Management Response

Evaluation Title	**WHO's Presence in Countries**
Commissioning Unit	**WHO Evaluation Office**
Evaluation Plan	**2014-2015 WHO Evaluation Office work-plan**
Unit Responsible for providing the management response	**RDs and DGO, with CCU as facilitator**

Overall Management Response:

The WHO Secretariat welcomes the comprehensive report on the Evaluation of WHO's Presence in Countries which provides a thorough look into how the Organization executes its mandate and contributes to the country-level goals and the Organization's wider outcomes through its country presence.

The findings of this important evaluation are in line with previous similar evaluations, such as those conducted by JIU and MOPAN, and relevant to WHO's ongoing reform efforts in pursuit of organizational excellence. WHO is pleased to note the recognition of WHO's work as highly valued, with important contributions to country level health objectives, particularly through its normative functions and health expertise as well as its health leadership as a convenor and neutral actor. The findings also highlight the continuous need for tailoring WHO's country support to changing needs amidst complex public health challenges in an interdependent world, measuring results, clearly communicating them and learning from experiences for further improvements. Notwithstanding some methodological limitations, including representativeness of the findings in the diverse settings that WHO operates, WHO finds the recommendations useful in pointing at gaps that need to be further addressed through WHO's continued efforts to strengthen support to countries it serves.

The recommendations are central to and in close conformity with the WHO reform efforts. Several key actions are already under way, reinforcing the way forward for the reform efforts, nevertheless, some action points, such as those that relate to WHO's engagement with the non-State actors are contingent upon the final agreement of all Member States as part of the pending process of the reform.

The detailed reflections on the proposed actions with specific responsibilities and timelines are described under each recommendation as follows. They present a shared view of WHO senior management.

Management Response status: completed

Date: 12 May 2017

Recommendations and Action Plan

1. What does WHO presence in countries mean, and does it respond to Member States' and other relevant partners' expectations?			
Recommendation 1	**WHO should review and clarify its role and purpose at country level to ensure a common understanding within WHO and externally.**		
Management Response	Partially accepted. The evaluation report proposes that the purpose and objectives of WHO as articulated in its Constitution be further defined as regards country level, so as to ensure that it is clear to all stakeholders and goes beyond what is already reflected in relevant governing body resolutions and the implications of the WHO Programme Budget. Building on WHO's existing work on this topic, including the report by the 2013 WHO Taskforce on the Roles and Functions of WHO at three different levels, WHO will further review and reconfirm the complementary roles of WHO at the three levels of the Organization and re-define its purpose and objectives particularly at country level, reflecting the demands of the 21st century health context and complex intersectoral health concerns. Given the diversity of country contexts, WHO's key thrusts in different settings will be further elaborated through the next generation of Country Cooperation Strategies. WHO's work at country level also needs to be better communicated to ensure clarity both internally and externally. This includes updating the Organization's communications strategy with a particular focus on WHO country presence as well as using innovative channels for disseminating information regarding WHO's work at countries and improving access to this information by country stakeholders.		
Status	*Implemented*		
Key Actions	*Responsible*	*Deadline*	*Comments*
1.1 WHO leadership to convene a working group with representation from all three levels of WHO to develop a clear definition of the purpose and objectives of WHO at country level in the changing 21st century health context . This should define country level purpose for all countries, with or without office.	DGO in collaboration with the Global Policy Group	May 2017	WHO has extensive background and documentation on this topic, including the WHO constitution, 12th GPW and report of the 2013 WHO Taskforce on the Roles and Functions of WHO at three different levels. Building on previous work, the purpose and objectives of WHO at country level will be further clarified. WHO has intensified efforts to strengthen country focus with a clear purpose across the Organization. A new CCS Guide 2016 has been published. Valuable information on WHO country presence, functions and priorities, tailored to specific country settings is presented to WHA70 (A70/INF./3 - WHO presence in countries, territories and areas: 2017 report). Improving results and performance at the country level has been at centre stage in the WHO reform, feeding into the formulation of the 13th GPW, with SDGs as key drivers at country level.
1.2 WHO leadership to develop a resourced communications strategy to facilitate WHO country offices to communicate WHO country level purpose, priorities and activities clearly and accessibly to country stakeholders.	DCO with support from CCU and PRP	May 2017	Action will be undertaken to update the WHO communication strategy with a greater emphasis on WHO's work in countries as well as to improve reporting on results. All three levels of the Organization are to step up at advocating WHO's country work. To widen the reach of WHO communication, innovate new channels, e.g. WHO's new PB web-portal, can be explored to disseminate WHO's work at country level. As for the prioritization of WHO work at the country level, WHO has put in place a structured process for setting priorities as part of the bottom-up planning process. The priorities identified at the country level have been published in the programme budget web-portal which gives information on WHO's work in countries to all stakeholders. The results have been used as a key input to the development of the Programme budget 2018-2019. A comprehensive WHO Global Strategic Communication Framework has been put in place for communicating effectively information, advice and guidance across a broad range of health issues, with a web-based tool for capacity building for the core communication principles.

