evaluated through a robust process and that agreed actions in the career development plan are on track. Only 54% feel they have opportunities to develop (new) competencies.
- There is a clear need for locally recruited roles in the Enabling Services parts of WHO. NPOs take on professional responsibilities that are distinctly different to the work of G-staff. Performance evaluations and career opportunities are critical to motivate staff and improve their performance.

How have local roles without a national character evolved in the Organization and what is their future role? What are the needs for competency building and career development?

Case study Brazil

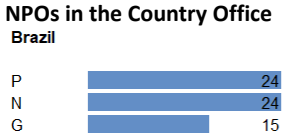
A training programme as a prelude to an international roster for NPO recruitment

Region	PAHO
Office type	Country Office
World Bank income category	Upper middle income
Population size in millions (World Bank, WDI 2018)	209.3
Number of NPOs	24
% NPOs of total professional staff	50%
Number of physicians per 1,000 population[1]	2.15 (2018)

Context – Country Cooperation Strategy

In Brazil, WHO formulated the following strategic priorities: 1) Promote the health and well-being of People 2) Expand access and coverage universal to health shape comprehensive and equitable, with emphasis on primary care, 3) Develop human capabilities in qualified health, 4) Promote access and use rational of medicines and others health supplies, 5) Prevent and control diseases non-communicable chronic factors of risk and promote health, 6) Control diseases communicable, with emphasis on unattended. As an upper-middle income country, Brazil has the highest number of physicians amongst the case study countries in this evaluation.

NPOs in the Country Office



In Brazil, there are 16 NPOs in Brasilia, 7 NPOs in Rio de Janeiro and 1 NPOs in Sao Paulo. The 24 NPOs represent 50% of the professional staff in Brazil. NPOs are considered the talent pool of the organization, putting emphasis not just on the skills and knowledge but also on the competencies that the Organization needs.

Successes & best practices

- **International talent pool and NPO recruitment:** Training professionals with potential in PAHO-WHO enables to identify and qualify potential new candidates for NPO roles in WHO or for roles in their own countries. Since 2008, out of 460 participants in the Leaders in International Health Programme (LIHP), approximately 10% of participants are recruited afterwards as NPO at WHO. It was found that recruits from the programme resulted in reduced L&D time and investment upon starting an NPO role.

  Background

  - For over 30 years, the Pan American Health Organization (PAHO) has contributed to the development of leadership in health. In 1985, PAHO created the International Health Programme, also known as the Residency in International Health, an on-site programme that lasted for 21 years and trained 187 professionals from 32 countries. The programme was relaunched in 2008 with both ***face-to-face and virtual components*** as the Edmundo Granda Ugalde LIHP. The eight-to-nine months LIHP is aimed at mid- and high-level managers and administrators, as well as directors who perform executive functions in ministries of health, development, finance, foreign affairs and others, in addition to PAHO staff members, and professionals from academia and non-governmental organizations (NGO).
  - 7% of the 700 proposed applicants are admitted. Average costs have been reduced from $45'000 to $6'000 through the virtual training. Demand continues to grow and decentralization initiatives have started, in collaboration with certain high-ranked universities in PAHO to include part of the programme within the public health curriculums.

Challenges

- **Continued training opportunities for NPO:** 10 NPOs from Brazil indicated in the survey that the best learning opportunities at WHO are 1. Participating in international technical meetings (60%), 2. Exposure to international missions (60%), ***3. Trainings organised at regional level (40%)***, 4. On-the-job coaching (40%) and 5. iLearn (40%). This is in contract to the fact that globally ***62%*** of NPOs thought that trainings organised at regional level provide the best learning opportunities.
- **Visibility of NPOs work:** The work of NPOs who report directly as first-level supervisor to a technical international staff in the Country Office may not always be visible within and outside of the Organization, especially if there is not a second-level supervisor in one of the technical units.
- **Providing a career track**: In the survey, 80% of the NPOs indicated their plan/desire to continue working at WHO for more than 11 years. However, 43% indicated that if they were to leave WHO, it would be due to insufficient career perspective.
- **Recruitment of NPOs with same rigor as for international professionals:** WHO should hire the right talent with not just the skills and knowledge, but also the competencies to grow within the Organization.

