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REPORT ON STRATEGIC ISSUES BETWEEN PAHO AND WHO

Introduction

1. The 2019 Governing Bodies cycle is the second time this report is presented for Member State consideration. The report was initially requested in 2017 at the 29th Pan American Sanitary Conference, during the discussion of Agenda Item 8.1, Update on WHO Reform. The first report on PAHO-WHO strategic issues was presented to the 162nd Session of the Executive Committee in 2018 and addressed topics related to *a)* governance; *b)* management, program, and budget; and *c)* selected technical initiatives.
2. This second report presents an update on relevant issues in the relationship of the Pan American Health Organization (PAHO) to the World Health Organization (WHO) from August 2018 to January 2019. It addresses three broad areas: *a)* governance, including WHO's transformational agenda and United Nations (UN) reform; *b)* strategic planning and program budget; and *c)* selected technical initiatives, including collaboration for universal health coverage. Where a given topic is covered in more detail in another agenda item, reference is made to the relevant document.

Governance

WHO Transformation Agenda

3. In May 2019, a number of documents were submitted to the 72nd World Health Assembly (WHA72) associated with Agenda Item 18.1, WHO reform processes, including the transformation agenda, and implementation of UN development system reform (Documents A72/48, A72/49, A72/50, A72/51, A72/52, and A72/INF./4).¹ Several of these documents relate to rules and procedures for WHO governing bodies processes and are not of direct relevance to PAHO. The main document (Document A72/48) provides an update on advances of WHO's new operating model and the next steps including the announcement of the new

¹ All documents discussed in the 72nd Session of the World Health Assembly are available at: http://apps.who.int/gb/e/e_wha72.html.

WHO structure, which seeks to align the three levels of WHO (country, regional, and Headquarters). Paragraph 5 of the document sets out the main lines of action for the WHO Secretariat: *a)* clarifying WHO's role in attaining the Sustainable Development Goals (SDGs); *b)* redesigning and harmonizing processes across major offices; *c)* putting country outcomes at the center of WHO's work across all three levels (Headquarters, regional, and country); *d)* improving the culture, organizational alignment, and capacity of WHO's human resources; and *e)* taking a new approach to communications and resource mobilization.

4. WHO's operating model (structure) has been adjusted to implement the new 13th General Programme of Work (GPW13) (*1*), which has a special focus on impact at country level in order to ensure a sustainable WHO country presence. There are four main principles: *a)* the strategic priorities of the GPW13 and its "triple billion" targets must drive WHO's work; *b)* technical, external relations, and business/administrative processes should be conducted in a consistent manner; *c)* the operational model should be aligned across the seven major offices (WHO headquarters and six regional offices) and three levels of WHO; and *d)* effectiveness and efficiency should be ensured across and within the three levels.

5. WHO continues working on ways to link their four pillars (External Relations and Governance; Business Operations; Programmes; and Emergencies) across the three levels of WHO. A new WHO headquarters structure was released in March 2019. It is expected that the new structure will be fully functional by the beginning of 2020.

6. As part of the main lines of action for the WHO Secretariat under the WHO reform process, and as mandated by the 69th World Health Assembly (WHA69), a biennial WHO country presence report was presented to the 72nd World Health Assembly, "WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform" (Document A72/INF./4). This report (contained in the Annex of this document) provided additional information on the role of WHO country offices in supporting governments and partners in implementing the health-related SDGs; support for South-South and/or triangular cooperation initiatives; and selected country stories, organized according to the strategic priorities of the GPW13. Following discussions at WHA72, Regional Committees were requested to review and comment on this report.

7. The Pan American Sanitary Bureau (PASB, or the Bureau) is following the WHO changes described, with a view to determining which elements should be adopted or adapted to PAHO. At the same time, PAHO has already carried out a number of organizational improvements – beginning with PAHO in the 21st Century in 2004 and continuing through implementation of the PASB Management Information System (PMIS) and other recent operational improvements – that have addressed several of the priority areas of WHO's current transformation (an evolution of the previous reform process). Any changes contemplated to align with WHO will take into account PAHO's Constitutional framework and well as the strategic direction contained in the Sustainable Health Agenda for the Americas 2018-2030 and the new Strategic Plan 2020-2025.