2. What is the contribution of WHO presence in countries towards addressing global, regional, and individual countries' health priorities and needs?			
Recommendation 2	**WHO should develop and implement a methodology to assess performance at country level which is integrated with the CCS/BCA and WHO global results framework for purposes of learning and accountability.**		
Management Response	Accepted. Assessment of and demonstrating performance at country level in a systematic way is at the core of the Secretariat's efforts for greater accountability for results. The existing tools and approaches, approved by WHO governing bodies, and the existing global results framework provide a good basis for this. Nevertheless, we agree that further action is required to achieve a stronger integration of planning, monitoring, evaluation and reporting processes. The explicit focus of these efforts should be on country level outcomes, on communicating results, disseminating experiences and learning from previous work. Revision of CCS/Programme Budget guidelines is currently underway, including consideration to reflect health outcome/impact targets in line with the SDGs with a stronger and participatory monitoring and evaluation component. Tools and methodologies for assessing performance at country level have been developed and piloted in some Regions, lending for review and possible further adaptation for global use.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
2.1 WHO to develop a theory of change for WHO country level presence.	DGO and GMG	2018	With the WHO global results framework as its basis, the results chain will be further refined by reflecting country level outcomes and impact in the short/medium/long term.
2.2 WHO to develop a CCS and BCA/Biennium template based on the above mentioned theory of change which includes information on deliverables, planned outputs (results), outcomes and impact consistent with the WHO global results framework. The template is intended to be used as a tool to support bottom up planning with country partners	CSU Network, PRP Network joint responsibility	2018	Revision of the strategic and operational planning guidance and tools has been initiated by PRP and CCU, building on the existing tools and approaches and aiming at greater focus on country-level needs, priorities and context, while linking activities to country-level outputs and outcomes. Further revision may be expected in line with the development of the 13th GPW (starting in 2020). WHO has developed a global planning tool that facilitates the bottom-up planning of the entire Organization. The bottom-up priority setting and planning takes into account CCS, BCAs as well as discussions with partners and counterparts at the country level. The results of these planning and consultations are reflected in the Programme budget 2018-2019. The planning tool will show to what outputs, deliverables, products and services country office budget centres will contribute, including the cost.
2.3 WHO to develop CCS/ BCA methodologies, including a participatory process for annual reviews of progress on WHO country objectives with the country government and partners for learning and accountability purposes.	CCU Network, PRP Network joint responsibility	2018-2019	Strengthened monitoring and evaluation will be incorporated in the revised guidance and tools. The specific features and frequency of the processes will be further reviewed for their feasibility and sustainability. Improvement of the quality of reporting of outputs with a link to outcomes at country level is important, based on both qualitative and quantitative analysis. The discussion on establishing a joint monitoring and performance assessment of country level work with Member States is in progress.
2.4 WHO to review the planning processes used in different regions to ensure they are consistent with each other as well as with global reporting	PRP Network, CCU Network joint responsibility	2018-2019	Action addressed above, noting that the WHO overall planning process is based on the same global framework and tool, and that all six regions follow a common and standard planning process informed by the GPW. The interpretation and application of the process might of course differ, reflecting different contexts. Revision of processes is however underway, recognizing that improving the quality of reporting may largely

