



# ALIGNING WHO COUNTRY OFFICES TO NATIONAL HEALTH PRIORITIES

WHO in an era of transformation



World Health  
Organization

African Region

# Raising the bar

**68%** increase in international experts at country offices

**41%** increase in national experts at country offices

**50%** average increase in technical expertise

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An unprecedented World Health Organization (WHO) plan to scrutinize its work in African Member States, to identify gaps and follow up with appropriate solutions, resulted in double the number of technical experts deployed to countries, transforming national support.

With no place for a “one-size-fits-all” approach, given the broad variation in country specific priorities, health threats and associated risks, it was critical for WHO to be able deliver the highest standard technical advice and strategic support, within fast-evolving scenarios.

Wide-ranging and candid discussions, consultations and surveys, combined with detailed needs analyses, formed the basis of the Functional Reviews. Designed to align the WHO country offices with national health priorities, these were carried out in all 47 WHO African Member States, and identified several key areas for effective support to countries.

Along with the significant increase in technical support, including through new Multi-Country Assignment Teams, other early achievements included increased and more diverse partnerships to boost funding, novel approaches to improve programme budgeting, better staff engagement and transparency, along with real advances towards Universal Health Coverage reforms.

# Measures of success

Key areas which have already demonstrated early results of the implemented changes



## The human resource implications as per the requirements post-Functional Review

**Average Increase in Technical Expertise**  
(National & International Technical Experts)



Technical expertise increased by an average of **50%**

**Additional International Staff**



New competencies requiring international expertise (increased by **68%**)

**Additional National Staff**



New competencies requiring national expertise (increased by **41%**)

**More Funding Allocation to Technical Experts**



Total allocation to technical expertise increased from **55-60%** to an average of **86%**

Pre-Functional Review Exercise



VS



to



VS



1 Technical Staff

1 General Service Staff

7 Technical Staff

3 General Service Staff

# WHO delivers change

## WHO's promise



**Better quality results**

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**Value for money**

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**People-centred approaches**

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**Investment of flexible funding  
to drive delivery at country level**

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## Setting the pace for WHO

WHO in the African Region is also proud that the Functional Reviews process has been adopted by WHO's East Mediterranean and European regions, in modified forms, with the consequent fit-for-purpose structures informing the definition of country office models, as part of WHO's global transformation.

Implementation remains ongoing, but there are very positive signs of successful results in six key areas.

## ✔ **Strengthened coordination and leadership:**

**45 countries (96%)** now have a health sector partner and donor coordination mechanism

⇒ Better alignment of government and partner investments in health.

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## ✔ **Reinforced partnerships and external relations:**

**over 8% increase in resources** available for expenditure in the region between 2018–2019 and 2020–2021

⇒ Significant improvement in donor perception, including new interest from non-traditional donors.

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## ✔ **Improved technical leadership and support:**

**11 country offices** are hosting Multi-Country Assignment Teams (MCATs)

⇒ Enhanced technical support and stronger planning, implementation, coordination and management of country activities.

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## ✔ **Enhanced planning, monitoring and evaluation:**

**over 38 new Programme Management Officers (PMOs)** in country offices

⇒ Greatly improved operational capacities, especially more effective and efficient programmatic budgeting.

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## ✔ **Better management practices to drive performance:**

**23 managerial KPIs, with 32 programme-related KPIs,** in a new Results Framework and Key Performance Indicators

⇒ Tracking WHO's performance in contributing to priority health goals.

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## ✔ **Strengthened health information capacities in country offices:**

**15 new Strategic Health Information Officers (SHI)** in country offices, national health accounts, country profiles, national health observatories, epidemiological surveillance and District Health Information Systems transitions

⇒ Tracking status reports, bulletins and dashboards

# Results by numbers



**38**

New Programme Management Officers

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**36**

New External Relations and Partnerships Officers

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**35**

New Health Policy and Planning Officers

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**22**

New External Communications Officers

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**15**

New Strategic Health Information Officers

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*“The role WHO is expected to play at country, regional and global levels is constantly evolving. The expectations of our partners and staff are also changing, as we rethink the traditional ways of delivering on our mandate, and navigate new ways of working.”*

Dr Matshidiso Moeti, WHO Regional Director for Africa

# Getting it right



A recent survey demonstrated that there had been a significant growth in confidence in WHO's support, with **96%** of respondents reporting that the organization had boosted capacity building of health-related government organizations in a variety of health areas.

Another positive outcome came from a mid-term assessment in which **65%** of staff respondents reported seeing tangible positive changes in their daily work environments, while **87%** said they now had better clarity about their roles and responsibilities.

The **23%** increase in UN joint funding with other UN agencies recorded at country level was, meanwhile, accompanied by improved accountability, quality and timely reporting to partners. In real terms, the number of overdue reports was down **to 4% (from 7%)** since January 2021, while **100%** of all audit reports issued since 2016 were either fully or partially satisfactory, with none in the unsatisfactory category.

Spending on operational recurrent services/consumables was also slashed by half, from US\$ 1.4 million to US\$ 0.7 million, compared to the previous biennium, indicating cost-efficiency improvements in the WHO's operations. This was achieved through regular, competitive renewals of long-term agreements after four consecutive years.

