

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

2011 marked a difficult and challenging period for the Regional Office due to the complex situation affecting 13 Member States, including the host country, Egypt. In spite of these difficulties, as well as the continuing financial crisis, WHO continued to strengthen its country presence, promote functional partnerships and engage Member States in the work of the governing bodies. The situation in the Region hindered the operation of health programmes and consequently their funding. High turnover among senior government staff in some countries made planning for partnerships a difficult task.

Health communications, enhancing partnership with stakeholders, academia, communities and civil society and building consensus on regional priorities are key communications areas, based on the pattern of communicable and noncommunicable diseases in the Region and the status of progress towards the Millennium Development Goals. The increasing prominence of social media in the Region is beginning to have an impact on WHO's strategic approach to health communications. There is still a considerable need for capacity-building in health communications throughout the Region. Health messaging needs to complement the integrated approach to health care and support behaviour change for healthy lifestyles.

Accessibility to health information in national languages is critical to improving health status. Demand from policy-makers, health professionals and the public for accurate and timely information on health in different languages, whether in print or other formats, as well as through the internet, continues to be high. The Regional Office continued to address the challenges in knowledge management and sharing by improving accessibility to and availability of health knowledge, as well as promoting use of electronic information resources.

Achievements towards performance indicator targets in each expected result

WHO continued its strong collaboration with Member States to improve the health situation and mitigate emergencies in the Region, demonstrating its commitment to leadership and fostering partnership. The Joint Programme Review and Planning Missions were completed, despite the difficult circumstances in many countries, and the development of the collaborative

health programmes for the 2012–2013 biennium was successful. WHO mobilized resources and, in many instances such as in Libya, led the United Nations response which required a heavy engagement of health stakeholders.

The humanitarian crisis in the Region, Millennium Development Goals, adolescent health and risky behaviours, and health equity were among the priority areas of collaboration discussed at the annual joint coordination meeting of the Regional Director with the Regional Directors of UNICEF, UNESCO, UNAIDS, WFP, FAO and UNFPA. For each action point adopted, the participating agencies agreed to strengthen coordination at the regional and country levels. The Regional Consultative Committee made recommendations to improve the contents of the technical papers for submission to the Regional Committee and to guide the Regional Office on action to be taken in the areas discussed. The Fifty-eighth Session of the Regional Committee was successfully conducted in the Regional Office, and resolutions pertaining to policy and strategy of the technical areas discussed were adopted. In addition, a new Regional Director, Dr Ala Alwan, was nominated to the Executive Board and the outgoing Regional Director, Dr Hussein A. Gezairy, was named Regional Director Emeritus.

WHO actively participated in the activities and meetings of the regional United Nations Development Group (UNDG). It also contributed to the process of the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) for countries as a member of the peer support group. The Regional Office contributed to the development of policy directions and strategies of the regional UNDG. In Egypt, the Regional Office collaborated in and

supported the reshaping of health action within the UNDG.

The Regional Office further developed the Country Cooperation Strategy (CCS) initiative to strengthen WHO's presence at country level and to guide planning, budgeting and resource allocation. It embarked on a series of efforts to strengthen its external coordination and resource mobilization function, to expand operational capacity and to enhance collaboration with other partners. The CCS document has now become a major reference in all countries, as well as being well known among United Nations country teams. By early 2011, updated CCS documents had been finalized for 14 countries, including for the first time, Somalia. In Islamic Republic of Iran, Iraq, Pakistan and Somalia, the support and collaboration of the Regional Office was influential in setting the agenda for United Nations and other partners' support for the health sector. WHO country offices and the Regional Office continued their efforts in countries to utilize the outcome of the CCS process for strengthening and guiding planning, budgeting and resource allocation on strategic and priority activities and programme. A major challenge is the lack of human and financial resources to increase the capacity of WHO country offices to implement the strategic priorities.

The Regional Office initiated development of an e-partnership information system, and an e-course on partnership and resource mobilization, to assist it in its resource mobilization efforts, which have been a particular challenge in the political and financial crisis facing the Region. Several governments and foundations responded positively and rapidly to the crisis in the Region, offering support to the public sector through WHO for humanitarian aid, medicines and mobile clinics. This

crucial response by the regional partnership establishment succeeded despite the prevailing financial and political challenges.