UN Reform from WHO and PAHO Perspectives

8. As a UN Specialized Agency, WHO has embraced three key aspects of UN reform: *a)* high-level advocacy and an integrated approach to the health-related Sustainable Development Goals; *b)* planning and delivery of country-level activities; and *c)* joint communications and resource mobilization. UN reform has significant governance and managerial implications for WHO, notably pertaining to the agency's governance structure and the accountabilities of WHO's Country Representatives with respect to the newly empowered UN Resident Coordinator (RC) at country level. UN reform also has financial implications for WHO, including *a)* doubling the WHO cost-sharing contribution to the Resident Coordinator system; *b)* a 1% coordination fee assessed on highly earmarked voluntary contributions received by WHO; *c)* potential for common business operations and/or locations with the UN; *d)* harmonization of WHO's cost-recovery policies and rates with those of the UN; and *e)* a proposal to allocate at least 15% of WHO's non-core development funding to joint UN activities.

9. Acting in its capacity as the WHO Regional Office for the Americas (AMRO), PASB will support WHO's implementation of UN reform, including by engaging the UN Resident Coordinator at the country level, as appropriate, in order to achieve synergies and shared objectives. At the same time, PAHO will safeguard its own constitutional status as the specialized health agency of the inter-American system. PAHO will therefore continue to implement its Region-wide specific mandates as dictated by its Member States, working directly with ministries of health and other ministries in carrying out its technical cooperation activities at country level. PAHO personnel at country level will continue to be solely accountable to the PAHO Director. PAHO will "report" to the UN Resident Coordinator by providing information on its technical activities implemented as AMRO at country level. The common UN business operations strategy continues to be evaluated by PAHO as needed, on a case-by-case basis.

10. As noted above, given that funding of the Resident Coordinator system is a UN commitment, WHO's highly earmarked voluntary contributions are subject to the 1% coordination fee that subsidizes UN reform financing. This would include any WHO voluntary contribution funding that is directed to AMRO. However, voluntary contributions received directly by PAHO (as a non-UN entity) will not be subject to the 1% coordination fee.

11. In light of the significant governance, managerial, and financial implications of UN reform, PAHO seeks Member States' support to ensure respect for its constitutional status while collaborating with WHO in its implementation of UN reform.

Updates on the Implementation of FENSA in the Region

12. PASB continues to fully implement the Framework of Engagement with Non-State Actors (FENSA) in accordance with Resolution CD55.R3 of the PAHO 55th Directing Council, which requested the Director to implement the Framework "in a coherent and consistent manner, and in coordination with the Secretariat of WHO, with a view to achieving

full operationalization within a two-year timeframe, taking into account PAHO's constitutional and legal framework" (2). PAHO has complied with this mandate, as fully reported in more detail in the documents submitted to the 164th Session of the Executive Committee (Document CE164/6, Engagement with Non-State Actors, and Document CE164/7, Non-State Actors in Official Relations with PAHO).

Recommendations from the G20 Summit on Priorities for Health, Sustainable Development, and Climate Change

13. Argentina presided over the Group of Twenty (G20) in 2018, the first country in South America to do so. The overall theme was building consensus for fair and sustainable development through an agenda that is people-centered, inclusive, and forward-looking. The focus was on three main pillars: the future of work, infrastructure for development, and a sustainable food future. In addition, gender was a cross-cutting theme. A dedicated Health Working Group (HWG) was established under the Sherpa (government emissary) Track and culminated in a G20 health ministerial meeting, a health emergency simulation exercise with the G20 ministers of health, a G20 health declaration, and a full paragraph on health in the G20 Leaders' Declaration. The health issues addressed in the 2018 G20 were *a*) strengthening health systems and ensuring their resiliency to health emergencies in line with the International Health Regulations (IHR, 2005); *b*) preventing antimicrobial resistance; and *c*) addressing malnutrition, with special emphasis on child obesity. Mention was also made of the SDG 3 global action plan and ending the epidemics of malaria, HIV, and tuberculosis.

