

Chapter 3 Partnerships and WHO performance





3. Partnerships and WHO performance

Strategic objective 12: To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work

Issues and challenges

Better and more efficient engagement of Member States in the work of governing bodies, and particularly the Regional Committee, remains a priority to ensure a responsive and transparent process for decision-making. Within the Secretariat, more robust mechanisms are needed to ensure clear lines of authority, responsibility and accountability, especially in a context where use of these resources is increasingly being devolved to the level at which programmes are implemented. Relations with other UN agencies and partners at country level to align with national health policies and programmes, and harmonization of efforts should continue. WHO has two primary roles in partnerships: to provide strategic and technical leadership and support, and to serve as host organization. Greater synchronization is needed among partnerships hosted by WHO in terms of quality of monitoring and reporting, in order to streamline implementation of activities at regional and country level.

Demand for accurate and timely information on health in different languages of the Region continues to be high. Identifying and responding to Member States' needs and priorities with regard to information products remains a priority area, with the WHO publications policy and global action plan on multilingualism providing the guiding principles. Meeting the ever growing demand for high quality and timely documentation and publications in the official languages of the Region (Arabic, English and French), coordination between the different stakeholders involved in information and knowledge sharing, applying standards and quality control to enhance one WHO image and to improve communication at all levels, and support for information production in national languages need to be further strengthened. Improving access to reliable health information and knowledge for those who need it remains a challenge. Health care professionals in Member States need to have good understanding of the context in which information is produced and its reliability, as well ability to make effective use of new technologies and sources of health information. The backlog of accepted papers pending publication and cost-effectiveness of production processes remained a significant challenge to management of the *Eastern Mediterranean Health Journal*. These challenges began to be addressed following the Regional Director's approval of the 2008 report and recommendations of the journal's review committee.

Achievements towards performance indicator targets in each expected result

With regard to effective leadership and direction in the Region through enhancement of *governance*, the Regional Office continued to focus on coherence, accountability and synergy of the work of WHO. The fifty-sixth session of the Regional Committee for the Eastern Mediterranean was held in Fez, Morocco from 5 to 8 October 2009. The Committee discussed progress in eradication of poliomyelitis, tobacco control, HIV/AIDS, achievement of the Millennium Development Goals, and strengthening of primary health care-based health systems. It also discussed technical papers on road traffic injuries, the growing threats of hepatitis B and C, a strategy for cancer prevention and control, and hospital performance. The committee adopted ten resolutions pertaining to policy and strategy in these technical areas. The 33rd meeting of the Regional Consultative Committee was held in the Regional Office in April 2009. Technical papers were discussed in preparation for the 56th session of the Regional Committee.

The theme of the annual meeting of the Regional Director with WHO Representatives and staff was enabling functions. In this regard, preparation for roll-out of the Global Management System, delegation of authority, human resources and financial management, procurement of goods and services, partnerships in WHO, security management and preparation for operational planning 2010–2011 were discussed.

The annual joint coordination meeting of the Regional Directors of the WHO Regional Office for the Eastern Mediterranean and UNICEF Middle East and North Africa Regional Office in partnership with OCHA, UNAIDS, UNDP, UNESCO and UNFPA was held in Cairo, in February 2010. The meeting was co-chaired by the Regional Directors of WHO and UNICEF. Discussion and agreement focused on emerging issues in immunization, road traffic injuries, governance, noncommunicable diseases and HIV/AIDS. Emergency preparedness and response and key issues related to nutrition and maternal health in the Region were also topics of discussion.

Continued efforts were made to utilize the outcome of the Country Cooperation Strategy process to guide planning,



The fifty-sixth session of the Regional Committee for the Eastern Mediterranean was held in Fez, Morocco



budgeting and resource allocation as well as strengthen *WHO presence at country level*. Twelve second-generation country cooperation strategy documents were completed, namely those for Afghanistan, Egypt, Jordan, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Palestine, Somalia, Sudan, Syrian Arab Republic and Yemen.

The Regional Office continued its efforts to improve the *external coordination* and resource mobilization function, expand operational capacity and enhance collaboration with other partners. A protocol for collaboration 2009–2010 was signed with the GCC. The project collaboration agreement with the International Islamic Relief Organization (IIRO) continued in the areas of polio eradication, health care delivery, community-based initiatives, Roll Back Malaria, environmental health and safety and emergency and humanitarian action. Cooperation with ISESCO to improve health awareness in the Region was jointly implemented through several activities.