With regard to resource mobilization, capacity was built in Afghanistan, Jordan and the Regional Office. Country offices were trained on how to promote unfunded health activities with partners, donors, foundations, charities and interested health nongovernmental organizations. The Regional Office was instrumental in securing funds from Saudi Arabia to assist in the Somali famine for food and medicines, from the Kuwait Patient Helping Fund for activities in Somalia, Afghanistan, Yemen and Libya, and from the Islamic International Relief Organization.

The Regional Office was active its media and communications response to the Libyan crisis and Somali famine and ensured that Flash appeals, press releases and statements were issued in a timely manner. Production of health messages and advocacy materials expanded to raise health awareness during emergencies for prevention of epidemics and other health hazards. Booklets covering community health, first aid and health of mass gatherings were issued and distributed. Collaboration with partners was enhanced to provide appropriate response to emerging situations. A television campaign to raise famine relief funds was conducted in collaboration with regional television channels for Somalia. The capacity of communications officers to support emergency response and make use of modern trends in communications was strengthened. Social media sites were set up and used to raise awareness of the work of WHO in the Region. A health kiosk which enables the public to measure blood pressure and body mass index was developed as a tool to promote healthy lifestyle.

As success in improving the health of all people depends mainly on meeting their needs, increasing their awareness and engaging them in making decisions related to their lives and health, the Global Arabic Programme continued to provide people with valid and up-to-date health information in their languages. The Regional Office implemented 79 contracts for translation of health information materials into Arabic, among them six new information products in the Teaching and Learning Materials for Medical Students series and Medical Books series. Partnership and collaboration were enhanced (Table 3.1).

The Regional Office continued its collaboration with headquarters, exchanging staff to assist in translation of documents relating to the work of the governing bodies, and supporting the Arabic version of the Bulletin of the WHO, translating and posting it on the WHO web site each month. Development of the *Unified Medical Dictionary* continued, through software enhancement, addition of more terms, including Farsi terms, and improving accessibility through the internet and CD. The Arabization of Health Science Network (AHSN) continued to support terminology development. To support implementation of the WHO policy on multilingualism, the Regional Office participated in the second meeting of the Association of Arabization of Medical Education.

The Regional Office web site is an increasingly important means of sharing and disseminating knowledge for those countries that have good internet access. The major project to redevelop and redesign the Regional Office web site continued. Content providers in the Regional Office and country offices were trained over four months and submission of new material commenced towards the end of the year. Regional events,

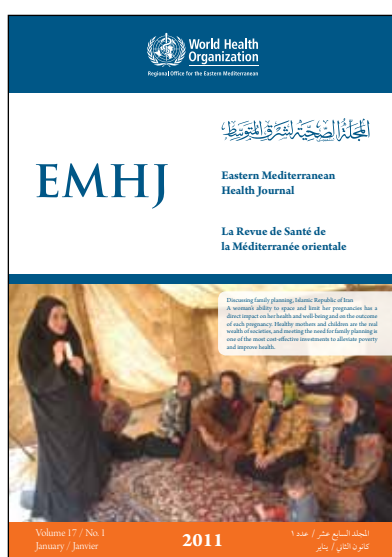
Table 3.1 Partnership and collaboration in Arabic language health information materials

| Institution | Activity |
|---|---|
| Syrian Centre for Teaching and Learning Material, Ministry of Health, Syrian Arab Republic | Health education materials |
| Syrian Ministry of Higher Education | Partnership with Egyptian Universities |
| College of Public Health and Health Informatics, King Saud Bin Abdulaziz University for Health Sciences, and the Saudi Association for Health Informatics | King Abdullah Arabic health encyclopaedia |
| Medical Education Department of Suez Canal Medical School, Egypt, Ministry of Higher Education, Syrian Arab Republic | Diploma in medical education in Arabic |
| Sebai Institute | Teaching and learning materials for students in paramedical institutes, and teaching books in health education, nutrition and school health |
| American University of Beirut | Arabic version of Public health in the Arab World, currently in press by Cambridge University Press |
| Arab Centre for Authorship, Translation, Arabization and Publishing (ACATAP), Damascus, Syrian Arab Republic | Books for students in medical and health-related colleges |

lack of resources and competing priorities contributed to some delay in achieving the launch target, which is now expected in the first quarter of 2012. The entire redevelopment process, including training and content development, was managed in-house using an open-source content

management system, saving considerably on investment in external development. A new internal intranet site was launched, using the WHO headquarters content management system, providing quick, efficient and integrated access to knowledge on WHO policy and administrative procedures for staff throughout the Region.