14. Actions by PAHO and WHO included high-level advocacy to keep health on the G20 agenda, provision of an "input note," and organization of two PAHO internal technical consultations with the Argentine G20 team. PAHO provided continuous technical cooperation at HWG and Sherpa meetings, particularly in formulation of the Health Ministerial Declaration and the Leaders' Declaration, encouraging the G20 countries to step up their activity in global health while emphasizing the existing commitments of WHO Member States. In addition, WHO intervened at Sherpa meetings on other topics such as early childhood development (Development Working Group), the importance of education for health (Education Working Group), and the effects of climate change on health (Climate Sustainability Working Group). In the latter case, WHO stressed the need for the health sector to adapt to climate change, as well as the co-benefits to health of mitigating greenhouse gas emissions.

Strategic Planning and Program Budget

13th General Programme of Work 2019-2023

15. The GPW13 was approved at the 71st World Health Assembly (WHA71) in May 2018. Notably absent from the document was a full results chain containing the health outcomes and impacts that the GPW13 seeks to attain, including measurable indicators of achievement. This information was contained in draft form in the Impact Framework presented in September 2018 by the WHO Secretariat to the 56th Directing Council as an information document (Document CD56/INF/5, Rev. 1) (3). The Impact Framework sets out a three-tiered approach consisting of *a*) the overarching healthy life expectancy (HALE) indicator; *b*) the

triple billion targets, namely universal health coverage (UHC), health emergencies, and healthier populations, along with associated indices to measure them; and c) 46 programmatic targets and related indicators.² This framework had been presented previously through web-based consultations with all Member States, but the 56th Directing Council was the first time AMRO Member States considered it formally (4).

16. PASB recommended development of a conceptual reference framework providing background on the scope of the UHC index, content, and methodological approach, leading to the definition of indicators. In addition, PASB suggested a comprehensive intra-regional consultation of experts to examine and progressively develop the UHC index. Furthermore, there were concerns about the ability of all countries to contribute quality data for the proposed indicators, given the different stages of maturity of health information systems in the countries; therefore, a comprehensive plan to strengthen information systems would be required.

17. The WHO Impact Framework was subsequently presented to the PAHO Strategic Plan Advisory Group (SPAG) at the beginning of December 2018, and then to EB144 in January 2019 as a document associated with the draft WHO Programme Budget 2020-2021 (5), and most recently to WHA72 (Document A72/5). Feedback provided by WHO Member States globally has indicated that the Impact Framework still requires additional refinement and consultation with Member States before it can be considered for final approval; the associated resolution WHA72.1 requests the WHO Director-General “to continue developing the results framework in consultation with Member States, including through the regional committees, and to present it to the Executive Board at its 146th session” in February 2020. This work is ongoing, and PASB is actively engaged.

WHO Programme Budget 2020-2021

18. WHO Programme Budget 2020-2021 was approved by WHA72, with a total budget approved of \$5,840.4 million,³ including base programs (\$3,768.7 million), Polio and Special programmes (\$1,071.7 million) and emergency operations and appeals (\$1,000 million). This included a base allocation of \$215.8 million to the Region of the Americas, up from \$190.1 million for WHO PB18-19, although less than 6% of the total base budget, and the smallest allocation to any WHO regional office. To finance the program budget, WHO Member States will contribute with \$956.9 million in assessed contributions (the same as for biennium 2018-2019) and the rest will come from resource mobilization. As noted below, WHO actual funding to AMRO has been around \$140 million for the past three biennia, irrespective of budget ceiling increases (6).

19. The WHO Programme Budget (PB) 2020-2021 is the first Programme Budget under the GPW13. The overarching objective of the WHO Programme Budget 2020-2021 is “impact for people at the country level,” setting the right direction for the organization’s efforts to strengthen WHO country offices. The PB includes the “triple billion” targets from the GPW13, 12 outcomes and 42 outputs, a significant reduction with

² Number adjusted according to EB144/7.

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

respect to the current GPW12 and WHO Programme Budget 2018-2019. The proposed outputs reflect results beyond the managerial scope of the WHO Secretariat but are nonetheless defined as its sole responsibility, rather than a joint responsibility of the Secretariat and Member States. In PAHO, outputs are considered the joint responsibility of the Member States and PASB, although the larger responsibility falls on PASB at the output level.

20. The 11% increase in the WHO base budget is justified mainly by the need to increase country capacity, transition of polio-related functions into the base programs, and increased normative work. The increases in base programs were partially offset by efficiency-related measures that reduced the budget by approximately \$100 million.

