



WHO PRESENCE IN COUNTRIES, TERRITORIES AND AREAS

WHO PRESENCE IN COUNTRIES, TERRITORIES AND AREAS

2017 REPORT

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EXECUTIVE SUMMARY

The 2017 country presence report was prepared in response to the request made to the WHO Director-General and the regional directors by the 69th session of the World Health Assembly to provide a biennial report on WHO country presence for review by the regional committees and as an information document for the World Health Assembly.

The 2017 report is divided into five sections: (1) who we are as an organization: staff and infrastructure in countries, territories and areas; (2) what we do to support Member States: providing technical support; (3) how we do our work at the country level: technical backstopping and financial resources; (4) who we work with: partners at the country level; and (5) what are the results of our work: selected achievements in countries, territories and areas.

The information contained in this report was obtained through an online country presence survey administered to all 148 heads of WHO offices (HWOs) in 2016, the WHO Global Management System and other internal and external sources.

WHO WE ARE: WORLD HEALTH ORGANIZATION, THE PEOPLE AND THE INFRASTRUCTURE IN COUNTRIES, TERRITORIES AND AREAS

WHO has 148 offices in countries, territories and areas, six regional offices and headquarters in Geneva, Switzerland to support its 194 Member States and two Associate Member States. WHO has 139 suboffices across 28 countries in six regions: 78 in the African Region, nine in the Region of the Americas, 36 in the Eastern Mediterranean Region, five in the European Region, nine in the South-East Asia Region and two in the Western Pacific Region. Since 2014, the number of suboffices has declined from 152 to 139.

As of February 2017, WHO had 129 full-time and 19 acting HWOs in countries, territories and areas. Since 2012, the overall global sex ratio of HWOs has remained more or less the same at 2 men to 1 woman. The number of HWOs appointed from a region different than that of their nationality has increased over the years. Between the issuing of the 2010 and 2017 country presence reports, the proportion of HWOs working outside their region of nationality increased from 18% to 25%.

As of 31 December 2016, WHO had 4009 staff members at the country level, an increase of 11% compared with 2015. Nineteen per cent of the staff members were international professional officers, 28% were national professional officers and 53% were general service staff. Between the 2010 and 2017 reports, the number of international professional officers has increased by 8% and the number of national professional and general staff members has declined by 3%. The number of non-staff contractors at the country level has declined by 14% compared with the 2015 report because of the transitioning of polio eradication activities in several countries.

WHAT WE DO: SUPPORTING THE MEMBER STATES

A total of 105 countries, territories and areas in which WHO is physically present (71%) reported having an up-to-date national health policy, strategy or plan. Among the 148 countries, territories or areas in which WHO has an office, 109 reported the existence of, or undertaking work on, country cooperation strategies. Of these 109, 63 reported having a valid country cooperation strategy. The proportion of countries, territories and areas with valid country cooperation strategies has declined by 15 percentage points compared with the figure in the 2015 country presence report because of the ongoing process in many countries of renewing their strategies so that they are aligned with the Sustainable Development Goals agenda. In 46 countries, territories or areas country cooperation strategies were reported to be under development or being finalized.

EXECUTIVE SUMMARY

Eighty-three per cent of countries (versus 77% in 2015) are using joint WHO and government mechanisms to enhance implementation, monitoring and reporting on WHO technical cooperation. Increasingly, WHO country offices are also enhancing collaboration work with non-health ministries to promote multisectoral approaches to health, as reported by 75% of these offices, reflecting enhanced needs for implementing Sustainable Development Goals. Sixty countries with a WHO country office (41%) reported that their national health policy, strategy or plan reflects health-related Sustainable Development Goals and 43% reported that this is in process.

HOW WE DO OUR WORK AT THE COUNTRY LEVEL

Almost two thirds (64%) of the technical backstopping missions in 2015–2016 were by staff members from regional offices, 27% from WHO headquarters and 9% by joint regional and headquarters teams. The country offices initiated most of these missions. These missions were to provide support on communicable diseases (33%), health systems including universal health coverage (20%), noncommunicable diseases (16%), health emergencies (14%), health throughout the life-course (13%) and other areas (4%).

As at end-2016, the total money available to support WHO's work in countries, territories and areas was US\$ 2.0646 billion. This represents 84% of the total planned costs for the 2016–2017 biennium, an 11% increase compared with 2014–2015. Of the total funds made available, base programmes received 41%, whereas polio, outbreak and crisis response and special programmes (combined) received 59% of the money. Assessed contributions provided 16% of the total funding for WHO country-level work and from voluntary contributions 84%. Over the last three bienniums, the distribution between assessed contributions and voluntary contributions has remained reasonably consistent.

WHO WE WORK WITH: PARTNERSHIPS AT THE COUNTRY LEVEL

Of the 113 WHO offices reporting participation in coordinating mechanisms for health sector partners at the country level (76%), WHO staff members chaired or co-chaired in 60 (53%) and participated in such mechanisms in the other 53 (47%). The number of countries, territories and areas in which WHO has a leadership role in coordinating the health sector has increased by 5 percentage points between 2015 and 2017, suggesting a growing role of WHO in coordinating health development partners at the country level. WHO country offices participated in 84 joint annual health sector reviews, including those in IHP+ countries, with governments and partners reflecting an increase of 7 percentage points compared with the 2015 country presence report.

A total of 117 WHO offices in countries, territories and areas (79%) reported being involved in mobilizing resources for health. Eighty-three per cent of the country offices mobilized less than US\$ 500 000, and only 17% exceeded US\$ 1 million. This requires increasing investment in the WHO country offices to strengthen in-country capacity to further mobilize resources, since most funds from major donors have been decentralized to the country level. In 43

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