The Regional Office issued 46 English, 21 French and 29 Arabic publications and 17 periodicals (see Annex 4). Figure 3.1 shows the increasing trend in information production in the official languages since 2000, reflecting the demand for knowledge. Also issued were 49 meeting reports, 10 country cooperation strategy documents, 20 Regional Committee documents in the three official languages, 21 executive action documents arising from consultant assignments and 109 speeches of the Regional Director. Over 700 papers were submitted for publication in the *Eastern Mediterranean Health Journal* in 2011. The Journal continued to come out on time, with a total of 169 papers published.



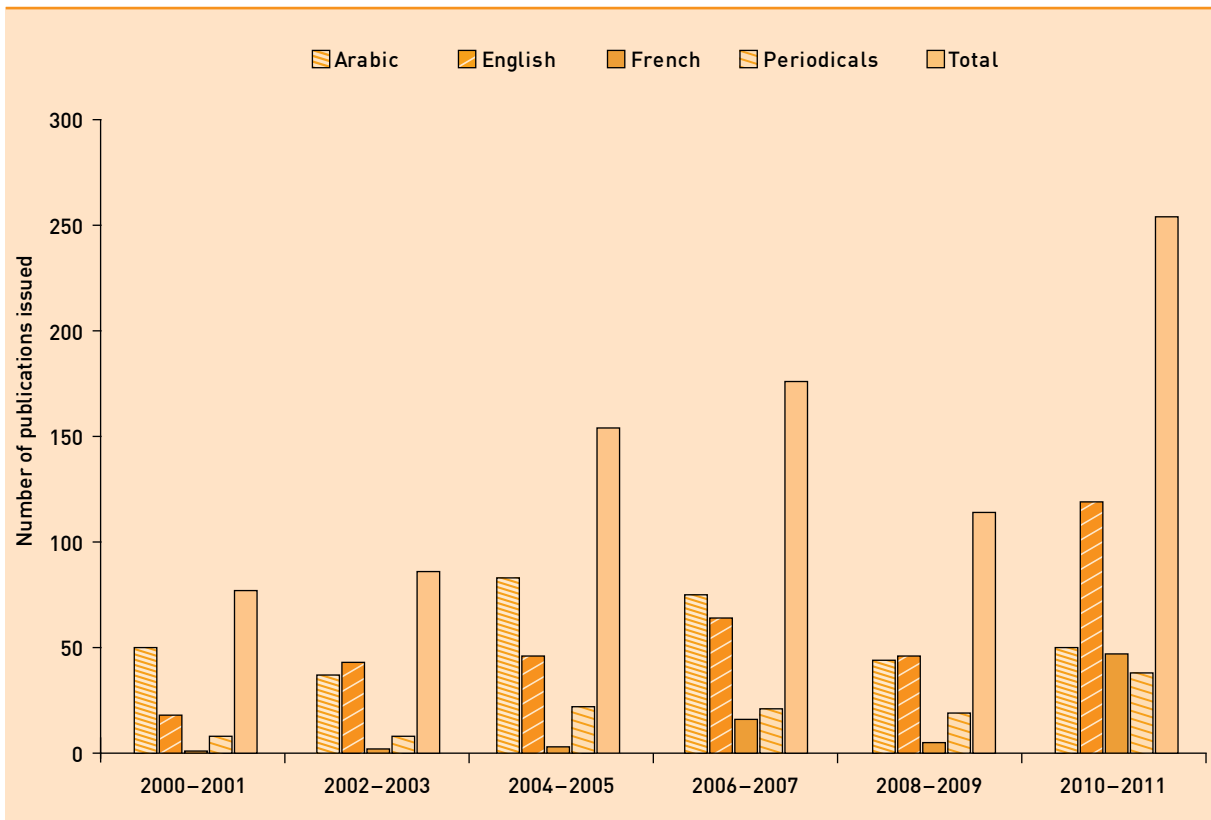


Figure 3.1 Trend in information production in the Regional Office 2000-2011

Provision of health literature – books, journal subscriptions, CD-ROMs and online access, increased 37.8% compared with 2010, with purchases amounting to a total value of US\$ 1 086 737, an increase of 60.4% compared with 2010. Figure 3.2 shows the percentage distribution of procurements of health literature. The Regional Office continued to provide staff and Member States with the full text of publications free of charge through the Inter-Library Documents Delivery Services, with an increase of 48% compared with 2010.

In the area of knowledge management and sharing, the Institutional Digital Repository was launched with the aim of improving accessibility to and availability of the Organization’s knowledge. The repository is a database of the documents

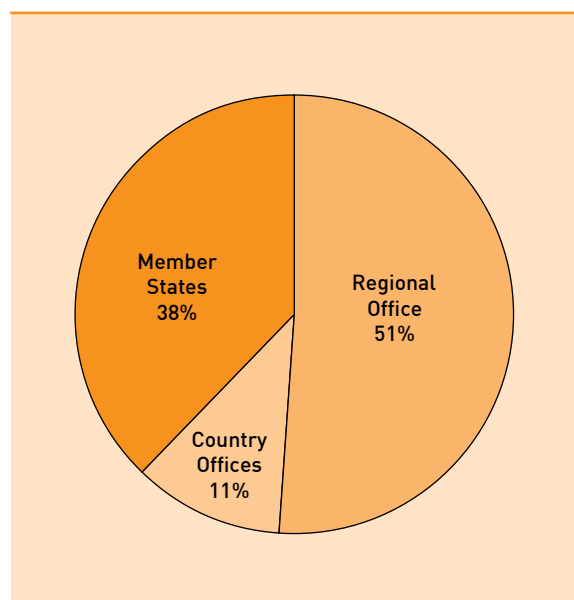


Figure 3.2 Procurement of health literature for Regional Office, country offices and Member States in 2011

of the Regional Office from 1948 to the present and as such comprises an important institutional and historical resource. Figure 3.3 shows the percentage growth in the repository since it was created in 2006, to end 2011. The Regional Office also continued to support the development of the WHO global Institutional Repository of Information and Sharing (IRIS).

Abstracting and indexing services for the 523 health and biomedical sciences journals published in 19 countries of the Region continued. Figure 3.4 shows the trend in the number of bibliographic citations that were indexed and published in Index Medicus for the Eastern Mediterranean Region from 2006 to 2011. In order to improve access to health information related to emergencies and risk management in remote areas of the Region, the Regional Office prepared 17 Red Trunk Libraries to be sent to country offices.

Future directions

In a situation of extended social movement and change, the Regional Office was able to arrange timely and effective response, in spite of the fact that the WHO staff were also affected. However, a more active role could be developed in regard to promoting WHO principles and policies, including equity, universal coverage, social justice, poverty reduction, social inclusion and the primary health care approach, in order to address some of the root causes of the complex situation emerging in the Region. The Regional Office will continue to collaborate with Member States for the implementation of Country Focus policy. A partnership policy will be developed and support provided for management and coordination of relations with the United Nations agencies, civil society, private sector and other stakeholders.