requirements at three levels and with the current CCS guidance.			address the issue.
3. What is WHO's added value at country level in the light of its level of investment?			
Recommendation 3	**WHO should review and map how the different levels of WHO add value to each other and to the Organisation as a whole, to understand better what WHO invests in country level work, and tackle the risks to its capacity to add value.**		
Management Response	Partially accepted: As part of the WHO reform, the roles and added value of the three levels have already been mapped. The review is continuing on how the various levels of the Organization add value to each other, building on the previous work. Translating the functions and roles into required investments and linking them with the results framework will provide an indication of WHO's added value in relation to the level of investment. There is a broad level of agreement on the findings of this evaluation on this topic, and WHO believes that the ongoing reform initiatives at global, regional and country levels are already addressing the issues to a large extent.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
3.1 WHO to clarify, define and map the Organisation's investments at all three levels in relation to countries and how these contribute to the WHO global results framework at country level so as to identify where there is scope to increase its effectiveness, and efficiency and how and where most value can be added.	GMG	May 2017	Analytical work has been completed in this area in some Regions and this will contribute to the ongoing discussion on the issue. The proposed action is furthermore strongly related to recommendations 1 and 4.
3.2 WHO to address the internal risks to its capacity to add value, notably through improving internal systems to facilitate prompt country level responses to partners; to support greater innovation; to reduce working in silo; and, to promote a more forward- looking way of working. These risks will need to be addressed at all three levels to enable WHO to work more efficiently as One WHO.	GMG, DGO with technical inputs from PRP, CRE and CNs	Mid-2017	This issue is being addressed as part of the WHO reform, for example, through the establishment and work of the WHO Risk Registry. Reviewing and evaluating the work of the CNs will be useful for the planning of the next GPW including a more cross-programmatic way of working. The corporate risk-management policy entered into force in November 2015, and the first full risk-management cycle across the Organization was completed in June 2016. Further, WHO's principal risks have been identified and made available publicly. The Secretariat is also developing a web-based register of risks to which Member States have access. The alignment of work at all levels with country priorities has been strengthened through close collaboration within and across the category networks and programme area networks in the preparation of 2018-2019 proposed programme budget which also addresses cross-cutting work in the context of the SDGs. This will pave the way for further consideration on WHO's business model for the 13th GPW.
3.3 WHO to convene a working group to review WHO's functions in relation to other global health organisations and the UN system so as to define more clearly WHO's unique offer and	DGO	End 2017	Creating yet another WHO Working group for this purpose may not be a very useful and effective approach. Discussions in various fora are already ongoing within the UN on the functions and roles of different agencies, to positioning the UN system optimally for SDG implementation support. At a very practical level, guidance to country offices on when and how to relate to the other agencies at country level is useful, especially when mandates overlap.

