Placing countries at the centre

A report on a fresh approach to assessing WHO country performance in the Western Pacific Region

November 2012

World Health Organization
Western Pacific Region
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Enhancing performance at the country level has been one of the top priorities of the reform agenda in the Western Pacific Region. In order to provide a critical assessment and comprehensive analysis of our operations and ensure that innovative solutions could be identified, we embarked in the last year on a review process across the Region.

Following strategic discussions among senior management across offices in the Region, assessments by external experts of WHO’s performance of its roles and functions were conducted in Cambodia, Papua New Guinea and Solomon Islands. The valuable observations provided through this exercise have the potential of changing the way we work in the future.

We are now incorporating feedback and identifying areas to be strengthened in order to improve our performance at country level, allowing us to make a difference where it matters most.

This exercise is part of a reform process that stretches back four years. The Regional Office’s Fit for the Future reform programme began with an internal focus – including restructuring technical areas and strengthening planning processes – and went on to encompass the wider health development arena. We have also been strengthening our capacity for policy dialogue and for convening and coordination.

In the process, we hope to foster a more “evaluative culture” to make analysis and continual improvement part of the system to improve WHO’s effectiveness. Indeed, evaluation and reform are key concerns across the whole Organization and among Member States.

The report details the assessment’s methodology and findings in the three countries, as well as areas for action identified. Action plans are currently being drafted by a regional taskforce to ensure timely implementation.

We hope that sharing this information will foster further action aimed at achieving better results at country level.

Dr Shin Young-soo, MD, Ph.D.
Regional Director for the Western Pacific
World Health Organization
1. PURPOSE-DRIVEN REFORM

1.1. Background

The World Health Organization Regional Office for the Western Pacific (WPRO) has embarked on a reform process to fulfill its mandate more effectively in today’s changing public health environment. The guiding principle is to achieve better results at the country level.

Over the past four years, the Regional Office has invested in continual improvement for greater effectiveness, alignment and efficiency.

- **Fit for the Future.** Initially, the focus was the internal working on restructuring technical areas, boosting teamwork and eliminating redundancies, while expanding opportunities through rotation and mobility and creating tighter financial and programmatic management.

- **Moving Forward Making a Difference.** The focus then expanded to enable the Regional Office to anchor its work in the wider health development agenda. This entailed improving the capacity of WHO staff to lead policy dialogue and exercise its convening and coordination role among partners.

- **WHO Making a Real Difference at Country Level.** Building on this momentum, the Regional Office reform is now turning efforts to strengthening performance at the country level. This entails ensuring that WHO country offices are performing their roles and functions. Most importantly, the Regional Office is strengthening the ethos of accountability at all levels — the responsibility to produce measurable results belongs to everyone, from the security guard on the front gate to heads of divisions. WHO in the Western Pacific is changing the way it works to foster an enabling environment in which WHO responds more effectively to country needs.

This work is aligned with the reform programme for all of WHO— *Reform for a Healthy Future*¹—and is a response to input from Member States.

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¹ EBSS/2/2: WHO Executive Board Special Session on Reform, 7 November 2011
1.2. Creating a culture of evaluation

An essential part of the reform process is continuously assessing WHO’s performance against expected results.

The call to strengthen evaluation comes from WHO’s Evaluation Policy, approved in 2012, and from Member States.

This culture of evaluation will change the way WHO operates in the Western Pacific, from country office management to technical programmes in the Regional Office.

To this end, the Regional Office is putting in place a system to assess WHO’s performance of roles and functions at the country level.

With donor support for the reform, the Regional Office is funding evaluative work. Providing a forum for self-analysis and external feedback will be invaluable in order to constantly calibrate the work of WHO at country level to the country’s evolving needs.

This evaluative approach supplements thematic and programmatic evaluations, initiated by the Office of Internal Oversight Services, and focuses more sharply on WHO’s capacity to deliver better results at the country level.

The assessments WHO’s roles and functions at the country level are being coordinated by the Country Support Unit at the Regional Office.

Organizational Attributes

In the reform process, the Regional Office identified four organizational attributes identified as essential for a well-performing WHO at country level:

1. Being country-needs focused
2. Offering value for money
3. Coordinating and convening more effectively
4. Communicating effectively

These attributes consistently arose across different activities in WPRO’s reform programme. They describe qualities expected of WHO for delivery at country level.

Assessing how WHO demonstrates these attributes has been the starting point of WPRO’s assessment of its performance at the country level.