21. To inform the AMRO allocation, PAHO's technical teams developed a regional programmatic crosswalk, and this was used to apportion funds received for each category and program area in line with the new WHO program and budget structure. AMRO's distribution by functional level is \$127.9 million for PAHO/WHO Representative offices in the countries, and \$87.9 million for the regional office.

Updates on WHO Budget and Financing 2018-2019 (WHO Portion of the PAHO Program Budget)

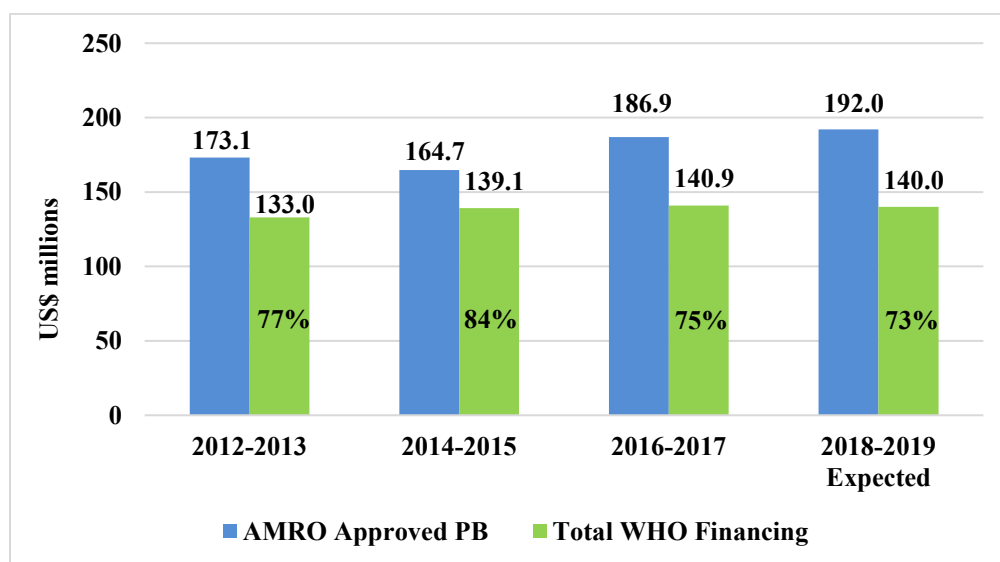
22. Document A72/34, Overview of Financial situation: Programme Budget 2018–2019, was presented to WHA72. Table 1 below provides figures on WHO funding for the regional level during 2018-2019, as of July 2019.

**Table 1. WHO Programme Budget 2018-2019
Funding Levels across Regions
(in US\$ millions)**

Major Office	Approved PB	WHO Flexible Funding	WHO Voluntary Contributions	TOTAL WHO Funds Budgeted	% TOTAL (Budgeted/ Approved PB)
AMRO	192	103	30	133	69%
AFRO	1,161	333	418	751	65%
EMRO	545	154	168	321	59%
EURO	262	99	131	229	88%
SEARO	344	151	135	286	83%
WPRO	286	113	133	246	86%
HQ	1,631	474	846	1,321	81%
Total	4,421	1,428	1,860	3,288	74%

23. The WHO budget space allocation for AMRO has risen in recent biennia, from \$164.7 million in 2014-2015 to \$186.9 million in 2016-2017 to \$192 million in 2018-2019. The proposal for 2020-2021 is \$219 million. In 2016-2017, WHO financed approximately 75% of the AMRO Program Budget, and a similar amount is expected in 2018-2019. The Region of the Americas is proportionally and absolutely the least funded among all WHO regions, and WHO funding remains flat despite budget increases. Figure 1 was presented to the Group of the Americas (GRUA) meeting in Geneva during the 144th Session of the Executive Board and illustrates the historical budget and funding situation for AMRO.

Figure 1. WHO Funding versus Budget for AMRO



24. As shown above, AMRO expects to receive a total of around \$140 million from WHO in 2018-2019, composed of \$103 million in flexible funds (including flexible funds for WHO Health Emergencies) and \$37 million in voluntary contributions. This amount would be the same as in the last biennium, and would result in a 27% AMRO funding gap by the end of 2019.