to avoid overlaps in roles.			
4. What are the modalities for strengthening or reducing WHO's presence in countries, based on the different health status and needs of individual countries?			
Recommendation 4	**WHO should ensure that the level of WHO country presence and capacity is appropriate to country needs, consistent with the WHO global strategy and WHO country purpose.**		
Management Response	Accepted: We agree that the level of WHO country presence and capacity should be matched with country needs and be consistent with the WHO global strategy and WHO country purpose. The issue has been discussed within the Organization and its governing body meetings for several years, and work is under way to develop a new and harmonized methodology to guide the allocation of resources to country offices, which would reflect the optimal use of resources at all levels. These efforts will provide a basic frame for WHO country presence. The findings of this evaluation are therefore relevant in light of the ongoing work. However, as the issue is more complex than merely following a set of indicators, any methodology that will be developed must need to be flexible enough to take into account the influences on WHO's work in countries which cannot be captured by mathematical formula, including national capacity, negotiations with the Member State, presence of other health actors (other UN, NGOs, private sector) and emerging priorities in a rapidly changing environment in the context of the SDGs.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
4.1 WHO to convene a working group to review and develop a methodology for determining country level presence, based on the revised statement of purpose at country level and the model outlined in this report. The methodology should be based on or closely aligned to the SBSA, or, if this is not adopted, a similar model based on indicators of country needs and capacity.	GPG, ADG/GMG and EXD/DGO to lead the work with participation of DAFs, DPMs and support from PRP, CCU and HRM	Mid-2018	The methodologies for determining country level presence which has been discussed in the past will be revisited, and a revised methodology, if needed, will be developed by the Working Group.
4.2 WHO to amend the global CCS guidance to include an assessment of country level staffing and staff skill mix, including administrative staff and the balance of national and international staff, consistent with WHO country budgets and country needs	CCU	End-2016	There is indeed a recognized need for a periodic assessment of country level staffing needs including skill mix. A CCS Working Group involving the CSU Network, technical cluster representatives and selected HWOs is currently reviewing and revising the global CCS guidance which includes the mainstreaming of SDGs and assessment of the implications of implementing the strategic agenda. Implemented. The new CCS Guide 2016 has been published.
4.3 WHO to review internal recruitment and HR processes to ensure prompt appointments and effective processes for the development and performance	HRD	End-2016	The findings are well recognized in WHO and are being addressed through ongoing reform initiatives of which HR is a part at Headquarters, Regional and Country levels. Harmonized selection process for longer-term positions for internationally recruited staff in professional and higher level positions were launched in January 2017. Forecast plans have been developed for the vast

management of staff.			majority of positions to facilitate workforce planning and reduce the period during which posts are vacant. Fast-track selection procedures have been introduced for emergencies. Early experiences in implementing the mobility policy are used to guide the following rounds of the mobility exercise and streamline processes when the Organization moves into the compulsory phase in 2019.
4.4 WHO to review processes for accessing internal expertise and identify gaps in relation to new and developing areas such as health financing, private sector engagement, social determinants of health to ensure that all WHO Country Offices have adequate and prompt access to a good quality of expertise to respond promptly to country needs. The analysis should also include access to health emergency resources.	HRD with PANs	Mid-2017	The challenge on how to establish and maintain a living global roster of expertise (internal and external – in addition to those managed by specific programmatic areas) has not yet been overcome when tackled as a stand-alone issue. This action will be addressed as part of the development of methodologies for determining country presence and capacity in line with the country needs and as part of HR dynamic reforms with a view to facilitating greater mobility of available expertise within WHO. Agreements with executive search firms have been made to assist major offices in the identification of suitably qualified candidates for professional and higher-level categories. Rosters have been developed for emergency expertise and e.g. for programme management and administrative functions at global and regional levels.
5. To what extent does WHO exert effective leadership and convening capacity at country level to mobilise different stakeholders and act as a broker of partnerships in support of the national health and development agenda?			
Recommendation 5	**WHO should ensure that HWOs and country staff have the necessary leadership skills to be effective at country level, and that they are supported in this by the systems and processes of the wider Organisation, and should strengthen partnership engagement to support the delivery of country level health and development objectives.**		
Management Response	Conditionally accepted: We agree that HWOs and country staff should have the necessary leadership skills to be effective at country level. Several efforts have already been made to this effect such as recruiting the HWOs based on merit by using a pre-qualified HWO Roster to draw from, and arranging global inductions at Headquarters and regional levels, and organizing global health diplomacy training courses and participation in the UN leadership courses for newly appointed HWOs. We are also in full agreement that HWOs and country staff should receive systematic and consistent guidance and support from Regional and global levels in a sustainable manner. Clear guidance on engagement with non-state actors at country level is pending finalization of negotiations with Member States on FENSA.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
5.1 WHO to ensure that new HWOs and country staff recruited have strong skills and competencies in leadership, health diplomacy and partnership collaboration; training should be provided to existing staff where needed.	GPG, with support for capacity building by HRD,GLC and CCU	Continuing task	Implemented. Competencies in leadership, partnerships and health diplomacy have been included in the standardized HWO post description and work objectives. Sustainable system efforts on strengthening leadership competencies have been made, and coaching has been initiated as a way to further support leadership capacity. However, such efforts are only successful if systems are in place to make strengthening of competencies a continuing effort, going beyond HWOs and involving also other senior staff across the Organization.
5.2 WHO to ensure that all three levels of WHO are well aligned and	RDs, CNs, GLC, CSUs	Continuing	This action is linked to reconfirming the differentiated roles and functions of the three levels of WHO. Efforts are also needed to improve the CCS and ensure that it is indeed the main framework for WHO cooperation in