Two cross-cutting factors enabling WHO’s performance at the country level ("cross cutting enablers") also served as tools to determine WHO’s capacity for delivery at the country level. These were:

- strengthening human resources and planning;
- building transformational leadership.

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EB 131/2: WHO Executive Board 131st Session, Decisions and List of Resolutions, 11 June 2012
2. IMPROVING PERFORMANCE: CONCENTRATING ON COUNTRIES

The Western Pacific Region has undertaken a number of initiatives to enhance performance at the country level. Still, more needs to be done, particularly in strengthening the culture of evaluation and using evaluation to guide reform. The programme for assessing performance at the country level will produce an external assessment of WHO's performance of roles and functions to guide work going forward.

Two prior assessments provided critical inputs into the external assessments:

- All WHO country and liaison offices in the Region completed a self-assessment. The results of the assessment were considered in a strategic discussion between senior management at the regional level and in major country offices in the Western Pacific Region.

- The joint strategic discussions between country offices and the Regional Office served to define the strategic direction and priorities of WHO in specific countries. It is also an attempt to align the work of country offices with that of the Regional Office to improve responsiveness to country needs.

The external assessment should complement, calibrate and extend the insights provided by the initial self-assessments and the strategic discussions.
3. EXTERNAL ASSESSMENT OF WHO’S PERFORMANCE AT THE COUNTRY LEVEL

The assessment of WHO’s performance by external experts/stakeholders opens up WHO for scrutiny and external feedback. The intention was to close the feedback loop and seek ways to improve performance at the country level.

Under review was WHO’s capacity to deliver on its mandate at the country level. The four attributes identified as essential for WHO were used as a starting point to determine how effectively WHO can perform its core functions and roles.

By identifying WHO’s strengths at the country level and specific actions to be taken by WHO offices at all levels, the assessment may help improve country performance.

3.1. Methods

Three countries were initially selected for the external assessment, namely, Cambodia, Papua New Guinea and Solomon Islands.

The Country Support Unit (CSU) established three assessment teams. The teams consisted of an external expert, a WHO representative from another country office
and a staff member from the Regional Office. The teams visited countries to interview key informants, such as high-level officials of the Ministry of Health and other government agencies, and senior representatives of technical partners, donors, academe, the private sector, nongovernmental organizations and other groups.

Using a loosely structured interview format, WHO performance was assessed in relation to the four attributes and the five roles and responsibilities for country offices. Also reviewed were technical co-operation, policy advice and dialogue, norms and standards, knowledge generation and sharing, and convening. Some quantitative information, especially on financial and human resources, were used to validate the findings. The data were obtained during country visits.

The summary of the methodology, is described in Box 1 and to a greater extent in Annex 2.

3.2. Reports

Individual country reports prepared by the assessment teams present the findings on performance in relation to the attributes and roles and responsibilities; as appropriate, other findings are also reported. While this format was found useful for the country reports, it was not appropriate for the overall summary report presented here.

In November, a meeting was held with most members of the assessment teams to consolidate findings, particularly those common to several countries.

The assessments were conducted during relatively short periods in-country and are not in-depth evaluations of all aspects of the Organization’s functioning. They reflect the combined judgment and views of the experienced assessment teams. The findings were most compelling where similar observations were made in all three countries, which is the case for most of the key findings here.
Key Findings

1. Staffing is WHO’s strength and weakness
2. WHO is not sufficiently strategic at country level
3. WHO needs to play different roles in different settings
4. Health system support is still not strong enough
5. WHO productivity is hampered by its own culture and systems

Workshop to consolidate the three country external assessments
6-7 November 2012, Phnom Penh, Cambodia
Key Action Areas

1. Place the best people in the most demanding jobs
2. Make health systems the main focus in all country offices
3. Be strategic: make tough choices to achieve real impact
4. Assess whether the Regional Office is really country-focused
5. Focus on value for money
6. Beyond convening: be bolder in driving the policy dialogue
7. Communicate with purpose
3.3. **Key findings**

These findings draw on the reports of the three country assessments and also discussions between the evaluation teams on their impressions of countries.

3.3.1 **Staffing is WHO’s strength and weakness**

- Praise for WHO’s work at country level is usually linked to the quality, credibility and effectiveness of particular staff. Equally, criticism of WHO is usually linked to issues of staff technical or leadership capacity, sensitivity or adaptation to the context, effectiveness in policy or programme support, or ambition and drive. In summary, WHO’s country performance mainly depends on good leadership of the WHO country office (WCO) and having high-quality staff.