Selected Technical Initiatives

Collaboration for Universal Health Coverage

25. PASB has participated in and supported the global movement toward universal health coverage, with specific emphasis on addressing barriers to access to the health system and the social determinants of health. Countries have advocated strongly for primary health care as the principal strategy to achieve universal health coverage. The Region was well represented in the Global Conference on Primary Health Care, held in Astana, Kazakhstan, in October 2018, with 24 countries in the Americas providing technical input into the final declaration.

26. PASB has participated actively in discussions about how to measure achievement of the triple billion targets and has provided technical input into the continuing evolution of the UHC index. Going forward, PAHO will remain fully engaged in global processes around UHC and primary health care. Among other things, the Bureau will support Member States in landmark meetings in 2019, including the 72nd World Health Assembly, the G20 Summit, and the United Nations General Assembly High-Level Meeting on Universal Health Coverage.

Action by the Directing Council

27. The Directing Council is invited to take note of the report and provide any comments it deems appropriate. In addition, the Council is invited to comment on the Annex to this document.

Annex

References

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WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform

WHO presence in countries, territories and areas

INTRODUCTION

1. WHO offices in countries, territories and areas¹ are the front line for delivering WHO's technical and normative work. WHO's country presence provides an essential platform for ensuring that WHO's normative work is relevant and is informed by and appropriately addresses country needs and priorities. It also ensures that WHO effectively and meaningfully engages with its Member States and with the United Nations Country Team and partners on the ground. For WHO to perform at country level in line with the expectations of the Thirteenth General Programme of Work, 2019–2023 and the increased leadership demands arising from the Global Action Plan for Healthy Lives and Well-being for All and United Nations development system reform, a predictable and appropriately articulated country presence is required.

2. The present report provides an overview both of WHO's current country presence and of the plans for an enhanced future country presence for the Organization. It draws on WHO's 2019 country presence report² and the findings of Regional Office-led country office functional reviews. The description of WHO's future country presence reflects ongoing work to align the WHO country-level set-up with the new WHO-wide operating model,³ which includes four pillars that cut across all major offices and the three levels of the Organization to enhance consistency, delivery and accountability for WHO's work.

THE CURRENT COUNTRY PRESENCE OF WHO

3. A biennial report on the WHO country presence⁴ was requested by the Sixty-ninth World Health Assembly.⁵ The report includes sections on who we are as an Organization, what the Organization does, and with whom and with what resources it works. The 2019 report provides additional information on the role of WHO country offices in supporting governments and partners in implementing the

¹ Where there is no WHO country office presence, regional offices will assume this role.

² WHO presence in countries, territories and areas. Geneva: World Health Organization; 2019 (<https://www.who.int/country-cooperation/publications/who-presence-report-2019/en/>, accessed 16 April 2019).

³ See document A72/48.

⁴ WHO country presence refers to the work of the Secretariat as a whole and is carried out through a physical WHO presence and coordinated support from other levels of the Secretariat, such as through technical backstopping at regional and headquarters levels, development of norms, technical support, programme management and coordination for country support.

⁵ See decision WHA69(8) (2016), paragraph 15.

health-related Sustainable Development Goals (SDGs); support for South–South and/or triangular cooperation initiatives; and selected country stories, organized according to the strategic priorities of the Thirteenth General Programme of Work.

4. Commensurate with the magnitude of the public health challenges within its mandate, WHO has a field presence that is one of the most extensive in the United Nations system, with representation in all six WHO regions led by 123 heads of WHO offices in countries, territories and areas and 26 acting heads. Gender and geographic diversity are increasing among WHO's field leadership. At country level, the proportion of women heads has increased from 33% in 2017 to 39% in 2019, while the proportion of heads of WHO offices in countries, territories and areas serving outside their region of nationality has increased from 18% in 2010 to 28% in 2019, just short of the 30% target but the proportion varies among regions.

5. The WHO country-level workforce is increasing in terms of staff in the professional and higher categories. As at 31 December 2018, WHO had 3956 staff members working at country level, of whom 20% were in the professional and higher categories (a 1% increase over the 2017 level), 30% were national professional officers (a 2% increase) and 50% were general service staff members (a 3% decrease), continuing a trend towards a higher proportion of staff in the professional and higher categories.