In the area of *communication*, the Regional Office continued to provide reliable, authoritative and up-to-date information on health issues and WHO activities through production and dissemination of professional region-specific health advocacy materials and networking and partnership building with the media, ministries of health and other stakeholders. During the course of its response to pandemic (H1N1) 2009, the Regional Office promptly developed a document on outbreak communication approaches and guidelines and was among the first to produce pandemic information, education and communication materials. In recognition of the linguistic and cultural diversity of the Region and to encourage local adaptations, the guidelines and prototype materials were made available

only in electronic formats. This initiative resulted in wide use of the materials regionally and also globally. The Regional Office also supported capacity-building in risk communication as an important tool to bring the outbreak under control as quickly as possible, with as little social disruption as possible.

In the area of *knowledge management and sharing*, the revised WHO publishing policy was implemented in the Region, starting with the initiation of a global list of planned information products and development of an electronic system for logging and tracking of publications. Several knowledge management functions were realigned with a view to achieving greater efficiency and quality in management and production of information products. Quality is a key publishing principle of the Regional Office, whether for print or electronic products, and a quality control system was established to ensure quality of postings to the Regional Office web site. The Regional Office issued 25 English, 4 French and 29 Arabic publications, 43 meeting reports and 16 periodicals (see Annex 4), reflecting the continuing steady demand for information. Also issued were 49 executive action documents arising from consultant assignments and 105 speeches of the Regional Director.

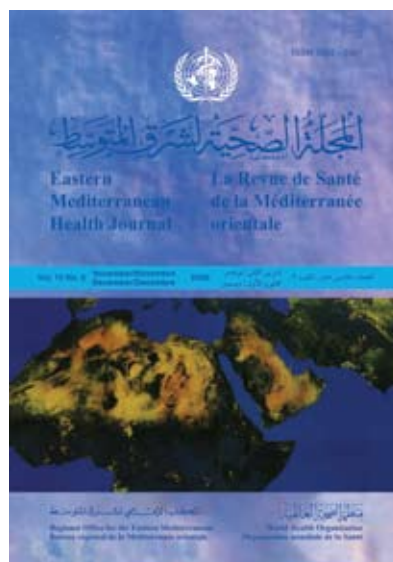
The Global Arabic Programme continued to strengthen its capacity for delivery of expected outputs. The Arabic content of World Health Organization websites increased steadily and the Arabic version of the *Bulletin of the World Health Organization* was posted on time each month, on both the headquarters and Regional Office web sites. The programme expanded its network of partnerships to include regional and international stakeholders interested in terminology and translation, including the Arabic Organization for Translation,

Association for Arabic Translators (Lebanon), Higher Committee for Arabization (Sudan), Arabic Centre for Literature (Kuwait), Arab Centre for Arabization, Translation, Authorship and Publishing (Syrian Arab Republic), Egyptian Society for Development of Universal Culture (Egypt), Arabic Academies (Amman, Cairo and Damascus) and Elsevier. In line with the WHO global action plan on multilingualism, a survey was developed and deployed to all Arab ministries of health to identify priorities for translation and publishing in the Arabic language. The fourth edition of the trilingual version (Arabic, English, French) of the Unified Medical Dictionary was published and widely distributed. Quality control of translation was enhanced. Extensive efforts to further develop and update the Arabic university book series continued with new publications in priority medical areas. 52 publications were translated into Arabic, of which 12 were published in print. The Regional Office also supported the dissemination of medical and health literature in national languages through coordinating translation of 51 publications into Farsi and 3 publications into Urdu.

The *Eastern Mediterranean Health Journal* continued to publish high quality biomedical and public health research. In 2009, 575 papers were submitted for consideration for publication, with an acceptance rate of around 31%. In all, 21 of the 22 countries of the Region were represented among the papers submitted, as well as 19 countries outside the Region. A total of 190 papers were published in the six issues of volume 15, slightly reducing the backlog of accepted papers awaiting publication. In line with the recommendations of the review committee, actions were initiated to relaunch the journal with a new design and monthly periodicity in 2010 and to ensure smooth transition

without compromising quality or timeliness. A competition was held inviting design ideas and 11 submissions were received. A committee was formed to evaluate the designs prior to presentation to the Editorial Board for a final decision. Layout and printing processes were moved in-house, posing a few initial difficulties.