- Current recruitment delays resulting in long vacancies in key posts severely hamper effectiveness and productivity at the country level and are perceived by partners and governments as a major weakness of WHO.

- The most demanding countries, in particular, require long-term investment of WHO in strong leadership and well-qualified staff who can provide technical support, interact convincingly with key partners, and have the ability to influence policy and programme implementation.

- Senior staff need to have the skills to stimulate/lead policy dialogue, think beyond the health sector, and help health partners negotiate broader public health policies with non-health authorities.

3.3.2 **WHO is not sufficiently strategic at the country level**

- While WHO’s leading role in health is generally acknowledged, it is perceived by some partners as complacent, too readily constrained by difficult environments and insufficiently attuned to country-specific opportunities. The Organization needs to be more self-critical of its role in each country, to consider the relevance of its activities and to be willing to identify and pursue innovative approaches to working with country counterparts.

- The Country Coordination Strategies (CCS), if known by counterparts and stakeholders, are seen as too static, insufficiently focused to be strategic and not respected, even by the Organization itself. The assessment revealed difficulties in linking the actual work plans and budget to the CCS in the countries.
WHO country offices are seen as trying to cover too many topics. As a consequence some areas are handled superficially. WHO cannot do everything in every country. Country offices still have difficulty resisting activities decided by the Regional Office or Headquarters, even when they are not in line with country priorities.

3.3.3  **WHO has different roles in different settings**

- WHO can play different roles: as a provider of technical advice; as an active day-to-day support for government counterparts; or as a “substitute” doing the work of the government in areas where capacity is lacking. All of these roles can be legitimate; the choice of roles may vary between country offices, but they should be made explicit for each work area and used to guide activities and expectations.

- A role for WHO at the subnational level is recognized but needs to be more clearly defined. While there may be a hands-on component, WHO’s primary role is seen as helping the central government authorities to oversee and support the subnational level.

3.3.4  **Health system support is still not strong enough**

- WHO’s “six building blocks” can create a fragmented view of health systems. Staff needs to adopt a more holistic view focused on issues of governance/stewardship and service delivery, which are major areas of weakness limiting health system improvement in the countries surveyed.

3.3.5  **WHO productivity is hampered by its own culture and systems**

- The assessment teams found more efficiency gains could be achieved by WHO representatives having more authority to define strategies and make resource allocation decisions.

- Many WHO processes are seen as slow and inefficient, especially staff recruitment and in some cases procurement. The time (and frustration) of working with the Global Management System (GMS) are made even greater where internet connectivity is inadequate.
3.4. Key proposed actions

**Action area 1: Place the best people in the most demanding jobs**

**Action 1.1 Deploy experienced skilled staff to key country posts, in particular in demanding contexts**

- Identify countries with poor health outcomes, limited capacity to address the challenges in health services delivery and difficult operating environments. In these countries, ensure the strongest possible leadership of the country office and be more strategic.

- Senior management need to:
  - act purposefully to put the highest quality staff in these countries.
  - refrain from moving staff performing well from country offices before they are due for rotation, according to the WHO Rotation and Mobility Policy.

**Action 1.2 As a high priority, improve recruitment procedures to minimize interruptions of key positions**

- Commit to more efficient recruitment/placement measures and track recruitment performance timelines for all key positions. Aim for 90-day maximum recruitment with no coverage gap for the most crucial positions.

- Aim for face-to-face interviews with candidates for key positions.

**Action 1.3 Ensure the right balance of international and national positions depending on the country context**

- Progressively focus recruitment of international staff on high quality professionals in team leader positions, while reducing the numbers of other professional staff, where appropriate.

- Consider recruiting more national professional officers (NPOs) on time-limited capacity building positions on secondment from national health institutions and ensure they receive active mentoring and support prior to returning to their positions.
Action area 2: Make health systems the main focus in all country offices

Action 2.1 Place multi-skilled health system teams in all countries and work to a clear purpose

- Aim for the health system team to comprise a minimum of 20-30% of professional staff in each country office.

- Identify and exploit synergies between health systems and health programmes under the leadership of the WHO Representative and country liaison. Ensure the health systems team provides support in association with health programmes, and vice versa.

- Define each country’s key targets for health system strengthening and, as a team, work toward them and monitor and report on progress.

