

Evaluation of the use of consultants and Agreements for Performance of Work by WHO

Purpose and objective of the evaluation

This evaluation was requested by the Member States during the 146th session of the Executive Board in 2020. Its overall objective was to assess why and how WHO has employed the consultant and Agreement for Performance of Work (APW) contractual modalities towards the effective delivery of WHO's mandate, within the broader context of external sourcing of expertise to support WHO's work.

Key findings and conclusions

The external sourcing of expertise in WHO is increasing over time and non-staff contracts account for a significant proportion of the total workforce. As the scope of work of WHO has evolved from a predominantly normative role to taking up a leadership position on global health issues, including the international response to outbreaks, crises and emergencies, the deliverables expected of WHO have significantly increased. Due to limited human resource capacity, particularly at country and regional levels, WHO relies heavily on outsourced expertise, particularly during protracted emergencies and humanitarian crises, to respond to countries' needs in a timely and efficient manner. The external sourcing of expertise is frequently associated with the existing workload and inadequate staffing levels in critical programmatic areas. This lack of available technical capacity in WHO has also been due to WHO's funding model – the lack of predictable, flexible and sustainable financing and WHO's high dependence on voluntary contributions compromises the full implementation of biennial workplans and Country Cooperation Strategies/Biennial Collaborative Agreements. The financial constraints under which many budget centres operate result in them opting for cheaper outsourced short- or medium-term contractual arrangements rather than the more sustainable long-term solution of recruiting staff. Where funds are available to recruit staff, the longer recruitment procedure for hiring staff as compared with the timeliness of delivery under outsourcing arrangements serves as another significant dissuasive factor.

While WHO uses many different non-staff contracts to outsource services (including long-term agreements, tailor-made agreements, technical service agreements for research activities and other contracts which are

Evaluation brief – November 2021

managed by external entities such as Standby Personnel, Junior Professional Officers and United Nations Volunteers), consultant and APW contracts are the most commonly-used of such modalities.

Relevance

Overall, the policies and associated guidelines for issuing consultant and APW contracts are considered to be clear and rational with the recently revised version of the WHO consultant policy providing further clarifications. However, the interpretation of when it is more appropriate to use an APW contract with an individual or a consultant contract remains an area of ambiguity and, while the flexibility and agility offered by APW contracts is appreciated across WHO, opinions are divided as to whether they should continue to be issued to individuals or if they should be reserved for companies (firms).

Although gender balance and geographical diversity considerations are mentioned in the policies for contracting consultants and APWs, there is no evidence that this is consistently applied as the procurement module of the Global Management System does not register such data.

Alignment with practices in the United Nations system

The challenges surrounding the processes and practices for the external sourcing of expertise are not unique to WHO. A benchmarking of WHO's contracting practices with those of other United Nations agencies showed that the shift of responsibility for consultants from procurement to HR in WHO is in line with the practice in most other agencies consulted where all contracts with individuals are managed by HR. However, in WHO, APWs continue to be established with both companies and individuals and are a procurement responsibility. Lessons can be learned from the experiences of other agencies in overhauling their contractual modalities and the service offered by some agencies, such as UNOPS and UNDP, whereby they contract individuals on behalf of partner United Nations entities for project-based work, is a concept that would seem particularly suited to situations where speed and flexibility are of the utmost importance. As WHO capitalizes on the lessons learned from COVID-19 in its discussions on the most appropriate contractual modalities moving forward, including through the deliberations of the Task Force on Contractual Modalities, the work of the United Nations

High-Level Committee on Management task force on the future of the United Nations system workforce is very relevant.

Effectiveness and efficiency

Consultant and APW contractors contribute to the objectives and outcomes of WHO as they enable WHO to access wider specialist expertise than that available in-house and bring innovative ideas, providing opportunities for capacity building and essential surge capacity when needed. They have also proven to be a very cost-effective and efficient means of acquiring temporary specialist expertise for the purpose of providing specific deliverables.

However, the policies governing these contract types are not being implemented in a uniform manner across WHO and both types of contract are being used beyond their original intent, which can expose WHO to significant risks, for example in cases where individuals are contracted on APW contracts due to UN security restrictions that apply to consultant contracts, or where interns and other individuals at the start of their career are recruited as consultants. Of greater concern is cases where consultants are contracted to perform functions of staff members of WHO, and this for extended periods of time, potentially resulting in WHO losing oversight of core functions and services if they are increasingly transferred to a temporary workforce. This leads to the formation of two parallel workforces with different rights and entitlements, resulting in significant frustration, causing tension and low morale among the workforce and potentially detracting them from providing the best service to WHO.

Ineffective internal control and performance monitoring systems for both consultant and APW contracts can jeopardise the credibility, capacity and utility of WHO, especially as such contractors are associated with WHO, particularly in the field, even though they have no legal authority to act on behalf of WHO. Of significant concern also is the institutional knowledge gap in WHO due to over-reliance on external sourcing of expertise. The high rotation of non-staff contractors due to low job security ultimately means that WHO is not able to reach the critical mass necessary to ensure long-term support, thus compromising the quality of its work and its results.

A well-functioning roster system enables faster recruitment from a pre-selected pool of experts but it was acknowledged that dedicated staff time is required to manage and maintain such rosters. Alternatives to outsourcing include temporary reassignment of existing staff and greater use of existing resources at regional and country level, i.e. multi-country assignment teams, regional hubs and collaborating centres. Finally, the

need for capacity building of all staff involved in the contracting of consultants and APWs was recognized.

Recommendations

Recommendation 1: The WHO Secretariat should develop a coherent strategy for sourcing external expertise, based on a needs-centred approach and tailored to the specific contexts of each major office. This strategy should address the strengthening of existing modalities and further streamline processes for contracting consultants and APWs,

Recommendation 2: The WHO Secretariat should build on current efforts to address capacity building needs by dedicating resources to awareness-building and the provision of mandatory training for all staff involved in sourcing external expertise, including hiring managers.

Recommendation 3: WHO's human resources network at headquarters and in regional offices should provide strategic support to budget centres for workforce planning to determine the most cost-effective means of filling skills gaps and managing peaks in workload, including ensuring that all potential internal options are exhausted before resorting to external sourcing and consideration of greater use of existing contractual modalities other than consultants and APWs.

Recommendation 4: The WHO Secretariat should consider the experiences of other United Nations agencies in introducing new modalities for outsourcing services and ensure that all outsourcing efforts are aligned with ongoing United Nations reform processes, in particular the discussions at the United Nations High-level Committee on Management on the future of the United Nations system workforce.

Recommendation 5: The WHO Secretariat should:

- i. Continue high-level advocacy efforts to sensitize donors to the need for predictable, sustainable and flexible funding across the Organization in order to optimize staffing levels and performance, applying results-based management principles as opposed to resource-based management;
- ii. Consider the recommendations of functional reviews that have already taken place across the Organization to ensure that the necessary resources are made available to implement the recommendations with regard to staffing needs.

Recommendation 6: The WHO Secretariat should undertake a review of the implementation of the WHO consultant policy after 2 years of implementation.

Contacts

For further information please contact the evaluation office at the following address: evaluation@who.int
Hyperlinks: [evaluation report](#) and its [annexes](#).