[1] The 2018 update, Global Health Workforce Statistics, World Health Organization, Geneva (http://www.who.int/hrh/statistics/hwfstats/).

APPENDIX G. SURVEY RESULTS (IN A SEPARATE DOCUMENT)

Two separate surveys were created: one for NPOs and one for Supervisors. The survey was sent to 1'279 NPOs in WHO (covering all regions including PAHO): 707 NPOs completed the survey and an additional 104 NPOs provided a partial response. In the Supervisor survey, out of the 340 Supervisors who received the survey, there were 133 completed responses and an additional 33 partially completed responses. Based on this response rate, we can conclude that the answers provided by our sample are representative, i.e. that the answers provided are very close to what the entire population would have provided.

We assessed the representativeness of the NPO survey sample by performing independence Chi-squared tests and calculations on margins of error. The main outcomes of these analyses are:

- Having collected 707 full answers out of a total population of 1,282 allows us to be certain about the responses given with a +/- 2.5% margin of error (while using a 95% confidence interval). This means that, for every answer provided by the sample, we can trust that the proportion of similar answers provided by the entire sample would have been the same +/- 2.5%. For example, if 57% of our sample responded "completely agree" to a particular question, we can trust that 54.5% to 59.5% of the entire population would have answered the same way.
- Further analyses revealed that the split by gender, by region and by NPO level in the survey sample are all quite close to that of the entire population (all Chi^2 tests give p-values >0 .001). This means that the balance of gender, region and NPO level of the entire WHO population is well represented within our own sample.

APPENDIX H. COUNTRY SELECTION CRITERIA

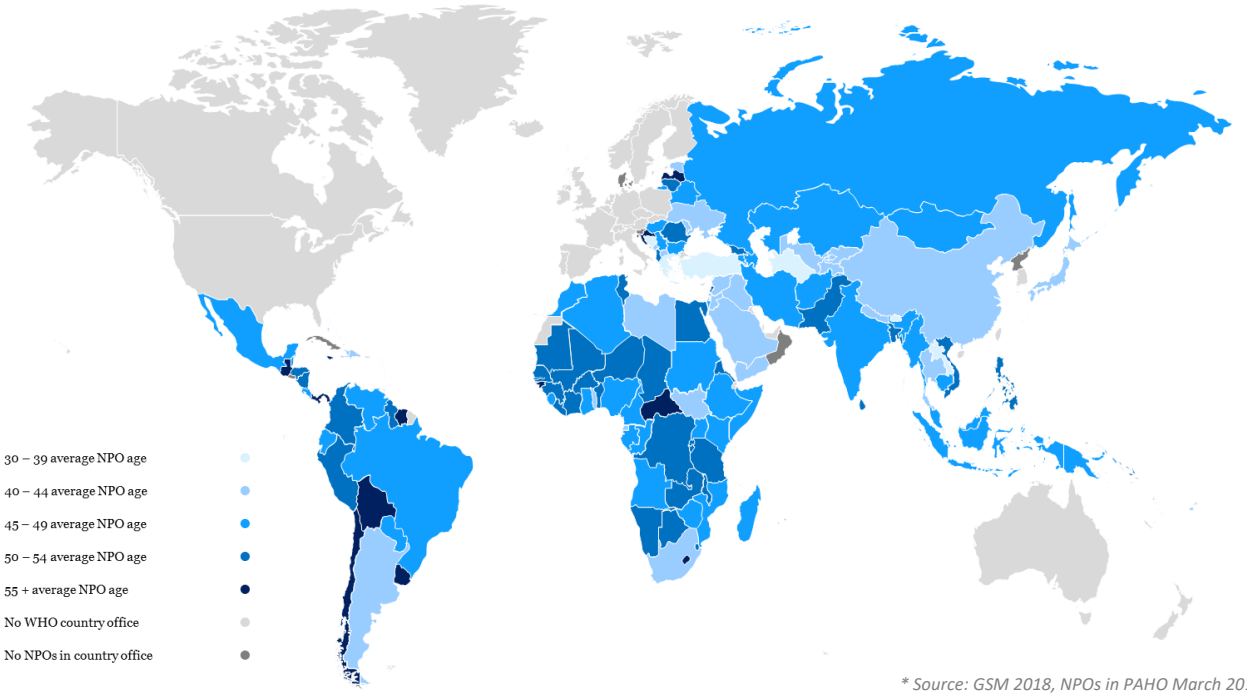
The table below presents the selection of all case study: the four sites proposed for a visit (three country offices and one RO) and the five locations (four country offices/one shared service center) for which the case study will be prepared off-site.