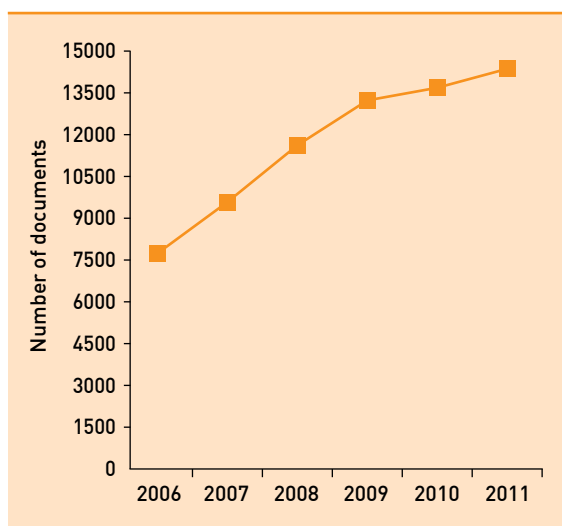


Figure 3.3 Growth in the institutional digital repository, 2006–2011

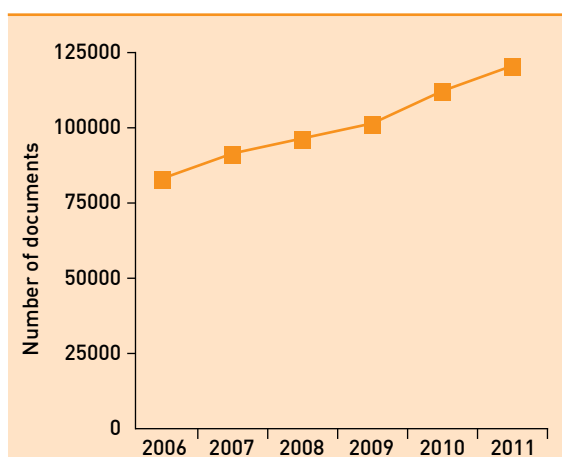


Figure 3.4 Trend in health and biomedical bibliographic citations indexed and published in Index Medicus for the Eastern Mediterranean Region, 2006–2011

Countries will be given support to strengthen partnership, external coordination and resource mobilization capacities. The importance of planning a wide range of collaboration and cooperation under the United Nations system as “one United Nations” will be pursued at the regional and country level. The Regional

Office will develop a strategic direction for media and communications in collaboration with communications focal points in the Member States and WHO country offices. Capacity-building in media and communications skills will continue.

It is essential to invest in generating and disseminating health information using the most up-to-date technology, the friendliest format and the most accessible channels. Building new and more productive partnerships with local, national, regional and international organizations is the key to disseminating health information in national languages. Increased emphasis will be placed on enhancing use of the internet for knowledge dissemination, in particular through the launch of a new, more accessible user-friendly web site. The Regional Office will continue to improve accessibility and availability of health knowledge and better utilization of electronic information resources. Strengthening the capacity of the Regional Office in electronic publishing will be a key challenge.

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. The total approved regional assessed contribution of the financial period 2010–2011 was US\$ 90.6 million, including the Director-General's reserves. In addition, voluntary contributions for the same period amounted to US\$ 646 million. Strategic objectives 1 and 5 continued to be well funded and represented 75% of the total income received as voluntary contribution. The capacity of country office staff to deal with the realities imposed by the introduction of the global management system (GSM) continues to be a challenge, particularly with regard to the transition from the former country level accounting system to the new integrated GSM accounting system. GSM continues to pose some operational challenges and requires additional capacity-building at country level to improve efficiency.

The Region continued to be affected by crises, with five countries affected by civil unrest. This resulted in high costs to programme delivery. Emergency recruitment and additional human resources and services had to be provided. Communications and other services were maintained with minimum down time. However, upgrading of the information technology and telecommunications infrastructure was postponed. Essential medicines, vaccines and other medical supplies were delivered as quickly as possible, including to security-compromised areas. Sustainable financing of location-specific security costs continues to be a challenge despite having secured funding for overall security needs.

Achievements towards performance indicator targets in each expected result

Joint Programme Review and Planning Missions were conducted successfully using the GSM functionalities for all countries, including South Sudan which became a Member State on 27 September 2011, resulting in operational plans for the biennium 2012–2013. The Regional Office continued its efforts in building capacity among country office staff to expand the utilization of the results-based management framework.

The Region took the lead in developing generic post descriptions for a specific occupational group in the professional category – epidemiologists – at regional and country levels. Improved methods were developed to monitor and track implementation of the recruitment process. Annex 1 shows the organizational structure of the Regional Office and Annex 2 shows the distribution of professional staff by number and nationality.