Action 2.2 Active involvement in sub-national service delivery issues

- Strengthen the focus on service delivery at provincial/local levels, especially in countries with a decentralized government.

- According to the country context, at subnational level, support setting of roles and standards, governance/oversight, monitoring and evaluation and overcoming bottlenecks to service delivery.

Action area 3: Be strategic: make tough choices to achieve real impact

Action 3.1 Focus the Country Coordination Strategy – adhere to it

- Use the Country Cooperation Strategy (CCS) to sharply define what WHO should do more or less of, or not do at all. In all countries assessed, revise/refresh the CCS to reflect the current situation and sharpen the focus.

- Ensure complete coherence between the CCS, work plan and budget. The revised CCS format should include expected outcomes consistent with the WHO results framework.

- In the CCS, map the expected contributions/support from Regional Office and Headquarters.
**Box 2. Possible questions for an assessment of the Regional Office culture, attitudes and practices in relation to countries**

- Do Regional Office staff think they are supporting country needs or implementing regional/global programmes? Are country office staff seen as just implementing “agents” for regional programmes?

- Do Regional Office staff refer to the CCS. Is planning at the Regional Office really based on country priorities?

- Where is the power to make decisions? Do Regional Office units accept “No” from the WHO representatives when the activities are not priorities for the country?

- How much time do Regional Office staff spend in supporting countries? How timely and useful are the Regional Office responses to country requests for support? Do the Regional Office units help country offices to fill skills gaps when needed?

- Is the need of country offices for flexible funding being met?

**Action 3.2 Be genuinely country focused**

- Give more power to country offices to define priorities and allocate resources to priorities. Reflect this in the delegation of authority and respect it.

- Focus all WHO activities clearly on countries’ needs as opposed to WHO initiatives that may be of limited relevance. Reconsider whether every WHO country office needs a focal point for every programme.

**Action area 4: Assess whether the Regional Office is really country-focused**

**Action 4.1 Conduct an external assessment of the Regional Office (RO) relationship with countries**

- Assess the attitudes/culture and practices of the RO in relation to Country Offices, where the money is spent and who controls it. (Some suggested questions to explore are listed in Box 2)

- Assess the balance of staff expertise between the Regional Office and the country offices and whether the Regional Office is structured to provide optimal support to country offices.

**Action 4.2 Conduct on-going monitoring of Regional Office responsiveness to country needs**

- Require all country offices to score each Regional Office unit every year on their responsiveness and support to country needs using a well-designed performance scorecard.

- Involve country office staff in any future strategic reviews of Regional Office units.
Action area 5: Focus on value-for-money

**Action 5.1 Critically and honestly assess planned activities for likely benefits and value for money**

- Assess non-cash and opportunity costs of WHO-initiated activities, such as diversion of counterparts’ time and attention from routine work. Assess the impact of meetings, workshops, trainings and study tours, and whether their outcomes or recommendations are followed-up/implemented. Assess whether very small investments in a particular area produce any durable change.

Action area 6: Beyond convening: be bolder in driving the policy dialogue

**Action 6.1 In every country, identify a shortlist of key policy issues and proactively facilitate/lead (with government) the policy dialogue**

- Use existing sector coordination mechanisms for maintaining a dialogue with government and stakeholders on each policy issue to ensure that it is kept on the agenda and advanced. Engage in similar discussions in other relevant sectors to ensure health concerns are reflected in policy development.

- Monitor and report on progress.

**Action 6.2 Deploy senior country office staff with knowledge and skills to engage in policy dialogue/negotiation**

- Include in the selection criteria for WHO representatives and senior country office staff, a demonstrated capacity to understand different stakeholders’ needs and contributions, including beyond the health sector (for example, finance ministries, donors, NGOs, private sector, etc).

- Continue to provide training opportunities in this area (building on investments in the Global Learning Programme on National Health Policy and Strategic Plan).
Action area 7: Communicate with purpose

**Action 7.1  Be a vocal and effective advocate for priority public health action and publicize WHO’s contribution**

- Resource, implement and monitor a strategic communication plan in each country around a limited number of topics that are top priorities for the country.

- Document successful WHO-led initiatives and best-practices with enough practical detail to be useful in other countries.

**Action 7.2  Make WHO a recognized health knowledge hub on public health policy, systems and practices**

- Develop a single more effective global web presence, with improved search capability and searchable document formats. Make country-specific content accessible through this single site.