6. WHO's large network of staff provides support to countries through policy dialogue, technical assistance and, when needed, operational support. WHO delivers its technical cooperation based on biennial workplans developed through country cooperation strategies and biennial collaborative agreements (European Region only). Currently, there are 83 valid country cooperation strategies and 26 valid biennial collaborative agreements in place, while a further 24 countries, territories and areas are in the process of developing or updating a strategy in line with the strategic priorities of the Thirteenth General Programme of Work. Joint WHO and government mechanisms are used to enhance implementation and monitor and report on WHO technical cooperation; such mechanisms are reported to be present in 89% of WHO country offices in 2019, an increase from 83% in the 2017 country presence report.

7. Following the adoption of the 2030 Agenda for Sustainable Development, WHO has supported governments and partners in developing the necessary technical tools, guidance and country and regional implementation plans. WHO has also established advisory groups to coordinate those activities in an evidence-based manner. In more than three quarters of the 149 countries, territories and areas in which WHO is physically present, governments have established a national coordination mechanism to implement and monitor the Sustainable Development Goals. Two thirds of country offices have reported that the government periodically monitors the progress of national plans for implementing the 2030 Agenda for Sustainable Development or plans for mainstreaming the Sustainable Development Goals into existing plans and programmes, while just under half of them have reported annually to the United Nations High-Level Political Forum on Sustainable Development.

8. Through the Global Action Plan for Healthy Lives and Well-being for All, WHO country offices will be provided with a framework to coordinate the work of partners and governments to accelerate the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Worldwide, 93% of WHO country offices have reported being active in advocacy to mainstream the Sustainable Development Goals into national plans, while 89% of them provide technical support to mainstream the Goals into national plans, policies and programmes and 87% of them provide advice, facilitation and/or coordination on setting national targets and/or indicators.

9. WHO regional offices and headquarters provide backstopping for country offices. Between January 2017 and 31 July 2018, 5870 missions were reported, representing a 17% increase from 2015. Most were organized by regional offices (57%). In accordance with the Thirteenth General Programme of Work, the resources allocated to countries are gradually increasing. A total of US\$ 2.48 billion was made available for WHO country-level work for the biennium 2018–2019, representing 79% of the total planned costs at country level for the biennium 2018–2019. Gaps between the planned budget and actual funds made available to countries persist; that requires attention. In addition, 58% of those funds were allocated to polio, outbreak and crisis response and special programmes, leaving only 42% (US\$ 1.036 billion) for technical cooperation executed through base programmes. As at 31 December 2018, 55% of the funds distributed for the biennium 2018–2019 had been spent at country level.

10. Integration and cooperation in the field is imperative to achieving the SDGs. As part of the United Nations Country Team, WHO has proactively engaged in United Nations reform at country level and 128 WHO country offices participated in the development of the United Nations Development Assistance Framework (UNDAF). Most of the priorities of the WHO country cooperation strategies are reflected in the Framework. The 2030 Agenda reaffirms the need to enhance South–South and triangular cooperation and regional and international cooperation on access to science, technology and innovation. Globally, half the WHO offices in countries, territories and areas in the six regions have reported supporting a total of 241 South–South and/or triangular cooperation initiatives in 2018.

11. The Thirteenth General Programme of Work focuses on WHO’s impact in countries. Although implementation started in January 2019, many country experiences, stories and achievements dating from 2018 were collected to gauge WHO’s existing contribution to protecting and promoting health and serving the vulnerable: more than 200 stories of achievements and progress were produced by WHO country offices as part of the data collection exercise for the 2019 country presence report. Of the country success stories collected, more than one third referred to the expansion of universal health coverage and the strengthening of health systems at country level. Over 60% of the stories were related to the promotion of health through the life course.