# Improved donor perception

## Sevenfold increase in funding for Burkina Faso

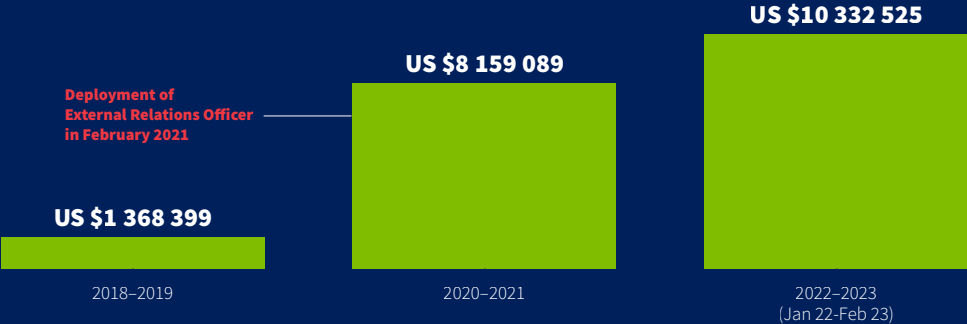
Burkina Faso’s new External Relations Officer (ERO) facilitated and coordinated the development of over 24 project proposals, increasing sevenfold the funding mobilized at national level by the Country Office, from US 1.3 million in the 2018–2019 biennium, to US\$ 10 million in the 2022–2023 biennium.

Through more than 30 bilateral engagements with donors and partners, the ERO significantly improved donor perception compared to three years previously, while also strengthening links with civil society and other Non-State actors, through the Framework of Engagement with Non-State Actors.

This has broadened the partner base and amplified the impact of interventions at country level, while improving partner alignment in the response to the government priorities.

In real terms, this resulted in a threefold increase in the number of partnerships with Non-State Actors in the 2020–2021 biennium, compared to the previous one – up from 62 to 171.

*Showing key data on the resources mobilized in Burkina Faso between 2018 and 2022, demonstrating the significant effect of the changes made as a result of the creation of a dedicated External Relations Officer position*





# Multi-Country Assignment Teams

The 11 Multi-Country Assignment Teams (MCATs) were a critical component of the Functional Reviews implementation towards improving the capacities of WHO Country Offices to provide high-level technical experts covering a smaller number of countries, compared to the previous three Intercountry Support Teams (ISTs) arrangement.

This significantly improves countries' access to high-level technical support in critical programmatic areas. Implementation has resulted in better integration of the MCATs into Country Offices, improving the quality of support due to the depth of technical experience and networking capabilities of the MCATs, leading to the emergence of a collaborative culture on technical support, including resource mobilization.

The implementation process moved very swiftly at the start, for example, in Zimbabwe, where WHO quickly appointed two critical team leads, for Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH) and Non-communicable Diseases (NCDs).

Zimbabwe, as the host country, also supports neighbouring Malawi, Namibia and Zambia, and its work has already begun strengthening planning and coordination, specifically reducing wasteful overlaps in programme interventions.

MCAT Locations	Portfolio	Language
<b>Mozambique</b>	Angola, Cabo Verde, Guinea, Mozambique, Sao Tome & Principe	Portuguese
<b>Burkina Faso</b>	Benin, Burkina Faso, Niger, Togo	French
<b>Ghana</b>	Gambia, Ghana, Liberia, Sierra Leone	English
<b>Côte d'Ivoire</b>	Côte d'Ivoire, Guinea, Mali	French
<b>Senegal</b>	Algeria, Mauritania, Senegal	French
<b>Gabon</b>	Cameroon, Chad, Equatorial Guinea, Gabon	French
<b>Madagascar</b>	Burundi, Comoros, Madagascar	French
<b>Uganda</b>	Eritrea, Tanzania, Uganda	English
<b>Kenya</b>	Kenya, Mauritius, Rwanda, Seychelles	English
<b>Zimbabwe</b>	Malawi, Namibia, Zimbabwe, Zambia	English
<b>South Africa</b>	Botswana, Eswatini, Lesotho, South Africa	English

**3** Intercountry Support Teams (ISTs)

**11** Multi-Country Assignment Teams

# Key lessons

- **Alignment of the WHO country offices with national health priorities of Member States has refocused the way in which the organization works, but also built the required capacities for leadership and coordination in the health sector to meet stakeholder needs.**
- **With the requisite capacities in place, WHO country offices in Africa are delivering better. Although funding constraints are a reality, improved efficiency, accountability, and responsiveness did translate to better results.**
- **WHO in the African Region played a central role in the National Health Insurance efforts in South Africa. This is an example of the organization’s immense capacity for improved brokerage, influence and guidance to address country priorities.**
- **WHO needs to encourage all country offices to learn from demonstrated successes, such as the positive results from improved stakeholder perception and engagement achieved by Burkina Faso.**
- **Funding to accelerate full implementation of the Multi-Country Assignment Teams must be prioritized. This will advance technical priorities across Member States and contribute to the Triple Billion targets, as well as progress towards the Sustainable Development Goals.**
- **WHO needs to entrench a culture of planning, monitoring and evaluation across the Africa Region. High-quality data will translate to high-quality, targeted interventions.**
- **More innovative ways to improve on savings are essential, especially for underperforming areas like travel compliance and the Performance Management and Development System.**

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