Additional areas for attention to improve productivity

- Make a serious effort to streamline and harmonize the WHO planning process. Align with government planning processes as a priority.

- Engage more in monitoring and evaluation (M&E) in the health sector and of WHO’s own actions. Be more responsive to donor’s needs for good M&E.

- Decline offers of donor funding if resources are inadequate to have an impact or draw staff away from other priorities.

- Stop doing activities of predictably limited (or no) real impact. If training, workshops, technical assistance are not followed up immediately and over time, they are unlikely to have an impact in most contexts.

- Ensure best possible internet connectivity and speed in all country offices. Recognize that the more isolated offices need the best communications.
Lessons learnt: Comments from the three external experts

Overall, the performance assessment has been a good exercise, in particular as a mutual learning process. The participation of a peer WHO Representative and a regional officer amplified this. Involving previous WHO representatives as team leaders made it easier to apply the findings to Organization-wide recommendations and was time efficient. However, the composition of team will depend on the country situation and the objectives of the assessment. There are circumstances where a stronger external participation could have some advantages. If the Regional Office decides to carry out additional country performance assessments, some continuity in the team composition will be useful.

The four attributes used for the country assessments were useful and looked reasonable, but should not be fixed for future assessments. “Improving productivity” could be considered as another attribute. Applying the five “roles and responsibilities” for country offices would also be feasible as the main focus of the assessment.

Frank assessments were not easy to get because informants tended to be polite and highlight good aspects, in particular from the ministry of health side. In this regard, individual meetings may be better than group meetings. More time to debrief and reflect the findings with the country office staff also would have been useful.
### ANNEX 1

#### EXTERNAL ASSESSMENT TEAM MEMBERS

<table>
<thead>
<tr>
<th>Country</th>
<th>Team Leader</th>
<th>Peer WR</th>
<th>Regional Office staff</th>
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<tbody>
<tr>
<td>Solomon Islands</td>
<td>Philip Davies</td>
<td>Pieter van Maaren</td>
<td>Bernard Tomas</td>
</tr>
<tr>
<td>8-15 Aug 2012</td>
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<tr>
<td>Papua New Guinea</td>
<td>Jim Tulloch</td>
<td>Graham Harrison</td>
<td>Kidong Park/Kunhee Park</td>
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<tr>
<td>4-12 Oct 2012</td>
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<tr>
<td>Cambodia</td>
<td>Eigil Sorensen</td>
<td>Liu Yungou</td>
<td>Kunhee Park</td>
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<td>29 Oct – 5 Nov 2012</td>
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ANNEX 2

EXTERNAL ASSESSMENT OF WHO’s PERFORMANCE OF ROLES AND FUNCTIONS AT COUNTRY LEVEL (PROCESS)

The assessment process at the country level will be conducted in stages as follows:

1. Preparation and analysis of attributes (Assessment team)
2. Preparation (country office)
3. Initial meeting with WHO Representative
4. Initial meeting with WHO country office staff
5. Meetings with WHO country office teams (if required)
6. Stakeholder interviews
7. Analysis of stakeholder views
8. Feedback to country office staff
9. De-brief with WR
10. Cross-country review and consolidation

Details of the tasks to be carried out at each stage are below.

1. Preparation and analysis of attributes (assessment team)

Prior to arriving in country the members of the assessment team should familiarize themselves with all relevant documentation including (but not limited to):

- Results of initial self-assessment by the country office
- Report of strategic review discussion
- Country Cooperation Strategy
- Country Strategic Framework/Programme Budget (work plan and budget)
- Office of Internal Oversight Services reviews

In reviewing the results of the initial self-assessment and strategic review discussion the team should pay particular attention to any particular areas of apparent strength or weakness, and identify any significant contradictions, inconsistencies or other notable features. Those will form the basis for subsequent discussions with WHO country office staff.

While the bulk of preparatory work should be completed before the team assembles in country, it may be necessary to postpone consideration of some materials until team members can be accessed within the country office. Team members should also share their views on the background documents.

2. Preparation (country office)

In advance of the external assessment team arriving in country, the WHO representative should schedule staff meetings (please see stages 4, 5 and 8 below) and appointments with key stakeholders.
The stakeholders to be interviewed will vary from country to country, but should include parties that deal extensively with the country office.