PLANNING THE FUTURE COUNTRY PRESENCE OF WHO

12. WHO’s country presence is an indispensable element of WHO’s three-level operating model, which includes country offices, regional offices and headquarters. All three levels strive to operate together as “one WHO” to deliver a positive impact on health. In 2013, the Secretariat established an internal task force on the roles and functions of the three levels of WHO in order to differentiate the responsibilities of each level in contributing to the impact of WHO’s six core functions. Building on that work and in the context of the Thirteenth General Programme of Work, United Nations reform and WHO’s transformation agenda, the Director-General and Regional Directors announced on 6 March 2019 a further clarification of the roles of country offices, regional offices and headquarters in order to enhance effectiveness and efficiencies, improve support to country offices and enable more seamless ways of working across the three levels. In the new operating model, regional offices will lead the Organization’s technical cooperation agenda and will be the primary providers of expert support for country offices. Headquarters will sharpen its focus on producing the global public health goods that Member States need and country offices request, while providing specialized technical assistance and surge capacity as required.

13. In that context and in parallel with the development and finalization of the Thirteenth General Programme of Work, an extensive review and analysis of WHO's existing country-level operating model was undertaken, as part of the broader work of the transformation agenda, to ensure that WHO is fit-for-purpose and appropriately configured to deliver its new strategy. That work has been informed by country-level functional reviews, reviews of best practices in all regions, success stories, the requirements of the Thirteenth General Programme of Work and the opportunities afforded by United Nations reform. Work to define a predictable, sustainable WHO country presence has proceeded in three phases. First, the capacities needed to deliver WHO's key functions at country level were reviewed and refined. Secondly, a strategy was established to improve the sustainability and predictability of financing for WHO's country presence. Thirdly, work is ongoing to establish a common, minimum WHO country office structure that is aligned with the Thirteenth General Programme of Work, country contexts and the new three-level WHO-wide operating model.

14. In the first phase, four major capacities have been identified as essential to ensure the predictable delivery of WHO's key functions at country level. First, country operations need to be led by a strategic, empowered and supported WHO representative, which may require redefining their roles and capabilities to ensure that they have sufficient public health expertise, skill in health diplomacy, partnerships, resource mobilization and communications, and managerial capacity. Secondly, country offices need sufficient normative and technical capacity in line with the priorities of the Thirteenth General Programme of Work and country support plans, covering the core areas of universal health coverage, healthier populations and health emergency preparedness and response. Thirdly, there must also be sufficient capacity in health information systems/data, partnerships, resource mobilization and communications. Fourthly, country teams need to have a deeper relationship with Member States, extending beyond the health sector to ministries of other sectors, such as ministries of finance, agriculture, education, infrastructure or industry, that have a key role to play in enacting policies essential to the attainment of Sustainable Development Goal 3 and the triple billion targets.

15. A new approach to financing WHO's country offices was developed to ensure the sustainability and predictability of the above-mentioned functions. The three-pronged approach would include financing a core, minimum set of positions for the duration of a general programme of work, ideally through assessed and core unspecified voluntary contributions. Additional, scalable capacity and positions would be funded on the basis of country priorities and country support plans, which would in turn be adjusted biennially through the programme budget process and financed through a combination of corporate and country-level resource mobilization. The ad hoc capacity needed at any point in the biennium to support unforeseen demands, such as health emergencies, would be scaled up as needed through a combination of specified, unspecified and emergency funds.

16. Following the announcement of the new WHO operating model on 6 March 2019, work has begun across all six regions to establish a model core structure and minimum capacity for WHO country offices. That core structure will be aligned with the four new corporate pillars of programmes, emergencies, business operations and, where appropriate, external relations, and will be adjusted and scaled to the different contexts in which WHO operates. The core structures will reflect the differentiated approach to WHO's country support that is outlined in the Thirteenth General Programme of Work – policy dialogue, strategic support, technical assistance and service delivery.

17. To strengthen the quality of WHO work at country level, substantial backstopping and support will be provided by regional offices, with headquarters providing specialized technical assistance and surge support in line with the new WHO operating model. New initiatives that are part of the broader transformation will contribute, for instance through the roll-out of a new corporate process for WHO's technical cooperation and the introduction of "three-level delivery teams" for key programmes. The multiple capacity development efforts that are being undertaken as part of the transformation agenda will also help to build the capabilities and skills needed at country level, for instance through the revamping of the process for the nomination, assessment, rostering and selection of WHO representatives; the standardization of criteria and levels of leadership in each country office; WHO's new geographical mobility policy and plan that will be operational by end-2019; the new career pathways and professional development processes; and the eventual roll-out of the WHO Academy.

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