

AGENCY PROFILE

WHO is the directing & coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, setting norms & standards, articulating evidence-based policy options, providing technical support to countries.

COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS



COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS



EXPECTED RESULTS

PROGRESS

OVERALL RESULTS



Commitments are documented and mutually agreed.



An IHP+ Country Compact or equivalent has been signed by the agency in 100% of IHP+ countries where they exist. Target = 100%.



Support is based on country plans & strategies, including to strengthen Health Systems.



In 2009 19% of health sector aid was reported by the agency on national health sector budgets - an increase from 14%. Target = 50% reduction in aid not on budget (with ≥ 85% on budget).



In 2009 86.8% of capacity development was provided by the agency through coordinated programmes - a decrease from 93.7%. Target = 50%.



In 2009 80% of health sector aid was provided by the agency through programme based approaches - an increase from 77%. Target = 66%.



Funding commitments are long-term.



In 2009 0% of health sector aid was provided by the agency through multi-year commitments - no change from 0%. Target = 90%.



Funds are disbursed predictably, as committed.



In 2009 97% of health sector aid disbursements provided by the agency were released according to agreed schedules - an increase from 92% in 2006. Target = 90%.



Country systems for procurement & public financial management are used & strengthened.



In 2009 12.1% of health sector aid provided by the agency used country procurement systems - a decrease from 16.4%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).



In 2009 55% of health sector aid provided by the agency used national public financial management systems - a decrease from 58%. Target = 33% reduction in aid not using PFM systems (with ≥ 80% using country systems).



In 2009 the stock of parallel project implementation units (PIUs) used by the agency in the surveyed countries was 0.0 - no change from 0.0. Target = 66% reduction in stock of PIUs.



Resources are being managed for Development Results.



In 2009 national performance assessment frameworks were routinely used by the agency to assess progress in 100% of IHP+ countries where they exist. Target = 100%.



Mutual accountability is being demonstrated.



In 2009 the agency participated in health sector mutual assessments of progress in 57% of IHP+ countries where they exist. Target = 100%.



Civil Society actively engaged.



In 2009, evidence exists in 80% of IHP+ countries that the agency supported civil society engagement in health sector policy processes. Target = 100%.

DETAILS OF WHAT THE AGENCY IS DOING TO ACHIEVE RESULTS

This additional information is reported by the Agency to explain what specific actions it is taking to implement its IHP+ commitments to the 8 Expected Results, or to qualify its measures of progress.



Commitments are documented and mutually agreed

While being an active participant in any compact development, WHO is also making efforts to increase alignment of the WHO country cooperation strategies (CCS) and biennial work plans with national health plans: all CCS's have been reviewed for their fit with national health plans; CCS's are now being mapped against the WHO Medium Term Strategic Plan (MTSP). From 2012, WHO country budgets are expected to better reflect country priorities.



Support is based on country plans and strategies that sufficiently address Health Systems Strengthening

Government policy to reflect funding in the national budget may affect ratings. The timely presentation of WHO's biennial budget to the MoH may also affect inclusion in the national budget. Technical cooperation, capacity building & normative guidance are main areas of WHO work including support to aid effectiveness processes. The indicators do not capture all WHO efforts in these areas, although they are reflected in WHO's high participation in coordinated programmes for capacity development and in programme based approaches.



Funding commitments are long-term

Note that answers refer to the regular budget's biennial cycle only. The longer term commitments of the WHO Medium Term Strategic Plan are projections and their share of voluntary contributions varies. Also note that reported figures for health sector aid from WHO have variously included or excluded WHO office and staff costs (which are difficult to disentangle), despite efforts to use a consistent definition. Technical staff in WHO country offices are part of WHO's technical cooperation and should be included in aid figures.



Funds are disbursed predictably, as committed

The current administration of WHO's biennial budget cycle made it difficult to answer questions on annual disbursements. The main reason for problems with predictable funding lies in the unpredictable funding to WHO (which includes a high percentage from Voluntary Contributions).



Country systems for procurement & public financial management are used & strengthened

WHO central procurement is used for most goods for reasons of economies of scale of bulk purchasing and of better quality assurance. Local procurement systems are used to purchase local goods. WHO does not use parallel implementation units, but manages most of its funding at country level directly. The exception is Direct Financial Contributions (estimated at 13% of the WHO budget) that use national systems for procurement and PFM.



Resources are being managed for Development Results

All offices reported using national performance assessment frameworks where they exist. WHO sometimes conducts parallel assessment processes (e.g. disease-specific) in addition to national reviews. WHO is working to improve internal routine monitoring of aid effectiveness; expected to be facilitated by the transition to the WHO-wide General Management System (in 2011).



Mutual Accountability is being demonstrated

Around half of the WHO country offices reported mutual accountability exercises in which the government and partners engage, but they noted that the process is still at an initial stage in practically all countries.



Civil Society actively engaged

Most WHO country offices are involved in active support, both financial and technical, to a variety of Civil Society initiatives.

HOW TO INTERPRET THIS SCORECARD

12 Standard Performance Measures (SPMs) were agreed by IHP+ signatories to track the implementation of Expected Results (see below). A detailed list of SPMs can be found at www.ihpresults.net

Countries where the Agency is reporting limited progress: Where ratings of ➡ or ✓ for the minority of SPMs.

Expected Results: Reflect key commitments made in the IHP+ Global Compact.

Progress: Symbols illustrate whether the Agency has achieved ✓, is making progress ➡, or has not made progress ! against 12 SPMs.

Specific points on interpreting progress:

- **Comparability of ratings:** Five targets* track change over time. For these, ➡ reflects progress since baseline, rather than absolute performance in 2009. Negative or flatline trend performance receives !. These ratings should not be used to compare absolute performance between agencies. In all instances ✓ shows that the target has been met.

- **Scorecard ratings are aggregates** of performance across a number of countries. Aggregates might hide variations in the agency's performance. The additional information above provides more detail on the agency's performance. This was drafted by IHP+Results using data provided by the agency, but in some cases the agency made significant changes before the final text was agreed.

* Corresponding to the following Standard Performance Measures (SPMs) - 2DPa, 4DP, 5DPa, 5DPb, 5DPc. For more information on SPMs and targets see www.ihpresults.net