- 3 or 4 senior officials from the ministry of health (or equivalent) — ideally those with frequent high-level contact with WHO, including the Secretary or equivalent;
- representatives of other government departments/ministries — such as national planning/development, aid coordination, education, finance etc;
- 3 or 4 representatives of key bilateral agencies, donors, United Nations agencies etc;
- 3 or 4 representatives from civil society organizations, faith-based or nongovernmental organizations active in the country’s health sector; and
- senior personnel from other appropriate health sector actors — such as social health insurance organizations and significant private sector entities involved in delivering health-related products or services.

Interviews should be no longer than 45 minutes and, when possible, be conducted with individuals (as opposed to groups).

3. **Initial meeting with the WHO Representative**

Soon after arriving in country, the external assessment team should meet with the WHO Representative to confirm plans for the assessment and ensure that necessary arrangements are made. This meeting is also an opportunity to identify specific concerns on the part of the WHO Representative, to discuss any sensitive issues that might arise during interviews, and to review any significant changes made since the initial self-assessment.

4. **Initial meeting with WHO country office staff**

An initial meeting with all staff from the country office should be arranged. The purpose of the meeting is threefold:

- to allow team members to introduce themselves and explain the assessment process;
- to present the team’s review of the results of the initial self-assessment and strategic review discussion (see Stage 1 above) and seek staff feedback; and
- to identify any issues concerning specific stakeholders whom the team will be interviewing later.

5. **Meetings with WHO country office teams (if required)**

Following the interaction with all the staff, country office teams may also be arranged. They are unlikely to be necessary in smaller country offices but may be useful in offices with large teams (or a large number of staff in a particular programme).
6. Stakeholder interviews

Stakeholder interviews are likely to take place over several days. Two members of the assessment team should be present at each interview.

Interviews are not intended to be simple question and answer sessions. They should provide an opportunity for team members and stakeholders to explore issues.

A draft interview format (see table next page) suggests questions relating to the core functions of WHO (as they might impact at country level). Although many of the questions are phrased in a way that could invite simple (yes or no) answer, interviewers are expected to rephrase question in more open terms (for example, “Tell me about ….” or “What are your views on …?”).

The draft interview format also suggests how responses relating to a particular core function might offer insights into one or more of the four country office attributes. The relationship between functions and attributes will be revisited during the next stage of the process.

7. Analysis of stakeholder views

When all interviews have been completed and documented, the assessment team should set aside at least four hours to review responses.

At this stage, the team should also consider any significant interplay between functions and attributes. If a country office appeared to perform particularly poorly with respect to a specific function, for example, might that be attributed to a weakness in one or more attributes?

8. Feedback to country office staff

Before leaving the country, the assessment team should provide a summary of their findings to country office staff and seek feedback by means of a second meeting of all office staff. Any significant areas of disagreement with the team’s conclusions should be explored and documented as well.

9. Debriefing session with WHO Representative

A debriefing session with the WHO Representative and staff provides another opportunity to clarify any possible misunderstandings and for the team to offer additional feedback.

10. Cross-country review and consolidation

The draft report (amended and updated) will be the main output from an individual country assessment. Rather than formalizing that report into a final version, the various assessment teams will convene in a single meeting for a cross-country review of several draft reports in order to ensure consistency of ratings and to establish a common style and format for reporting.
Semi-structured interview format for country stakeholders