Dimension	Consideration	Criteria	India	India	Nigeria	Senegal	Yemen	Vietnam	Brazil	GSC / KL	Montenegro
			Country office	Regional office	Country office	Country office	Country office	Country office	Country office	Shared Service	Country office
			Visit	Visit	Visit	Visit	VC/ phone	VC/ phone	VC/ phone	VC/ phone	VC/ phone
Regional presence	At least one country per region	Capture regional specificities and ensure that the analysis reflects a diversity of contexts.	**SEARO**	**SEARO**	**AFRO**	**AFRO**	**EMRO**	**WPRO**	**AMRO/ PAHO**	**HQ**	**EURO**
Regional functions	At least one regional office	Capture the specific tasks performed by NPOs at the regional level		x							
Size	Office with high relative size of NPOs (>30% of professional staff) in a country	Assess how a WCO operates with a relatively high proportion of NPOs compared to total staff and/or if a 1-person country office is headed by a NPO.	x	x	x				x		x
Size	Office with a high number (>25) of NPOs	Assess the impact of a large number of NPOs and related reporting lines on country operations.	x	x	x				x		
Size	Small office with few NPOs	Consider the role, challenges and constraints of NPOs in smaller offices				x	x	x			x
Nature of work	Office with NPOs involved in WHO's normative work	Consider the diversity of roles taken up by NPOs, beyond the initial expectations (ICSC) envisaged for this function.	x		x		x	x	x		x
Nature of work	Offices using NPOs for enabling functions	Assess the type of work conducted by NPOs as well as their strengths & weaknesses in this type of role; review the accountability mechanisms; assess NPOs' career prospects	x	x	x	x	x	x	x	x	
Nature of work	Offices using NPOs for emergency/ implementation programs	Assess the different utilization of NPOs employed for implementation-oriented work. Review different contracting modalities in the context of minimization of organizational liabilities.	x		x						
3 Levels	Offices at different levels (WCO, IST locations, RO, HQ)	Assess how NPOs are used differently at country, regional and HQ (SSC Kuala Lumpur) level.	x	x	x	x	x	x	x	x	x
Language	Countries with different WHO languages	Including Anglophone, Francophone and Spanish countries	EN	EN	EN	FR	EN/FR	EN	SP	EN	EN
Security	High security risk location	Assess the particular challenges for NPOs in countries with high security risks.			x		x				
Capacity	Country with low human resource capacity in the Ministry of Health	Asses the factors in countries where recruiting NPOs for WHO negatively impacts the capacity of the national health system (i.e. brain drain).				x	x	x			x

APPENDIX I GEOGRAPHICAL DISTRIBUTIONS

Who are the NPOs?