A major effort was made to improve the Regional Office printing and publishing capacity in different forms and high quality and to promote the dissemination of publications to target audiences in the Region. More than 230 000 copies of Regional Office publications were distributed in the Region free of charge, including 14 267 copies of the *Eastern Mediterranean Health Journal* and 30 218 copies of documents on AIDS. 12 833 copies of headquarters publications were distributed. A total of 5409 copies of Regional Office and headquarters publications were sold with a total value of US\$ 115 498, and 1090 copies of Regional Office publications were delivered to headquarters for sale at global level. The Regional Office participated in three international book fairs.





Health literature continued to be provided to the Regional Office, country offices, and medical institutions in the Region; 135 purchase orders were issued for books, journal subscriptions, CD-ROMs and online access to health literature. The total number of scanned publications in the institutional digital repository reached 13 263, an increase of 12.3% from 2008 and work continued to support the development of the WHO global institutional repository project, in collaboration with WHO headquarters and other regional offices. Updating and quality control of the Eastern Mediterranean Region Index Medicus (IMEMR) website was improved. The total number of journals published and indexed reached 473 (from 19 countries), an increase of 4% from 2008, and the total number of articles indexed reached 101 326, an increase of 5.7% from 2008.

The Regional Office continued to support the Blue Trunk Library in order to improve access to up-to-date health information in remote areas on the Region. 15 Blue Trunk Libraries were sent to Iraq containing only Regional Office Arabic publications, the first such libraries since the beginning of this project. The Regional Office also continued to support the Red Trunk Library project, creating a bibliographic database with the full texts of the Red Trunk Library publications on CD-ROM. 20 Red Trunk Libraries, along with CDs, were distributed to Afghanistan, Islamic Republic of Iran, Iraq, Lebanon, Pakistan, Somalia, Sudan and Yemen.

Future directions

In an environment with an increasing number of partners and stakeholders, the role of WHO needs to be well understood, and indeed recognized. In view of the continued impact of financial crisis on the resource flows for

health and development, it will be crucial to maintain and enhance good governance and partnership in order to achieve successful implementation of the ambitious strategic objectives set in the medium-term strategic plan, and hence contribute to achieving the health-related Millennium Development Goals. In countries heavily dependent on external assistance, it will be important to strengthen collaboration with the United Nations and other partners, in order to maintain quality of delivery and reporting. Further capacity for resource mobilization and coordination will be developed. Stakeholder awareness-raising activities through dissemination of reports, brochures and documentaries will be implemented for traditional and non-traditional donors. The Regional Office is now extending its outbreak communication activities and will, among other things, develop a roster of regional expertise and establish a common platform for communications in times of acute public health events. The Regional Office will continue to publish and disseminate high quality information products in line with the WHO publishing policy and global action plan on multilingualism. Content management processes and systems will be reviewed in order to continue to improve efficiency and quality in information production and the Regional Office and country office web sites will be reviewed and redeveloped. The Unified Medical Dictionary will be further developed and further needs assessment and priority-setting for medical literature in Arabic and other national languages will be implemented. Electronic publishing of health information products on CD-ROM will be a key goal to provide equitable access to health information. The Virtual Health Sciences Library Medical Libraries Network and consortia (e-journals and e-books) will be strengthened. Collaboration with partners

will continue in order to improve access to health and biomedical sciences information in the Region. The Eastern Mediterranean Health Journal will be relaunched in a new design as a monthly issue, produced entirely in-house, and it is expected to reduce the backlog of accepted papers by the end of the year.

Strategic objective 13: To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively

Issues and challenges

The disparity between available funds and human resources, and their distribution across the Organization remains a challenge. The securing of additional, flexible funding and working to ensure better allocation of available resources are among the priorities. To illustrate the disparity of funding, three areas account for almost 60% of extrabudgetary funding: malaria, tuberculosis and HIV 9.6%, emergency preparedness and response 36.6%, and immunization and vaccine development 10.5%. The Region continues to be affected by crises and mitigation of the associated risks has become more challenging. During the reporting period, seven countries of the Region were declared to be non-family duty stations due to the security situation, resulting in high risk to staff and high cost to programme delivery. In this regard, scarce financial resources hindered the achievement of key planned activities in the areas of security

and real estate. Administrative and financial procedures to improve the management of the Organization's financial resources continued in order to respond to Member States' needs in an effective, efficient and transparent manner. Recruitment procedures to attract highly qualified candidates, female candidates and qualified nationals from unrepresented and underrepresented countries and to ensure transparency in the selection process have been put in place in line with relevant resolutions of the World Health Assembly but further work in the area is required.