coordinated to support country level leadership so that Country Offices receive consistent and systematic support from the other two levels of WHO.			a Member State, drawing from coordinated inputs from throughout the Organization. Periodic reviews of country work through WebEx will also be considered as a way to coordinate work on key issues in a particular country. For coherent organization-wide support for country priorities, video/WebEx discussions on newly launched CCSs have been initiated.
5.3 WHO to develop and institutionalise a process aligned with CCS development and review for Country Office teams to map all partners at country level to include new and emerging partners relevant to the country's needs such as CSOs, NGOs and the private sector. Country Office teams to be developed to improve their capacity to engage with the private sector	HWOs, CSU, External Relations and Partnerships, LEG	Revised CCS guidance by end 2016; full FENSA implementation by 2018.	As part of the CCS process, relevant stakeholders in a country are mapped for their respective roles in the implementation of the strategic agenda. The Sixth-ninth World Health Assembly adopted the Framework of Engagement with non-State Actors in May 2016, and implementation has begun. The Framework provides a common set of rules for engagement, types of interaction, an online register with information on all non-State actors with which WHO engages, and process and coordination mechanisms for the implementation of the Framework. The implementation of the Framework at all levels of the Organization will be fully operationalized within a two-year timeframe. A guide for staff and a handbook for non-State actors are being finalized. In addition, a change management plan, communication plan, and training materials for staff are being developed.
5.4 WHO to clarify the mutual accountabilities and responsibilities of WHO and Member State governments to ensure that each party has a clear understanding of its roles and relationship	WHA and RCs	Ongoing	The mutual accountabilities and responsibilities of the WHO Secretariat and Member State governments are defined in the 12th GPW and further described in the WHO global results chain and programme management framework.
6. Cross-Cutting			
Recommendation 6	**WHO leadership should develop standard management processes to implement and follow up agreed recommendations from evaluations and identify organisational barriers to their implementation.**		
Management Response	Accepted: WHO leadership will oversee the implementation of the actions identified in the management response, following its approval. DGO will provide the general oversight, with the WHO Evaluation Office playing a leading role in its monitoring. The oversight and tracking of the main elements of the management response will be undertaken for at least a five-year period.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
6.1 WHO leadership to allocate responsibility to specified senior roles to lead on agreed recommendations from this evaluation with implementation plans which are specific, time limited and accountable.	DGO	September 2016	DGO is leading on the definition of the WHO management response to the evaluation. It includes the assignment of responsibilities for the implementation of the recommendations. Following finalization of the management response, DGO will prepare a plan of action for implementation of the agreed recommendations by each concerned units.
6.2 WHO Evaluation Office to carry	WHO Evaluation	For future	EVL will submit to the forthcoming meeting of the GPG a synthesized list of outstanding recommendations

out a systematic review of the recommendations from other relevant reports on country strengthening and identify which of those are still outstanding and relevant, with a view to producing a synthesised list of recommendations for agreement by the Global Policy Group (GPG).	Office (EVL)	meetings of the GPG	made on other relevant reports on country strengthening.
6.3 WHO Evaluation Office, in consultation with WHO leadership, to identify the barriers to implementation of outstanding recommendations, and to develop a plan of action to address barriers.	WHO Evaluation Office (EVL)	2016-2017	WHO EVL, in consultation with WHO leadership, will undertake a review of the barriers to implementation of the outstanding recommendations from previous reports on country strengthening. The review will be complemented by an action plan to address these barriers. The review and action plan will be submitted to the GPG for consideration and follow-up.