The final implementation incurred for the 2010–2011 biennium represented 100% of the total available funds under the assessed contribution budget. Implementation against voluntary contribution funds amounted to US\$ 411 million, exceeding the assessed contribution budget by more than four times.

Although upgrading of the Regional Office information technology and telecommunications infrastructure was postponed, several enhancements were made. These included increasing internet bandwidth, upgrading videoconference facilities, improving the efficiency of networks, and enhancing voice and other telecommunications infrastructure to align with best practices in the industry and better support operations. In addition, the first stage

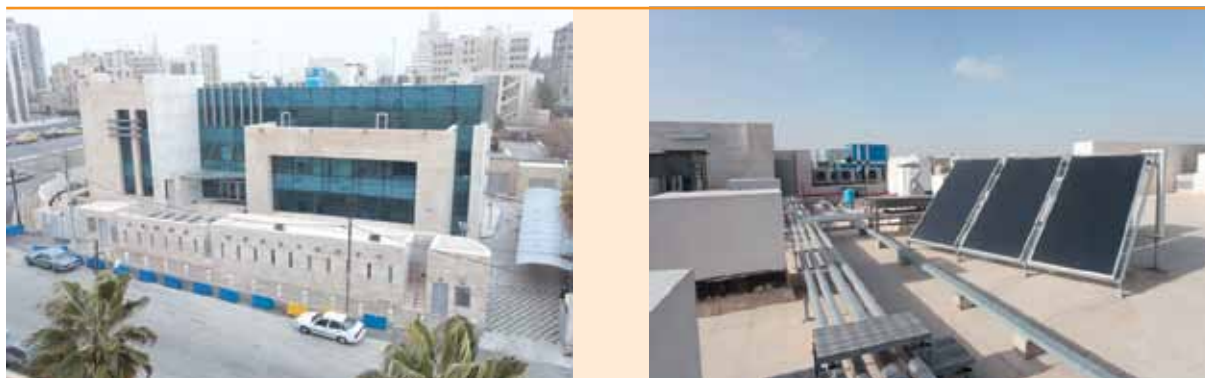


Regional Director Dr Ala Alwan, together with HRH Princess Muna Al Hussein and HE the Minister of Health, at the opening of the new WHO building in Jordan

procurement of appropriate products, such as computer assisted translator for the Global Arabic Programme. An agreement was reached with UNRWA to collaborate on further development of the UNRWA eHealth system to support the work of both organizations. A business continuity plan was prepared for both the Regional Office and country offices, based on the experience gained during 2011, as well as a risk assessment and mitigation framework based on the headquarters' model.

Following the completion of the new WHO building in Jordan, the first and only United Nations “green” building in the Region, the relocation of staff from the Jordan and Iraq country offices and CEHA to the new building was completed efficiently.

The approved capital and security master plans for the Region were implemented, resulting in enhanced security and an appropriate working environment for implementation of programme activities. A number of measures were introduced which enabled the Regional Office to address the scarce financial resources without compromising essential logistical and administrative services. These included some



The new WHO building in Jordan is the first and only United Nations “green” building in the Region

human resources restructuring, reduction in travel and implementation of more cost-effective measures in building maintenance and operation.

Out of a total value of US\$ 140 million in reimbursable procurement for the Government of Libya, requests for the purchase and delivery of medicines and medical supplies worth US\$ 54 million were processed.

Future directions

Upgrade of GSM and further capacity-building for results-based management should ensure effective strategic and operational planning and an adequate monitoring and evaluation tool. The use of core voluntary contributions (flexible

funding) will be rationalized to enable the Regional Office to assure maintenance of appropriate technical support and of standard monitoring reports on programme budget implementation by strategic objective and budget centre. The Regional Office will introduce resource planning as a mandatory element in 2014–15. The infrastructure in the Regional Office and country offices will be prepared to host a number of global projects including global email and global synergy. More attention will be paid to supporting emergency and eHealth programmes in cooperation and coordination with concerned technical and administration units. Relocation of the country office for Somalia in Nairobi and construction of a new WHO office in Garowe, Somalia, will be undertaken.