Preparation for roll-out of the Global Management System in January 2010 required a number of issues to be addressed to ensure harmonized practices on the basis of common business rules. Improvement in the infrastructure and replacement of aging equipment, as well as enhancing the overall environment for intracountry, intercountry, regional and global operations posed a key challenge due to the diversity among countries of the Region and limited financial and human resources. Other challenges included data conversion, remediation of legacy systems, capacity-building activities and backstopping. Significant efforts were made to ensure that associated risks were mitigated. Institutionalization of the change in practices and procedures entailed changes within the context of decentralization. Change in organizational culture needs to continue in support of better programme delivery and managerial performance.

Achievements towards performance indicator targets in each expected result

Joint Programme Review and Planning Missions (JPRMs) were completed for all countries, resulting in operational plans



for the biennium 2010–2011. The country cooperation strategies were used extensively to guide priority setting and development of the plans. The end-of-biennium (2008–2009) assessment exercise was conducted on time and submitted for global consolidation and reporting to the Governing Bodies in 2010. The global report reflects WHO's continuing commitment to Member States and donors in regard to reporting in an efficient and transparent manner.

The Regional Office continued its efforts in enhancing the capacity of teams to achieve effective implementation of the results-based management framework. Capacity-building was conducted for Regional Office and staff of five country offices to expand the utilization of the framework and related applications. With regard to implementation of the Global Management System in the Region, extensive capacity-building was conducted to enable JPRM teams to develop their operational workplans for 2010–2011 within the system. Robust end-user training was also conducted in the months prior to roll-out of the system, involving 20 trainers and a total of 1100 staff from country and regional offices. A regional service desk was established in order to support staff in all locations during the period immediately following roll-out. Capacity-building was also conducted for staff in both regional and country offices in performance management and development, and learning plans were developed for 2010–2011.

The human resources selection guidelines for professional long-term and temporary positions were amended in order to attract top talent. In addition, a new global policy for the recruitment of heads of WHO country offices was developed with input from all WHO regional offices. An organigram of the Regional Office is given in Annex 1 and Annex 2 shows the

distribution of professional staff by number and nationality.

Work continued in developing and enhancing comprehensive systems for protection of emails; acceleration of network capacity for web traffic and business applications; intrusion detection; improved telecommunications and out-of-office and wireless connectivity, and support to e-health projects. Other administrative systems were also enhanced resulting in cost reduction and more effective management.

Adequate planning of logistic support activities and the provision of office equipment and materials supported the operations of the Regional Office. Improvement of real estate facilities in the Region continued and construction of the premises for the Jordan based office started. The design was significantly revised to accommodate the concept of a "green" building, which will represent a model among WHO premises in the Region. The extension of the WHO building in Sudan and construction of the new building in Tunisia were completed with handover of the latter in early 2010. Security measures were enhanced to improve safety of WHO premises.

Requests for the procurement and delivery of supplies and equipment worth US\$ 43 million were processed. This included essentially needed supplies and equipment for the implementation of WHO collaborative programme activities, under both regular budget and extrabudgetary resources and on a reimbursable basis to governments and nongovernmental institutions, as well as unforeseen purchases meeting emergency needs. Processing time for request of supplies and equipment continued to be within the desirable range.

Future directions

With the implementation of the Global Management System at all levels of WHO, the Regional Office will continue to provide broad institutional reform that will ensure more efficient and cost-effective support to the Organization. Additional training to ensure full utilization of the system and integrated technical and financial monitoring is required. Work will be organized in line with the results-based management framework and processes, from strategic and operational planning and budgeting to performance monitoring and coordination. This will ensure an efficient flow of available

resources throughout the Organization; management of human resources, including human resource planning, recruitment, staff development and learning, performance management, and conditions of service and entitlements. Provision of operational support, ranging from the management of infrastructure and logistics, staff and premises, security and staff medical services, to the management of information technology and appropriate accountability and governance mechanisms across all areas will also be maintained. Alignment and synergies across the Organization will be necessary to ensure an effective and secure global work environment.