<table>
<thead>
<tr>
<th>Core functions</th>
<th>Being country-needs focused</th>
<th>Offering value for money</th>
<th>Coordinating and convening more effectively</th>
<th>Communicating effectively</th>
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<tbody>
<tr>
<td>Providing leadership on matters critical to health and engaging in partnerships where joint action is needed</td>
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<tr>
<td>Is WHO seen as providing &quot;leadership&quot; in health-related areas that are relevant to your country?</td>
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<td>How effective WHO is in helping set the agenda and provide effective stewardship of the health sector?</td>
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<td>Does the country office work effectively in partnership with Global Health Partnerships (e.g. Global Fund, GAVI etc.)?</td>
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<tr>
<td>Does the country office work effectively in partnership with other development partners (e.g. AusAID, World Bank, UNICEF, UNFPA etc.)?</td>
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<td>○</td>
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<tr>
<td>Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge</td>
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<tr>
<td>Does the country office support research into health-related issues in your country?</td>
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<td>Does the country office provide you with access to knowledge and evidence you need to do your job?</td>
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<td>Are WHO tools, frameworks and methodologies useful to you?</td>
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<td>Setting norms and standards, and promoting and monitoring their implementation</td>
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<td>Do you receive advice and support from the country Office on international norms and standards for areas of public health?</td>
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<td>Does the country office provide practical support for the adoption of norms and standards (e.g. IHR, FCTC)?</td>
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<td>Articulating ethical and evidence-based policy options</td>
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<td>Does the country office offer guidance and support for the development of health policies that are relevant and feasible in your country's social and economic environment?</td>
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<tr>
<td>Does the country office have the skills and expertise needed to offer support in policies on health systems, health financing and human resources for health?</td>
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<tr>
<td>Is the country office able to engage effectively when required at sub-national (Provincial, Regional etc) levels?</td>
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<td>○</td>
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<tr>
<td>Providing technical support, catalysing change, and building sustainable institutional capacity</td>
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<td>○</td>
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<tr>
<td>Does the country office provide appropriate support to build capacity among country counterparts?</td>
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<td>If you have had reason to call upon the country office for support during emergencies, was that support timely, effective, efficient and appropriate?</td>
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<tr>
<td>Monitoring the health situation and assessing health trends</td>
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<td>○</td>
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<tr>
<td>Does the country office provide access to relevant statistics and other data on health risks and trends?</td>
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<tr>
<td>Do you receive adequate support from the country office for surveillance of, and responses to, outbreaks and risks?</td>
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ANNEX 3

TOOL FOR ASSESSING COUNTRY OFFICE ATTRIBUTES
ENABLING THE PERFORMANCE
OF WHO’s ROLES AND FUNCTIONS
(TOOL USED FOR THE SELF-ASSESSMENT)

Using the Tool

• Attributes and benchmarks: A set of benchmarks is proposed for each of the four attributes and accompanied by suggested questions for the discussion of the benchmarks. Larger country offices may choose to divide the staff into groups, with each group addressing one to two of the attributes. Consensus building could be done during the plenary.

• Rating: The rating scale below is an ordinal measure of the country office’s capacity or qualifications defined by a set of benchmarks.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 – Strong</td>
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<tr>
<td>3 – Adequate</td>
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<tr>
<td>2 – Progress being made</td>
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<tr>
<td>1 – Needs improvement</td>
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## Assessment Tool