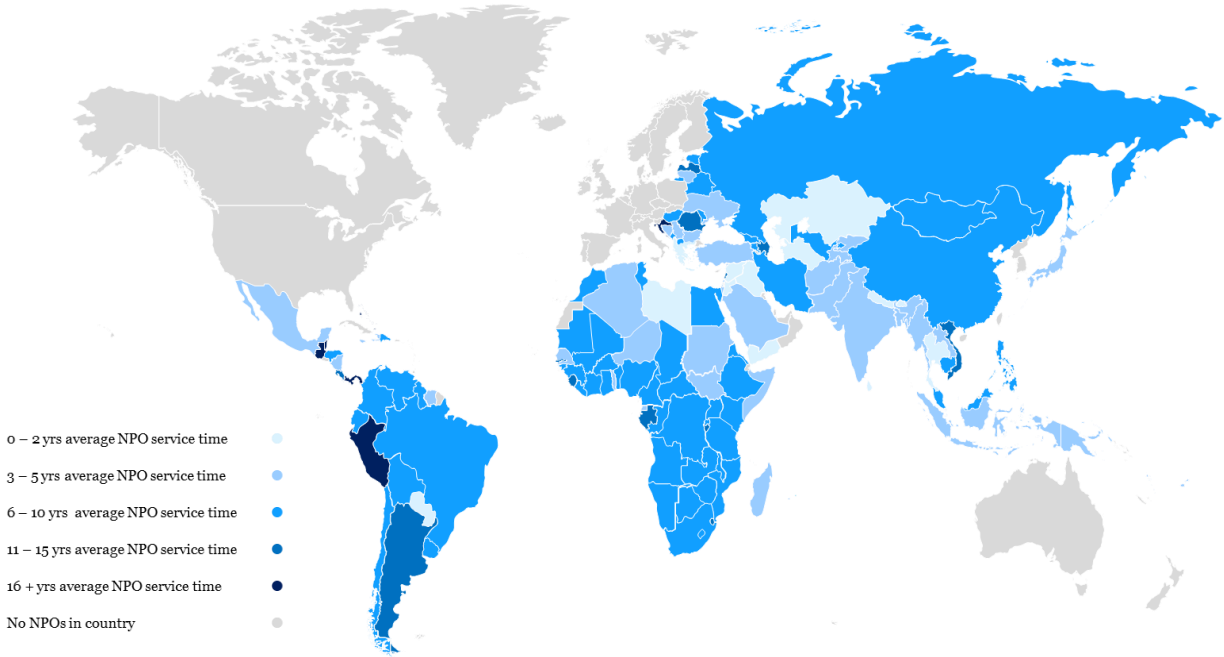
MAP 1: AGE of NPOs by COUNTRY



** Source: GSM 2018, NPOs in PAHO March 2019*

Where are the NPOs?

MAP 2: NPO LENGTH OF EMPLOYMENT by COUNTRY



** Source: WHO GSM NPOs November 2018, and NPOs in PAHO March 2019*

APPENDIX J TOP 3 OUTPUTS PER CATEGORY

Rank	Output	Category	Count	% of total respondents	% of respondents incategory
1	Implementation and monitoring of the global vaccine action plan with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines	Communicable diseases	79	10.3	36.4
2	Intensified implementation and monitoring of strategies for measles and rubella elimination, hepatitis B control, and maternal and neonatal tetanus elimination facilitated	Communicable diseases	73	9.5	33.6
3	Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support	Communicable diseases	67	8.7	30.9

Rank	Output	Category	Count	% of total respondents	% of respondents in category
1	Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants	Non-communicable diseases	61	8	64.2
2	Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated	Non-communicable diseases	54	7	56.8
3	Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases	Non-communicable diseases	45	5.9	47.4

Rank	Output	Category	Count	% of total respondents	% of respondents in category
1	Indirect management and administration of Management and administration	Corporate services/Enabling functions	66	8.6	50
2	Sound financial practices managed through an adequate control framework	Corporate services/Enabling functions	53	6.9	40.2
3	Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property	Corporate services/Enabling functions	52	6.8	39.4

Rank	Output	Category	Count	% of total respondents	% of respondents in category
1	Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a “Health in All Policies” approach and equity policies)	Health systems	62	8.1	55.4
2	Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants using global standards, including data collection and analysis to address data gaps and system performance assessment	Health systems	46	6	41.1
3	Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge	Health systems	45	5.9	40.2
3	Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened	Health systems	45	5.9	40.2

Rank	Output	Category	Count	% of total respondents	% of respondents in category
1	Technical assistance to enhance surveillance and ensure high population immunity to the threshold needed to maintain polio-free status, especially in at-risk areas	Polio eradication	129	16.8	90.2
2	Indirect management and administration of Pollio	Polio eradication	92	12	64.3

Rank	Output	Category	Count	% of total respondents	% of respondents in caategory
1	Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths), with a particular focus on the 24-hour period around childbirth	Promoting health through the life course	53	6.9	50
2	Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions	Promoting health through the life course	52	6.8	49.1
3	Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours	Promoting health through the life course	50	6.5	47.2

Rank	Output	Category	Count	% of total respondents	% of respondents in category
1	Accurate information about emergency events reported in a timely manner	WHO Health Emergencies programme	58	7.6	48.3
2	Health operations effectively managed in support of national and local response	WHO Health Emergencies programme	56	7.3	46.7
3	Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed	WHO Health Emergencies programme	56	7.3	46.7