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Benchmarks</th>
<th>Suggested questions for assessing benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Being country-needs focused</strong></td>
<td>1.1. Systematic assessments of the health needs, incl. disease burden, drive country health agenda and actions</td>
<td>To what extent has WHO supported the country to undertake high-quality situation analysis and health intelligence reports, health system capacity and performance assessments? To what extent do these assessments drive WHO country office’s work, agenda and technical assistance?</td>
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<td></td>
<td>1.2. Well-defined and robust CCS that defines priority results and strategies for WHO’s technical cooperation</td>
<td>Is CCS aligned with the country planning cycle? What is your assessment of the quality of the CCS development process? To what extent does the CCS respond to the needs for achieving the country’s priority health outcomes?</td>
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<td></td>
<td>1.3. Significant influence to national policy development and stewardship and management of the health sector</td>
<td>To what extent WHO is influencing the country in developing and implementing evidence-based and country appropriate policies, strategies and reforms to achieve better health outcomes?</td>
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<tr>
<td></td>
<td>1.4. WHO Planning and implementation reflect CCS priorities</td>
<td>To what extent does the work of the country office and the current work plan and resource allocation (human and financial resources) reflect the strategic direction in the CSS?</td>
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<td></td>
<td>1.5. Having an influence in setting the agenda for greater focus on addressing inequity and ensuring access for poor and vulnerable groups</td>
<td>To what extent WHO country office’s work is explicitly and deliberately enhancing health sector capacity to address inequity and access to health for poor and vulnerable groups? This includes having resources and capacity to address these issues within WHO country office.</td>
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<td></td>
<td>1.6. Having sufficient resources and ability to make available resources according to emerging needs</td>
<td>To what extent does the country office have the ability to make available resources according to the needs, including its agility to respond to unforeseen needs (e.g., disasters, outbreaks, shifts in national policies, and unforeseen changes in resource availability)</td>
</tr>
<tr>
<td>Attribute</td>
<td>Benchmarks</td>
<td>Suggested questions for assessing benchmarks</td>
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<tr>
<td><strong>2. Offering value for money</strong></td>
<td>2.1. System and practice in place to recruit, further enhance skills, and retain the right people with the right skills at the right time and context.</td>
<td>What is your assessment of the appropriate matching of skills/capabilities and profile of country office human resources to carry out the strategic priorities of WHO in the country? Comment also on whether country office has the appropriate combination of staff profiles and skills? You may also consider the appropriate mix of local/National Professional Officer (NPO)/international staff.</td>
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<td></td>
<td>2.2. High quality technical assistance is delivered in a timely fashion and cost effective options</td>
<td>To what extent is the country office delivering technical assistance in a timely and most cost-effective manner? Your assessment could be based on several factors, i.e., ability to obtain high quality of technical experts, timely delivery, appropriate mechanism (consultant, long-term staff), existence of quality assurance mechanism, and consideration of cost when evaluating options.</td>
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<td>2.3. Results are optimized through effective and efficient use of inputs</td>
<td>To what extent the administrative procedures in the country office are able to maximize the results from the available inputs (staff time and financial resource inputs)? Consider the administrative capacity, staff time management, timeliness or implementation of policies that are designed for increasing efficiency. To what extent does the country office management is able to provide an enabling environment to maximize the contribution of staff and the activities to results at country level?</td>
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<td>2.4. Significant attention to minimizing cost and maximizing benefits from WHO activities</td>
<td>To what extent does the country office consider cost-effectiveness when deciding on activities and its delivery to achieve the expected results? Also consider if the country office conducts regular reviews, uses lessons learnt to improve further its delivery of activities.</td>
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<tr>
<td><strong>3. Coordinating and convening more effectively</strong></td>
<td>3.1. Playing an active role in achieving effective coordination at different levels and with different stakeholders</td>
<td>To what extent is WHO playing an active role in catalyzing and enabling effective coordination of the health sector at different levels? Assess also as to the extent WHO is making an effort to initiate or catalyze coordination and partnership with international as well as local partners.</td>
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<td></td>
<td>3.2. Effective at building alliances and partnership with UN and other agencies in pursuing MDGs and other international agreements</td>
<td>How effectively WHO is partnering with UN system and other partners on pursuing national health goals? Consider also as to whether or not the country office initiating efforts to improve coordination and partnerships. Does the country office engage in joint TA, joint monitoring with partners or any other activities that promote synergies at country level?</td>
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<td>3.3. Recognized and performing the convening role to address key public health issues</td>
<td>To what extent WHO is able to set the agenda for the health sector and get other partners to rally behind it? What is your overall assessment of WHO country office’s ability to convene diverse interests in the health sector into a common interest for public?</td>
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<td>3.4. Leading the international response to public health emergencies</td>
<td>What is your assessment of WHO country office’s current capacity and efforts to lead the response to public health emergencies, including the extent to which WHO is recognized at the country level as an agency to lead the public health response?</td>
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</table>
### Attribute: Communicating effectively

<table>
<thead>
<tr>
<th>4. Communicating effectively</th>
<th>Benchmarks</th>
<th>Suggested questions for assessing benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Country offices having</td>
<td>4.1. Country offices having an overall communication strategy in place and capacity to deliver</td>
<td>To what extent does the country office systematically use effective communication to achieve its results? Consider whether or not a communication strategy exists, does Country Offices have staff capacity and resources to implement and is Country Offices implementing it systematically.</td>
</tr>
<tr>
<td>4.2. Effective in communicating to set or pursue priority public health agenda and advocate action on pertinent health issues</td>
<td>4.2. Effective in communicating to set or pursue priority public health agenda and advocate action on pertinent health issues</td>
<td>How would you assess the country office’s current ability and current efforts to use effective communication channels set agenda and advocate for health issues?</td>
</tr>
<tr>
<td>4.3. Effective use of communication skills to convey technical information in ways to influence the adaptation of policies and international best practices at country level</td>
<td>4.3. Effective use of communication skills to convey technical information in ways to influence the adaptation of policies and international best practices at country level</td>
<td>What is your assessment of the country office’s ability to use effective communication to ensure adaptation of international best practices and guidelines at country level? Consider the country office’s ability ensure translation of norms and guidelines into actions and concrete results.</td>
</tr>
<tr>
<td>4.4. Achieving visibility for WHO’s work through effective use of communication channels</td>
<td>4.4. Achieving visibility for WHO’s work through effective use of communication channels</td>
<td>To what extent are results of WHO’s work regularly and consistently documented and distributed to government, key partners, donors and the public? Assess the country office’s plan and efforts to raise WHO’s visibility at country level.</td>
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